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UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION
OFFICE OF SECRETARY
OF SERVICE
DOCKETING
BRANCH

BEFORE THE ATOMIC SAFETY AND LICENSING BOARD

In the matter of)	
)	
SOUTHERN CALIFORNIA EDISON COMPANY,)	Docket Nos. 50-361 OL
<u>ET AL.</u>)	50-362 OL
)	
(San Onofre Nuclear Generating)	
Station, Units 2 and 3))	
_____)	

INTERVENORS' GUARD, CARSTENS, ET AL. COMMENTS
REGARDING FURTHER PROCEEDINGS ON MEDICAL
SERVICES ISSUES

On August 6, 1982, the Board requested parties and FEMA to address a series of questions regarding the necessity for further hearings on the issue of medical arrangements for the general public in the offsite emergency plans. In response to that request, Intervenors submit the following:

1. ADDITIONAL EVIDENCE

Intervenors propose to offer testimony on the need for further planning from physicians who are board certified in the fields of radiology, psychiatry, and community medicine. A sociologist under contract with the National Institute of Mental Health who is studying the effects of TMI on the population and a radiation physicist employed in a Southern California hospital are also proposed as witnesses. Evidence that would be presented would show that "medical arrangements" as

set forth in 10 C.F.R. 50.47 (b)(12) should include, in addition to arrangements for clinical services needed to diagnose and treat radiation sickness, planning for health education, screening and counseling services, and similar non-clinical services of a community health nature. Such services would be vitally important in the event of a nuclear power plant accident. In order to be able to deliver the appropriate level of care to seriously injured contaminated individuals who would require sophisticated clinical services, it will be necessary that the population have a clear view of the nature of radiation injury, so that medical facilities are not flooded with persons who do not need immediate clinical intervention, but who are in need of immediate screening and counseling services. If screening and counseling are not provided, and if efforts to educate the public regarding the nature of radiation injury are not successfully accomplished, medical facilities and personnel will be unable to devote the time and effort needed to care for those individuals who require intense emergency clinical services, because they will be so busy trying to attend to the larger population's demands for medical attention. Applicant's witness, Dr. Linnemann, supports the view that there would be great anxiety among the members of the public after a serious accident. (See ALAB-680 p. 19, fn 12). Thus, it would be both necessary and prudent to prepare the public for optimum response to a nuclear accident by a comprehensive health education plan, and to plan for screening

and counseling services. Such plans should be prepared by experts in the fields of community medicine, health education, radiation medicine and the behavioral sciences. A comprehensive health education program would be relatively inexpensive to prepare, and could be disseminated as part of a program of public information already undertaken by Applicants.

Other evidence which Intervenors would offer bears on the need for planning for the distribution of potassium iodide to prevent uptake of radioactive iodine. The benefits to be derived by distributing this drug are believed by experts to justify careful planning for distribution in the event of a serious nuclear power plant accident. Other services requiring further planning include decontamination centers. Intervenors' medical experts would testify that prompt decontamination can be a crucial factor in preventing radiation injury. They are all of the opinion that radiation injury is a physical injury, and would not find the distinction made by the Appeal Board between "traumatic injury" and "radiation injury" medically meaningful. Although some traumatic injuries would require priority of treatment over some cases of contamination or radiation injury, generalizations cannot be made concerning this. (See ALAB-680 p. 16, fn 11).

In addition to local medical service planning, Intervenors would propose that there must be contingency arrangements with outside jurisdictions in place in case of an accident so severe that facilities which would normally provide services must be evacuated. Testimony regarding the need for such contingency arrangements will be proffered

by Dr. Mary Frances Reed, who would sponsor such documents as Intervenors' Exhibit No. 24, California Emergency Planning Zone Studies for Serious Nuclear Power Plant Accidents, the SAI Report, and the Accident Sequence Precursor Program Report recently released by the Nuclear Regulatory Commission. All of these bear on the scope of planning to be done in providing medical services for a serious nuclear power plant accident, and would be useful in determining the level of planning necessary to protect the health and safety of the general public via the offsite plans.

2. NEED FOR ADVANCE ARRANGEMENTS FOR MEDICAL SERVICES

Since the arrangements in question, hospitalization and treatment of persons who have received high doses of radiation from a nuclear power plant accident, are likely to call upon resources of hospitals which are not in every day use, it would certainly be necessary to plan in advance for the use of such resources. Intervenors again urge that "medical arrangements" should not be construed to mean only hospitalization and treatment of irradiated persons, but should include services which would aid in the prevention of illness, mitigation of injury, and treatment of illness related to radiation exposure following a serious nuclear power plant accident. As to hospitalization and treatment of individuals who have been exposed to high doses of radiation, the technology which would be called into use is both extremely complex and likely to become increasingly complex in the future. Thus, plans for hospitalization and treatment of victims of a nuclear power plant accident would need periodic revision to keep pace

with developments in medical science. Intervenors urge that 10 C.F.R. 50.47 (b) (12) must be construed so that the general public, as well as the plant workers and offsite emergency personnel, have access to the best medical resources available to preserve life and health in the event of a serious nuclear power plant accident. Access requires planning; planning implies assessment of available resources and continuous updating of information, as well as an agreed-upon level of commitment of resources.

