

October 9, 1979

M E M O R A N D U M

TO: The Nuclear Regulatory Commissioners  
FROM: *Mitchell Rogovin*  
Mitchell Rogovin, Director  
Special Inquiry Group  
RE: Organization of NRC Headquarters Emergency  
Management Team

The terms of the contract between the NRC and Rogovin, Stern & Hoge requires me to inform the Commission promptly of any matters that might be considered of "immediate public health or safety significance."

Based upon recently conducted depositions and other inquiries, it appears that during the Three Mile Island accident the NRC's Headquarters Emergency Management Team (EMT) did not function as a single executive entity to manage the agency's response to the accident, but rather as a collection of individuals each of whom retained "jurisdiction" over resources he ordinarily manages in non-crisis situations. Not only does it appear that no measures were taken between April 1979 and the present to remedy this situation, but during the recent activation of the EMT it was necessary (based upon the TMI experience) to draw up informal organizational guidelines on the spot during the ongoing emergency.

In light of the fact that the agency responds to accidents from a distance, and that during the last activation of the EMT some useful organization appears to have been achieved, we do not believe that this situation represents

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the type of immediate safety-related issue about which we are obligated to inform the Commission. Nonetheless, because we think it is a serious deficiency that can be easily remedied, we have brought our concern to the attention of Commissioner Gilinsky during our deposition of him last Friday, October 5, and through Robert Bernero of my staff notified Chairman Hendrie preliminarily the same afternoon.

Especially in situations in which the staff may be required to make on-the-spot recommendations to a state government official concerning evacuation or to a utility about operations or releases, we believe it is essential that the NRC's emergency response plan unequivocally designate a single individual not only to "head" the EMT but also to exercise its and the agency's authority. The present plan does not appear to be unequivocal in this respect, nor has implementation of the plan functioned in a way that there is a single executive, according to our information.

We suggest that the Commission promptly establish interim guidelines to provide for clear command and control in the event of activation of the EMT. Some consideration might be given to designating one Commissioner each month, or the senior Commissioner in town, as the responsible executive director of the EMT ("action Commissioner"). If the action Commissioner is out of town, he would assign his responsibilities to another Commissioner. Upon activation of the EMT, the action Commissioner would be expected to proceed to the EMT immediately and take charge, or, alternatively (or until he could reach the EMT), would orally delegate his authority to a senior staff official at the Incident Response Center, who would assume the authority of the action Commissioner. It would be our suggestion that

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the action Commissioner or his delegate should exercise the authority of the EMT (after consultation with other members of the team), make final decisions and have jurisdiction over all of the resources of the agency to respond to the emergency.

We also suggest that interim guidelines be established to provide for a principal "communicator" between (1) the action Commissioner or EMT and the site, and (2) the EMT and the other Commissioners, the public affairs' office and other outside individuals and agencies, so that this burden is not borne by the executive or the EMT during an emergency.