



**HEALTH RESOURCES
PLANNING & DEVELOPMENT**

209 Senate Avenue, P.O. Box 122, Camp Hill, PA 17011
717-761-3252

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August 28, 1979



Joseph M. Hendrie, Chairman
Nuclear Regulatory Commission
1717 H Street N.W.
Eleventh Floor
Washington, D.C. 20555

Dear Mr. Hendrie:

Health Resources Planning and Development, Inc., is the designated Health Systems Agency for south central Pennsylvania (under U.S.P.L. 93-641). Counties served by our HSA include Cumberland, Dauphin, Lancaster, and York; all adjacent to the Three Mile Island site.

As part of our health planning process, HRPD held a series of public hearings on the Personal Health Effects of the Three Mile Island Accident. Transcripts of those hearings, as well as support documents, are enclosed for your records.

Should you have any questions, or desire additional information, please contact me directly.

Sincerely yours,

Michael J. King

Michael J. King
Health Services Specialist-Planner

MJK/jjs

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HEALTH RESOURCES PLANNING AND DEVELOPMENT

PUBLIC HEARING

PERSONAL HEALTH EFFECTS OF THE
THREE MILE ISLAND ACCIDENT



The Gallery
Main Building
Penn State Capitol Campus
Middletown, Pennsylvania

Tuesday, May 22, 1979

Met, pursuant to notice, at 2:30 p.m.

BEFORE: (Afternoon Session):

CAROL CRAWSHAW, Board Member
JOSEPH TRAUTLEIN, Health Education Committee
WILLIAM PEARMAN, Health Education Committee
BARRY SHUTT, Representing Congressman Allen Ertel

(Evening Session):

BARRY SHUTT, Representing Congressman Allen Ertel
PHILIP FEATHER, Lebanon County Commissioner
WILLIAM PEARMAN, Health Education Committee

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P R O C E E D I N G S

MS. CRAWSHAW: I would like to welcome you to Health Resources Planning and Development's hearings on the personal health effects of the Three Mile Island accident.

Our concern is to hear your concerns that are related to emotional and physical health. We are here to receive your testimony, and we will be developing health prevention sections and health education programs for our health plan in this area from this testimony.

Those of you who wish to testify, if you would fill out a card and turn it in to Ms. Ulsh, we will call you one by one to come up to present your testimony.

I will introduce myself first. I am Carol Crawshaw, the Plan Development Chairman of HRPD in this area, and I will let the rest of the panel introduce themselves.

MR. SHUTT: I am Barry Shutt. I am with Congressman Allen Ertel.

DR. TRAUTLEIN: I am Dr. Joseph Trautlein, and I am with Hershey Medical Center.

DR. PEARMAN: I am Bill Pearman. I am Dean of Social Sciences at Millersville, and I am on the Health Education Committee.

MS. CRAWSHAW: Ms. Miriam McDonel?

We are here to receive your comments and reactions on your health concerns.

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1 MS. MC DONEL: My personal health concern with that
2 of my husband and myself is that we lived in Pineford during
3 the incident and have since then moved as of May 1.

4 But we were really outraged that there was so little
5 concern on the part of anyone having to do with the public
6 health; that the main concern seemed to be with young people
7 of child-bearing age and very young children.

8 Now, of course, I would be even more outraged if I
9 were at that time bearing a child or had a very young child,
10 and I would have been terrified.

11 But no one seemed to give any concern for the varyin
12 conditions of health problems that people have that would be
13 affected by a disaster like this.

14 I managed to survive the natural disaster of Agnes
15 in 1972, but not without a great deal of stress, and the stress
16 was so serious that between June 22, 1972, and 15 November,
17 1972, I secreted so much acid, along with the fact that I had
18 an ileal hernia, that I literally destroyed my own esophagus.

19 I do not have another esophagus to give to my
20 country. My esophagus has been completely rebuilt. I found
21 that I was feeling the same pangs of stress; the feeling that
22 you get when you are driving down the street, and you are about
23 to have an impact with another car. Do you know that strange
24 pain you get, Doctor? Do you know that pain you get in your
25 abdomen or somewhere in here? It is happening. It is

1 something that you can't see happening to you, but there is
2 something telling you that you are under stress. I have been
3 experiencing this ever since.

4 My husband is a diabetic. He is controlled by
5 oral medication. However, he does his own sugar testing, and
6 his sugar went absolutely sky high.

7 We experienced, when we went down for our body
8 scans, several couples of our age that were expressing some of
9 the very same concerns as we did, and they were very vitriolic
10 about it.

11 To me, I didn't get involved in that because I didn't
12 need any more stress than what I had already had. But I am
13 really shocked and amazed that the Governor could only think
14 as far as pregnant women and preschool children. He had no
15 concern whatsoever for diabetics and people who do not react
16 well under stress, because along with what we ingested from
17 the air, what it has done to our emotional health, we really
18 can't say just now.

19 But I have a great deal of anxiety, and I am still
20 experiencing these very same pangs; this jerk is sort of a
21 pain that one feels when he feels there is something terrible
22 about to happen to you. This is not healthy.

23 I think we all have been through a real sick thing
24 where nobody knew what they were doing, and we were being led
25 by a bunch of idiots, and it is an outrage.

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1 ~~When~~ you put a plant like that in the midst of a
2 community, somebody has got to know what they are doing. I
3 have a feeling that Laurel and Hardy were down there running
4 that thing.

5 So, any attempt to reactivate that plant would
6 certainly -- well, it is just out of the question because I
7 really don't think that we know enough about what we are
8 dealing with.

9 We have got our science, but we don't know what our
10 science can do to us. Right now, I can assure you that what-
11 ever they call this science has certainly affected us very
12 badly, and we have been through a great deal of stress and
13 anxiety.

14 We did not want to move out of Pineford. It was
15 a very pleasant community to us. We only moved to Camp Hill,
16 but that same stuff can blow right over there real easy.

17 We have heard such things as if we actually had a
18 meltdown, that it could have affected an area as large as
19 Chicago. So, you know, who knows? Going to Camp Hill is like
20 going nowhere.

21 So, that anxiety is still there, and I really feel --
22 and my husband and I, of course, left the area, and we came
23 to Harrisburg thinking -- because no one could even perceive
24 what this was amounting to. We didn't have to deal with this
25 before, and, of course, the nuclear plant should have to deal

1 with it. They should have made arrangements, and we should
2 have had Civil Defense dealing with this sort of thing because,
3 as I say, we couldn't even perceive that anything could
4 cause us to have to leave our home and go elsewhere and arrange
5 for board and room, and so forth.

6 When I went to the insurance company when it was out
7 at 19th and Derry Street, they said, "Oh, well, we can't do
8 anything for you," and I said, "May I speak to your supervisor,
9 please?"

10 This very irate gentleman came and told me, he said,
11 "Well, we are only dealing with pregnant mothers, and obviously
12 you are not pregnant."

13 Hey, I didn't come there to be told I was 50-some
14 years old and not pregnant. I came there for the insurance
15 agency to say, "Well, now, we haven't gotten around to it yet,
16 but we do feel some responsibility to having upset the entire
17 community and forcing you to leave your home and seek board and
18 room elsewhere."

19 So, this whole thing was so tragic and so horrendous
20 that I'm sorry I can't even express myself any further. I'm
21 sure maybe someone else can get to it better than I can.

22 Thank you.

23 MS. CRAWSHAW: Next we have Jeane Crumley.

24 MS. CRUMLEY: I am a resident of Camp Hill for, I
25 guess, about 13 years. My husband and I and our family have

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1 had a cottage on Beech Island, which is just a little sister
2 just west of Three Mile Island.

3 In the light of what we have heard, they were not
4 telling any more than they just were forced to tell, and we are
5 concerned about our previous possible exposure, along with
6 a lot of other island people, to some emissions because I
7 personally recall two and perhaps three of those great big
8 steam releases, which we were told by people who were connected
9 with the island that they were just steam generators, but I
10 understand now perhaps they were generated by atomic reaction
11 because I don't know of any other way that they make energy
12 there.

13 So, we are just uncertain as to those years of
14 exposure. That is one of our concerns. And, of course, as
15 this lady said, Camp Hill is not that far away from the scene,
16 and indeed it was quite traumatic because -- I have a Bachelor
17 of Science Degree in Chemistry from Butlers Alabama College
18 for Women, and it is now the University of Montevallo in
19 Alabama, and my first job was a little traumatic to me just as
20 a women and as sort of a philosophical person because I took
21 an exam for a federal employment as a chemist and remarkably
22 passed it in spite of not being too terrific in the math part.

23 But my first job was working in making the first
24 stages of nerve gas, which is certainly a disconcerting thing,
25 and even the early stages, the products involved were so

1 terribly dangerous that it made the secretaries nervous to type
2 our directions and our lab procedures, and such.

3 The only tooth I ever lost -- this is a little
4 personal -- but the only tooth I ever lost was because you had
5 to have all of your teeth so perfectly sealed that you couldn't
6 get phosphorus and other things in your system. When they
7 sealed one, it didn't work, and I had to lose it after all.

8 Well, this job -- that is just a little background.
9 That was the only real experience I ever had as a chemist, but
10 my husband has a degree in chemistry and physics, and at that
11 time he was one of the lab supervisors.

12 He tended to have a little health problem with
13 breathing, and so forth, there, and the doctor suggested that
14 perhaps he should find other employment, so we left that area.
15 Since then, he has been in much cleaner research.

16 So, what I would like to say is that a little
17 knowledge is a dangerous thing, and a little knowledge and
18 not really knowing that much about how it is operating but
19 having a fearful imagination from our training, both of us, it
20 was an extremely nerve-racking time for us, because we knew all
21 too well what could possibly happen when we became aware that
22 they really didn't seem to have the greatest control on it.

23 As far as I can tell, they never really had a whole
24 lot of control. They simply reacted instead of acting. That
25 is my personal opinion to what happened.

1 ~~They were~~ saying, "We will have natural cooling,"
2 and they were forced to have that by other things occurring
3 much sooner.

4 Since then, I have personally seen steam coming from
5 the cooling towers, and I can't imagine that it can be other
6 than contaminated, although perhaps it isn't contaminated, but
7 just knowing that there is a leak in the system, in the
8 reactor building, and that sort of thing, makes you still
9 nervous.

10 We have only gone down once to the island since
11 then, and then, it was partly because we had been there just
12 the week before the accident and had left library books. We
13 are great readers.

14 So, we called the Mechanicsburg Library and said,
15 "Sorry, but we don't know when we will get those books, and
16 we hope nothing happens to them, because if something happens
17 to them, it is going to be very bad because it will have
18 happened to everything."

19 So, anyway, we stayed away until just a little over
20 a week ago and dashed down, at which time we saw great smoke,
21 black plumes coming out of what seemed to be one of these
22 business type incinerator things at one of the other auxiliary
23 buildings, and not knowing the floor plan of the island system
24 we aren't really sure, but we wondered and other people won-
25 dered what was burning, and so forth, and we can only figure

1 it was something that was probably contaminated because most
2 everything there is, I would think.

3 About our emotional reaction at the time, at first,
4 we had the trust that you would have normally; that surely
5 someone, if something were imminent, would let you know, and
6 you would really have time to evacuate.

7 Then, we gradually became very nervous that perhaps
8 this wasn't going to happen, so we laid in some foodstuff
9 just in case we got stuck in our home and arranged to have our
10 daughter come over to our house where at least we have a
11 basement and we have our own water supply because it had a
12 well before we went on city water.

13 We were all packed up on the Saturday. We were
14 extremely nervous, and my husband and I usually get along very
15 well, but, oh, we were just terribly -- I think we really
16 wanted to go and we wanted to stay. We didn't want to be
17 cowards. We really didn't want to lose our home to looters.
18 We hardly knew what to take with us if we were to go other
19 than our personal papers, because after all, you figure like
20 a lot of other people told us later; there was a possibility
21 that if you went away, you would probably never come back or
22 not be able to come back for any reasonable time. If you did
23 go away, there was that possibility.

24 I hope I haven't run on too much about the personal
25 part because I am coming partly on behalf of the other people

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1 who also are summer residents, and I tried to speak on behalf
2 of them at the President's Commission hearings, but there
3 were no more openings. I am sure that it was -- I personally
4 think it is a relatively minor consideration with all of
5 these people who have farms and industries and their homes of
6 many years that are a lot more important than summer cottages,
7 but I do think that the people who have these cottages have
8 perhaps been exposed to more radiation than they would care
9 to think of if you consider that you might have had enough to
10 do harm on what is considered or has been formerly considered
11 a safe level. Who knows?

12 I felt all along that there were things that could
13 have been done and said that could have helped people make
14 their minds up a lot better whether to go or stay.

15 It is my feeling that what is good enough for
16 women and children is good enough for everybody in the way of
17 leaving the area. That was my feeling.

18 I feared very much there were going to be heroes
19 at Three Mile Island because of the people who stayed very
20 bravely to cope with what was really a rather unknown condition.

