

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

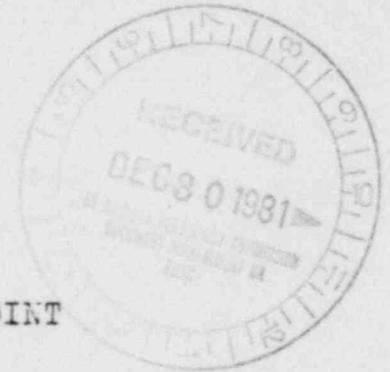
ATOMIC SAFETY AND LICENSING BOARD
Before Administrative Judges

Louis J. Carter, Chairman
Dr. Oscar H. Paris
Mr. Frederick J. Shon



In the Matter of :
Consolidated Edison Company of New York :
(Indian Point Unit 2) . :
: :
Power Authority of the State of New York :
(Indian Point Unit 3) :
: :
:

Docket Nos:
50-247-SP
50-286-SP



CONTENTIONS OF
PARENTS CONCERNED ABOUT INDIAN POINT

Parents Concerned About Indian Point, on behalf of its members and their children living within the fifty mile ingestion exposure pathway Emergency Planning Zone, respectfully submits the following contentions:

I. Children within the ten mile plume exposure pathway Emergency Planning Zone are particularly susceptible to the physical effects of radiation and to the psychological trauma of a disaster, and are not adequately protected by the Radiological Emergency Response Plan.

BASES

- 1) The radiation dose absorption rate for children is significantly higher than for adults, but correspondingly heightened protective measures have not been designed for them.
- 2) Families residing within the ten-mile EPZ have been given no information or instructional brochures. To be effective, emergency planning information must be widely disseminated, extremely detailed, and available in several languages.

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3) There is no financial commitment on the part of local government or the Nuclear Facility Operators to pay for the dissemination of emergency planning information. Without such information, parents will not be able to protect their children.

4) If a nuclear accident occurs while children are home but parents are not, the children will become part of the "transportation dependent population." The children would be expected to walk up to a mile to a bus stop and wait outside, possibly at the height of radiation exposure, to be evacuated by bus.

5) Children whose parents do not have cars will be part of the "transportation dependent population." These children will be expected to walk up to a mile to a bus stop and wait outside, possibly at the height of radiation exposure, to be evacuated by bus.

6) The buses planned to be used to evacuate the transportation dependent population are the same buses which will be used first to evacuate schools. Thus, any pre-school children or home-bound children who are dependent on public transportation will be required to wait an undetermined amount of time, which could be several hours, at a time when speedy evacuation of the affected area will be crucial.

7) There are not enough school buses to effect a timely evacuation of all school children.

8) Bus drivers from areas outside the ten-mile EPZ will be called on to enter the EPZ to evacuate school children but there is no way to assure their co-operation.

9) The Radiological Emergency Response Plan does not require adequate trained staff on buses, at school reception centers, or at congregate care centers to handle the psychological trauma which children will undergo in a nuclear emergency. Frantic, uncontrollable behavior may hamper the entire emergency response effort.

10) Voluntary participation of school personnel in an emergency is depended upon and should not be. Teachers, administrators, and staff will have their own family concerns to attend to.

11) Voluntary participation of bus drivers is depended upon and should not be.

12) School bus drivers are known to be difficult to locate when not on duty and thus cannot be counted on to drive buses during an evacuation. At the very least, locating bus drivers will add time to the evacuation procedures.

13) School personnel have no particular radiation disaster training and thus are ill equipped to become emergency workers in such a situation.

14) Bus drivers have no particular radiation disaster training and thus are ill equipped to become emergency workers in such a situation.

15) School reception centers and congregate care centers are not equipped with any emergency supplies.

16) If a nuclear emergency occurs during after-school hours, many children will be at publicly and privately sponsored cultural and athletic pursuits such as music, ballet, scout meetings, and sport practice. Since there are no instructions to parents regarding this eventuality, and no provisions in the emergency plans, the confusion which will result as parents, children, and after-school supervisors try to cope will hamper the emergency response effort.

17) The notification system depends entirely on hearing: hearing sirens or other media announcements. The children, especially the babies, of deaf parents will be at a disadvantage and will not be adequately protected.

18) There are children within the 10 mile emergency planning zone who take special medication. If they are forced to evacuate without a supply of their medication, serious impairment to their health could result.

