UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

PDR

February 29, 2000

CHAIRMAN

The Honorable William D. Delahunt
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Delahunt:

I am writing in response to your letter of November 15, 1999, regarding stockpiling potassium iodide (KI) in communities near nuclear power plants. As you may know, the Federal Emergency Management Agency (FEMA) and the NRC are the two Federal agencies that evaluate emergency preparedness at and around nuclear power plants.

Since 1980, when FEMA and the NRC developed the basic components of an emergency response program, KI was recognized for its potential contribution to public health and safety. KI, if administered before or within a few hours of exposure to inhaled (or ingested) radioiodines and accompanied by other preventative measures (such as sheltering, evacuation, or embargoing of foodstuffs), can reduce the radiological dose to the thyroid. Doses to the whole body and internal organs from other radionuclides associated with reactor accidents, such as noble gases and cesium, are not reduced or affected by the use of KI. Current KI Federal policy, promulgated in 1985, provides for the use of KI by emergency workers and institutionalized persons who are expected to be exposed to radioiodines and allows the State and local decision-makers to decide on the availability of KI for the general public. The NRC is working with FEMA, the U.S. Food and Drug Administration, and other Federal agencies in reviewing this 1985 policy.

Separately, the NRC is in the process of considering a proposed amendment to its emergency planning regulations that would require that consideration be given to including KI as a protective measure for the general public as a supplement to evacuation and/or sheltering. The proposed amendment, however, would not require that KI be made available; that decision would be made by State and local governments. The Commission is currently considering the draft final rule and will take into consideration the public comments received in reaching its decision. In this connection, the NRC is also developing a guidance document to assist State and local decision-makers in their consideration of the role and use of KI for the general public in their site-specific emergency plans. This guidance document is scheduled to be available for public comment in mid-2000.

Your letter mentions the nuclear criticality accident in Tokaimura, Japan. According to an International Atomic Energy Agency report (available on the Internet at www.IAEA.org), effluent samples taken during and after the accident revealed that some radioactive material was released off site and that a small fraction of that material was radioiodine. However, the maximum radioiodine concentration in air outside the building in which the accident occurred was about 250 times less than the Japanese effluent concentration limit. Because of these low concentrations of radioiodines, KI, stockpiled locally, was not distributed to the general public in

DF02

the communities surrounding the accident site. Local decision-makers recommended evacuation and sheltering in place to the residents of the immediate surrounding areas, as well as a suspension of harvesting of crops and vegetables. These emergency measures were terminated after 2 days. Based on information available to us, we thus do not believe that the Japanese incident was one in which KI should have played a role.

The NRC, together with FEMA, continues to support fully the emergency response activities of State and local governments associated with nuclear power plant sites. We will continue to work with our licensees and FEMA to ensure that the emergency response programs around plant sites continue to provide reasonable assurance that public health and safety are protected.

Sincerely,

Richard A. Meserve