21 I think I will just write a statement and hand it in
22 to you because I don't want to take up too much time.

23 The people who live in the area all of the time
24 certainly should come forward and give their feelings more
25 strongly, because I felt perhaps falsely a little bit safer in

1 Camp Hill.

2 Thank you.

3 MS. CRAWSHAW: Is there anyone else? If there is
4 no one else to present testimony right now, we can kind of
5 recess until someone comes forward who would like to testify.

6 (Recess.)

7 MS. CRAWSHAW: We will come back to order.

8 We have another person, Mr. Robert Colman, who would
9 like to present some testimony.

10 Would you come up here and take a seat, please? I
11 am Carol Crawshaw. I am Chairman of the Plan Development
12 Committee for Health Resources Planning and Development.

13 MR. SHUTT: I am Barry Shutt with Congressman
14 Allen Ertel.

15 DR. TRAUTLEIN: I am Dr. Joseph Trautlein with the
16 Health Education Committee.

17 DR. PEARMAN: I am Bill Pearman. I am with the
18 Health Education Committee.

19 DR. COLMAN: How do you do. I apologize for my
20 garb. I was working in my office on an off-day, and a student
21 came by and said, "Look, there is this hearing going on down
22 there. I thought perhaps you might have something to say."

23 I think there are two sort of perspectives from which
24 I can speak. One is as a person who lives in Harrisburg who
25 was afraid and evacuated and came back after a few days. I

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1 I have some details, I suppose, about that, but I think they
2 are more or less standard.

3 The other is as the coordinator of a Master's program
4 here in Community Psychology which relates in somewhat a more
5 systematic fashion to the kinds of mental health problems that
6 people have been having here.

7 Let me say fast that I don't have any hard data to
8 speak from. We are in the process, obviously, as a lot of
9 people are, of trying to develop research programs, but what
10 I can speak from is a kind of anecdotal evidence, which I am
11 sure anybody in the room has been gathering in a variety of
12 ways.

13 I was trying to take some fast notes as I was sitting
14 over there to figure out what I was going to say. What got
15 down on paper was a short list of emotions that people seemed
16 to have triggered off in them as a result of the events of
17 late March; fear.

18 You perhaps know more than I do about stress reactions.
19 I am not an expert in that area. I have some acquaintance
20 with them as a participant in stressful events and also as a
21 psychologist, but it is not my real area of study.

22 But I think it is clear that people experienced a
23 great deal of fear for their personal well-being, and that kind
24 of emotion going on for any continued time is bound to have
25 long-term side effects. Again, there are people more qualified

1 than I am to speak about the nature of those, the psychosomatic
2 things, and so forth.

3 There are, by the way, faculty here in more clinical
4 relationship to students here who are beginning to report
5 things like that.

6 The difference, though, that I see and what really
7 confronts me as a psychologist in the reactions that people
8 have is that more than any other disaster that I have heard of
9 or been in, more to the point, people are angry. There is a
10 great deal of anger.

11 With some people, I think that is a good thing in the
12 sense that it sort of motivates people to say, "This is a stand
13 I wish to take with respect to the issues at hand, and, "Here
14 I stand. I am going to do what I can to have my position
15 known."

16 But I think for a lot of other people, particularly
17 the people from this area, who -- if I can speak as an outsider
18 who likes the area, people here, I think, have a tendency to
19 trust authority, to believe what the people whom they put in
20 power, whom they understand reasonably to be in power, say to
21 them about concerns, about matters of concern to them.

22 Here was a case where those sources were not reliable,
23 and there is a great deal of anger directed at the people, at
24 organized people.

25 I think that confronts people in the area with a

1 different kind of problem, a different kind of wondering about
2 how they should respond to the environment anymore.

3 There is confusion. That is another thing, if it
4 didn't get on my list, but I would like to say that, too. I
5 guess really there is a litany that people hear at most
6 hearings, the fear and confusion. Those of us who have been
7 through it kind of know what was happening, and we didn't know
8 what to do, and I think that people still don't really know
9 what to do.

10 They are struggling for ways that can express the
11 way they feel about the way the situation ought to be resolved.
12 My own reading of the situation is that, by and large, people
13 are finding ways to do that in a wide range of ways, from
14 joining activist groups to having informative meetings of
15 people in their neighborhoods to just a few old friends
16 gathering together over coffee to discuss things and how
17 they feel.

18 I think that one primary sort of gap in what was
19 provided to the people in this area has to do with sort of a
20 lack of personal caring, as it were.

21 The people who had effect on us in those days, and
22 maybe even now who have effect on us in relationship to Three
23 Mile Island, the main thing you get is not a concern for your
24 well-being as a human. You got the feeling that your life was
25 being moved around sort of under the control of forces that

1 really didn't have much to do with that, and I think that
2 the one sort of health planning gap then would be to work more
3 thoroughly toward providing networks of people who might be
4 able to provide support for each other.

5 My perspective is that the closer you can get that
6 to the way people live anyway, the closer you can get it to
7 the family or the church, or whatever, the better off you are.

8 But I think it is needed. I really want to all but
9 agitate people getting together to talk about their feelings
10 so that they can share that with each other.

11 Now how that relates to health planning, I have not
12 thought about, and I wouldn't want to say. I think that that
13 is the bulk of what I have to say right now.

14 MS. CRAWSHAW: We are going to be accepting written
15 material and testimony as well, so if you would care later to
16 send in a written statement, that could be sent to our office,
17 and we will accept them until the end of May.

18 DR. COLMAN: I will be writing something for a
19 presentation early in June, but I am not sure if I will be
20 able to get it out by then.

21 MS. CRAWSHAW: Is the real cutoff on May 31 for the
22 written testimony?

23 MR. POTRZBOWSKI: Not really because the planning
24 cycle continues further on until when we have to have everything
25 put together; so there is not really an absolute deadline

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1 except sometime before November.

2 MR. SWENSEN: That one day is solely for incorpora-
3 tion in the record of this hearing.

4 MS. CRAWSHAW: To have it incorporated into it.

5 MR. SWENSEN: Nothing to prevent it from input
6 later on.

7 DR. COLMAN: Perhaps there is a piece of paper or
8 something that might have your address.

9 MR. SWENSEN: I will give it to you.

10 DR. COLMAN: I will forward that to you when I get
11 it.

12 MS. CRAWSHAW: We might be interested in reading
13 some of the things that you find in your work with the students.

14 DR. COLMAN: Maybe I can give one example that to
15 me seems to be an illustration of the situation. It may be
16 that that can be enough.

17 There was a training session here for resident
18 assistants who work with people in dorms and in the residence
19 areas with life, with the kinds of problems that come up, and
20 the counseling center quite appropriately developed a little
21 workshop on problems that people might be having around Three
22 Mile Island and how to deal with them, you know; when somebody
23 starts being stressy at you, what do you do. It made sense.

24 The interesting thing was that what it turned into
25 was a session of sharing anger by the resident assistants that

1 they had to be here. The evacuation was still in effect. The
2 evacuation order was still in effect at that time.

3 So, they expressed upset of being ripped out of their
4 lives by the event and then also very clearly trying to express
5 upset at being ripped back and being pressured by the school.

6 The school was fairly responsive in this concern
7 sometimes. The students can speak better to that perhaps. But
8 we tried to communicate that to the faculty to let people know
9 that there was this feeling of being kind of a pressure cooker.

10 But there were pressure cookers and there were
11 highly emotional ones, and they are not really the ones that
12 even the mental health professionals foresaw in events; like
13 we set up this training session and we didn't think of it.

14 Thank you.

15 DR. LORENZ: My name is Valerie Lorenz, and I am
16 a community psychologist. I did not come here to testify, but
17 I am more and more aware of my own -- I guess the word is
18 "anger" really, "anger," and that is why I would like to take
19 this opportunity to also voice my feelings on this whole
20 incident.

21 Let me put it in from various aspects. About five
22 years ago -- and I address this to you, since you are Mr.
23 Ertel's assistant -- about five years ago, I was dating a
24 nuclear physicist who was working at Three Mile Island.

25 That man was in sheer agony almost every day. He

1 said, "I know there are no health or safety factors. The
2 community is not safe." We, in fact, did have a minor leak
3 at that time, and he was dealing with it.

4 This man would go back and forth to Washington and
5 here pleading with the Energy Commission to build in safety
6 factors. It was never done.

7 I had this belief in government, that government
8 would not let this happen to the citizens. There is a certain
9 amount of value on human life and a certain amount of pressure
10 that Met Ed lobbyists, and so forth, can put on government,
11 and I did have the belief that government in the end would
12 think in terms of human life.

13 I find now that this has not been the case. I do
14 put a lot of responsibility on the Energy Commission. I find
15 that this has destroyed my belief in the federal government to
16 a large extent. I don't have that trust in federal government
17 at all anymore.

18 Now I have worked with the Penn State University
19 and the Governor's Action Center for the last two years working
20 very closely with the state government here in Pennsylvania.

21 That state government restored my faith in politi-
22 cians, the political process, and in state government. The
23 federal government has very quickly undone that faith that I
24 had for the last two years in the state government.

25 While I was working at the Governor's Action Center,

1 we set up a 24-hour hotline. Governor Thornburgh did that.
2 We were given constant instructions and updates on what to say
3 to the citizens calling in 24 hours. I was there at 2:00 and
4 3:00 in the morning talking to these hysterical, frightened
5 people.

6 It was not unusual for us to get conflicting
7 evidence and information from NRC during this whole time. I
8 would give a certain piece of information, and then somebody
9 would say, "Well, I called NRC and they said, "Oh, no, it is
10 at a different level." You know, that makes me feel like a
11 liar.

12 I consider myself an honest person, and I don't
13 like being put in that position of even inadvertently lying,
14 although this is information that we were given by NRC, and
15 so forth. I am very angry about that.

16 Another thing I am very angry about is Hershey
17 Medical Center. We were told that if people wanted to be
18 checked for radioactivity, which was a valid concern that
19 people had, they had to pay for these charges.

20 Right or wrong, I don't know if they had to pay for
21 them, but, by god, I think that is a disgrace that the govern-
22 ment or that Hershey Medical Center could be so callous as to
23 take these people in a state of panic and charge them, make
24 them an appointment and charge them to find out whether or not
25 they have been over-radiated or overdosed, or whatever. That

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1 is outrageous.

2 My own daughter, who is 19 years old, had to pass
3 through the Three Mile area at that time. That was the only
4 way she knew how to come home. All she knew was she wanted
5 to ~~come home~~ to mother.

6 She had heard on the radio, "Close your windows.
7 Stay indoors. Close your windows." She thought she was safe
8 when she was in the car with her windows closed, even though
9 it was warm. She said, "Mom, it was so warm, but I didn't want
10 to turn on the air-conditioning." Then she found out glass
11 doesn't do a darn thing to protect you.

12 Now I am considered a very supportive person. I
13 know how to deal with stress and how to calm people down. I
14 have interned at Crisis Intervention.

15 By Sunday, this girl was absolutely in a panic
16 state because, "Mom, I don't know what is on me. I don't know
17 what happened to me."

18 But yet when we were working at the Governor's Action
19 Center and the citizens would call in, "Does it help to wipe off
20 counters or stuff when it comes in," we never got an answer.
21 I still to this day don't know. Would it have helped if people
22 who had clothing hanging out on the line had to hose
23 clothes and washed them off? Probably not.

24 But we never got an answer, and that is part of the
25 confusion that Dr. Colman was talking about, confusion at

1 organizations including NRC. Maybe Harold Denton is above all
2 of that. I love the man. He is the one person that I still
3 have faith in, and I hope that I never learn of a contradictory
4 remark from this man because this would totally destroy me.

5 This whole incident has been a very destructive
6 experience. My daughter had planned to go to California State
7 University. In June, she was scheduled to go.

8 As a result of the fear that she was expressing
9 and of my need to work with the Governor's Action Center and
10 with my other children, I said, "Pam, we will send you out
11 early."

12 She had to go into temporary housing. Then she
13 was at the university housing. Now the term is closed. She
14 had to move out. Until the term starts sometime in June, she
15 will have gone through four different moves.

16 This poor girl calls up constantly and says, "Mom,
17 I just don't know what I am doing anymore. I have no control
18 over what is happening."

19 Now, there is a limit to how much I can talk this
20 girl down from a distance of 3,000 miles over a telephone,
21 even though she has a supportive network out there. There is
22 a limit to what we can do.

23 I have a friend who evacuated to Florida. He had no
24 reason to stay here. He would call up and say, "My god, what
25 is happening out there?" They were getting more reports in

1 Florida; it was creating more panic in Florida that it seemed
2 to be creating right here.

3 - Maybe it is when you are in that situation and
4 everyone is supportive to everyone else, you are not as aware
5 of it. The people in Florida were certainly panicky. They
6 did not want to come back if they lived here. These were
7 their homes.

8 I know of any number of people by the dozens who
9 are planning to leave this area just as soon as they can sel
10 their houses, and they are angry about it. There is no ques-
11 tion about that, because when you do not have faith in some-
12 thing like NRC or your federal government, who can you have
13 faith in? -What do you believe in?

