



MINISTRY OF DEFENCE  
MAIN BUILDING WHITEHALL LONDON SW1A 2HB  
Telephone 0171-218 2216 (Direct Dialling)  
0171-218 9000 (Switchboard)

MINISTER OF STATE FOR  
THE ARMED FORCES

D/Min(AF)/JR/3809/97/M

25<sup>a</sup> October 1997

Dear Henry,

Thank you for your letter of 23 September to George Robertson on behalf of your constituents who have raised concerns about Exercise **SHORT SERMON** and the arrangements for the distribution of potassium iodate tablets. I have been asked to reply.

Plans for responding to defence nuclear accidents are developed in full consultation with all relevant government departments, agencies, and in particular with the emergency services and local authorities in the area concerned. The joint plan for responding to a submarine reactor accident at Faslane is unclassified and available to the public. In the unlikely event of a nuclear reactor accident involving the release of radioactive material, one of a range of health protection measures that might be advised is the issue of potassium iodate tablets, which act to reduce the uptake of radioactive iodine by the thyroid. Whilst the provision of potassium iodate tablets is the responsibility of my Department, the actual arrangements for their distribution are made by the relevant local health authority.

As regards your specific technical questions, the answers to these are as follows:

\* Estimating the quantity of radioactive iodine that might be released in the event of an accident is very complex. It depends on the type of accident, and also on such factors as the age of the fuel in the reactor and on recent operations of the submarine. We expend considerable effort in studying this issue, and our work is closely monitored by the Department's Nuclear Powered Warships Safety Committee. Discussions are also held with the Nuclear Installations Inspectorate. Our contingency plans are based, in accordance with legislation, on coping with the effects of reasonably

Harry Cohen Esq MP





foreseeable accidents, (i.e. those with estimated probability greater than 1 in 100,000) but they can also be adapted for even to cope with even less likely events which might have more significant consequences.

\* Two tablets would be provided for each recipient together with instructions. The tablets each contain 50 mg of stable iodine. Lesser doses are recommended for children.

\* Medical advice is that these tablets should be taken as early as possible, but there is still benefit even if taken several hours after exposure to radioactive iodine. Our plan is that the tablets would be issued and taken before any release of radioactive material had occurred at a time determined by monitoring the condition of the reactor.

\* The shelf life of the current batch of potassium iodate tablets is three years. The tablets are stored locally in sufficient quantities to distribute in accordance with our existing contingency plans.

In summary, I am confident that our plans for the distribution of potassium iodate tablets would be adequate in the extremely unlikely event of a nuclear submarine reactor accident. There has never been such an accident during the previous 30 years of nuclear submarine operations and my Department will continue to do all that it can to ensure that this record is maintained.

I hope you find the above both helpful and reassuring.

*Kind Regards,*

*John*

DR JOHN REID MP

