December 14, 2001

The Honorable Tommy G. Thompson
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Mr. Secretary:

Yesterday we discussed the U.S. Nuclear Regulatory Commission's (NRC's) program to supply potassium iodide (KI). This letter is to follow up on our conversation by bringing you up to date on NRC's ongoing activities related to KI. I wanted you to be aware of the existing NRC program as you proceed with HHS KI-related activities.

In January 2001, the NRC revised a portion of its emergency response regulations to require that States consider including the prophylactic use of KI as a protective measure for the general public to supplement sheltering and evacuation in the event of a severe nuclear power plant accident. In doing so, the Commission found that KI is a reasonable, prudent, and inexpensive supplement to evacuation and sheltering for specific local conditions. The Commission left it to the States to make a final decision on the use of KI as a supplemental measure in light of the role of the States to implement emergency response in the event of a nuclear accident.

The Commission also decided to fund the initial purchases of KI for any State that decides to include KI in its range of public protective actions. The NRC has allocated $400,000 in each of Fiscal Years 2001 and 2002 to purchase KI tablets, through a contract with a designated pharmaceutical company which would include provisions for direct distribution to requesting States. The NRC will supply two KI tablets for each person within the 10-mile Emergency Planning Zone (EPZ) of a nuclear power plant. The 10-mile radius around a nuclear power plant, referred to as the plume exposure pathway, is the area within which residents would most likely be directly exposed to a radioactive plume. This is consistent with the Food and Drug Administration's (FDA's) guidance on dosage and intervention levels for KI as a thyroid blocking agent in radiation emergencies.

The events of September 11 have prompted us to place a priority on expediting development and implementation of the program. Earlier this month, FDA issued its final guidelines on dosage and intervention levels for KI. This action has allowed the NRC to initiate the contracting process for a KI supplier and to begin notifying States, by letter, of the program's availability and supporting guidance. I anticipate that NRC will be positioned to begin providing KI to States in approximately 30 days.

An HHS stockpile might augment the activities the NRC is putting in place. The NRC wants to work with HHS to ensure that our activities are coordinated with each other.

Please call me if you have questions or otherwise wish to discuss this matter.

Sincerely,

/RA/

Richard A. Meserve

cc: Dr. Eve Slater, HHS
Admiral Steve Abbot, OHS