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Brig. Gen. Perry B. Griffith
Chief of Staff
Joint Task Force Seven
Washington 25, D. C.

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P.T. GROVES A.D.C. DATE:
09-04-97
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Dear Perry:

I have received a copy of the 7.4 memo of November 21 on the subject of radiation dosages for Task Group 7.4 personnel during Hardtack. In reading that, it seems to me a few comments are perhaps pertinent.

Paragraph 3 quoting the Redwing limiting dosage of 20r is, I believe, legally correct. However, operationally for those planes conducting sampling missions for 7.1, the understanding between 7.1 and 7.4 was that the effective authorized dosage for the air crews was 10r total. The limiting dosage was 20r in order to allow adequate cushion for such things as the pilot turning into the cloud instead of out of the cloud or some such momentary error. However, no deliberate planned exposure in excess of 10r was to be considered except in an operational emergency.

Paragraph 4 states that the dose during Hardtack will be greater than that during Redwing because there are more shots and there are more shots at Bikini. This appears to me however, to be a reason to have more pilots rather than allowing greater individual exposure, and I had understood some months ago that was the procedure being followed.

Actually of course, the doses mentioned by Colonel Wignall in his letter are not seriously different than those for Redwing. That is, he still proposes the 20r maximum exposure and expects to get between 8 and 12r individual dose on his pilots. I would like to suggest that he be limited as in Redwing to 10r planned for any single individual.

Colonel Wignall mentions one other problem that I believe should be expanded upon. He plans to use some pilots who were involved in Plumbbob and apparently got doses as high as 6.3r. I have the impression, although I am not sure, that some of his pilots also had experience on Redwing and previous operations, perhaps as far back as Ivy. Since we are not concerned here with a wartime condition, it would seem to me appropriate to live within the same overall radiological dosages for individuals that are recommended for other people working in the field. Thus, it would seem to me proper that the past exposure records of the participating pilots be reviewed by a qualified Medical Corps officer, perhaps

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Colonel LeChausse, to see whether their lifetime doses are becoming serious and whether additional exposure above the level of 5r per year may be recommended. I suppose it is just possible that some pilot should not be taken out at all because of past large exposures.

In the above, I am of course concerned mainly with the normal sampling effort, however, it seems to me that the same statement should apply to the work being done in support of Project 2.8b, the long range, low altitude sampling.

I would be interested to know what action is taken on this.

Sincerely,

Original Signed by
WILLIAM E. OGLE

Wm. Ogle

WO:al

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