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RULEMAKINGS AND
ADJUDICATIONS STAFF

Senator Edward M. Kennedy
United States Senate
Washington, D.C. 20510

Dear Senator Kennedy:

As a former thyroid cancer patient, I wanted to thank you for your efforts to help make sure that American children do not someday needlessly suffer from this disease. Your letter of December 14, 1999 to the Nuclear Regulatory Commission (belatedly made public by the NRC on March 30, 2000) was a cogent statement of the reasons why the NRC should move expeditiously to bring the protection of American children up to world standards by ensuring adequate supplies of the antidote potassium iodide ("KI").

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Unfortunately, the NRC's response to you, dated February 29, 2000, is yet another example of the half-truths that appear with depressing regularity when the NRC explains its handling of the KI issue. The letter describes the existing federal policy on potassium iodide, adopted in 1985, and says, "The NRC is working with FEMA, the U.S. Food and Drug Administration, and other Federal agencies in reviewing this 1985 policy."

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No reader could possibly guess imagine from this that in 1996, an interagency committee headed by FEMA, and including the NRC, agreed unanimously on a new policy to replace the 1985 position, which had been rendered obsolete by the Chernobyl accident. Under this new policy, the federal government would buy a supply of potassium iodide for any state that wanted it. The NRC Commissioners announced their support for the new policy, and in a press release issued July 1, 1997, declared, "The NRC will provide the funding."

But the NRC first dragged its feet; then revoked its promise to pay for the drug, saying that it lacked sufficient funds; and for the last several years, has been trying to persuade FEMA to abandon the proposed 1996 policy. To his credit, FEMA Director James Lee Witt has repeatedly urged the NRC to stand by its commitment and let the new policy go into effect. The result has been a standoff.

Thus the sentence quoted above from the NRC's February 29 letter to you is not, strictly speaking, a falsehood. But neither can it be said to meet the legal standard that defines the NRC's obligation to the Congress, which is to keep it "fully and currently informed." Sadly — for Chairman Meserve has a high reputation for integrity, and I am sure would not knowingly sign his name to a letter containing half-truths — the letter includes both what rhetoricians call "*suppressio veri*" and "*suggestio falsi*", the suppression of truth and the suggestion of falsehood.

In your own home state, we are now seeing how the NRC's obstruction of a change in federal policy has left state officials under-informed and misinformed about thyroid cancer and its prevention with potassium iodide. As I described in a recent op-ed piece in the *Cape Cod Times* (April 27, 2000, copy attached), the Massachusetts Advisory Council on Radiation Protection has advised Public Health Commissioner Howard Koh against recommending the stockpiling of potassium iodide in the Commonwealth. But the reasoning of some of the Council

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members reveals a remarkable depth of ignorance. For example, the representative of the Massachusetts Emergency Management Agency informed the group that "thyroid cancer is readily and commonly treatable, without long term consequences other than taking [medication]," and he said that the few deaths from Chernobyl-related thyroid cancer were "caused by failing to provide adequate medical care."

Your colleague Senator Tom Harkin of Iowa, who lost a brother to thyroid cancer about two years ago, would see it differently. As to the absence of "long term consequences" — suffice it to say that thyroid cancer patients, of whom I am one, would not agree.

The Massachusetts Department of Public Health was represented on the Advisory Council by a non-physician who sent out a document earlier this year that supposedly gave "MDPH's position" on a variety of issues related to potassium iodide, including the statement, "The thyroid is relatively insensitive to radiation induced adverse health effects." In fact, medical science has known for exactly 50 years that just the opposite is true. It is just because of the *extreme* sensitivity of the thyroid to radiation — especially the thyroid of children under two years old — that we are seeing more than 2000 childhood thyroid cancers in Eastern Europe, caused by the Chernobyl accident, and that EPA has separate "protective action guidelines" for radiation exposure to the whole body and to the thyroid. (There may well be accident situations, according to EPA, where evacuation is compelled not because the dose to the whole body is dangerous, but because the thyroid alone is at risk.)

These Massachusetts employees are plainly misinformed. But should they bear all the blame for that? I believe that the principal fault attaches instead to the NRC. If it had not blocked the issuance of the new federal policy agreed on in 1996, states and the public would have received accurate information and sound guidance on thyroid disease and its prevention years ago.

The NRC has the discretionary authority (subject to judicial review) to make policy decisions up or down on the stockpiling of potassium iodide. But that does not give it the authority to provide misleading information to the Congress, the states, or the American people.

Thank you again for involving yourself in this issue. I hope that in the future, any letters you get from the NRC on the subject of potassium iodide will not require the correction, amplification, and apology that are called for in this case.