14 Government is here to protect the citizens, and we
15 don't feel protected. We feel lied to and cheated, absolutely.

16 People know what I do in my job. It seems that
17 everyone I talk to feels they need to express their anger,
18 their frustration.

19 I am saturated. I don't want to hear any more, and
20 yet how long is it going to be before this whole situation
21 calms down?

22 We have hearings in Washington. We know what
23 Washington hearings are like. Maybe two or three years from
24 now we will get a decision. Congress does not move that fast.
25 I am not optimistic that Congress will move very fast.

1 I am angry. I am angry and I am confused, and I
2 resent it very much. I don't know what impact this will have
3 on my health.

4 I have always taken the attitude that it is not
5 the incident that causes the problem but the emotional effects
6 that you attach to it.

7 I can have a certain amount of distance from some-
8 thing like that, but when you are exposed to it practically
9 every waking minute, there is a limit.

10 Those are my feelings.

11 I wonder if I might ask a question. I really don't
12 know who to address this to, but during this incident, because
13 my son belongs to the fire department, we were monitoring
14 events throughout, and at one point even a 20-mile radius
15 was geared for evacuation.

16 Have evacuation plans been made once and for all
17 that give fairly ready -- we are told it would take 12 hours
18 under best of conditions.

19 DR. TRAUTLEIN: I can't speak officially, but I can
20 tell you that having sat in that fateful weekend on the county
21 evacuation planning meetings, all of them, and the township
22 committee meetings, that as of Sunday night that week, there
23 was at least theoretically a viable plan, and starting the
24 previous Wednesday, the Red Cross had begun to identify
25 catchment area places.

1 By Sunday night, the plans were worked out to the
2 detail for hospitalized patients and people that were in
3 nursing homes, for example, which door you take who out.

4 Now the unanswered question and the question I still
5 have in my own mind is: if they give a party, is anybody going
6 to come?

7 The health care facilities, we are told very clearly
8 that, "Your job is to identify your needs and deliver your
9 people to the front door in a viable condition with adequate
10 life support equipment, medication for 24 hours, color coding,"
11 and so on. That was an accomplished fact.

12 Likewise, for the people in Dauphin County, at
13 least -- I can only address myself to that -- the roads were
14 identified, the catchment areas were identified; there were
15 identifiable mass shelters with sufficient resources to be
16 brought to bear to take care of these people.

17 Now the question is: would anybody have gotten
18 there? Would anybody go there? Would people go to their
19 relatives or friends? These are unanswerable questions.

20 DR. LORENZ: When you talk about the entire popula-
21 tion, we are not just talking about the few hundred that are
22 in the nursing homes.

23 DR. TRAUTLEIN: I grant you that, ma'am, but there
24 was an effective evacuation as well. I haven't seen the
25 figures.

1 DR. LORENZ: When you mentioned hospitals, if I may
2 relate a case that I took in, again, at 1:00 or 2:00 in the
3 morning.

4 DR. TRAUTLEIN: Also, at the township level, we
5 had it worked out as to what bus stops at what corner.

6 DR. LORENZ: There was some confusion, and I cite
7 this in order to prevent it from happening again in the future.
8 There were orders or at least rumors going around that
9 hospitals were not taking patients, only heart patients, heart
10 attack patients. That was the word that the citizens were
11 getting.

12 Yet I had a frantic woman calling up and saying,
13 "We have a child here in convulsions. Where do I take it?"
14 I said, "Take it to the hospital ER," and they said, "We are
15 not allowed to take it. We even called the hospital."

16 I said, "Take it anywhere. I will cover for you,
17 and I will call the hospital." That is the kind of thing that
18 was happening, too, and I think that that is something that
19 people should be aware of, the planners, so that there is a
20 clear network for that.

21 DR. TRAUTLEIN: Yes. There were highly individualized
22 responses there. I am not aware that any hospital in the area
23 closed its emergency room at any time.

24 Some of the hospitals, when it became clear that the
25 possibility of an evacuation was a reality, did stop doing

1 elective ~~surgical~~ procedures, converting somebody who could
2 walk into somebody who couldn't walk who would require two
3 healthy people to move him out rather than letting them run
4 themselves.

5 That was an individual basis. It was not by edict
6 of anybody. This was a decision made at the hospital board
7 level or the hospital administrative level on a case by case
8 basis.

9 I am especially sensitive to the point you have ju
10 made because our group had the very distinction of having the
11 honor of shutting the lights off in Harrisburg, in that NRC
12 said on Wednesday said, "Would you mind staying around and
13 being the last medical facility on the East Shore, so that
14 when the guy who throws the switch down at Three Mile Island
15 comes staggering out covered with radiation burns, he will
16 have somebody to give him a shower and wash him before he
17 dies," or something along those lines.

18 So, at least the emergency services were never
19 curtailed, and in fact there were more because of the shelter
20 emergency services that were set up in addition.

21 Does that answer your question?

22 DR. LORENZ: Yes. I am just saying that for future
23 planning, people should be clearly told what is and is not
24 available to them.

25 DR. TRAUTLEIN: I am still waiting for a phone call

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1 from Met Ed. To my knowledge, this thing never happened. All
2 I know is what I read in the papers and see on television. I
3 was a victim, too.

4 MS. CRAWSHAW: We will recess.

5 (Recess.)

6 MS. CRAWSHAW: We will go back into session.

7 I will call on Mike Sheldon.

8 Would you like to come up here? Will you give your
9 name and address, so that the stenographer can get it? Do you
10 want to tell us how you feel about TMI?

11 MR. SHELDON: My name is Michael Sheldon. I live
12 at 4951 Hamilton Drive in Harrisburg. I am a student at
13 Pennsylvania University, Capitol Campus.

14 I feel somewhat apprehensive about the incident at
15 TMI. I feel that as a member of the public, we were lied to
16 and coerced into a false sense of security.

17 I don't know to what in particular agency that is
18 most attributable, inasmuch as we had broad representation
19 in the press and in the members of the government that informed
20 the press of the situation.

21 I do have some questions, one of which the future
22 effects. Over the past couple of days and over the past couple
23 of weeks, we have had people tell us that the effects of the
24 nuclear radiation on the individual's body are minimal; that
25 the long-range effects will result in a maximum of ten people

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1 dying in the future or twelve people dying. Recently we have
2 been told that there could be more; there could be 1,200,
3 12,000; nobody really knows for sure.

4 We are also told that the quality of the drinking
5 water, the quality of the milk produced in Pennsylvania, and
6 particularly in this area, is safe for individual consumption.

7 With the different versions of stories that are
8 being told to the individual consumer as to the amount of
9 radiation and the effects of damage on the individual's body
10 I am wondering just how much truth is in the matter that the
11 milk and the water is safe, that it will produce no harmful
12 effects on the human body whatsoever, and whether or not this
13 is another one of the publicity stunts, one of their little
14 coercive attempts into luring the public into a false sense
15 of security about Babcock and Wilcox.

16 That is how we feel.

17 MR. CRAWSHAW: Thank you.

18 Michael Cocciardi.

19 MR. COCCIARDI: My name is Michael Cocciardi. I am
20 a student here at Penn State, and I live in Pittsburgh.

21 The thing that bothered me most about the whole
22 crisis was when Governor Thornburgh came out with his advisory
23 to evacuate preschool children and pregnant women.

24 What I don't understand about that was why he only
25 limited it to preschool children and pregnant women. I mean,

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1 what about the old people who are sick who maybe have emphysema
2 who are crippled or handicapped and would not be able to get
3 out as a young person would in a given situation where an
4 evacuation would have been called, and I don't understand the
5 limitation there.

6 It did not really make any sense. If it was bad
7 enough for preschool children and pregnant women, then it
8 should have been serious enough to take into consideration all
9 of those other people who would have had a difficult time
10 evacuating.

11 Another thing was the way that the press handled
12 the situation. Every time you would pick up a newspaper or
13 every time you looked at TV or listened to the radio, you were
14 hearing different stories.

15 There were so many different stories that everybody
16 was confused. The normal person was going to take the most
17 serious story regardless of who is giving it. Out of all of
18 those stories that they are hearing, they are going to take
19 the one that is the most serious and believe that.

20 What I don't understand is why there was such a
21 variance of stories. It was very mishandled by the press. It
22 was very mishandled by the NRC and very mishandled by TMI.

23 I honestly feel that the people at Met Ed were doing
24 the best job that they could to prevent that meltdown, but at
25 the same time, they were not taking into concern the people's

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1 safety of this area.

2 They did not give out clear, concise information.
3 I don't believe that they were totally honest with the people
4 although they were trying to do a good job.

5 All in all, it was a very strange experience. It
6 was frightening because nobody knew who to believe. Quite
7 personally, I know outside of the state, I have had relatives
8 call saying, "We heard that people were really sick," or
9 "We are hearing this in California or New Mexico," and here,
10 the situation was treated almost like a normal situation.

11 One other thing that irked me was the attitude of
12 the Penn State University. We came right back to school maybe
13 a week and one-half after the incident, and we were expected
14 to just go on with life as it normally is.

15 I think that the university should have given us
16 more time to recuperate. I know a lot of people are just
17 having a lot of problems. We are not going to be getting out
18 of school until June 15 when everybody else is getting out
19 right now.

20 That means that the people who are staying here are
21 going to have trouble getting summer jobs because they are
22 all going to be taken.

23 We are going to be missing out on vacations or
24 family outings. They are trying to force us into a normal
25 way of life when it is not quite that normal anymore.

1 You can't look at those four towers anymore and
2 just walk by without giving it a second thought. Those towers
3 are always on your mind.

4 But my main point was that I did not understand
5 evacuation of preschool children and pregnant women. It didn't
6 make any sense not to take out all of those other persons
7 who would be considered having difficulty in evacuating if
8 an evacuation would have taken place.

9 MS. CRAWSHAW: Thank you.

10 John Brown.

11 MR. BROWN: John Brown, 809 B, Weaver Avenue,
12 Penn State, Middletown.

13 They mentioned most of the major questions. My
14 feelings are quite similar to theirs. One is the children
15 in that five-mile limit sort of seemed to be arbitrary.

16 I understand prior to Denton coming to this area,
17 it was recommended to him that the Tri-County area be evacuated,
18 and that that was sort of hushed down because if you do that,
19 you are going to cause a panic.

20 But the children in the area, for the future, their
21 parents have a lot of questions to be answered. Is the area
22 safe for them? Are they going to be able to grow up and have
23 children and continue a trend of life; that with Three Mile
24 Island, and if it starts back up in this area, the children
25 are going to be -- I think there might be some type of damage,

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1 and nobody has definitely said, "You are safe" or "You are
2 not safe, and if somebody does say, "Well, you don't have
3 to worry about it because it is below federal limits," you
4 don't really have to worry about it. Lots of people are
5 taking it; some are, some aren't.

6 I just don't think that the government is telling
7 people what is safe and what isn't; and really, who knows
8 what is safe? But that has to be set down somewhere to let
9 people know.

10 That is my main concern along with theirs.

11 MS. CRAWSHAW: Thank you.

12 David Dunkle?

13 MR. DUNKLE: My name is David Dunkle. I am from
14 Big Rock, Illinois. From where I am in Illinois, we are
15 surrounded by nuclear plants. We have a design nuclear plant
16 at Lake Michigan and a number of plants further south of me.

17 What got me about the one out here was that there
18 was no emergency plan actually set up for this area before the
19 accident occurred, so there was slipshod action concerning the
20 evacuation of even the children.

21 They did not know what they were doing most of the
22 time. It was just that they were running on guesses. The
23 Mayor of Middletown was quite upset about that.

24 The thing I am mostly worried about now is, as Dr.
25 Gofman when he was on campus, the contaminated water in the

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1 containment building right now, they are wondering what they
2 are going to do with this water.

3 They want to dump it in the Susquehanna River, but
4 they won't say exactly what will happen if it is dumped in
5 the Susquehanna River.

6 Will people be affected by it? Most likely they
7 will be. They will not say why it is increasing, what they
8 are going to do about it. No other states want to take it off
9 their hands at the moment.

10 So, it just seems like nobody is handling the
11 situation as well as it could be handled. Looking on the
12 university people on campus, the administration, they have not
13 really acted too much. They have had a few speakers on campus.
14 They have given us refunds, a small amount for inconvenience
15 of staying on campus for a week, but they are not really
16 voicing their opinion to the NRC or to the Commission hearings.

17 Concerning the Commission hearings, why didn't they
18 receive the subpoena power before they were brought to campus?
19 It just seems like a total waste of time and energy to bring
20 a Commission here, have them totally set up, have all of the
21 reporters there, and they say, "Well, we don't have the power
22 to act." So, now they have to reconvene at a later date.

23 It just seemed as if the entire situation could be
24 better handled. All the rest of the questions were voiced by
25 the other people.

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1 MS. CRAWSHAW: Thank you.

