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To: [JLD Public Resource](#)
Cc: [Kauffman, John](#); John.Monninger@NRC.gov; [Skeen, David](#); [Coggins, Angela](#)
Subject: Comment re: Tier 3 recommendation on KI
Date: Friday, May 04, 2012 2:05:22 PM
Attachments: [20110318-fukushima-daiichi-nrc-email-ki-ML12122A926.pdf](#)

Good Day:

I called into the webinar conducted on May 3, 2012, by the NRC staff regarding the Tier 3 recommendations from the Fukushima lessons learned.

There was some discussion of the Tier 3 recommendation involving potassium iodide (KI) for persons outside the 10-mile emergency planning zone.

If I understand the NRC's presentation on this topic, the agency needs more information about the pros/cons of the benefits of expanded KI distribution/stockpiling.

I don't understand this NRC position.

When the NRC sent staffers to Japan last year, every effort was made to provide those persons with KI. Those persons were initially staged at the US Embassy in Tokyo and moved two weeks later to J-Village, closer to the Fukushima Daiichi site. It's my understanding that both of these sites are outside a 10-mile radius from Fukushima.

Attached is one page from the documents recently released by the NRC in response to a FOIA request.

It's an email thread dated March 18, 2001 and is in ADAMS ML12122A926.

The email indicates that 53 package of KI tablets (14 pills per pack) were sent to Japan for the NRC staffers working more than 10 miles from Fukushima.

Bottom line -- if KI is a prudent health precaution for NRC staff working more than 10 miles from an accident site, how could it possibly be an imprudent health precaution for Americans living more than 10 miles from an accident site? After all, NRC staff are human, too.

If NRC decides that Americans living more than 10 miles from reactors don't need KI protection, the agency should explain why a health measure good enough them is not good enough for us.

Thanks,
Dave Lochaum
Union of Concerned Scientists