



# BENTON COUNTY EMERGENCY MANAGEMENT AGENCY

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Nuclear Regulatory Commission  
Washington, DC 20555-0001

RE: Request for Comments

Subject: Draft NUREG-1633, "Assessment of the Use of Potassium Iodide (KI) As a Protective Action During Severe Reactor Accidents,"

Dear Sirs;

I wish to provide input to the NRC from the local Emergency Management Agency (EMA) level concerning the stockpiling of Potassium Iodide (KI) for public use in the event of a severe reactor accident.

**I strongly recommend this Draft NUREG NOT be adopted and that the existing policy of using KI only for emergency workers remain instated**

I am the Emergency Management Coordinator for Benton County, Iowa. I am responsible for the protection of the Benton County portion of the general population within the Emergency Planning Zone (EPZ) of the Duane Arnold Energy Center, located in Palo, Iowa. The total EPZ has a population of approximately 160,000 to which providing KI to every individual would be a significant issue to be addressed.

There are several reasons why requiring the stockpiling of KI for the general population is not the best way to protect the public from the effects of a radiological accident.

First, I endorse the Federal Radiological Preparedness Coordinating Committee (FRPPC) policy that is discussed in the COMSECY 97-028 letter, which maintains that evacuation and sheltering are the primary protective actions. After reading information related to this issue it is my conclusion that it is better to move the public away from the problem instead of treating the public after exposure.

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The Benton County Emergency Plans are very extensive in alerting the public in the event of an emergency, with provisions for quickly and effectively evacuating our general population out of danger. For example, the population most at risk in this type of situation are children through the age of 15.

However, the Benton County Emergency Plans began precautionary evacuation of schools and day care facilities at the declaration of a Site Area Emergency. This protective action would adequately care for this sector of population well before any radioactive release resulting in a potential exposure would exist.

Secondly, I have a concern that this Draft NUREG would appear contradictory in nature and create much confusion in the light of how we have attempted to teach and convey to the public how the health and safety of the public are being protected by the evacuation and sheltering. I see this as having a potential negative training impact for both the emergency workers and the general population.

The actual probability of ever having an accident that would affect the population and let alone a "Severe Accident" is highly unlikely. In my evaluation you are raising a series of questions that become very difficult to answer to, i.e. what is the definition of Severe Accident as far as my public information? Who is to make a distinction of what is severe and what is not? Hence, EMAs are put at risk for decisions made. Does this force EMAs to make a conservative decision calling all accidents "severe?" This then means that the dissemination of KI to all the general population is not just a possibility but a reality.

The training and public information that we have strove to provide for many years is just now becoming successful and receiving a certain amount of acceptance among the public. With the already politically sensitive issue of Nuclear Power, this Draft NUREG could hurt our progress towards public faith in the emergency plans we have developed.

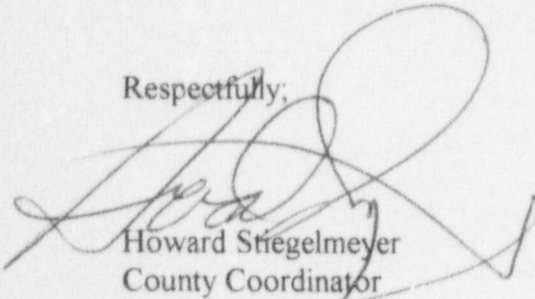
Along with these above mentioned complicating factors is the logistics of storage and distribution of KI. It would be a tremendous burden, especially for the potentially affected population that I serve. There would be a great deal of effort to store over 1,650 boxes of KI for the general population and the emergency workers, maintain accountability, and rotating the stock as required. This amount of effort does not address the problems of distribution of the KI to the general population and the necessity to instruct the general population on how and when to take the KI and to inform them of the potential health risks. Again, the utility and the emergency management community put forth a great deal of effort annually, to train the emergency workers on the use of KI. This task would be multiplied many times to serve the general population at the minimum standard that would be expected.

Lastly, this Draft NUREG sends a message of false security to the general population which implies that individuals can stay in an affected area instead of evacuating and the government will provide them a pill that will protect them. This implied message does more to hurt the public safety than helping it.

In closing, it is clear from my investigation that this Draft NUREG has not been adequately examined for all the possible impacts. The EMA Sector has seen in years past the Federal Agencies enforce regulations that may have been basically sound but implemented in such a hasty manner that it causes a ripple effect throughout the industry and hence becomes poorly implemented, containing many flaws and unexamined complications. I advise you take time to extensively investigate all the negative impacts this Draft NUREG inherently brings with it. These days with all agencies feeling the impact of cost controls, if you cannot do a more comprehensive examination of this Draft NUREG, don't force the EMA's to bear the burden of implementing a half thought through "Good idea." **This Draft NUREG as currently stated should NOT be adopted!**

If you have any questions, please contact me. Thank you for your support.

Respectfully,



Howard Stiegelmeier  
County Coordinator  
Benton County, Iowa