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AUTHOR: Edward Markey

AFFILIATION:

ADDRESSEE: George Bush

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EDWARD J. MARKEY
7TH DISTRICT, MASSACHUSETTS

ENERGY AND COMMERCE COMMITTEE
RANKING MEMBER
SUBCOMMITTEE ON
TELECOMMUNICATIONS AND
THE INTERNET

SELECT COMMITTEE ON
HOMELAND SECURITY

RESOURCES COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515–2107

2108 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2107
(202) 225–2836

DISTRICT OFFICES:
5 HIGH STREET, SUITE 101
MEDFORD, MA 02155
(781) 396–2900

188 CONCORD STREET, SUITE 102
FRAMINGHAM, MA 01702
(508) 875–2900
www.house.gov/markey

April 7, 2004

The Honorable George W. Bush
President of the United States
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

I am writing to learn the status of the national potassium iodide stockpile, in light of the Markey amendment to the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

The Markey amendment, or Section 127 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188; "the Bioterrorism Act") establishes responsibilities of the President regarding the national potassium iodide (KI) stockpile. Among these responsibilities are making KI available to state and local governments; establishing national guidelines for stockpiling and using KI in the event of a nuclear incident; informing State and local governments of the KI stockpile program; submitting to Congress a report on KI; and commissioning a National Academies report on the safety and efficacy of KI.

As you know, KI is a medical compound that has been shown to prevent the uptake of radioactive iodine into the body after an accident or terrorist attack at a nuclear power plant. We know that al Qaeda could target U.S. nuclear power plants for terrorist attacks. We also know that a catastrophic accident or successful terrorist attack against a nuclear reactor could result in a massive release of radioactive iodine that can lead to thyroid cancers, particularly in people below the age of forty. The April 1986 accident at Chernobyl resulted in just such a massive release of radioactive iodine, and cases of thyroid cancer in the most heavily affected areas increased to as much as 100 times pre-Chernobyl rates.[1] Pursuant to the requirements of the Markey amendment, the National Academies have studied the issue of KI distribution, concluding that KI is "an important agent for protection against thyroid-related health effects of exposure to radioiodine, if taken shortly before or after exposure" and recommending that KI "should be available to everyone at risk of significant health consequences from accumulation of radioiodine in the thyroid in the event of a radiological incident."[2]

[1] *Guidance: Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies*, Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research, December 2001, p. 4.
[2] *Distribution and Administration of Potassium Iodide in the Event of a Nuclear Incident*, The National Academies Press, 2004.

In your June 2002 document regarding the creation of the Department of Homeland Security (DHS), you use the distribution of KI as an example of overlapping government programs that should be consolidated under one department. You wrote:

> *Potassium Iodide (KI) is a drug that helps prevent thyroid cancer in the event of exposure to radiation. ... In the event of radiation exposure, states must currently work with three separate government organizations to distribute critical pharmaceuticals, organizations whose jurisdictions are divided by an invisible ten-mile border. ... Under the President's proposal [to create DHS], one Department would be responsible for distributing Potassium Iodide to citizens exposed – no matter where they live. There would no longer be an artificial ten-mile barrier to treatment.*[3]

Recently we marked the 25th anniversary of the nuclear accident at Three Mile Island. During the emergency response to the accident, nearly a quarter of a million bottles of potassium iodide were rapidly manufactured and shipped to the area. However, because of bureaucratic infighting and poor preparation, these bottles remained locked in a warehouse under armed guard during the entire emergency.[4] This unfortunate instance of inadequate planning and coordination should serve as an example of how NOT to prepare for a possible future radiological accident or terrorist attack. Your statements above seem to indicate that you share this belief.

I am very concerned about the status of your Administration's administration of the KI distribution program mandated under the Markey amendment, and by what appears to be a failure to implement the requirements of this law to protect those living near each of our nation's 103 currently operating commercial nuclear reactors. I wrote to you about KI distribution on February 28, 2003, but the issue has not yet been resolved. I therefore respectfully request your assistance in answering the following questions.

