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Introduction



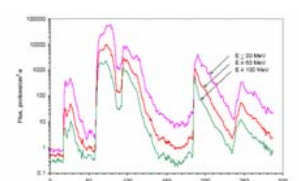
Radiation exposure from solar particle events (SPE) presents a health concern for astronauts, that could impair their performance and result in possibility of failure of the mission.

Assessing the potential of early radiation effects under such adverse conditions is of prime importance.

A biologic based mathematical model¹ which describes the dose and time-dependent early human responses to ionizing radiation is presented.

Exposure Calculation

Hourly-averaged proton flux of GOES (Geostationary Operational Environmental Satellites) measurements during Oct 26-Nov 6, 2003 SPE.



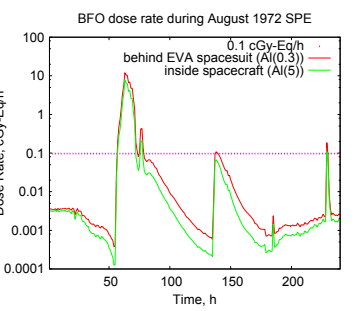
Model system:

- Baryon transport code (BRYNTRNF)
- Spherical spacecraft in deep space
- Computerized anatomical man (CAM) model²

Light ions considered: n, p, ²H, ³H, ⁴He, and α


Worst Historical Event

BFO dose rate during August 1972 SPE




0.1 cGy-Eq/h behind EVA spacesuit (Al(0.3))
inside spacecraft (Al(5))

Human Response Program (1981-1996)



Radiation Induced Performance Deduction (RIPD) code



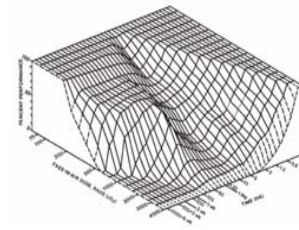
Symptoms of Acute Radiation Sickness (ARS):

- Upper Gastrointestinal Distress (UG)
- Lower Gastrointestinal Distress (LG)
- Fatigability and Weakness (FW)
- Fluid Loss and Electrolyte Imbalance (FL)
- Infection and Bleeding (IB)
- Hypotension (HY)

Human response quantification

Severity level	Signs and symptoms
5	Vomiting/retching several times including the dry heaves
4	Vomiting/retching once or twice; nauseated and vomiting may recur
3	Nauseated, sweating, frequent retching and swallowing to avoid vomiting
2	Upset stomach clammy and sweaty; mild nausea
1	Normal; no noticeable effect

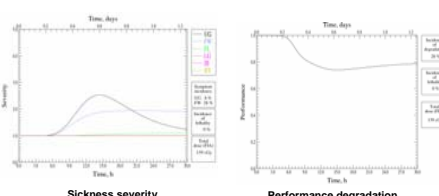
Model calculation: performance degradation

$$P = \left\{ 1 + \exp \left[- \left(\beta_0 + \sum_{k=1}^K \beta_k X_k \right) \right] \right\}^{-1}, X_k = (1, 5), 0 \leq P \leq 1$$


Worst Case Study

Model Calculations

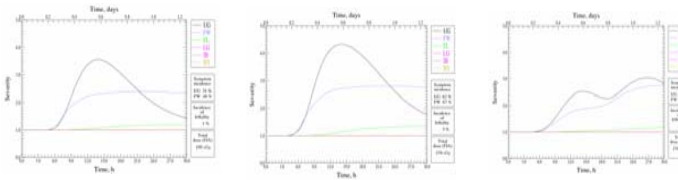
30 hours stay in spacecraft during the August 1972 SPE peak



3 hours EVA during the SPE peak

Doubled in strength

Doubled in a same period

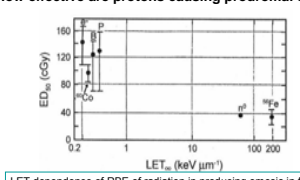


Early illnesses of UG and FW are manifested inside a poor shelter.

Performance degradation is expected but risk of death is small.

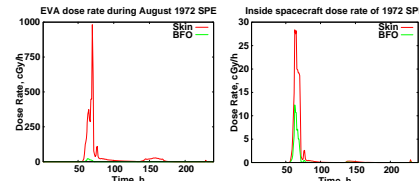
Compatibility Issues

How effective are protons causing prodromal effects?^a



LET dependence of RBE of radiation in producing emesis in ferrets: B = bremsstrahlung (X-rays), P = protons, e = electrons, ⁶⁰Co = cobalt γ rays, n² = neutrons, ⁵⁶Fe = iron ions.

Which dose to use: skin dose or bone marrow dose?^b



EVA dose rate during August 1972 SPE

Inside spacecraft dose rate of 1972 SPE

EVA protons are attenuated by the body tissue much more effectively than gamma-rays.

For gamma-rays, the ratio of dose rate of FIA (free-in-air) to that of MLT (midline tissue) is 1.5.

Conclusions and Future Work

- Assuming the same prodromal effects for exposures to SPE radiation as those for the gamma rays, the worst-case historical SPEs are capable of inducing early effects to crew members and impair their performance.
- Events with higher flux or frequency (2 times that of August 1972) significantly increase the ARS effects but the incidence of mortality is small (3%) even without medical treatment.
- Bench marking of the RIPD code to space radiation environment is necessary for a precise analysis of the health risk to astronauts.
- Specific organ dose (e.g., stomach, intestinal) will be used in future work.

References

- 1) Anno, G. H., McClellan, G. E., Dore, M. A., Protracted Radiation-Induced Performance Decrement, Volume 1—Model Development, Defense Nuclear Agency: Alexandria VA, (1996)
- 2) Kim, M. Y., Hu, X. and Cucinotta, F. A., Effect of Shielding Materials from SPEs on the Lunar and Mars Surface, AIAA Space 2005, paper number AIAA-2005-6653, Long Beach, CA, August 30-September 1, (2005)