

UNGA
71st Session Fourth Committee
Agenda Item 47
Effects of Atomic Radiation
28 October 2016

INDIA STATEMENT

Minister S. Srinivas Prasad

Mr. Chairman,

At the outset INDIA would like to express appreciation for the efforts put in by UNSCEAR (UN Scientific Committee on the Effects of Atomic Radiation) in the development of the important documents and invitation of detailed discussions among international experts on (a) Levels and effects of radiation exposure due to the nuclear accident following the great east-Japan earthquake and tsunami; (b) Methodology for estimating human exposure due to radioactive discharges; (c) Radiation exposures from electricity generation; (d) Biological effects of selected internal emitters (tritium and uranium); and (e) Cancer epidemiology of exposures at low dose-rates due to environmental radiation.

Mr. Chairman,

India is concerned that projections on the increased health effects like cancer based on estimated collective dose to the public may lead to wrong interpretations on the number of likely deaths. It may be noted that after Chernobyl as well as Fukushima nuclear accidents, serious efforts were made to predict possible cancer deaths attributable to radioactive releases and exposure to the public. We are of the view scientific community and international bodies need to show restraint in the usage of collective dose for risk estimation.

India would also like to emphasize that there is insufficient evidence of increase in hereditary effects such as chromosomal instability, congenital malformation etc in the offspring of parents exposed to radiation. As informed by Indian representatives in UNSCEAR meetings, this inference is strongly supported by the data published by Indian Scientists on thousands of new born children in high level natural radiation area of the Kerala Coast (Southern India). We would also like to bring to notice that the usage of risk assessment

for arriving at a dose limit of radiation exposure for the protection of the occupational radiation workers and general public is leading to confusion among the public, as the limit is many fold lower than the dose that can cause significant harm.

Mr. Chairman,

Regarding the studies on possible Iodine intake and detection of increased nodes in children of Japan, we feel that attribution of this to radiation exposure is problematic. This finding may be due to the extensive aggressive scanning carried out among children in Japan. It is interesting to note that some of the prefectures which did not have significant radio-iodine in the air or deposited activity on ground also reported high incidence of thyroid nodules in children confirming that the detection of nodes may be due to aggressive scanning among population.

We propose that epidemiological studies are to be encouraged world over including occupancy in High Background Radiation Areas (HBRAs) to confirm the non-worthiness of application of 'Linear No Threshold' (LNT) in radiation protection philosophy.

Mr. Chairman,

Based on recent data on 'Cancer Studies' after inadvertent radiation exposure due to ^{60}Co sources, attributing radiation exposures to the incidence of cancer needs to be investigated further in light of few reported cases of reduction in natural cancer incidences at low dose/low dose rate situation (Hormosis).

Finally while appreciating the efforts of many dedicated experts, which have gone into the methodology for estimating human exposures due to radioactive discharges, we feel that application of modeling dispersion/radiological impact for large period of time (100-10000 years) may not be correct, since the population density and their distribution would not be predictable for the future. India would once again like to commend the UNSCEAR for its commitment and support to issues relating to Atomic Radiation.

I Thank You.