CHAIRMAN'S INTRODUCTORY REMARKS*

DONALD B. DAVIDOFF, J.D.
Director, Radiological Emergency Preparedness Group
New York State Department of Health
Albany, New York

BEFORE I introduce our individual panelists, I shall try to bridge the remarks we heard from the first panelists. Two things impress me most about the task we try to help shepherd along. First, we have a pragmatic issue and, second, one of social judgment.

If one looks through NUREG 0654,† one will find 16 planning standards enumerated, and under each of those are planning or evaluation criteria. Sixteen times that yields several hundred items to address in planning (when I say "we", I mean the state and the counties) before we even stand a chance of being evaluated on our preparedness.

We have two items: plans and preparedness. The health implications of preparedness raise the question whether this symposium is dealing with an emergency program with a health and science overlay or a science and health program with an emergency overlay.

I can tell you, however, that the vast bulk of the work that hundreds of people at the state and county level in New York are trying to accomplish does not address plume transport, does not address the question of whether postassium iodide is a valid drug, does not address the protective action guides, and does not address the various opportunities for sheltering, evacuation, etc.

Yet these decisions are the ones with which we are the least comfortable. The body of science, decisions at the front end as I call it, is imperative.

With regard to the issue of social judgment, I have spent years and years in the health department being screamed at by operators of nursing

*Presented as part of the *Symposium on the Health Aspects of Nuclear Power Plant Incidents* held by the Committee on Public Health of the New York Academy of Medicine April 7 and 8, 1983.

†U.S. Nuclear Regulatory Commission and the Federal Emergency Management Agency: *Criteria for Preparation of Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants*. NUREG #0654/FEMA Report #1, Revision 1, March 1980. Washington, D.C.

homes and by those prestigious hospitals in this city and elsewhere because we gave them nothing to live on in Medicaid reimbursement. That was nothing compared to what I now face because nobody, including any of you, is willing to pay the true emergency preparedness costs at the local level. I do not mean preparedness just for a nuclear power accident. I mean for a toxic spill, for a bus accident on the Thruway in Kingston, New York, where the severely injured must be transported to Albany by helicopter, and for the County of Westchester which does not have a countywide radio network. This is not because Westchester is recalcitrant! It is a social issue where all the costs of emergency preparedness are not funded. I ask that you consider these basic issues in your deliberations, and that as you discuss such lofty questions as you have been hearing, think about some of the practical issues too.

There is a set of pragmatic issues here, a set of federal criteria we must deal with, and there is a pervasive social question about the lack of concern for emergency preparedness generally.