

UNITED STATES OF AMERICA  
NUCLEAR REGULATORY COMMISSION

BEFORE THE ATOMIC SAFETY AND LICENSING BOARD

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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

April 25, 1983

EMERGENCY EXERCISE OBSERVATION  
TESTIMONY OF RICHARD E. GENDRON

The testimony of Richard E. Gendron on the emergency exercise "Intervenors' Observation Team" was inadvertently omitted from the package of testimony submitted on April 12, 1983. Parents Concerned About Indian Point hereby submits the omitted testimony and respectfully requests this Board to accept the testimony at this time, and to allow Mr. Gendron to testify on a panel with Nathaniel Mills who also observed at the Westchester Fire Control/Training Center in Valhalla, New York.

Respectfully submitted,

*Pat Posner*

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Intervenor-Observer

Richard E. Gendron

Observation Point

Decontamination Center  
Fire Training Center  
Hawthorn, New York

1:00 p.m.

The decontamination center in Hawthorn, New York is located in a small lobby and foyer of the Fire Training Center. The floor in the center is divided down the middle by a strip of white tape; the area on the right side of the line serves as the contaminated area, the area to the left is uncontaminated. Decontamination team members are stationed at the entrance to each of the two bathrooms and the bathrooms are also divided by strips of tape.

There are seven team members and two alternates, all of whom are either doctors or nurses and work for the Board of Health. Dr. Gallutso is the leader of this particular team. (This particular training does not necessarily require a medical background.)

The first victim arrives at the door and is met by a team member. The person is then scanned with a geiger counter, declared safe, and proceeds on to the registration table and out the door. There are also two state troopers stationed in the room. This decontamination center is not meant for the general public, it is for emergency workers.

It is explained that, in accordance with the accident scenario, these particular people (victims) are arriving from the Buchannan area.

I ask Dr. Gallutso a number of questions:

1. Would the team members be wearing hoods in an actual emergency? The team are dressed in what looks like cotton overalls that are taped at the wrist and ankles. It seems that the hoods are part of Civil Defense Preparedness and are back ordered.
2. How many people are processed per hour? Approximately 4-8.
3. What happens if a person is found to be contaminated? The person is first

taken down the right side of the tape, into the lavatory, his clothing is shaken off, and another reading is taken. If the reading is positive, the victim's clothing is taken off and placed into two plastic bags. The victim is then taken down the right side of the tape line to the showers where he washes with plenty of soap and water. Another reading is taken. He is then issued a new pair of disposable coveralls and sent on to a safe zone where the Red Cross will provide him with food and shelter. I was told that coveralls were also back ordered.

4. What is the limit of safety as far as the contamination is concerned?  
1.0 millirems to 3.0 millirems.

1:55

Another victim arrives and enters through the southern door (which is the only door which is being used for an entrance), is given a scan with the geiger counter, found to be clean, and passes on to the registration table. After the person's particulars are registered, she passes down the hall on the left of the taped line and exits.

The next victim is a federal observer. It is determined that he has a contaminated sleeve and is told to go to the lavatory with one of the team members, stand on a brown piece of paper, and to shake. For the sake of the simulation, he is found to still be contaminated. He is taken along the right side of the taped line to the showers. After showering the victim is checked again, found to still be at an unsafe radiation level, and taken to a holding area. Dr. Gallutso calls Dr. Williams, the supervisor at the EOC, to arrange to have the victim removed. I ask where such victims will be taken and am told by Dr. Gallutso that he is unsure and to ask Dr. Williams.

A state trooper enters the control room area again. (Is this decontamination area too close to the control room?)

A call for fifteen ambulances to evacuate the V.A. Hospital comes in over the radio.

I ask how many teams comprise the emergency arm of the Civil Defense Preparedness. It is explained that there are 7 teams, each with 7 members and two alternates, in Westchester County.

Conclusion

In the final analysis, I feel that emergency workers, people who are putting their own lives on the lines to protect the safety of others, must be given the proper equipment to successfully carry out their responsibilities. In all disaster situations, some people will react with fear while others take up the banner. We cannot expect emergency workers to sacrifice their own health and safety because of a lack of training or equipment.

As a jet mechanic, I have had some basic training concerning radioactive environments. One of the first precautions is to prevent breathing in the contaminants. Certainly if we are going to be in contact with suspected carriers of radioactive dust, we should be breathing through respirators in order to avoid becoming contaminated as well. Will we be satisfied with a strip of tape on the floor to protect the uncontaminated from the contaminated?

The United States Air Force uses operating room procedures when dealing with radioactive materials. Isolation is the key. Should the decontamination center be located in the same building as the communication center for the whole county? When we contaminate the control room who will take over? The equipment in this room is very modern and technical and will require a trained person to operate it. How are we going to transport the people that are contaminated without contaminating the drivers as well as others people working in the decontamination center?

I must also question whether or not the decontamination centers are

adequately staffed and if we can be certain that such workers would even fulfill their responsibilities in the event of a nuclear accident.

It is my view that, if the exercise had been an actual emergency, the members of the decontamination team, as well as the workers in the control room, would have been sacrificed regardless of the efforts of Dr. Gallutso or any of his team members.

I would also like to state that at this time we must begin a high priority program which aims to clean up the radioactive materials that are building up throughout our land. We must employ the finest minds that our great country can deliver and give them the freedom that they need to deal with this dilemma. We must put away the greed and the ego and bring forward the blessings that come with following conscience. We must trade the fear and uncertainty right now for a united effort to solve this problem. WE MUST DO THIS NOW FOR IT MAY ALREADY BE TOO LATE.