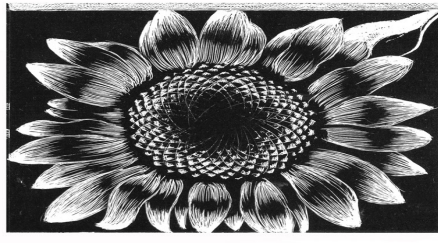


NUKEWATCH

QUARTERLY



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News & Information on Nuclear Weapons, Reactors, Radioactive Waste & Nonviolent Resistance

Members of the Coalition for a Nuclear-Free Mississippi River displayed this banner over Hwy I-94 on Nov. 20 near Monticello, Minnesota. The Coalition calls for the shutdown of the 54-year-old reactor licensed to run until 2050 despite a massive 2022 tritium leak that reached the Mississippi River.

Photo: Sarah Martin



Why a National Cancer Study Near U.S. Reactors Must be Conducted Before Any New Expansion of Nuclear Power

By Joseph Mangano and Robert Alvarez

Editor's note: This article was published after the passing of Robert Alvarez. The draft manuscript was prepared by both authors. It was edited by and reprinted from the Bulletin of the Atomic Scientists.

Nuclear power reactors were introduced in the United States during the 1950s. Despite concerns about potential health hazards posed by routine radioactive emissions into the environment, few research articles have been published in professional journals. The only national study of cancer near reactors was conducted by federal researchers in the 1980s and found no association between proximity to reactors and cancer risk. But since then, articles on individual nuclear facilities have documented elevated cancer rates in local populations.

Current proposals to expand U.S. nuclear power, along with concerns about protracted exposures near aging reactors, make it imperative that an objective, current national study of cancer near existing reactors be conducted.

Not required, not conducted.

The first U.S. commercial nuclear power reactor in Shippingport, near Pittsburgh, Pennsylvania, began operating in 1957. Eventually, 129 more reactors were built, 94 of which are still active today. From the outset, questions were raised about potential health hazards to people living near reactors, who were exposed to routine radioactive emissions into the air and water. Today, relatively little is known about the risk of cancer and other diseases from exposures to reactor emissions.

One explanation for this is the lack of regulations. Companies that operate nuclear reactors must measure and publicly report annual amounts of radioactive emissions into the environment, along with concentrations in air, water, and food. Keeping levels below “permissible limits” allows operators to retain their license. But no regulations have ever mandated that studies of local cancer rates be performed, or that cancer incidence or mortality does not exceed a particular rate.

The earliest analyses of cancer near U.S. reactors focused on nuclear weapons workers. In 1964, occupational health expert Thomas Mancuso received an

Atomic Energy Commission (AEC) grant to study cancer in workers at five sites. When Mancuso published results showing that cancer death rates were higher than expected, even in workers exposed to low-level doses, the AEC terminated his grant, stating he had reached retirement age. (Mancuso had no plans to retire.)

In late 1974, Washington State's Health Department compared the mortality of different occupations in the state and found that:

“Men who worked at the Atomic Energy Commission Hanford facility in Richland Washington showed increased mortality from cancer, especially in men under age 64 at death.” [1]

The state decided not to make these findings public after Hanford's scientists quietly verified the state's findings. The heavy-handed effort to suppress the work of Mancuso — and that of his colleagues, Alice Stewart and George Kneale — helped speed the removal of the AEC from the oversight of worker health studies.

In 1990, following an investigation by the Governmental Affairs Committee in which the Energy Department's contractors destroyed 20 filing cabinets of Oak Ridge hospital records of exposed workers set aside by Mancuso, the Energy Department transferred funds and management to the National Institute for Occupational Safety and Health, the federal agency responsible for research and policy recommendations for the prevention of work-related health risks. By late 1999, in addition to Hanford, workers at 13 other nuclear facilities were found to be dying from cancers and other diseases following exposure to radiation and other hazardous substances. These data provided the evidence for the passage of the Energy Employees Occupational Illness Program Compensation Act in 2000. Currently, 109,000 nuclear workers have been awarded compensation for illnesses and deaths following exposure to ionizing radiation and other toxic substances.

Studies of nuclear weapons plant workers have continued. A 2023 journal article included 310,000 workers at American, British, and French nuclear weapons plants, tracking their health status for an average of 35 years. The article documented a

See National Cancer Study a Must, p. 4

NATO's Nuclear Attack Threats on Display in Europe

Commentary by John LaForge

NATO's standing threat to attack Russia with nuclear weapons is put on parade every autumn. This year's thermonuclear dry run — dubbed Steadfast Noon — got started October 13 according to NATO's press office and the Supreme Headquarters Allied Powers Europe, or SHAPE, in Mons, Belgium.

NATO's euphemism for its yearly doomsday rehearsal is “exercise,” and this year's dress Armageddon included warplanes from fourteen of NATO's 32 states, 71 aircraft (11 more than last year), and 2,000 military personnel.

In the words of NATO's Secretary-General Mark Rutte, the run-through is “to make sure that our nuclear deterrent remains as credible ... and as effective as possible.” Translation: We're testing our readiness to commit mass destruction.

See NATO's Nuclear Attack Threats, p. 7

Declaration of Rights of Nuclear Victims Adopted in Hiroshima

Editor's Note: This October the World Nuclear Victims' Forum in Hiroshima, Japan welcomed global hibakusha (nuclear victims) from nine different countries “to create a place of international solidarity... for nuclear victims and their allies, aiming for the elimination of the nuclear cycle and a world in which no more hibakusha are created.” Forum participants joined organizers from Hiroshima Alliance for Nuclear Weapons Abolition and Manhattan Project for a Nuclear-Free World adopting the “Hiroshima Declaration” and “Declaration on the Rights of World Nuclear Victims.” Updated from a 2015 declaration, the new statement is more inclusive, intersectional, and comprehensive than any other previous declaration adopted on the rights of nuclear victims. Selected excerpts of the “Hiroshima Declaration” follow.

“We define nuclear victims (hibakusha) as follows: All victims of radiation exposure and radioactive contamination, including victims of the atomic bombings in Hiroshima and Nagasaki; victims of nuclear testing; victims of human experiments using nuclear materials; not distinguishing between victims of military and civilian nuclear use, those impacted by uranium mining, milling, and enrichment activities and those impacted by radioactive contamination from nuclear labor and environmental contamination of nuclear weapons-related activities and entire processes of nuclear energy and nuclear fuel such as nuclear development, use and waste; victims of nuclear power plant disasters; and victims of depleted uranium weapons that are produced from radioactive waste....

“As long as war persists, the urge to use nuclear weapons and the risk of nuclear war will only

See Declaration of Rights of Nuclear Victims, p. 3