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October 23, 2006

Vanessa Quinn
Chief, Radiological Emergency Preparedness
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Mailstop 8610
Department of Homeland Security
Washington, DC 20528-8610

Nancy McNamara
State Liaison Officer
USNRC, RI
475 Allendale Road
King of Prussia, PA 19406

Re: November 14, 2006 Biennial Emergency Drill at Indian Point Nuclear Power Plant

Dear Ms. Quinn and Ms. McNamara:

On behalf of the Indian Point Safe Energy Coalition (IPSEC), please find attached our coalition's "Challenge" to DHS and NRC regarding the conduct of the biennial drill at Indian Point. IPSEC is made up of over seventy environmental, public health and public advocacy organizations who share grave concerns over the workability of Indian Point's emergency plan. We remain convinced that the plan will not protect the public in an event of an actual emergency, due primarily to the difficulty of evacuating such a densely populated area on a severely constrained infrastructure of roads, bridges and mass transit that is often overburdened under normal conditions.

The biennial emergency exercises conducted for Indian Point have the potential to be a useful tool for evaluating likely weaknesses in the currently approved plan, and ordering corrective action to ensure that improvements are made by the licensee and offsite response organizations. Unfortunately, this has not been our experience with the last two drills, conducted in 2002 and 2004. Due to the obvious flaws and shortcomings apparent in these past drills, we call on DHS

and NRC to implement the steps recommended in the attached letter for the November 14, 2006 drill.

In addition, DHS and NRC should establish a clear set of standards by which they evaluate the adequacy of the exercise and the validity of the plan as a whole. These standards should be codified in the agencies' implementing regulations and binding on licensees. Under the current regime, approval of the exercise and the overall plan is purely procedural. In order for the public to have any confidence that DHS and NRC are truly protecting public health and safety, these exercises, and the plans in general, must be based on benchmarks that the licensee is expected to achieve before the plant can continue to operate. Only then is the public truly protected.

Thank you for considering our concerns in this matter. We look forward to an improved biennial drill in November that will have real value in assessing whether the emergency plan for Indian Point can work in an emergency.

Sincerely,

Mark Jacobs
Indian Point Safe Energy Coalition

Lisa Rainwater, PhD
Riverkeeper, Inc.

Cc: Nader Mamish, NRC
A. Randolph Blough, NRC
Frank Tabert, NYS DHS

REALITY-BASED EMERGENCY DRILL

Guidelines for a Strong Emergency Exercise at Indian Point Nuclear Power Plant

IPSEC coalition members urge FEMA/DHS and NRC to hold an emergency simulation drill which will genuinely test the region's ability to respond to a worst-case scenario at Indian Point. The drill must incorporate the lessons learned from actual events such as 9/11 and Katrina, which should have dispelled the fantasies upon which prior Indian Point drills were based. Accordingly:

1) **FAST BREAKING RELEASE** The exercise must be based upon a fast breaking release of radiation that results in the contamination of a significant portion of the 10-mile emergency planning zone and the 50-mile ingestion pathway zone. (Federal government reports note that a radioactive release can begin is less than an hour. The failure of the emergency plan to adequately consider a large fast release scenario was one of the key criticisms leveled by James Lee Witt, the former head of FEMA, in a report commissioned by the Governor of New York.)

2) **MULTIPLE COORDINATED ATTACK** Any exercise based on a terrorist attack scenario must be based on the assumption that the assault on Indian Point will be part of a multiple-coordinated attack on the region. (Security experts note that such an attack would reasonably be expected to include as targets: regional chemical plant facilities, major local bridges, roads, and/or the electrical transmission infrastructure.)

3) **FIRST RESPONDER CAPABILITY LIMITATIONS** The exercise must take into consideration the enormous stress that would be placed on limited emergency resources and personnel. To this end, it must incorporate the kinds of major intra and inter-first responder communications breakdowns that plagued emergency actors occurred during 9/11 and Katrina. It must further factor in how the reality-based fear of radiation exposure will affect the action of responders. (For example, during Katrina a sizable percentage of the police force was unable or unwilling to report for duty.)

