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USNRC

TO: Chairman Jackson
Commissioner Rogers
Commissioner Dicus
Commissioner McGaffigan
Commissioner Diaz

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OFFICE OF SECRETARY
DOCKETING & SERVICE
BRANCH

FROM: Peter Crane *Peter Crane*

DOCKET NUMBER

SUBJECT: ACRS LETTER OF MAY 9, 1997
(POTASSIUM IODIDE STOCKPILING)

PETITION FILE PRM 50-63

(60 FR 58256)

On May 9, 1997, Chairman R. L. Seale of the Advisory Committee on Reactor Safeguards wrote to Chairman Jackson, presenting the views of the ACRS on the NRC staff's planned disposition of my petition for rulemaking concerning potassium iodide (PRM-50-63). The letter requires a response from me, I regret to say.¹

First, I would like to acknowledge, with appreciation, that the ACRS invited me to make a presentation at the April 3-4 meeting. Having earlier planned a family vacation in that week, I did not take the Committee up on its invitation, and instead submitted a written statement, consisting of a letter, my statement to the Maine Advisory Commission on Radiation, and my rulemaking petition. Perhaps if I had been there in person, some misunderstandings might have been avoided.

Having said that, I must also say that the transcript of the April 3-4 session, together with Chairman Seale's letter, leaves me with considerable doubt whether the ACRS majority bothered to read the papers that were before them. The inescapable impression created by the discussion of side effects in the meeting is that at least some members were wholly unaware that this issue has been explored exhaustively over many years. (This is, after all, a drug that the Food and Drug Administration approved as safe and effective as long ago as the 1970's.) The Polish experience in administering 18 million doses of KI after Chernobyl, and the minimal side effects encountered, have been discussed not only in my own filings, but also by the NRC staff, in its memoranda to the Commission of 1993 and 1994. I cannot help thinking that if the majority of the Commission's nationally eminent (and not inexpensive) Advisory Committee on Reactor Safeguards had shown just a fraction of the assiduity and vigor that the Maine Advisory Commission on Radiation displayed at its meeting of December 6, 1996, the result might have been different.

¹ As in the past, this letter is written at home, on my own time, in my private capacity, not in my official capacity as Counsel for Special Projects in the NRC's Office of the General Counsel.

I wish I had a videotape of that Maine meeting, to show to the ACRS and to others as well. In the weeks since their previous meeting, one member of the Maine Commission had researched the Poles' use of KI, including the minimal side effects that were seen, and he made a presentation based on Nauman and Wolff's seminal paper (which is discussed in my rulemaking petition). Another member of the Commission reported to the group on his discussions with a prominent thyroidologist from Maine Medical Center.

It is small wonder that with this energetic, hands-on approach to issues of fact and policy, Maine was able to bring the KI issue to resolution so quickly. (The State's new policy of stockpiling KI went into effect earlier this month.) By contrast, the Federal Government continues to fumble ineffectually with the KI issue. More than half a year has elapsed since the Federal Radiological Preparedness Coordinating Committee (FRPCC) voted to approve a new policy under which the Federal Government would buy KI for any state desiring to stockpile it, but no announcement has yet appeared in the Federal Register. Indeed, the Federal Government has been agonizing over the KI issue for more years than it took Maine weeks to research, debate, and decide it.

I do not wish to rehash the merits of the case once again -- only to say that Dr. Kress, the dissenting member, has in my view much the better argument. Rather, I would like to address the Committee's discussion of the action of the Ad Hoc Subcommittee on KI of the FRPCC.

That Subcommittee was headed by Mr. William McNutt, an honorable and upright public servant who conducted the group's handling of the KI issue with scrupulous fairness and professionalism. In a committee effort, however, where each member can propose the insertion of this or that sentence, unfortunate language can sometimes appear. One sentence, quoted by Dr. Seale in the ACRS's letter, is a case in point. Referring to the June 1996 public meeting of the Subcommittee (at which, generally speaking, all the scientific and medical experts spoke in favor of KI stockpiling, while lobbyists for industry and a number of state officials opposed it), the Subcommittee said:

While the viewpoints presented at the public meeting were compelling, the 1996 Subcommittee heard no new information that seriously challenges the bases for the 1985 recommendation concerning public use of KI.

"No new information" -- that is a phrase to gladden the heart of the Nuclear Energy Institute, which trumpeted it in its unsuccessful effort to block

KI stockpiling in Maine.² Any reasonable person reading the sentence just quoted would naturally understand it to mean that no new information on KI had come to light since 1985, and that the Subcommittee was therefore endorsing the existing KI policy.

How wrong that person would be! In fact, as Mr. McNutt himself would surely tell you, the phrase actually means that no new information had been developed since the Subcommittee's previous examination of the issue, just two years before, in 1994. Between 1985 and 1994, however, a vast wealth of new information on KI became available, principally relating to Chernobyl and the carcinogenic effect of accidentally released radioiodine on the thyroids of children.

Nor is timing the only problem with this artfully worded sentence. Note that it does not say, "no new information regarding KI," but refers instead to "new information that seriously challenges the bases for the 1985 recommendation." What were the bases for that recommendation? The principal basis was a cost-benefit analysis -- in my view, a travesty, as I have explained elsewhere -- that purported to prove that KI was "not worthwhile." Whether or not the cost-benefit analysis was worthless is irrelevant, for present purposes. The point is that neither I nor the NRC staff, in its 1994 recommendation to the Commission in favor of stockpiling, nor any of the other advocates of KI, so far as I know, is arguing that KI is "cost-effective," in the sense of being likely to pay for itself in the long run. Rather, the argument for KI is that it is cheap, effective, and highly desirable from the standpoint of prudence.

Thus it is possible to say that the "bases for the 1985 recommendation" have not been challenged, if by that you mean that the 1985 recommendation was based on cost-effectiveness, and that the present-day advocates of KI stockpiling are not arguing that it is on grounds of cost-effectiveness that the drug should be stockpiled. But the effect is not to add to public knowledge and understanding, but rather to pull the wool over its eyes. I sincerely hope that no more public currency will be given to this seriously misleading sentence. The American people deserve better from their Government.

cc: Advisory Committee on Reactor Safeguards
Executive Director for Operations
General Counsel
William McNutt, FEMA
Docket File (PRM-50-63)

Attachment: Letter to the ACRS, March 26, 1997 (w/o enclosures)

²It is not my role to tell NEI how to run its business, but I find its myopia on the KI issue unfathomable. In Canada, the nuclear power plant operators believe that KI stockpiling is good public relations. In the U.S., by contrast, the industry has taken the position that stockpiling KI could undermine public confidence in nuclear power. Senators Alan Simpson and Joseph Lieberman disposed of that argument in their letter to the Commission of April 20, 1994.