

TESTIMONY OF PAT HOCHMAN

On February 4, 1983, I received a letter dated January 4 from Dr. Chris Williams of the Westchester County Department of Health informing me that I had been assigned a role in the Westchester County Radiological Emergency Preparedness Plan. On February 10, I attended a three hour training session, and I would like to contribute the following observations:

The letter I received was copied to about 60 people, and I would estimate that more than 60 trainees from the health profession were in attendance. This number is too large to give adequate attention to each trainee and to answer all questions. We did not have hands-on training with monitoring equipment. In fact, the Geiger-Mueller counter used by the instructor to demonstrate radiation monitoring was not working properly.

The instructor told us that internal alpha particles would NOT be detected by the G-M equipment, but that internal beta and gamma radiation would be detected by external body scans with the G-M counter. I am not an expert in radiation physics, but discussions with other health professionals lead me to question this instruction. Gamma radiation cannot be identified as internal or external unless repeated washing fails to result in a reduced radiation count. Beta particles can penetrate only one-third of an inch of human tissue, according to the instructions we were given, and thus will not read externally if ingested.

We were informed that the only place for large vehicle decontamination is the Fire Control Center in Valhalla. In my opinion this will cause problems involving time. Traffic conditions are likely to prevent speedy arrival of contaminated vehicles at the Fire Control Center, and prevent their timely return to service.

The instructor told us that only 5 or 6 contaminated emergency workers were expected to be decontaminated at the Personnel Monitoring Center (PMC). We were not told the basis for this assumption in case of a real radiological emergency at Indian Point.

We were informed that triage units will be established at several mobile PMCs just outside the 10 mile EPZ on both sides of the plume. In my opinion, triage is a very weak link in the medical and public health support component of the emergency response plan. In order to diagnose adequately the individual dose, public health personnel should do blood counts. The training session did not equip the trainees to do individual dose assessments, and we were not informed of the necessity or of any plan to do blood counts.

There was no training on the health risk associated with working in a radioactive environment. On the contrary, radiation was described in benign terms and radiation levels were illustrated with comparisons to homely, innocuous items such as steak and peanut butter.

The instructor informed us that there would be two hours warning before a core-melt. I question the basis for this statement.

Toward the end of the session, a trainee stood up and made a statement to this effect: "As health professionals our primary concern is prevention. We should call for the plant to be shut down." This remark was greeted with applause, and the instructor drew the session to a premature close. He said it had been a long day, and invited anyone interested to stay and talk more. No one left. Under pressure, he admitted that in case of a breach-of-containment accident, health care workers could not really do anything.

About a week before the exercise on March 9, I attended a second session with about 50 other trainees from various fields, not all health professionals. We were divided into the teams which would be called to work together during a real emergency, and we had hands-on experience with the G-M counter.

The head of our team lives in New York City. We were assured that prompt response by all emergency workers, including those coming from afar, would not be a problem because emergency workers would be alerted well in advance and would be in place at their emergency stations before the general public was notified to take protective action. I question the basis for this reassurance.

I work in a health clinic. I have had no experience with radiation or decontamination, and I do not feel prepared to deal with a major radiological accident by the training I have been given to date. In case I were called to duty because of an accident at Indian Point, I would be inclined to reunite with or stay with my family. The training I received was

useful in the context of a localized radiological accident such as a transport spill, and that is the only type of radiological emergency to which I feel committed to respond.

On March 9, the day of the exercise, I was alerted at 9:20 by the head of my team. He had telephoned me at my work number, but since my shift begins at 12:30 he did not reach me there. He tried again and reached me at home. No one notified me to the effect that my "alert" status was over.