4) **MASSIVE TRAFFIC CONGESTION** The exercise must be based upon a scenario in which several major transportation arteries are rendered impassable; either by acts of terrorism or chaos-caused traffic jams. Critically, the feasibility of evacuating a large number of people during major traffic congestion conditions must be tested via an actual evacuation drill. The realistic availability of busses must likewise be taken into account. (Gridlock will impede egress from the area by people evacuating and trying to reach their loved ones as well as access to the area by law enforcement and emergency personnel. Numerous traffic accidents and weather events in the region over the past few years reveal the enormous vulnerability of the region's transportation infrastructure to gridlock.)

5) **SHADOW EVACUATION AND MULTIPLE DIRECTION ROADWAY ACTIVITY** The drill scenario should acknowledge that significant self-evacuation, or "shadow evacuation," will occur well beyond the 10-mile EPZ radius and as far away as 50 miles. (Academic research as well as Three Mile Island and Hurricane Rita demonstrate that such shadow evacuation will be significant. Given the demographics of the New York Metropolitan region, it is reasonable to assume that hundreds of thousands of people will be on the road and will be traveling in multiple directions. Even people not evacuating will be trying to reach their loved ones, especially children.)

6) **LOGISTICAL OBSTACLES FOR PUBLIC OFFICIALS** The exercise should also assess how long it would take public officials to travel to the emergency joint news center – the hub for emergency notification operations – especially in the event of a fast breaking release scenario. The exercise should not begin with all the emergency personnel already at the joint news center. (As noted by county emergency officials, one of the problems presented by a fast breaking release and associated traffic congestion is that a large number of county, state, and federal emergency officials will be unable to get to the joint news center in a timely manner.)

7) **EXTENSIVE SPREAD OF RADIATION** The exercise must dispense with the excessively optimistic assumption that air-flow will magically stop at the 10 mile mark. A severe accident scenario should have a radioactive plume traveling and threatening to expose citizens to higher-than-acceptable doses for - at the very least - the length of the 17.5 so-called "peak fatality" zone. (Numerous studies note that dangerously high levels of radiation can extend well beyond the 10-mile EPZ; even beyond the 50-mile ingestion pathway. The Chernobyl accident demonstrated this in reality.)

8) **MEDICAL TREATMENT AND DECONTAMINATION** The exercise should take into consideration a significant number of people who have been injured and a very large number who have been contaminated. The exercise must thus assume that people will seek treatment at all regional hospitals. It should further anticipate that one or two such hospitals will be within the plume, and require the evacuation of their own staff and patients. (Experts and regional medical personnel have expressed strong concern about the ability of the area medical system to handle major population "swarms" as well as the ability of medical centers to decontaminate large numbers of people.)

9) **PROTECTION OF CHILDREN** The exercise should incorporate numerous sub-drills that examine whether children will receive the protection they need. It is crucial to ensure that detailed and workable emergency plans exist at all regional schools (including private and nursery schools), daycare facilities, camps, etc. Assurance must also exist that children without adult supervision or

"latchkey children" will be protected in the event of a radiological emergency at Indian Point. The drills must ensure that KI pills are available and can be given to children properly and IMMEDIATELY upon indication of a radioactive release. Where bussing is involved, drills need to ensure the availability of adequate numbers of busses and of qualified bus drivers. It must also be demonstrated that drivers can be kept within communication of public officials who can provide needed guidance, including information on alternative routes around traffic jams and up-to-date instruction on how to get to shelters.