2 Kimberly Benner?

3 MS. BENNER: I am Kimberly Benner. I originally
4 lived in Saxton, which is in the western part of the state.

5 When they first started coming out with nuclear
6 power and things of this nature, they set up an atomic reactor
7 in our town. It is a small town, so they set it up there on
8 an experimental basis.

9 I was young at the age, and I didn't really raise
10 any questions in my mind until Three Mile Island happened. My
11 concern was at the beginning and the initial stages of this.
12 I was home when the first peak occurred, and you didn't hear
13 much about it. It was just sort of passed off as nothing.

14 Then we came back to school because we had been on
15 break, and it just seemed like, as far as when the initial
16 thing started happening, that the first couple of days,
17 nobody around here knew what was going on.

18 This did seem to bother me. However, I would like
19 to say that it is not that I am against nuclear energy or
20 anything. I think that this accident occurring has brought
21 a lot of questions that were not really brought up before
22 about what to do in an emergency situation, and maybe there
23 are regulations that need to be placed on the plants that had
24 not been before and safety regulations that should be checked
25 out more carefully.

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1 I would like to say that I was very pleased with
2 the evacuation procedures and how there was a tentative
3 procedure set up very rapidly if something serious would
4 happen because I had a brother-in-law who was involved with
5 the school system which was going to be used as an evacuation
6 system, and through this I did find out more about what was
7 going on and being planned.

8 My initial concern was how the incident was handled
9 at the very beginning. In the future, no matter where anything
10 like this happens, I think maybe things could be handled a
11 little bit better because we were just getting contradictions
12 all the time from the press; like one time you would hear one
13 story, and the next minute you would turn on the radio and you
14 were hearing something different.

15 But I would like to say that my main concern was
16 that and how panicked people got during the initial few days,
17 but since these hearings have been set up and people are trying
18 to answer everybody's concerns, I think the situation is being
19 handled well, and that maybe from here on, we can work and
20 these controls can be maintained.

21 I think we just have to praise the lord that nothing
22 serious really did go wrong and that things did work out well
23 this time, and look to future events as to what can happen.

24 But I don't feel that the concern of ruling out
25 nuclear energy is that important because we need energy, and

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1 right now, that seems to be our only answer because solar
2 energy has a long way to go.

3 Those are my main concerns of how things were handled
4 at the very beginning.

5 MS. CRAWSHAW: Thank you.

6 Do we have anybody else who would like to present
7 testimony?

8 MR. COCCIARDI: I would like to ask one more question.
9 Are we going to die?

10 DR. TRAUTLEIN: Yes, within 100 years, but nobody
11 can give you a figure.

12 MR. SHELDON: The seriousness of the question, the
13 implication, is very pertinent to the situation. Over a period
14 of time when this first thing came out, we have been told,
15 "Well, within 20 or 30 years, you will see the effects, and
16 maybe 12 people will die."

17 Since then, it has been proposed 120; then it has
18 been proposed 1,200; now it is proposed 12,000. That is a
19 very serious question considering all of us.

20 Who is to say where the radiation went and where it
21 didn't go? TMI didn't set up monitoring plants initially after
22 the incident. As a matter of fact, as reports have it, one
23 of the TMI employees advised his wife to leave prior to the
24 publication of the incident.

25 So, how are we to know if we are or not? Are we

1 going to die? That is a very pertinent question, and I think
2 it should be asked by everybody; and I think because of that
3 question TMI should be shut down.

4 MR. COCCIARDI: I will tell you something else. I
5 wish this lady was here today and she could talk to you,
6 because maybe then you could get your real story.

7 It is simply the fact that this lady did not know
8 that she was pregnant at the time of the accident and she did
9 not leave. She just found out that she was pregnant about a
10 week after the accident, but she had been pregnant during that
11 week. And now she is scared to death that her child is going
12 to be a genetic defect.

13 Now how are you going to tell her to have that
14 child and take a chance on having a genetically defective
15 child? How are you going to explain that to that child when
16 she grows up? "Well, we were living in this area and we were
17 not told to leave. They didn't demand that we leave. Because
18 of that, you are a genetic defect."

19 How about that mother? You talk to that mother
20 about it, and she starts crying. She breaks right down,
21 because she doesn't know whether to have this child or whether
22 to have an abortion.

23 That is what it all comes down to, human life.
24 Regardless of everything else we are saying, if human life is
25 on the line, is nuclear power really worth that? Have we gone

1 that far that the power is more important than the human lives
2 involved here?

3 MR. BROWN: Even the very conservative estimates of
4 ten people, ten people are more important than a nuclear power
5 plant; one person is, and it is just not worth it.

6 MR. COCCIARDI: An unborn child is more important
7 than those towers over there any day of the week, anytime.

8 MR. SHELDON: And we definitely feel that that is
9 a question to be asked: are we going to die?

10 DR. LORENZ: There has been nuclear testing in the
11 southern part of Utah, and hearings now have indicated that
12 there is an increase of leukemia.

13 I guess in relations to health questions, just
14 what exactly are some of the effects from radioactivity? We
15 are told cancer may be one in so many thousands of people, but
16 then what kind of cancer? What form of cancer? What will it
17 do to the lymph nodes, or whatever, the young children and
18 pregnant women? What kind of genetic effects?

19 We are just given such vague information, and that is
20 frightening. Maybe doctors don't know yet. Maybe we have to
21 have enough exposure to radiation. Maybe we need to go back to
22 Japan and look a little closer. But it is all of these ambiguities.

23 MS. CRAWSHAW: We will be in recess then until 6:30.

24 (Whereupon, at 4:30 p.m., the hearing was adjourned,
25 to be reconvened at 6:30 p.m., this same day.)

EVENING SESSION

(6:30 p.m.)

MR. SHUTT: I would like to welcome everyone here this evening. For those of you who picked up the bulletin on your way in, it would basically explain the purpose of the hearing. They are to hear the concerns of the people in the area about the personal health aspects of the TMI incident.

My name is Barry Shutt. I am here on behalf of Congressman Allen Ertel. To my left is Mr. Phil Feather, former Board member of the Health Resources Planning and Development Committee and also a County Commissioner in Lebanon County. To my right is Dr. William Pearman from Millersville State Collège. He is also a member of the Public Health Education Committee.

What we will try to do is to have anyone who would like to testify fill out a small card with your name and address on it so that the stenographer can get the information accurately in the transcript, and then we will hear your testimony.

As the bulletin indicates, we are a listening panel, not specifically designed to debate or answer questions, but to get a general idea of the emotional aspects of those affected by the TMI incident.

As is further indicated, written statements will be accepted by the Board through May 31 of this year and can be

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1 submitted after the hearing.

2 If there is anyone here who would like to testify
3 we would invite you to the table to discuss it, or if you feel
4 more comfortable sitting where you are at, you are free to do
5 that also.

6 If you do choose to testify, we ask that you speak
7 loudly enough that the stenographer can understand your
8 testimony.

9 MS. PETROSKY: My name is Joan Petrosky. I live in
10 Steelton. It is my thought that the state should provide
11 medical care and the care of the psychologist to anyone in the
12 area, senior citizens, men, women and children, if they need
13 this care immediately, with the idea that they can use their
14 attorneys to recover this money from Metropolitan Edison.

15 I think that this care should be made available to
16 anyone who needs it. I attended the Presidential Commission
17 hearing on Saturday, and one of the doctors from Middleton
18 testified about the number of small children who were suffering
19 a psychological and medical problem because of this terrible
20 thing happening.

21 I was not at all happy to hear one of the Commission
22 members pose a question to one of the witnesses who was there
23 saying, "Well, these children's condition will not improve
24 whether or not Met Ed reopens, will it?"

25 I was sorry that the doctor did not say that perhar

1 it won't help them recover, but it certainly can aggravate
2 the situation and perhaps cause the same situation to other
3 children and parents as well.

4 I know that children are very sensitive to the
5 emotions of the people around them. I know because I raised
6 two sons and had much chance to observe them as well as
7 children that I took care of. I am a registered nurse.

8 I know that these children's mother probably jumps
9 as far as I do when I hear as much as a fire engine sound these
10 days.

11 I don't know that if the TMI Number II plant comes
12 to a cold shutdown, I don't know whether I will jump less. I
13 hope so. But I don't see that that will happen if the plant
14 begins to operate or even if Unit I standing next to that
15 chamber of horrors continues to be refueled and is permitted
16 to resume operation.

17 I think this care should be provided. I also am
18 very concerned about those young pregnant girls and all that
19 they went through.

20 There is a condition called post-partum depression.
21 I think that if any of these girls have any problems, this
22 medical care and the care of a psychologist should be available.
23 I think this should be available now, provided for by the state,
24 with the idea of this money being recovered from Met Ed.

25 MR. SHUTT: Thank you very much.

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1 Is there anyone else?

2 MS. MANFRED: Could I talk from here?

3 MR. SHUTT: Yes.

4 MS. MANFRED: I would like to know what preventive
5 care we could use for our children or our grandchildren. If
6 there is something -- the state should know what is coming out
7 of Met Ed now. They probably don't have the equipment or what-
8 ever to even monitor.

9 So anything that is coming out -- it will soon be
10 three months. What is coming out of it daily? Isn't there
11 any preventive -- if you know what is coming out, you could
12 prevent it maybe by staying inside or going away.

13 I think we should have that choice of watching over
14 our own selves. When the kids are outside all day, and the
15 milk -- I know we don't drink any milk. It is nothing but
16 powdered milk used for our family.

17 MR. FEATHER: You mean what type of emissions are
18 being released from TMI?

19 MS. MANFRED: Yes. I don't know what to call it.

20 MS. PETROSKY: I have another suggestion. This is
21 unrelated; however, it is related to any kind of emergency. I
22 do think that all of the heads of these disaster units should
23 have contact with the State Health Department or a medical
24 officer.

25 I know that the first part of the first emissions

1 were on Wednesday. On Friday, I tried to call the State health
2 Department to get questions that I had answered, and I had to
3 spend over an hour on the phone before I could reach anyone
4 who could answer my questions.

5 I think this should not be necessary. I think in
6 the event of an emergency, a medical doctor or somebody at the
7 Health Department should be -- I think they should have a hot-
8 line or something provided so that people can contact them.

9 In my case, I had the hour to spend on the phone,
10 but there are people at work or away from home who might have
11 just a few minutes, and they don't have that much time to get
12 a question answered.

13 MS. PETROSINO: I would just like to ask a question.
14 We heard so constantly about a cold shutdown, and then all of
15 a sudden we heard no more about a cold shutdown.

16 At the last reading that I ever heard, we still had
17 not arrived at a so-called cold shutdown. Did we ever arrive
18 there?

19 MS. PETROSKY: No, not yet.

20 MR. SHUTT: As I stated at the beginning, we are not
21 here in a position to answer the questions. There are many
22 agencies that have been formed and many committees and
23 commissions, and so forth, to answer questions.

24 MS. PETROSINO: It seemed as if the news had been
25 cut off at one point as if we had heard enough and shouldn't

1 hear anymore.

2 MS. PETROSKY: Exactly. What are you here for and
3 what will come of this hearing? It goes to the Governor's
4 Office, or who does it go to? The Health Department?

5 I would like to know the purpose of it.

6 MR. FEATHER: One member of the Board is here who
7 may be able to answer that and also a staff member.

8 MS. CRAWSHAW: The HSA Board is sort of a federally
9 mandated Board that is set up under public law to develop a
10 health plan for our area.

11 We have developed one, and every year we are review-
12 ing the plan and updating it, and we will take this testimony
13 and study it to see if there are areas of our health plan for
14 this area that we did not think to address before because no
15 one thought of these kinds of problems happening.

16 We have sections in the plan dealing with mental
17 health, with environmental health, and things like this, and
18 we are hoping that we will come up with something for our
19 area because a new health concern has come up in our area, and
20 we felt that we needed to address it some way.

21 The best way to know what the people's concerns were
22 is through public testimony.

23 MS. PETROSKY: Would you mind telling us what was
24 brought up at the meeting this afternoon? It might be helpful
25 to the people here to know what was discussed or suggested, and

1 maybe that might present questions that they might be inter-
2 ested in.

3 MS. MANFRED: Is this for the Capitol Campus area?

4 MS. CRAWSHAW: No. It is for an eight-county region
5 here in this state, and it just happens that TMI is in the
6 center of the eight-county region that our health system
7 agency covers.

8 MS. MANFRED: But when you can't get answers from
9 the State Health Department, what good does it do to give your
10 opinion here?

11 MR. SHUTT: I believe she stated that. The point is
12 that there are things that they may not have addressed, and
13 those things should certainly be considered in the planning
14 and restructuring possibly of the health plan for this area.

15 MS. MANFRED: Do you mean there are some things that
16 have not been discussed about TMI?

17 MS. CRAWSHAW: Prior to this, I don't know.

18 MS. PETROSKY: Is there any possibility of getting
19 medical help for these people from the state?

20 MR. PETROSKY: He just told you he is taking data.
21 He is not taking any --

22 MS. PETROSKY: I know he is just taking data, but
23 do they have any vague idea of whether this might be somebody
24 from the Health Department?