Availability to State and Local Governments

Subsection (a) of the Bioterrorism Act Section 127 states "[T]he President ... shall make available to State and local governments potassium iodide tablets for stockpiling and for distribution as appropriate to public facilities, such as schools and hospitals, in quantities sufficient to provide adequate protection for the population within 20 miles of a nuclear power plant." In addition, subsection (d) states "The President shall carry out activities to inform State and local governments of the program under this section." Subsection (b)(2) states that the President must make KI available to local governments in sufficient quantities for the population living within 20 miles of a nuclear power plant if the locality's State government has no KI distribution plan or one that extends only to the 10-mile zone.

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[3] *The Department of Homeland Security*, President George W. Bush, June 2002, p. 6.
[4] *Report of the President's Commission on the Accident at Three Mile Island* (1979), epilogue.

The Nuclear Regulatory Commission (NRC) currently provides KI to states in quantities only sufficient to provide for populations living within 10 miles of nuclear plants (the Emergency Planning Zone). On December 20, 2001, the NRC informed the 33 states and 1 Native Government with populations within 10 miles of a nuclear plant of the program to provide them with KI. One of the purposes of the Markey amendment was to ensure that populations living outside of the 10-mile zone that the NRC developed for emergency planning purposes get access to KI.

1. To what Federal agency have you assigned the responsibility for distribution of KI in the region between 10 and 20 miles from a nuclear power plant? When did you assign or delegate this responsibility? If this agency is the NRC, why does it continue to apply the 10-mile standard in distributing KI to states? If this agency is not the NRC, how is it coordinating its efforts with those of the NRC?
2. What Federal agency is responsible for informing states and local governments of the 20-mile standard for providing KI? Has this agency yet informed states and local governments about the 20-mile standard for providing KI? If so, when and in what manner? If not, why not?
3. What is the role, if any, of the Department of Homeland Security in the distribution of KI? Specifically, is FEMA's Radiological Emergency Preparedness (REP) program involved? If not, why not?
4. What are the roles, if any, of the Centers for Disease Control and Prevention and the Department of Health and Human Services in the distribution of KI?
5. Please provide a list of states and local governments that have requested KI tablets from the NRC, including the date of the request and the quantities provided in each case. In the case of requests from local governments, please provide details of the KI distribution plans of the locality's state.
6. Please provide a similar list for requests directed to the federal agency charged with providing KI in the region between 10 and 20 miles from nuclear power plants, if it is other than the NRC.
7. What is the number of states and local governments that have population living within 20 miles of a nuclear power plant?
8. What is the total U.S. population living within 20 miles of a nuclear power plant?
9. What is the total amount of KI held in the U.S. Strategic National Stockpile (SNS)?

Establishment of National Guidelines

Subsection (c) states "Not later than one year after the date of the enactment of this Act, the President, in consultation with individuals representing appropriate Federal, State, and local agencies, shall establish guidelines for the stockpiling of potassium iodide tablets, and for the distribution and utilization of potassium iodide tablets in the event of a nuclear incident. Such tablets may not be made available under subsection (a) until such guidelines have been established." The Bioterrorism Act of 2002 was enacted on June 12, 2002.

10. What agency was given the primary responsibility for preparing these guidelines?

11. Have these guidelines been completed? If so, please provide a copy of them. If not, when will they be completed?

Submission of Report to Congress

Subsection (e)(1) states "Not later than six months after the date on which the guidelines under subsection (c) are issued, the President shall submit to Congress a report – (A) on whether potassium iodide tablets have been made available under subsection (A) or other Federal, State, or local programs, and the extent to which State and local governments have established stockpiles of such tablets; and (B) the measures taken by the President to implement this section."

12. Has this report been completed? If so, please provide a copy of it. If not, when will it be completed and submitted to Congress?

I appreciate your attention to this important matter of public health and homeland security. If you have any questions, please have your office contact Dr. Colin McCormick or Mr. Jeffrey Duncan at 202-225-2836.

Sincerely,

Edward J. Markey
Member of Congress

cc: The Honorable Tom Ridge
Secretary of Homeland Security

The Honorable Tommy Thompson
Secretary of Health and Human Services

The Honorable Nils Diaz
Chairman, Nuclear Regulatory Commission

The Honorable Joe Barton
Chairman, Energy and Commerce Committee

The Honorable John Dingell
Ranking Member, Energy and Commerce Committee

The Honorable Chris Cox
Chairman, Select Committee on Homeland Security

The Honorable Jim Turner
Ranking Member, Select Committee on Homeland Security