10) **SPECIAL POPULATIONS** The exercise should likewise incorporate numerous sub-drills that examine whether other special populations such as hospital patients, senior residences, nursing home residents, and the disabled will receive the protection they need, especially in the event of an evacuation. Facilities capability and knowledge of procedures must be demonstrated by the actual staff that would be carrying out the emergency plan. And such facilities must show that both day and night shift staffs are sufficiently cognizant of emergency protocols. (Katrina and its aftermath showed the extreme vulnerability of special populations during a major emergency.)

11) **ADEQUATELY PREPARED AND EQUIPPED SHELTERS** The exercise must convincingly demonstrate that all regional shelters can be rapidly staffed and can adequately supply food, water, first aid, and sanitation. They must also have decontamination facilities. People charged with staffing shelters must demonstrate the ability to conduct basic radiation monitoring and decontamination. Substantial amounts of replacement clothing and slippers must be kept on hand to replace decontaminated clothing and shoes and there must be an adequate number of the proper receptacles available in which to place contaminated clothes and personal effects.

12) **REDUCE THE NUBER OF OUT-OF-SEQUENCE DRILLS** Out-of-sequence exercises contain numerous artificialities that mask the problems that would emerge during the real life interplay of events. As much as possible, exercises should be held in-sequence and in real time during the November exercise.

13) **INGESTION PATHWAY EXERCISE** Hold an "ingestion pathway" exercise which requires activities beyond the 10-mile radius emergency planning zone. (The 50-mile radius around a nuclear power plant is considered the ingestion planning zone. Even in areas where the population would not be at risk of radiation poisoning, the health of people ingesting contaminated food or water could be in jeopardy. Notably, the Kensico Reservoir and other parts of the watershed that supplies New York City could be quickly contaminated by a radioactive release at Indian Point.)

14) **PUBLIC PARTICIPATION** The paper check lists and telephone trees of past Indian Point emergency plan drills should be replaced or augmented by a Topoff-type exercise which involves a substantial number of citizens. Such an exercise must involve the actual evacuation and sheltering of members of the public who have voluntarily agreed to participate. (The emergency planning literature shows that through the proper training of those participating in the exercise, injury and panic can be avoided in the event of an actual emergency. Moreover, actual drills involving large numbers of citizen participants reveal emergency planning flaws in a way that "table top" drills are never able to do. This is particularly the case where huge numbers of citizens would be affected by the real life event. Indian Point sits within 50 miles of over 20 million people. At the very least, the exercise should involve ten thousand citizens participating in various sub-exercises.)

15) **GREATER REGIONAL INVOLVEMENT** In the event of any major disaster, it is the people of the region who will predominantly be the initial responding actors; not FEMA and not the NRC. Local and state officials, school officials, representatives from public interest groups, public works personnel, police, fire, EMS, and members of the public should accordingly be much more intimately involved as evaluators and observers of the primary and sub-exercises. Such participation is crucial to public trust in the emergency plan. (The Witt report called for greater public involvement in emergency planning and recommended that "interested stakeholders be allowed to observe these exercises.")

16) **INDEPENDENT EXPERT REVIEW** Involve and cooperate with independent experts, like James Lee Witt Associates, to monitor and evaluate the exercise and publish their own findings. (The Witt report had criticized virtually every component of Indian Point's emergency plan and made suggestions on how the plan and exercise could be improved. James Lee Witt and his colleagues are highly respected by the region's elected officials, citizens and public interest groups and would thus be in the best position to evaluate whether the recommendations made in their March 2003 report were adopted.)

17) **PUBLICIZE CRITERIA OF TEST** To date FEMA and the NRC have failed to specify the basic specific standards by which they evaluate the adequacy of the exercise and the plan as a whole. FEMA must state explicitly what concrete measurable goals the exercise is meant to achieve. Criteria for success and failure must be explicitly outlined and detailed deficiencies and other results of the exercise and its many components must be made transparent for public review. Otherwise, as in the past, FEMA can simply sign off on an exercise riddled with deficiencies. (Notably, without such information, there exists no real measure of democratic accountability.)