

Dear Judge:

My name is Mauray J. Tye.

I am a practicing physician in this area, Clinical Professor at Tufts University Medical School and equivalent at Boston University Medical School. As such I am well versed in the hazards of radiation. As a staff member of the 6 area hospitals along with the New England Medical Center, Boston University Hospital and Boston City Hospital, I am fairly well acquainted with the facilities they have available for emergency situations. I also know what it is like trying to administer medical care during a crisis. I was involved with the infamous 1942 Cocoanut Grove fire in Boston -- one of the worst catastrophes ever to hit this area, where there had been virtually no master plan to cope with this type of event with over 400 casualties vs a well thought out emergency plan for mass injuries while a medical resident at Bellevue Hospital, N.Y. which helped avoid the chaos that Boston witnessed.

I am here tonight in my role as chairman of the Sun Valley Association, a group of close to 100 Hampton Beach homeowners on the Seabrook side of the Hampton River who are in the most vulnerable area as we live out on the point of the river and go towards the plant to be evacuated. The association is an official intervenor in pre-trial hearings on the contention that adequate plans for evacuation have not been proposed. I'd like to address my remarks to evacuation plans that have been submitted in the event of an accident at the Seabrook station. There are several major questions to be answered in the public Service Company's latest plan:

1) The estimated time for moving thousands of Hampton, Seabrook and Salisbury beach-goers is, to say the least, overly optimistic.

It contradicts the testimony of Professor Heer of MIT, the New Hampshire State Police and local police and fire chiefs previously brought to the attention of your committee.

2) No attention has been given to panic at all levels, inevitable in the event of a disaster of that potential. Drivers aren't likely to proceed in an orderly courteous fashion, as they do for the most part during periods surveyed by PSC. Police, fire

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and other emergency personnel aren't likely to remain calm in supervising the evacuation -- If they all remain on the scene at all after a radiation leak.

3) No attention was given to the fact that cars park perpendicular to the main highway 2-4 deep and typically back onto the major beach highways, which slows traffic considerably. Our aerial photographs document this effect. And no mention was made by PSC of the fact that on typical summer days beach-goers begin leaving early in the afternoon to avoid a late-day rush, while after a storm now everyone would be piling off the beaches and onto the roads at the same time - peak population. Actually the greatest beach population is not on the hottest day, but rather when the beach temperature is 10-15° cooler than an intown hot day.

4) The PSC failed to adequately consider growth trends in summer tourist trade, as this area now accommodates larger numbers of Canadians than ever before. And it failed to add in the many thousands of local residents who aren't part of the normal weekend exodus from the beach.

But there's another, potentially more serious problem. That is how evacuees would get medical treatment once they were out of the danger zone.

Concerned about this issue, I recently wrote administrators of area hospitals asking them how they would cope with a nuclear emergency. Here are some typical replies: .

Amesbury Hospital

"We do not have a specific plan for multiple contaminated patients. We do have a shower where a patient presenting himself to our Emergency Room could wash, clothes and all, before he or she is examined. The problem with this, is that the waste water goes into our sewerage system.

We feel that we cannot properly handle numerous patients that have become contaminated."

Bon Secours Hospital, Methuen

"The procedure does not deal with the catastrophic events, such as nuclear explosion or massive contamination of population due to nuclear war, nuclear reactor accidents, etc. Under no circumstances can a community hospital be ready to deal with patients exposed to radiation following these particular events."

We sincerely believe this to be the case and so have not tried to develop a policy and procedure manual on it which we feel would not, in any event, be workable. If your organization or if you specifically know of policies and procedures we could implement to properly handle such matters, I'd be more than pleased to receive it from you."

Hale Hospital, Haverhill

"Contaminated waste water will be discharged into the City sewers. Contaminated clothing will be bagged and turned over to authorized state or federal personnel. Clearly in the event of a melt-down or other theoretically possible accident, most of the victims would suffer from a) contamination and b) hysteria. The second problem would be much harder to deal with than the first. Building security, crowd control, and high-speed processing would be extremely important.

Another consideration for the Hospital is that we have only one geiger counter and no alpha detector".

Lawrence General Hospital and Anna Jaques Hospital in Newburyport were much of the same order. Exeter Hospital did not respond with a written report.

We want you to understand that my purpose in appearing before you is not just to solely criticize PSC's evacuation plan, although I believe that plan is highly deficient, but to present some positive constructive measures. There are four steps you as a body could order that would minimize the dangers of a nuclear accident at Seabrook. They would be relatively cheap -- especially when compared with the multi-billion dollar plant -- and wouldn't require further delays in plant construction.

- 1) That roads to and from the beaches be widened or a new road or roads be added. This would eliminate many of the delays PSC anticipates in evacuation.
- 2) That it be decided once and for all who will pay for this road construction. Local officials say it's the state's responsibility, and the state points a finger at the PSC. If only the bickering was stopped and planning was coordinated - responsibility distributed, one could remove people from the hazard in a much safer time frame.
- 3) That Federal health authorities help local hospitals plan now for dealing with a nuclear disaster. And that they work with other local and state officials now in coping with contaminated water and sewer systems and other vital irradiated resources; as well as seeing that they have adequate monitoring equipment.
- 4) That some provision be made for decontaminating vehicles and people driving away from the danger area. This will require careful recording of who these people are, along with an as-yet-untested procedures for ridding them of radiation.

We feel a workable plan would require as a minimum, many of these steps.

I appreciate this opportunity to appear before you and would be glad to entertain your questions. I have prepared extra copies of these remarks and will provide them to your committee.

I and other Sun Valley Association members anxiously await your reply to these concerns.