25 MS. MANFRED: A doctor should answer there whether

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1 there is any preventive things you can do for a child.

2 MS. PETROSKY: Are you from the state?

3 DR. PEARMAN: No. We are all here in terms of our
4 roles with this agency. Maybe I could clarify something about
5 the agency.

6 The agency acts as kind of a watchdog in terms of
7 the spending of federal dollars for hospitals and health care
8 services in this area.

9 They have to have a feeling in terms of the kinds of
10 services that wil' be needed and also the unique health
11 problems of this area.

12 So the purpose of this hearing is to find out whether
13 there is a connection with this TMI incident that the agency
14 might use in rewriting its health plan for the future.

15 MS. MANFRED: I think most anything, if it is ever
16 used out of any of these hearings, will be too late for anybody.

17 MS. PETROSKY: Can a report be submitted to the
18 Governor's Office stating that people do think that help is
19 needed now?

20 Really, I think that maybe he is unaware that there
21 are people who cannot afford to take their child to a psycholo-
22 gist.

23 These people were not told that they were going to
24 have to undergo an experience like this, and they are not
25 financially able to take care of these incidentals that are

1 being placed upon them now.

2 Can't, say, some of these things that are discussed
3 here be forwarded on to the Governor's Office? There are so
4 many commissions. There are commissions and commissions, and
5 you wonder whether they are not overlapping and interlapping,
6 and you wonder whether any of this information is actually
7 going to do any good.

8 MR. PETROSKY: This evening, my wife said, "Let's
9 go to Middletown," and I said, "My god, not again." This is
10 our fourth meeting.

11 That lady over there, I have seen her at every
12 meeting. Now we certainly should be able to find something
13 to do rather than come here, and no one gives a damn anyway
14 when it is all said and done; two months, nothing. It looks
15 like we will never get anything.

16 In the meantime, we are exposed and having all of
17 these problems, but again, who cares? In other words, why
18 have all of these stupid meetings? We are not getting any-
19 thing out of it.

20 MS. MANFRED: Have you said you get four checkups a
21 year? What kind of checkups? You ask the doctor, and the
22 doctor says, "I don't know. I don't even know what's going on."

23 MS. PETROSKY: You mean, they actually are providing
24 for checkups?

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25 MS. MANFRED: No.

1 MR. PETROSKY: Good ones or just with their eyes shut.

2 MS. MANFRED: They recommend

3 MS. PETROSKY: Will Met Ed pay for these?

4 MS. MANFRED: I'll bet they will.

5 MR. PETROSKY: So meanwhile, how about some actions
6 here? Yes, no, or what?

7 MS. PETROSKY: Meanwhile, the doctors cannot afford
8 to take care of all of these patients.

9 MR. PETROSKY: You are getting paid for this?

10 MR. FEATHER: No, we are not getting paid.

11 MR. PETROSKY: We are not getting paid. I am getting
12 to the point where it is useless; a lot of talk and no action.

13 MS. MANFRED: The doctors that we have talked to,
14 they said that they cannot help you. They can't provide you
15 with anything because they don't know what was released.

16 MR. PETROSKY: You wait until somebody hits you, I
17 guess.

18 MS. PETROSKY: They can't afford to provide free
19 service either. That is why I think it is a matter for the
20 state.

21 MR. PETROSKY: The state has not taken any action.

22 MS. PETROSKY: If they would forward this --

23 MR. PETROSKY: If we only had a bunker to crawl into
24 with 200 friends and have a good life, I wouldn't mind staying
25 here, but I can't afford that.

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1 MR. SHUTT: I think what you are doing is basically
2 addressing what the purpose of this meeting is to begin with;
3 to hear testimony of the concerns again, as Carol has stated,
4 to spot deficiencies that may have existed in the existing
5 plan and to improve them. I think that is the way we have
6 to approach the solution to the problem.

7 MR. PETROSKY: It is not enough, though. It has
8 been two months and nothing. It doesn't look like we will
9 ever get off the ground.

10 MR. SHUTT: There is a new plan, as I understand it;
11 and again, I am not part of the Board. There is a new plan
12 to be implemented by the end of October -- or is it November --
13 which will hopefully take these suggestions into account so
14 that they can update their proposal by November.

15 Again, it is to spot those deficiencies that we
16 are trying to obtain right now.

17 MS. MANFRED: One, I feel, deficiency is putting
18 everything on the economy.

19 MR. MANFRED: Since you are representing Mr. Allen
20 Ertel, could you relay a message to him -- or will I have to
21 write a letter -- that if he can contact the Governor and have
22 them expend their energy on trying to guarantee the health of
23 the people or assure them that it is safe around here rather
24 than to worry too much about the economy, because if they take
25 care of the people and assure the people that their health is

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1 going to be all right, then that would be getting the monitor-
2 ing equipment and making Met Ed let the people know just what
3 is going on, and then the economy would take care of itself.

4 The economy comes first; money is first, and people
5 are second. Would you relay that message to Mr. Ertel?

6 MR. SHUTT: I certainly will. I have to report on
7 the whole activity.

8 Are there any other comments?

9 (No response.)

10 MR. SHUTT: Are you familiar with our procedure
11 here? What we are trying to do is to take testimony from any-
12 one who would like to comment on the medical aspects and the
13 emotional aspects of the TMI incident.

14 Any comments that you would wish to make would be
15 taken down by the stenographer, and hopefully it might go into
16 a plan to revise the health plan in this area.

17 Until we have someone else to testify, I guess we
18 can stand in recess.

19 (Recess.)

20 MR. SHUTT: I believe we have a lady who would like
21 to make a few comments.

22 MS. HEPNER: I really didn't prepare anything for
23 comments. We just came to observe. But I work over right
24 across from here at the Governor's Office for the state, and
25 I thought, well, maybe I could comment something about -- well,

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1 we work right in back of the towers, and that was some day.

2 So, I don't know really what to say because I didn't
3 come prepared. I guess I should have. But it was something
4 that day to go through that. We didn't know what to do.

5 MR. SHUTT: Are there any other comments?

6 MS. HEPNER: I am worried about the radiation and
7 the effect that it will have on us because we work right in
8 back of the towers only three miles away, and we have to go
9 every day back there to it, and I am concerned about my own
10 health really.

11 MR. PETROSKY: I do still think if you run someone
12 down here, like the Lieutenant Governor -- we don't even know
13 who you are, so maybe somebody with some power instead of
14 just -- I don't know who you are. You don't know me. It is
15 nothing.

16 MR. SHUTT: I don't think that is quite true.

17 MR. PETROSKY: What is wrong with the Secretary of
18 Health? Why not him? You have no power. Send somebody with
19 some teeth in them.

20 MR. SHUTT: I believe you may be misunderstanding the
21 purpose of the meeting.

22 MR. PETROSKY: Nothing is going to happen over here.
23 Everybody knows that. Get somebody who has some power to go
24 to the Governor and get some results. 1445 285

25 MS. PETROSKY: I think they just set up another

1 commission, another one.

2 MR. PETROSKY: A lot of expense and nothing to gain.

3 MS. PETROSKY: I don't know who is heading it.

4 Maybe you can go in and speak there.

5 MR. PETROSKY: Every week there is another commission,
6 another worthless commission. They go on and on. You fellows
7 haven't done a damn thing there in Harrisburg, nothing, and
8 we still keep getting these idiotic reports from the mill;
9 nothing. The people are hurt financially; nothing.

10 MR. MANFRED: What exactly does the Health Resources
11 Planning do? What are we supposed to do here?

12 MR. PETROSKY: I don't mean to be sarcastic, but I
13 wanted to tell you what the problems are. You have no solu-
14 tions to them.

15 MR. MANFRED: What can this agency do for us?

16 MR. PETROSKY: Nothing. I just told you, nothing.

17 MR. MANFRED: There are three of you.

18 DR. PEARMAN: Let me try to answer that.

19 MR. MANFRED: I am only asking because I don't
20 know enough about this agency, and I don't know what you could
21 do, so how could I know what to tell you what you could do for
22 me if I don't know what you can do?

23 DR. PEARMAN: Approximately four or five years ago,
24 there was a public law known as 93-641, which basically was
25 to involve consumers a little bit more in the health planning

1 process.

2 What they did was to divide the country up into
3 HSA's, Health System Agencies, and Health System Agencies
4 would be run by Boards composed of providers and consumers
5 from that local area, but it would have a dominance of con-
6 sumers. The Board has from 51 to 60 percent consumers,
7 people like yourself, on the Board.

8 The people here, Mr. Feather was a Board member, and
9 I serve on a committee. The Board is divided into sub-units.
10 The Board members head committees, and then there are volun-
11 teers; consumers. health care consumers, and providers, such
12 as physicians and nurses and medical school personnel, and so
13 forth, are providers; people from the community without medical
14 affiliation and health care affiliations are consumers.

15 Basically, what they do is act as kind of a watchdog
16 in terms of the way in which federal dollars are spent in the
17 Health System Agency in the area.

18 So you are talking about an area here which deals
19 with South Central Pennsylvania, and they are responsible for
20 developing a health care plan, a health system plan, which is
21 a five-year plan for the delivery of health services, parti-
22 cularly citing unique needs of that area, and then that health
23 plan is updated every year in terms of what they call an annual
24 implementation plan.

25 So that is one of the reasons behind this; to get the

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1 information from people, because TMI is something very unique
2 to this area, to find out what particular services might be
3 needed.

4 So a record is being kept of the testimony tonight,
5 and this is a public record which would then be made available
6 to people in government, in health care services, and so forth.

7 So that is a little bit about what this is about.
8 We are all just really volunteers. As you say, we don't have
9 any power, but we are here to listen, and we are representing
10 consumers like yourself in terms of the health planning to take
11 place in this area, so we want to hear what other people have
12 to say.

13 MR. PETROSKY: We were told that the earliest we
14 could get anything on this is November. We lived around
15 Harrisburg; I lived there for 30 years. I know that nothing
16 will ever happen. Even if it is, the process will be so
17 watered down, it will be worthless anyway.

18 I am looking at this paper now. This is a damned
19 good grade of paper. What is worth? Nothing. It is beautiful
20 paper. Somebody is paying for it.

21 I don't mean to take you fellows apart, but when you
22 come, it should be organized, not just haphazard. Organizers
23 should know what you are doing, get a target and go to work on
24 it.

25 You are disoriented. You don't know what you are

1 doing.

2 MR. FEATHER: I'm sure glad I came out tonight to
3 listen to you.

4 MR. PETROSKY: I told you like it was. You are not
5 listening. I just told you what the problem is; you are not
6 listening.

7 MR. FEATHER: Why don't you just testify as a
8 witness.

9 MS. PETROSKY: This is a good example of how a lot
10 of people in the area feel. You must understand that a lot
11 of people's emotions are involved in this.

12 I don't mean to be offering explanations, but it is
13 true. People are upset, and I know that everybody is trying
14 to help.

15 But again I think that probably a lot of necessary
16 help is not here because this is a unique situation. People
17 are getting discouraged.

18 MR. MANFRED: This accident, I think, affected
19 everyone's physical health, not only through stress but their
20 mental health, and that is about all that we can say as far
21 as what it says the purpose of the hearings are; is that
22 right, if we tell you that we are worried about the effects of
23 this accident at Three Mile Island?

24 MR. FEATHER: I think the purpose of us is to have
25 you give us examples of what you are talking about.

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1 MS. MANFRED: You mean like nightmares and things
2 that I worry about?

3 MR. SHUTT: Before you continue, let me suggest that
4 Mr. Feather wasn't in on the afternoon session, but we had
5 similar testimony from people with that same type of problem,
6 emotional stress that they were concerned about. That is the
7 type of thing that we are here to find out.

8 Again, there seems to be an underlying concern of
9 the afternoon session.

10 MS. MANFRED: I believe all of the emotional is
11 triggered by not knowing what is going to happen to you
12 physically; like, you have grandchildren, and I know that my
13 daughter, she is very upset emotionally because she has a two-
14 year-old and a three-month-old baby, like she says, "I wish
15 I had never had them to bring them up, and in five years one
16 die with cancer from this." You can't ever prove it was Three
17 Mile Island.

18 MS. HEPNER: The girl that I work with is a grand-
19 mother, and her daughter just gave birth to a baby girl just
20 this week.

21 We were really worried about that baby, how she was
22 going to be, but she is okay. She is fine.

23 MS. MANFRED: It is just where the plane went over;
24 but who knows what is now? What I would like to know for
25 future health would be monitors around that you would know what

1 is coming out, but the state doesn't have anything like that.

2 MS. PETROSKY: And that takes us back to my original
3 statement. Psychological help should be available to, like,
4 this lady's daughter.

5 She should be able to go to a psychologist, express
6 her fears, and have him tell her how to deal with them. Lay
7 people are not qualified to do this.

8 The same thing applies to my original statement about
9 medical service; that it should be available. I am sure that
10 there are people in the area that need it and can't afford it
11 and are going without.