Sincerely,

Peter Crane

Peter Crane

cc: Chairman Richard A. Meserve, NRC
Director James Lee Witt, FEMA

CAPE COD TIMES, HYANNIS, MASS.
APRIL 27, 2000

MY VIEW

A plea to the public health commissioner

By PETER CRANE

Dr. Howard Koh, the Massachusetts commissioner of public health and a cancer specialist, has championed education and prevention in the fight against cancer.

He has made it his mission to inform the public about ways to avoid certain types of cancer: explaining that sunblock and protective clothing can prevent melanoma, for example, and stressing the link between lung cancer and smoking.

Koh now has an opportunity to help protect Massachusetts children against another highly preventable kind of malignancy: childhood thyroid cancer. He must decide whether Massachusetts should begin stockpiling a cheap and effective antidote, potassium iodide (KI), in case a nuclear accident or act of terrorism ever occurs.

Today, governments throughout the developed world routinely keep supplies of the drug near nuclear plants. In the U.S., however, the nuclear industry has so far derailed all federal efforts to follow suit.

In 1997, the Nuclear Regulatory Commission promised to buy KI for any state that wanted it. Two years later it reneged, saying it didn't have the money.

What happens when children don't get KI in time? A recent article in "Cancer," published by the American Cancer Society, reports on childhood thyroid cancer resulting from the 1986 Chernobyl accident. Doctors in Germany, who studied 493 Belarussian children, found that the greatest danger is to those under 2. Infants are more likely than older children to get the disease, and in almost two-thirds of them, the cancer will have spread by the time it is detected.

New England states have wrestled with the KI question since 1996, when Maine decided to join Tennessee, Alabama and Arizona in establishing state stockpiles.

New Hampshire, on the other hand, decided in 1999 to leave it up to individuals to decide whether to buy supplies of the drug and keep them in the home. That approach is sure to save money but unlikely to save children, especially if an accident occurs during school hours.

The Massachusetts Advisory Council on Radiation Protection recently came down in favor of the New Hampshire solution. In February, it sent its recommendations to Koh: no stockpiling of KI for the general public, but better information on KI, to allow individuals to decide whether to buy it for themselves.

One problem with the Advisory Council's recommendation is that it relied on flawed information. The commonwealth nuclear engineer, who represents the Massachusetts Emergency Management Agency on the Council, informed the group that "thyroid cancer is readily and commonly treatable, without long-term consequences other than taking [medication]." The few deaths from Chernobyl-related thyroid cancer were, he wrote, "caused by failing to provide adequate medical care," and the rate of childhood thyroid cancer had only increased "by a factor of 3 to 4."

True, the disease is normally treatable, as I know from experience. As a 2-year-old, I was given X-ray treatments for enlarged tonsils, and 24 years later I developed thyroid cancer. I had surgery in 1973, and when the disease recurred 15 years later, it took five courses of radiation over three years to wipe it out. "No long-term consequences"?

The relatives of the more than 1,000 Americans who died of the disease last year would have a different story to tell. Even for those who survive it – and the vast majority of us do – there are often extensive consequences, physical and psychological, as well as the cost of a lifetime spent on medication. And the disease is much harder on children than on adults.

What about the commonwealth nuclear engineer's claim of only a three-fold to four-fold increase in childhood thyroid cancers in the wake of Chernobyl?

Dr. Jacob Robbins, scientist emeritus at the National Institutes of Health and a world-renowned expert on the disease, disagrees. Writing in a medical journal, he and other specialists reported a more than 50-fold increase in the most affected parts of Belarus. Though the Department of Public Health has doctors on its staff, the state's representative to the Advisory Council was a non-physician.

Earlier this year, he sent out a document purporting to state "MDPH's position" on a variety of KI issues. It included the statement, "The thyroid is relatively insensitive to radiation-induced adverse health effects."

No doctor would ever have made such a claim, which flies in the face of everything known about the thyroid. (Koh's deputy has since confirmed that the document was issued without the commissioner's approval or knowledge.) With such input, it is small wonder that the Advisory Council recommended against stockpiling.

Why such opposition to so sensible a measure? Lobbyists for the nuclear industry have candidly admitted their concern that to improve emergency preparedness with KI could lessen public confidence in the safety of nuclear plants. Even if that were true, it would not justify short-changing our children's health.

Just weeks ago, the town of Duxbury voted to stockpile KI. The cost is low, and in an emergency, the benefit to children could be enormous. Is there any doubt that this extra insurance policy is worth having?

Koh must now decide whether the children of Massachusetts will be protected against this extremely preventable cancer. If he takes his medical advice from nuclear engineers rather than doctors, the commonwealth's youngest citizens could someday be in trouble.

Peter Crane of Chevy Chase, Md., is a retired Nuclear Regulatory Commission lawyer.