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RULES AND DIRECTIVES
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General Comment

April 1, 2014

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Chief, Rules, Announcements, and Directives Branch
Office of Administration
Mail Stop: 3WFN-06-44M
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

BY EMAIL to:
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Dear Ms. Bladey:

This is in response to your request for comments on drafting the 2014-2018 NRC Strategic Plan. My comments pertain to your objective to promote regulations and strategies designed to:

“Ensure the NRC’s readiness to respond to incidents and emergencies involving NRC-licensed facilities and radioactive materials, and other events of domestic and international interest.”

I applaud the NRC for its willingness to consider steps that will enhance public safety through the development of sound measures to protect the public. I further recognize that any modification of existing strategies, regulations, or policies must be consistent with overall Commission goals, and make sense from a cost-benefit perspective.

My comments are focused on existing NRC strategies regarding the acquisition and distribution of potassium iodide (KI) tablets. These tablets protect the thyroid from radioactive iodine (RAI) which could be released in large quantities in a serious reactor accident or from a nuclear weapon. Given its highly carcinogenic properties, RAI would probably injure more people in a serious accident than all other released substances combined.

RAI is a volatile substance which can become an aerosol if released under pressure. Once in atmospheric suspension it can be windblown for hundreds of kilometers, consequently endangering large numbers of people located at great distances from the release point. This has already happened. The NRC has estimated that RAI released at Chernobyl caused at least 6000 cases of childhood thyroid cancer, with approximately 97% of the first 750 cases taking place more than 50 km downwind of the accident. No other released product caused this level of danger. In fact, as the NRC reported, ten years after the accident, “except for thyroid cancer, there has been no confirmed increase in the rates of other cancers, including leukemia, attributed to [the accident].” It should be noted that roughly similar thyroid effects were observed in Japan following the 1945 bombings there.

NRC experts, of course, are sensitive to the danger of RAI and acknowledge KI’s protective ability. That is why current Commission strategy calls for the distribution of the tablets to certain populations who might be at risk should a release occur. However, for reasons which are difficult to understand, the existing strategy limits the distribution to nuclear plant workers and those living just 10 miles around US nuclear facilities—despite the demonstrated ability of RAI to travel well-beyond this range, and the potential downwind danger out to at least 50 miles.

Limiting KI’s protection cannot be justified. Clearly, should a nuclear incident occur, KI will be needed outside the current distribution area, and will almost certainly be demanded by members of the public who will feel threatened. One can only wonder how those living 11 or more miles away from a damaged reactor will respond upon learning that only officials and their neighbors living near the reactor have access to the drug, while they and their children are being denied its benefits.

It is difficult to formulate a coherent argument in support of the current strategy. KI is safe, effective, long-lasting, and easy to store and distribute. The annual cost of a stockpiled dose could be as low as 2 to 4 cents. The tablets are small, lightweight, and take up very little room. Nine-thousand can fit in a carton the size of a microwave oven, which could be kept in a closet at schools, firehouses, police stations, etc. Yet the amount of KI available in the US today is only enough to protect a tiny fraction of the millions of people who might require it should a serious accident or terrorist incident occur. (The source of my information on KI availability comes from the fact that I am the President of the company that supplies the product.)

My hope is that NRC Strategic Planning will consider the deficiencies in current accident response strategies and institute new programs and policies to assure the availability of KI for everyone who might need it. More information on this matter, and a source listing of documents and quotations referenced in these comments, can be found at www.kifacts.com.

Sincerely,

Alan Morris
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