19) There are handicapped children within the 10 mile emergency planning zone who are left home alone for various periods during the day. These children would be unable to evacuate by themselves.

20) The Radiological Emergency Response Plan calls on the resources of communities outside the 10 mile EPZ to help in the evacuation efforts. Local officials may need those resources to implement local emergency plans which are being

developed in response to public pressure.

21) The direction that operators of day care centers "have the responsibility for developing their own plans for caring for their residents in the event of a radiological emergency" is totally inadequate to protect the lives and health of young children, and the unco-ordinated efforts of day care center operators could impede the orderly flow of evacuation.

22) Many special institutions within the 10 mile EPZ will have extraordinary problems, such as the Asthmatic Children's Foundation, where over 30 children in permanent residence will be in greater danger due to the stressful requirements of a nuclear emergency.

II. Children outside the 10 mile EPZ are particularly susceptible to the physical effects of radiation and to the psychological trauma of a disaster and are not adequately protected by the Radiological Emergency Response Plan.

BASES

1) The radiation dose absorption rate for children is significantly higher than for adults, but correspondingly heightened protective measures have not been designed for them.

2) There is no plan for attending to the psychological needs of children outside the 10 mile EPZ who will be traumatized by perceiving a large scale nuclear emergency.

3) Families residing outside the 10 mile evacuation planning zone are likely to take their own protective measures to insure the safety of their children. These measures may include self-evacuation which, carried out in an ad hoc fashion, could hamper the evacuation of those within the 10 mile radius.

4) Advance planning of likely contingencies must be formulated to protect children both within and without the 10 mile EPZ.

5) Families residing outside the 10 mile EPZ have been given no information or instruction as to how to protect their children from the possible ingestion of radiation. To be

effective, emergency planning information regarding the ingestion of radiation-contaminated food and water must be widely disseminated, extremely detailed, and available in several languages.

6) There is no financial commitment on the part of the state or the Nuclear Facility Operators to pay for the dissemination of emergency planning information.

7) Special institutions outside the 10 mile EPZ will have special problems in dealing with a nuclear emergency. The resources of Blythedale Children's Hospital and the New York School for the Deaf, for example, will be strained as frantic parents try to make arrangements for their children, and as institutional staff are distracted by their own parental concerns.

III. Adequate consideration has not been given to parental and child behavior and to family decision making patterns in the emergency planning process.

BASES

1) Panic will ensue when parents and children, at different locations, cannot communicate with each other.

2) Parents are expected, under many circumstances, to evacuate without their children. Parents are unlikely to leave the area without their children. Particularly severe problems are likely to ensue when parents who are working outside the 10 mile radius but whose children are within the 10 mile radius at the time of an accident, return to the area in order to evacuate as a family unit.

3) Parents will attempt by any means possible to get to their children. They will converge on schools, causing traffic congestion, confusion, and a delay in the evacuation process.

4) Most parents will not train their children in emergency procedures.

5) Children who have been informed of the proper

emergency procedures cannot be relied upon to carry them out without guidance. Thus, children who are at home without parents or caretakers will not be able to carry out an evacuation (i.e. , get to the designated bus stop) on their own.

5) The only way to overcome parents' natural impulse to flee with their children, to forestall panic, and to insure an orderly evacuation is to hold frequent drills and to disseminate emergency planning information on a large scale.

7) There is no financial commitment to conducting any drills.

8) Frequent drills, although essential to the success of an evacuation, would be very costly, damaging, disruptive, and traumatic, especially to children.

9) Children should not be subjected to the emotional trauma and potential physical harm of radiological emergency drills, but without such drills, parents, children, and emergency personnel cannot be expected to perform adequately during a real emergency.

IV. The physical and psychological environment of children will be improved by permanently shutting down the Indian Point Nuclear Power Station.

BASES

1.) The risk of an accident with a potential for offsite releases of radiation, core degradation, and/or loss of containment integrity will be significantly reduced by cold shut down of units 2 and 3.

2) Parents, teachers, doctors, and other caretakers of children feel anxiety because of the continued operation of Indian Point. These anxieties are communicated to children and would be significantly reduced by cold shut down of Units 2 and 3.

3) Workers in the plant who are parents or potential parents are exposed to unacceptable levels of radiation due to operational and management practices at the plant. These workers are at risk of disease and genetic damage to their offspring. These risks will be reduced by shut down of units 2 and 3.