3. NATURE OF ARRANGEMENTS

Intervenors consider the following to be necessary components of medical arrangements which must be made in order to satisfy the requirements of 10 C.F.R. 50.47 (b) (12):

- a. Health education services, pre and post accident
- b. Screening and counseling services
- c. Decontamination facilities
- d. Diagnostic services, including special laboratories
- e. Treatment facilities, including specially trained personnel, inpatient and outpatient services,
- f. Record keeping capability to facilitate follow-up care.
- g. Special medicines, such as potassium iodide
- h. Monitoring of food chain, soil, air

The above list is not exhaustive, and could be refined by expert planners. Intervenors offer it in response to the present question, but point out that the process of planning is likely to result in changes. Planning of this nature could

not be done ad hoc. Confusion, delay, and the unavailability of needed resources and personnel would threaten the public health and safety, and are not to be tolerated in any serious attempt to protect the public against the consequences of a serious nuclear power plant accident.

4. EFFECTIVENESS OF EVACUATION AND SHELTERING

In assessing the need for medical services, it is to be assumed that evacuation and sheltering will be both effective and ineffective. For some individuals, depending on the severity of the accident, evacuation and/or sheltering will make treatment facilities unnecessary. For others in the same accident, efforts to avoid exposure will be unsuccessful, and treatment will be needed. All individuals will benefit, however, from services which reduce the anxiety and confusion that accompany lack of information about the nature of radiation injury, and from screening and counseling by qualified health personnel, so that those who need treatment are not impeded from receiving it by a crush of persons seeking treatment who do not need it.

In many cases, evacuation and sheltering will be only minimally effective, and redundant planning must be done to meet the threat that radiation exposure poses. Since evacuation and/or sheltering may not suffice to protect the public from high doses of radiation in a serious nuclear power plant accident, plans must be in place to further protect the public against injury. Emergency plans are to assume that an accident greater than a design basis accident will happen,

and that sheltering and evacuation may fail to achieve their goal. It would be a better use of resources to plan for medical services than to attempt to avoid such planning by speculative studies of the effectiveness of sheltering and evacuation in a hypothetical accident.

PROCEDURAL QUESTIONS

1. Further proceedings probably could not be conducted on the basis of affidavits and other written submissions, since there will most likely be objections to Intervenors' evidence by both the NRC and the Applicants. Intervenors cannot say whether or not they will object to Applicants' witnesses, or to those of the NRC, without knowing who they are and what they will say. Intervenors take the position that the Applicants must bear their burden of proof on this issue in order for the full power license to continue past six months. This is not simply an item to review like checking to see whether a SOP has been done. This is a planning item with numerous complex issues for the health of individuals in this area, which will have implications for other "publics" in the United States who live around nuclear power plants. It should not be done in summary fashion, but should ensure due process through adequate testimony and a complete record.
2. The Appeal Board decision is not clear, but suggests that the Licensing Board's decision with respect to health services arrangements is incorrect. Nevertheless, the ASLB decision has not been overruled. Intervenors do not feel that certification

of the issue re further proceedings is appropriate. 'Intervenors' concern is for the health and safety of those in the EPZ. Arrangements for medical services for the general public in the EPZ would clearly enhance the health and safety of those in the EPZ in the event of a serious nuclear power plant accident. This Board's holding of further proceedings to determine the extent of that planning will help to ensure the Board's function of protecting the health and safety of the public. Applicants have not appealed the issue of medical arrangements for the general public, and therefore the matter is not in dispute at this time. The Licensing Board's decision is the law of this case. Following the accident at TMI, the NRC announced a commitment to emergency planning to protect the public health and safety. Further proceedings to clarify the scope of medical arrangements which must be made will advance the goal of protection of the public health and safety.

September 3, 1982

Respectfully submitted,

Phyllis M. Gallagher
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One of Counsel for Intervenors

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CERTIFICATE OF SERVICE

I hereby certify that I served copies of the "INTERVENORS' COMMENTS REGARDING FURTHER PROCEEDINGS ON MEDICAL SERVICES ISSUES" on the following parties by first class mail, postage prepaid, on September 3, 1982:

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