12 Now Unit II is not at a cold shutdown. Something
13 could go wrong. We don't know how much more is necessary to
14 push a lot of people right over the brink into some real mental
15 problems.

16 Therefore, as I say, precaution is better than later
17 cure, and if we have some medical service available to these
18 people and the services of psychologists provided by the state
19 now, not later when things get a lot worse -- is there any
20 kind of emergency set-up to this provision of funds whereby
21 you could provide this kind of service; it could be provided
22 at this time when it is needed?

23 Do they have any emergency funds set aside for
24 emergencies in your federal allotment of funding? 1445 291

25 MR. SHUTT: I really am not prepared to answer that.

1 MS. PETROSKY: It would be nice if you would make
2 a note of that and see if there is such a thing, and maybe
3 by our expressing these fears and thoughts that this is
4 necessary, maybe it could be studied and something provided
5 earlier than November.

6 These people need help now. Your daughter needs it
7 now.

8 MR. MANFRED: We need an assurance to know, that we
9 could believe what is happening now. I think that is what
10 is affecting our health now, the unknown, how the accident
11 already did affect us.

12 MR. FEATHER: Do you have any experience with the
13 mental health-mental retardation area in Dauphin County?

14 MS. MANFRED: No.

15 MR. FEATHER: Has anyone checked into them to see
16 if they are providing this service?

17 MS. PETROSKY: No, but I will call them if you think
18 it is worthwhile.

19 MR. FEATHER: They would provide psychological help.
20 I don't know if there is staff to handle a large number of
21 people, but I think that is where you have to just start
22 putting pressure there.

23 If there are a lot of people requesting help, then
24 they are going to have to respond with more help. I think your
25 point is good. I had this down from the beginning.

1 Psychological help is needed today.

2 But we are not here to agree or disagree with you,
3 just listen.

4 MS. PETROSKY: I understand, and I think it might
5 be worth a phone call to see what they have to say.

6 MR. FEATHER: MH/MR in Dauphin County, part of the
7 Courthouse. I don't know if there is a public health center
8 in this area.

9 MS. PETROSINO: I don't think I have anything drama-
10 tic or different from anyone else's, but I am in a position of
11 being a nurse here, so I have people coming to me for
12 reassurance, and I find it a little hard to give that reassur-
13 ance because I am not wholly reassured myself.

14 I have a daughter coming on campus here this fall,
15 and I have just a little reservation about that; so that
16 concerns me, trying to reassure others when I wish that she
17 were going somewhere else.

18 But yet, I feel, like, an intellectual part of me
19 says not to worry about it, but yet an emotional side of me
20 worries about it, and as long as I read things in the newspaper,
21 like, one day there is 4,000 gallons of radioactive water to
22 be gotten rid of, and a week or so later I read, and I think,
23 "Good heavens, now it is 750,000 gallons of radioactive water
24 that nobody wants," and I wonder how long this is going to keep
25 multiplying.

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1 So, there are fears and concerns that do come up
2 all of the time.

3 MR. FEATHER: Do you have examples of experiences
4 where you have referred people to a psychologist because of
5 their apprehension and tension?

6 MS. PETROSINO: I do have a couple of instances of
7 students who were concerned about things, such as rashes;
8 "Could this be from Three Mile Island?"

9 I have had specific questions come to me, where they
10 asked, "Is this possible that this is related to Three Mile
11 Island?"

12 I have had others come and say that, "I don't think
13 I want to be around here anymore." I find it a little hard to
14 be reassuring when I am not reassured myself.

15 MR. FEATHER: Where have you referred them?

16 MS. PETROSINO: We have psychologists here at
17 school that we refer students to.

18 MR. FEATHER: Has he been overwhelmed with requests?

19 MS. PETROSINO: I cannot answer that. He has not
20 told me that he has been overwhelmed. I can't tell that he
21 has been. We always have a certain number of problems with
22 students, and whether or not it is more, I didn't specifically
23 ask him if it is a lot more.

24 I do know that there have been students that have
25 come to me and told me that they were concerned. That night

1 before we closed, I had a lot of students come to me to tell
2 me they were concerned.

3 MR. FEATHER: What date was that?

4 MS. PETROSINO: That was Thursday night. I was
5 trying to be reassuring on Thursday night when I naively
6 thought I was safe. But on Friday, I became very unsettled
7 myself and left the area.

8 Another thing that I feel is very unjust in the
9 whole thing is I have known of a few instances of people who
10 left the area within a 10 or a 12-mile radius and went to
11 considerable expense in a motel with three children, and they
12 said something like a \$300 or \$400 figure that they had put
13 out and they could not afford that.

14 But they were not within this five-mile reimbursement
15 area. I felt that that was a little unjust.

16 MR. FEATHER: So you feel that the reimbursement
17 should be an area of 15 miles?

18 MS. PETROSINO: I think 15 miles or 20 miles would
19 be more realistic. I myself evacuated to Pittsburgh. I did
20 not feel that I should be reimbursed necessarily, but it
21 certainly was not a pleasurable weekend.

22 I just wanted to state my feelings. Each night
23 as I walk out of here at 1:30 in the morning, I think, "I
24 wonder if they are releasing an emission right now." It seems
25 like a good time that they might be doing it. I figure at

1 1:30 every morning, I have had a pretty good dose, if that
2 is what they are doing.

3 MR. FEATHER: Have you found that people are
4 adjusting to this or getting more tense within the two months
5 now?

6 MS. PETROSINO: I think that people are getting
7 inured to it, but then it is there; it is always in the back-
8 ground.

9 I think that I am kind of reacting like most people
10 when you read the paper, again, that no one wants the water --
11 and I certainly wouldn't want it in my river upstream, either
12 -- that this brings it all back very fragrantly.

13 I had felt very ill yesterday, and through my mind
14 flashed, "I hope this has nothing to do with Three Mile
15 Island." I didn't really think it was, but that thought was
16 there.

17 So, I think that that is about all I have to say.
18 I feel very, very sympathetic toward our night man, who is
19 here very night outside, and I feel that if this is being
20 released at night, then he is certainly getting extreme
21 exposure because he is outside.

22 Those are just a few of my thoughts.

23 DR. PEARMAN: What about physical complaints from
24 students? Are they about the same as they were?

25 MS. PETROSINO: I would say the question goes through

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1 your mind, "Is this more GI complaints than normal," for
2 instance, and it is hard to know because they relate to final
3 exams, and this sort of thing.

4 We have had a lot, but then we have in the past, so
5 it is really hard to tell. I must say that everything that
6 comes up you kind of relate in this new aspect that you never
7 had before.

8 That is all I have to say.

9 MS. MANFRED: But if you go to a mental doctor or
10 a psychologist, do they program you to bury your head in the sand
11 and say, "No, everything is fine"?

12 To me, it upsets you, and everything like that, but
13 you have to work yourself through it. You have to know that
14 tomorrow it may be worse than today.

15 You can't go to a doctor and they tell you, "Well,
16 now, calm your fears. Your children are going to be fine.
17 Just relax and let it go."

18 MS. PETROSKY: Psychologists don't do that. I mean,
19 a good psychologist will not do that. He will work along with
20 you, and he will recognize the fears that you are experiencing.

21 He is not going to deny that they are there, and he
22 is trained to help individuals. I am not talking about a
23 psychiatrist, who is one who deals with the mentally ill. I
24 am talking about a psychologist who is trained to deal with
25 emotional problems.

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1 I think that -- this is my opinion -- I think it
2 would be invaluable to people who are having emotional pro-
3 blems to have access to one or as many as would be required
4 to help them at this time.

5 MS. MANFRED: I know a lot of young mothers with
6 young children that their mental state would be a lot better
7 if they knew what the environment was; if, like, Allen Ertel
8 or anybody could put up monitors to know what is tomorrow and
9 what is today; what did the kids get today.

10 I know you probably hear it is more mental. Most
11 of Three Mile Island is based on what it did to you mentally
12 because nothing physically has come out of it yet. That is
13 a couple of years from now.

14 So, I can't see that you can work out of it mentally
15 until you know that you feel that your state or your govern-
16 ment -- Met Ed isn't going to do it. They didn't tell us at
17 first -- until they do something to give you a little assur-
18 ance that you are going to be safe.

19 I know me, if I could go -- if my daughter wasn't
20 here with her two children, I would leave Middletown tomorrow,
21 and I am sure that a lot of other people would, too, if they
22 could afford it.

23 When you talk about the economy and the psychological
24 effect on you, this meeting is not what I expected either. I
25 know what you are getting, and I don't mean to get off the

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1 track.

2 MR. MANFRED: I guess most of us were expecting a
3 different type of a meeting, but we are here and maybe we
4 will feel better talking, if you will listen.

5 MR. FEATHER: I think the three of us expected
6 to be sitting here with some leader telling us what was
7 happening, and we found out that we are the leaders. We were
8 just told to come here and listen.

9 MR. SHUTT: I understand this had been planned,
10 I guess, within two weeks after the Three Mile Island incident,
11 and it was scheduled after the fact, as the gentleman indicated.

12 Other committees have been formed; other commissions
13 have been formed to study the problem. As you had said, it
14 is a very unique problem that we have gone through, and we
15 have to reassess our understanding of the entire problem, and
16 that is what is being done, I think, by the various committees
17 and commissions.

18 It is not an easy problem. It is not an easy
19 problem. There are no simple answers. But we have to proceed
20 and understand exactly what happened and come up with logical
21 methods to deal with it.

22 This is just one aspect of that. Again, it is the
23 emotional that you related to. That is something that
24 obviously has to be addressed. 1445 299

25 MS. MANFRED: Well, I would feel 100 percent better

1 if the state would put monitors up.

2 MR. MANFRED: The whole sorry thing about this is
3 that more and more articles you read in the paper, or even
4 when you go to the municipalities like Middletown, or certainly
5 if you read what the Governor writes every time he has an
6 article in the paper, everything is for the economy now. They
7 are sort of sliding back and letting the people go.

8 If they would only tell you, like you say, to
9 reassure you, I think that is what people need, to be reassured
10 that the danger is over or what is being done.

11 MS. PETROSKY: It is not over.

12 MR. MANFRED: I know it is not over, but I am saying
13 our leaders now are tending to worry more about the economy,
14 and that is really the truth.

15 Anyone you talk to, they -- we were to a meeting
16 last night in Middletown, for example, and the president of
17 the Council tried to let the people think that they had
18 monitoring equipment out around Middletown somewhere.

19 Then, one of the other members said, "Yes." Someone
20 asked where is the equipment placed," and then another member
21 said, "Well, we could not tell you where it is. Someone would
22 destroy it or do something to it."

23 Then a gentleman got up, and he asked them point
24 blank, "Is there any monitoring equipment out there, do you
25 think," and he said, "Well, not to our knowledge, there is none

1 out there."

2 Now there they were trying to lead the people to
3 believe that they were monitoring.

4 MS. MANFRED: That would settle my problem.

5 MR. MANFRED: As far as I am concerned, all I know
6 is that the leaders in Middletown are for the economy. They
7 are not worried about the people.

8 What I am saying is even the Governor, at first, he
9 tried to let the people believe that he was for their safety
10 and welfare, but they are all sliding right into worrying about
11 the economy; and I believe that if they would assure the people
12 to stay here and tell them to get after Met Ed, or if we could
13 get some word that we could believe someone, then I believe
14 the economy would take care of itself.

15 That is the whole sad situation, as far as I am
16 concerned, and that is what is leading to the mental health or
17 physical health that is going to come out of this.

18 The big thing is not what already happened; it is
19 the unknown and wondering what is going to happen.

20 MR. FEATHER: Part of the Health Systems Agency
21 plan is for emergency medical care, the evacuation plans. I
22 was wondering if anybody has any comments on the plan.

23 You talk about monitors; that would be fine. But
24 once you find the radiation level is high or is going up, what
25 do you do about it? How do we notify people and how do we

1 evacuate, if necessary?

2 MR. MANFRED: That is a good question. I often
3 wondered.

4 MR. FEATHER: I was wondering if anybody has
5 experience on that, how they were notified and what they did
6 after they were notified.

7 MR. MANFRED: You read it out of articles about what
8 went on, that they didn't know where to evacuate or how to
9 do it.

10 MR. FEATHER: I think we are more concerned about
11 your personal feelings rather than what you read.

12 MS. MANFRED: When we left, it was 10:00 in the
13 morning when we heard.

14 MR. FEATHER: What day?

15 MR. MANFRED: Friday morning.

16 MS. MANFRED: We heard through a good source that
17 there was going to be evacuation, and we got our daughter and
18 her two children -- her husband could not go because of his
19 job -- and we left Middletown that I could not even talk when
20 we got out of Harrisburg. I said, "Just get out." We threw
21 things in the car and left.

22 When we got to Baltimore, we heard that they were
23 evacuating the women and children. Those are things that you
24 come back -- you were away 12 days -- you are come back, and
25 you are still living in fear.

1445 302

1 Every night, you wonder; you wake up; is it going
2 off? Are you going to evacuate? Who knows. No one knows the
3 evacuation rules, or anything. We don't. All I know is you
4 get in your car and you go.

