

Congress of the United States  
House of Representatives  
Washington, DC 20515-0910

June 11, 2009

The Honorable Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius:

It is with great concern that I write you today seeking clarification of some important questions regarding the implementation of The Public Health Security and Bioterrorism Preparedness Act of 2002, PL-107-188, Title I § 127 (the Act). This legislation is a critical part of our nation's preparedness planning in the event of a nuclear emergency by establishing very specific guidelines regarding the stockpiling and distribution of potassium iodide (KI).

It is well-recognized that KI is a critical component of any preparation plan. The drug can block radioactive iodine from absorption into the thyroid gland, thus preventing the development of thyroid cancer, the most controllable health hazard in a nuclear incident. Moreover, radioactive iodine is the only material released at Chernobyl that was proven to cause cancer. Given the myriad threats facing this country, both intentional and accidental, the possibility of such an incident cannot be ignored.

We already have ample proof of the drug's effectiveness. Millions received KI following the Chernobyl accident. Ninety-seven percent of those tested were protected. Where the drug was not available, thyroid cancer spiked to epidemic levels. The World Health Organization documented cases of thyroid cancers hundreds of kilometers from the accident at the Chernobyl reactor. The U.S. Nuclear Regulatory Commission agreed that the vast majority of thyroid cancers occurred more than 50 kilometers from the sites.

Consequently, when Congress passed the Act, which I supported during the 107<sup>th</sup> Congress, language was included to ensure that states were offered a supply of KI to protect people within a 20 mile radius of nuclear power plants. The legislation also required the President to commission a study by the National Academy of Sciences "to determine what is the most effective and safe way to distribute and administer potassium iodide tablets on a mass scale." That report has been completed. It concluded that the radius of 20 miles required by the Act is much too small in light of the Chernobyl case where winds after that accident carried the radioactive plume over 150 miles.

That is why there is great concern that the Act still has not been implemented nor have the National Academy of Science findings about the distribution of KI tablets been addressed. It is my understanding that the current Assistant Secretary for Preparedness and Response at the Biomedical Advanced Research and Development Authority recently told constituents of mine, whose company manufactures KI tablets, that he is comfortable with the current policy of limiting pre-incident distribution to an area of only 10 miles around most nuclear facilities and

The Honorable Kathleen Sebelius

June 11, 2009

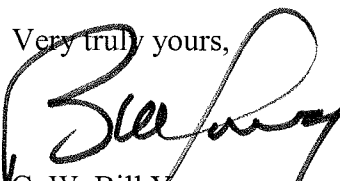
Page 2

relying upon regional stockpiling and evacuation for all other Americans. It is a sentiment that is potentially as dangerous as it is ill-founded.

In order to ensure that the government has done all it can do to make certain both the letter and the spirit of the Act have been addressed, I request that you review the current policy and, subsequently, I would ask the following questions:

1. **What is the status of the KI in the national stockpile?** Please address how much KI the government has in the national stockpile now, how much of it is in liquid form appropriate for infants too young to take solid foods, and how much is in tablet form appropriate for children and adults. How often is the stockpile replenished and how much, if any, is nearing its expiration date? Is the current amount sufficient to meet the demands of the current law, and how much would need to be procured to meet recommendations of the report of the National Academy of Sciences?
2. **What is the status of the distribution plan?** Please address the following: How many states have requested KI since 2002? Is the Department comfortable that all the KI that is available to states and local governments has been distributed? Please outline what efforts your Department has undertaken to comply with subsection (d) "activities to inform State and local governments of the program under this section." What is the status of your Department's planning process for distributing KI in the case of an emergency that is not in the area around a nuclear plant?
3. **What are the Department's specific plans for Florida?** Please address any specific plans that your Department has to protect children and adults through the distribution of KI from the national stockpile to the communities near the Tampa/St. Petersburg area. Was consideration given to stockpiling on a more local basis than either a national or regional level? Also, please address any specific plans for distribution that have been received by the Department from the state or local governments of Florida in compliance with the Act. Also address any plans the Department has for distributing KI in the 20 mile radius around the Crystal River, St. Lucie, and Turkey Point nuclear power plants.
4. **How much has the Department spent procuring KI since passage of the Act?** And how much would the Department need to procure enough KI to reasonably ensure the efficient distribution to all Americans who might be at risk in the case of a nuclear emergency?

Thank you for your assistance and cooperation in this important public health matter. With best wishes and personal regards, I am

Very truly yours,  
  
C. W. Bill Young  
Member of Congress

CWY: bts