5 MR. SHUTT: What was the source for receiving the
6 information that you felt was reliable?

7 MS. MANFRED: I would rather not say.

8 MR. SHUTT: I am not trying to get a name. You are
9 saying, "If we get reliable information." Who did you look
10 for? What agency?

11 MS. MANFRED: Do you mean before, before we evacuated?

12 MR. SHUTT: During the whole thing. Where did you
13 go?

14 MR. MANFRED: Just even the Middletown officials
15 themselves, all the news they were getting was from the news,
16 from television and radio. They did not even have a guideline.
17 They had no one to tell them. They couldn't even get in
18 touch with anyone to tell them what to do in case they would
19 have to evacuate.

20 They didn't have any plans. They were supposed to
21 be working on evacuation plans for years, and they probably
22 still don't have any.

23 MS. MANFRED: That would all go on how the wind was
24 blowing at that time, wouldn't it? If we would evacuate at
25 that time, we would have been going north. But if the wind

1445 303

1 would be going that way, we would go that way, right? So, who
2 knows. You wouldn't know until that time would come up.

3 MS. PETROSINO: It would be interesting to find
4 out or get information as to how they plan to coordinate these
5 different evacuations of the different areas.

6 This is a mystery to me how they plan to coordinate
7 all of these different areas, and I for one would be most
8 interested in reading something in the paper about this.

9 I doubt seriously if they have a workable plan as
10 of now.

11 MS. MANFRED: I think it is impossible.

12 MR. FEATHER: I sat for four days in a bomb shelter
13 in Lebanon County trying to prepare evacuation plans for
14 100,000 people, and you are right, we had no plan.

15 But 48 hours later we had a plan, but the word
16 was "workable." The word is "workable."

17 MS. MANFRED: How long would it take to evacuate?

18 MR. FEATHER: We came down to a 24-hour notice to
19 evacuate 37,000 people. I am still not sure if it would work.
20 I don't know if there is such a plan that can be designed.

21 MS. MANFRED: I believe this area is too big for
22 that.

23 MR. FEATHER: I am only talking about Lebanon County
24 not here.

25 MS. PETROSKY: You would have three hours. Now, of

1 course, Lebanon County is a little bit further away, so perhaps
2 you might have better success than a lot of places.

3 MR. FEATHER: That is why they gave us 24 hours. I
4 don't know what they gave you here.

5 MS. PETROSKY: Three hours for a meltdown. That is
6 all the notice they would have beforehand.

7 MS. MANFRED: They said it would take the radiation--
8 if it left, in five minutes it would reach Middletown.

9 MR. SHUTT: Sir, would you be interested in testi-
10 fying?

11 MR. MC KELVY: I saw your ad in the paper. I am
12 here as a private citizen because I live in the Hershey area.

13 MS. PETROSKY: I think the announcement in the
14 paper was not very clear. I for one thought that there would
15 be a panel of medical personnel to answer our questions.

16 So I, like everybody else, I think, did not realize
17 what it was, but I am glad we are here because now we know
18 the workings that you are involved in, and every bit of
19 information that is exchanged is helpful.

20 MR. FEATHER: I think that is why I am more inter-
21 ested in what your personal experiences are rather than what
22 you read in the paper because I read it in the paper, too.
23 I would like to hear your personal experiences.

24 MS. PETROSKY: I meant the announcement in the media;
25 it is misleading. I thought it was a panel of medical

1445 305

1 authorities.

2 MS. MANFRED: When we got away, we went from Maryland
3 to Virginia, and our granddaughter, for three days, had
4 diarrhea.

5 Now whether that was emotional -- certainly she
6 knew what was happening. I mean she didn't know what was
7 happening, but she knew that it was dramatic.

8 But I think the kids, more or less, can bounce back.

9 MR. FEATHER: Do you have any statements?

10 MR. MC KELVY: I worked up some thoughts.

11 MR. FEATHER: We would like your name for the record.

12 MR. MC KELVY: This is going to sound awfully
13 formal compared to really the situation that we have here,
14 because I went to a public hearing last evening in Cumberland
15 County and was working up some material for a formal public
16 hearing format.

17 My name is George McKelvy, and I live eight miles
18 northeast of Three Mile Island in the Hershey area. As has
19 been referenced here, I am the administrator of the Capitol
20 Region Planning and Development Agency, an agency created by
21 the counties of South Central Pennsylvania.

22 We have a staff of only four and are primarily
23 involved in public participation in water resource planning,
24 such as the coop program that some of you people may even be
25 getting our mailings around that particular program.

7445 306

1 Also, we are involved in area economic development
2 programming, planning coordination between counties, and inter-
3 governmental cooperation.

4 Our offices are seven miles due north of Three Mile
5 Island near the Harrisburg East Mall. At 11:00 in the morning
6 on the Friday that we had what they call the puffs of radiation,
7 which I was not aware of at the time, at 11:00, I called the
8 secretary of the head of another agency in the area to let him
9 know that I was on my way to a meeting that we were to have
10 that morning at that time, and everything seemed very normal.

11 Fifteen minutes later, I was nearly run down by the
12 gentleman in the lobby of his building in his haste to leave.
13 The only explanation that I got was a hastily thrown, "George,
14 the office is closed" over his shoulder as he went out the
15 door.

16 I immediately suspected that something must be
17 happening down the river. So, I went to the nearest public
18 telephone, which was just outside the building, to try to
19 alert my office, and already, the lines were so busy that it
20 was impossible for me to get through. I could not get a dial
21 tone.

22 So, I immediately returned to the office and at
23 that time still encountered no unusually heavy traffic. By
24 that time, the staff had a portable radio on, and on the vague-
25 ness of the reports that were on the radio at that time, I

1445 '07

1 dismissed my staff because I did not want to feel that I
2 should take the responsibility for their safety, which at
3 that point in time seemed rather precarious. Then I closed
4 the office myself and left shortly afterwards.

5 We sent our teenaged daughter to friends in Georgia
6 when they began to talk about the possible meltdown situation,
7 and we packed the car, and I even turned it around and headed
8 it facing outward so that we could almost jump in and take
9 off if the actual evacuation order came.

10 There were times when literally I could have a
11 sensation of my skin crawling. I knew that that was psycholog-
12 ical. There was not any radiation effect that far up certainl
13 that was producing that kind of sensation, but it makes you
14 wonder.

15 I concur with the many, many concerns that people
16 have expressed throughout the area about the situation, and
17 I don't want to minimize what they have experienced.

18 The potential danger frankly that I feel is still
19 within our midst until they resolve this, especially that
20 polluted water situation.

21 But there is another aspect of this that I would
22 like to share with you that I think kind of relates to the
23 aspect of the incident that Health Resources Planning and
24 Development is trying to address in particular; and that is
25 that I think that maybe perhaps the greatest danger that has

1445 308

1 been done to us as a region and as a people is how this whole
2 thing seems to those beyond our immediate area.

3 On the basis of what was reported in the media,
4 a large segment of the population in the rest of the country
5 and even in some other countries conjure up vestiges of the
6 passing of a plague here with man and beast likely to drop
7 at any moment like flies; and speaking of flies, there has
8 been ever. rumor that flies in the area are having a premature
9 death.

10 That is partly true; I talked to some agricultural
11 extension people, but the situation is a widespread occurrence
12 because a particular species of that fly is being subjected
13 to a bacteria.

14 Now these kinds of occurrences, the deaths of flies,
15 and so on, are reported in the media, but rarely are the
16 findings, and if they are, they are buried somewhere back on
17 page 10.

18 Our older daughter was in basic training at Fort
19 Leonard Wood way out in Missouri at the time, and on the Sunday
20 immediately following the incident, she opened the Sunday
21 paper, which was the first time that the recruits had been
22 privileged to news from the outside world, so to speak, and
23 the headlines actually read that Harrisburg was a ghost town
24 and the smell was chocolate was gone from Hershey.

25 Well, you can imagine the reaction that she had. A

1 few weeks later, a Harrisburg businessman was sharing a cab
2 with another lady in the Bahamas, and when she found out where
3 he was from, she could not get out of that cab fast enough.

4 Several families who now have children living out
5 on the West Coast -- and we all know what kind of environmental
6 situation the people in the San Francisco and Los Angeles area
7 are living in -- were actually calling their parents almost
8 in hysteria urging them to get out of the area because of the
9 kind of publicity and the scene that was being projected to
10 them about what was happening here.

11 We have had businesses within and well beyond the
12 20-mile radius that we hear reference to from time to time,
13 which have had orders canceled by outside buyers, and in some
14 cases buyers have required area firms to certify that their
15 products are radiation-free, and that even gets as close to
16 us as the trailers setting behind the building here.

17 There was a buyer of those trailers who insisted
18 before he would take delivery that that firm provide him with
19 a certificate that the materials that those trailers were
20 made out of were not radioactive because of the incident.

21 Local warehousing and distribution firms, most of
22 which are just across the river, handle millions of dollars
23 worth of commodities daily, and they saw their volume drop
24 to one-half of what it normally is because people were simply
25 afraid even to ship products through the area that were going

1 to just pass through the area. It is one of those things
2 where it is in and out. It is not something that is kept in
3 an area for a period of time.

4 Who knows how many people will decide to take their
5 vacations at Disney World this year instead of our area. We
6 will never be able to measure that because of the added unknown
7 factor of what kind of impact is the gas situation going to
8 have on travel patterns. We will never be able to get a
9 really good idea of that.

10 With all of this -- and this, I think, has been
11 reported -- that the radiation levels experienced within, say,
12 roughly the five-mile area of TMI were only about one-seventh
13 of the level of radiation that we all experienced, not just
14 here but most of the country experienced for many days as a
15 result of that Chinese bomb test in October of 1976.

16 Just speaking as a private citizen, out of all of
17 this, it seems to me that the best medicine for us, the best
18 thing that we can do for ourselves, is to just get back to
19 business as usual as quickly as possible, because the longer
20 we carry on publicly, especially publicly, about the injustice
21 that we have experienced -- and it has been truly an injustice
22 -- the longer we are going to suffer from the negative psycho-
23 logical effects of that incident, and the greater our economic
24 loss is going to be because as long as we keep the situation
25 before the public, the longer the world is going to see this

1445 511

1 area as a place to avoid, and we don't want that, I am sure.

2 That is essentially what I have to say.

3 MS. MANFRED: I would like to comment on -- you were
4 talking about food and that. I heard the rumor that when the
5 government men were down at Three Mile Island, every day they
6 sent their men to Embers in Carlisle for their food. Why?
7 Were they afraid to eat here? \$12,000 a day?

8 MR. FEATHER: I think their food was trucked in from
9 Mt. Gretna. I know the man who supplied them. It was the
10 Timbers.

11 MR. MANFRED: Someone said the Embers.

12 MS. PETROSKY: Do you really think that people can
13 settle down to normal as long as Unit II is sitting over there
14 and learned scientists have not resolved how to handle the
15 aspects that they are presented with in getting it to a cold
16 shutdown, and they still have not resolved the question as to
17 what to do with all of that highly radioactive waste?

18 Do you think that as long as this is going on that
19 it is easy to settle down to normal?

20 MR. MC KELVY: No. What I was trying to say, though,
21 that because of the difficulty of that, it is something that
22 we have to work at in our own best interests.

23 We have to work at thinking of things as normally as
24 possible and not dwell on the danger.

25 MR. SHUTT: Are there any other comments? If anyone

1445 312

1 else would like to make remarks, they are welcome.

2 MS. HEPNER: Are they going to put the water into
3 the Susquehanna as they say?

4 MR. SHUTT: I don't know.

5 MS. MANFRED: They have no place to put it.

6 MS. CRUMLEY: I was here earlier today. I was a
7 little flabbergasted at the style of presentation, and I
8 certainly did not have my wits, too, all about me.

9 But I missed several things that I very much wanted
10 to say, and I also was short in my statement because I am not
11 really a local resident except in the summertime on an island
12 in the river.

13 But I ran home and wrote a few things down that I
14 would like to say. I am Jeane Crumley, again. I did do a
15 little more clear thinking, I think.

16 I was giving my background as having had a college
17 education, not because I am an expert, or anything, because I
18 have not even worked as a chemist since I was first married;
19 only for a little less than a year, and that was a long time
20 ago.

21 But at the time -- these people weren't here -- I
22 worked in a laboratory that was also very dangerous, and at the
23 time, I did not know just what I was getting into, but it was
24 the beginning stages of nerve gas. 1445 313

25 That was extremely dangerous, and you had to be in

1 very good physical shape, and you had to have your teeth filled
2 and you had to use an awful lot of care.

3 So, I think I have some idea of what is required
4 certainly in a nuclear reactor situation, although I don't
5 know anything more than anybody else except for the theories,
6 and I too looked at diagrams and pored over things.

7 My husband was invited on a tour, and I was supposed
8 to go as a guest, but there were so many members of that par-
9 ticular professional society there or available that I never
10 really got to go, which was probably just as well.

11 Anyway, my idea of telling you that background is
12 that I think that you just simply have to be aware when you
13 are handling dangerous materials or situations or systems, or
14 that sort of thing, that you are under a real strong compunc-
15 tion -- or you should be -- to think of the public good, and
16 that should be primary.

17 But I am not really sure that we have had that in
18 this case, I mean just judging from the performance of Met Ed,
19 and there should be a reasonable level of mature judgment and
20 knowledgeability among those who are doing the work, and I
21 think that that should be all around the clock on something
22 that important.

23 Once again, I am not an expert, but I have done some
24 reading recently. I have been rather occupied in family
25 affairs, too, so I am planning to do a lot more. 1445 314

1 With regard to what we do now, but only indirectly,
2 about the work at Three Mile Island, it seems to me that with
3 the PUC giving a sort of a cost-plus basis for the production
4 of the electric power for us consumers, that it would be most
5 reasonable to think that they could surely afford to work
6 some other way than having extremely long hours for some of
7 the employees.

8 I don't know whether there is some state or govern-
9 ment thing that would be able to investigate or perhaps limit
10 the number of hours sort of dictatorially but for the good
11 of the workers and the good of the plant, so that you wouldn't
12 have people working 50-hour weeks or 60-hour weeks, or who
13 knows how much overtime or ten hours at a time.

14 It seems to me that everybody's mental and physical
15 capability or strength for that sort of activity -- and there
16 again, we only know of one person in particular. We only heard
17 of other people who were working that way; the technicians,
18 I assume -- it seems to me that if you get some degree of
19 feeling that a company or a system, or whatever, is really
20 honest and shows real forthrightness and is willing to give
21 facts, that you will sort of automatically get back the public's
22 confidence, and people will get over their problems if they
23 are properly assured that something positive and worthwhile
24 is going on.

25 I am not sure how that can occur, but I think that

1445 315

1 one idea would be to have not just an NRC safety engineer, but
2 perhaps someone that would be a state safety engineer; and I
3 don't mean just this particular plant, but I mean for anything
4 in the state that has such a degree of danger, it seems to me
5 that the state could surely afford to staff this for our pro-
6 tection. I would hope so.

7 I have several ideas. I think one of the most
8 critical ones is that people who live in the immediate area,
9 I believe that everyone assumed that they were going to be
10 warned in case something really bad was going to happen, and
11 I personally thought that some sort of sirens would go off.

12 Here we are living on the island, and a lot of
13 people stay there all summer, and they work real hard on the
14 cottages after floods, and they are rather occupied, and they
15 don't really listen. They don't have telephones. They don't
16 listen to radios that much.

17 But we just always rather naively assume that if
18 something bad happened that we would be warned by some sirens,
19 like a fire siren, or something.

20 So I have a suggestion that some kind of warning
21 system, perhaps rather distinctive from fire or something that
22 at least the local people would be acquainted with, should be
23 used, and I think that that should be used, say, when they know
24 when they are likely to have some emission or at any time that
25 they think they might, like when they are refueling, or

1 something of that sort. That seems only reasonable to me.

2 I realize that with some of those rays, you are not
3 going to be protected from being indoors, but it seems to me
4 that you should at least have an option of taking shelter and
5 closing your doors and windows and listening to the radio.

6 I also think that there should be a hotline, not
7 just to the NRC, but why not to the state, some state board,
8 or something that you could have news sent to the local govern-
9 ment people.

10 By heavens, I think that is the thing that irks me
11 most about this; that people in the most immediate area were
12 not given any real warning or given any real facts other than,
13 of course, when the Governor suggested that women and children
14 should leave as a precautionary measure. I am sure that a lot
15 of people interpreted that quite properly that there was danger.

16 I also think -- and this is not original with me
17 because other people have said that there should be a plan for
18 evacuation -- but I think that you should have such a plan and
19 you should practice it, and I think that public notice should
20 be given and I think maybe run through it two or three times
21 and see -- I don't know where I heard this, but they said
22 why not make it fun at the end, like head for a picnic at
23 Hershey or at least have an element of not having real fear in
24 it as far as the kids were concerned, but simply a practice,
25 and have it well thought out.

1445 317

1 I don't know exactly what that means, because I
2 think perhaps in spite of the wind direction having an effect
3 on it, you probably need to have sort of a set in concrete
4 plan, a basic plan, because you can't really tell people at
5 the last minute, I would think, that you must go either here or
6 there, or somewhere.

7 There should be some way to be directed, I think. I
8 would say do that with sort of planning ahead notice and see
9 how long it took.

10 There is your opportunity for Civil Defence and all
11 of the other organizations to work with the different groups
12 such as the disabled, the elderly, or whatever.

13 But I really think -- I have to interject this
14 remark that personally I think that this area has had quite
15 enough suffering, and it would be to everyone's interest if
16 they simply closed it down after making it decontaminated; but
17 just in case the economic factors and the political factors do
18 overcome this rather human element, which I think is a very
19 strong element, and I think that a humane government would not
20 subject people to this again, not willingly. That is just my
21 feeling.

22 But anyway, after you have had this practice, I
23 think you should just have a warning and a signal and treat it
24 just like a school drill, a school fire drill, because if they
25 do reactivate it, I really think that that would be terribly

1 important, and I don't believe that would be just for this
2 plant, but I think that that is really going to prove to be
3 necessary wherever you have reactors at all.

4 They said that this could never happen or that this
5 was so unlikely. They obviously were not prepared for it. So,
6 I think that we should prepare because they are obviously not
7 going to close all of the reactors down immediately, but the
8 problem will remain no matter what kind they are.

9 I think there should be a constant monitoring of
10 the air and water on a 24-hour basis, and I have no idea how
11 you could achieve that up in the air. I don't know whether
12 you would fly helicopters all of the time. But there should be
13 some degree of monitoring, I think.

14 You can put different chemicals -- let me see -- when
15 you have gas, it has no odor, so they put in the substance to
16 smell. It just seems to me that anytime they were going to
17 have wastewater, for instance, whether it is industrial waste
18 or the officially reactive water, perhaps they could have some
19 dye or some fluorescent thing, or something, which would make
20 it possible for anybody to see that this kind of water was
21 being put into the river.

22 I don't know whether you could have physical monitor-
23 ing by people all of the time, but it seems to me you could
24 have some kind of monitoring; and you should have more on the
25 site, certainly more out in the communities, because you could

1445 319

1 just have residual ~~type~~ readings so that you would know how
2 much had happened.

3 I think that if they know that they are likely to
4 have emissions at certain stages of their operation, that I
5 can't imagine why they couldn't just simply have the state --
6 I don't believe we could trust Met Ed to do this -- but have
7 the state function something like telling you how much pollen
8 is in the air or what is the river stage, but simply have a
9 periodic -- I don't know if you would want it daily -- but
10 periodic reading of how many rems or millirems -- certainly
11 not rems, I hope, but millirems that have been accidentally
12 or just as a matter of course emitted. I think that would
13 help people if they knew what they were dealing with.

14 I don't know that these things are all that worth-
15 while, but I did put my mind to it just a little bit.

16 MS. PETROSKY: I had a question, but you answered it.
17 I was going to say do you really think that the people in this
18 area can ever regain confidence in Met Ed, and you just said,
19 "I don't think that we ever can trust Met Ed again."

20 MS. CRUMLEY: I think if they show that they can
21 be trusted.

22 MR. PETROSKY: Monitors won't do it.

23 MS. MANFRED: How can we trust the state?

24 MR. MANFRED: We need someone to get the state -- we
25 have to look to our Governor for guidance, which we are not

1 getting.

2 MS. CRUMLEY: I think it is highly technical, and
3 I really don't know that much about it, but I do know that I
4 have heard of the hydrogen embrittlement of metals, which
5 occurs, I believe, at even just the landing wheel supports for
6 big planes, which have to be checked periodically.

7 I personally have not done that much reading
8 because nuclear reactors are not my favorite thought or subject.
9 But it is startling to think that all of this time they were
10 supposed to be setting aside a certain amount of money yearly
11 to retire the reactor after 30 years or thereabouts, and so
12 you wonder about whether this accident has really sped up the
13 aging process; for instance, all of that hydrogen and all of
14 those high temperatures has perhaps -- I don't know, but
15 perhaps it has had a very deleterious effect on the wells and
16 the reactor itself.

17 It may be that when they open it up, whenever they
18 can possibly do it, they may have no hope whatever of reusing
19 it, but it is still sort of a sitting time bomb, it seems to
20 me, as long as there is radioactive material in it, whether
21 it is just the water or the rods. Who knows what it is. Who
22 knows what the rods are doing.

23 Of course, it is sort of a sitting duck for any
24 plane, which is what has been worrying an awful lot of the
25 residents, anyway.

1445 321

1 The credibility of any operator, whether it is Met
2 Ed or a replacement, or whatever, would have to be earned, and
3 it seems to an awful lot of people that they are not really
4 trying real hard to get back into the public's confidence.

5 I haven't read any statements that lend too much to
6 that idea that they really want to be honest with the people
7 or maybe even willing to do any of these things that I have
8 suggested here.

9 I called a lot of people, and a lot of people are
10 simply a little ostrich-like, and no matter what they think or
11 how many ideas they have, they don't want to talk in public.

12 It is a little like Californians, I am sure, which
13 is where I came from, and I was happy to leave the earthquake
14 probability.

15 I hope I have at least given you something to think
16 about.

17 MS. PETROSKY: You said that you hope they would
18 place people with engineering backgrounds in the control room.
19 The chief of the Nuclear Regulatory Commission answered one
20 of the Legislators on that question. He said that if they
21 were to expect to get people to work in the control room who
22 had college educations or engineering backgrounds, this would
23 phase out the nuclear industry. They could not afford this
24 type of personnel. 1445 522

25 In other words, he felt that our lives were

1 expendable to the extent that he would get inferior type --
2 not inferior. I take that back; I didn't mean that.

3 MS. CRUMLEY: I didn't say that. I don't know what
4 I said. My notes were rather brief. I think I was trying
5 to say that perhaps you could have someone who is employed by
6 the state as a safety engineer since it is in the state.

7 I don't know that much about the NRC.

8 MS. PETROSKY: The requirements are that the operator
9 have a high school education only, and this Legislator is
10 proposing legislation to the effect that they require more
11 education and better education, and have these people be
12 examined periodically, and whatnot.

13 I think this is a very good idea, and I think that
14 this legislation should be sponsored and the public should
15 really go ahead and voice their opinions in this respect.

16 I do think that they need better training for the
17 control room personnel.

18 MR. MANFRED: They say that the control room is
19 monotonous work, and anyone with a college education could get
20 more money elsewhere and work regular hours rather than work
21 three shifts down there.

22 MS. CRUMLEY: I don't think you necessarily have to
23 be better educated.

24 MR. MANFRED: How could there ever be a workable
25 evacuation plan with something like TMI, because it all depends

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1 which way the wind would be blowing where they are going to
2 send you, and you would have to make last minute decisions.

3 In the first place, with an evacuation of that magni-
4 tude, there should be no nuclear plants near any large popula-
5 tion centers.

6 MS. PETROSKY: Or airports.

7 MR. MANFRED: If it is out in the country somewhere
8 out a couple hundred miles, they wouldn't have to worry about
9 evacuating many people.

10 MR. PETROSKY: I have a solution for those Harrisburg
11 characters: stop all pensions and payment. Chase them all
12 home until we settle our problem here.

13 Up until now, they haven't even budged. According
14 to this paper here, we are supposed to have Legislators, county
15 Commissioners, Congressmen. Where are they?

16 MR. FEATHER: I am here.

17 MR. PETROSKY: Are you a Congressman?

18 MR. FEATHER: I am a County Commissioner from
19 Lebanon County.

20 MR. SHUTT: I am here for Congressman Ertel.

21 MR. PETROSKY: You are not doing anything for us.
22 Actually we should have a nuclear physicist sitting right
23 there so he could explain the problem, and we should have
24 medical men. You don't know anything about it. 1445 324

25 MR. SHUTT: I would like to thank you all for coming.

1 If you have any written testimony that you would like to
2 submit to the Health Resources Planning and Development
3 Committee, you may do so at their Camp Hill address, which is
4 209 Senate Avenue in Camp Hill, 17011.

5 That office will also be able to supply you with
6 copies of the written testimony of the hearings as well as
7 the recommendations once they are finalized.

8 MS. PETROSKY: Would it be possible for us to
9 sign our names and addresses so we would not have to contact
10 you, those of us here who would like a copy?

11 MR. SHUTT: Yes, that can be done.

12 MR. KING: If you will sign your name on cards, we
13 will send a transcript to you.

14 (Whereupon, at 8:10 p.m., the hearing was closed.)
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C E R T I F I C A T E

I hereby certify, as the stenographic reporter,
that the foregoing proceedings were taken stenographically
by me, and thereafter reduced to typewriting by me or under
my direction; and that this transcript is a true and accurate
record to the best of my ability.

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Phyllis Glass
