

**ANNEX 5-Basic Plan
MEDICAL AND PUBLIC HEALTH SUPPORT
APPENDIX 2**

I. INTRODUCTION

- A. A major radiological incident at a NPP may create an emergency situation that exceeds local capabilities for transporting and medically treating individuals who have become contaminated or injured as a result of the incident. Plans and procedures for reinforcing local capabilities are therefore necessary.
- B. The provision of medical and public health support in the event of a nuclear power plant (NPP) radiological incident involves the treatment of radiation-related injuries as well as associated routine injuries in the field, at reception centers, shelters or at designated medical facilities.
- C. Development of plans for the provision of health and medical support is principally a joint state and county responsibility. Transportation resources and medical facilities to be used for the treatment of contaminated/injured individuals are identified in County Emergency Operations Plans and Annex 3, Medical and Public Health Support of each NPP Site Specific Plan.

II. PURPOSE

The Purpose of this plan is to identify policies and procedures for the provision of medical and public health support in the event of an incident at a NPP.

III. CONCEPT OF OPERATIONS

- A. Upon notification of a radiological incident at a NPP, county officials will commit all available local emergency medical transportation vehicles to transport radiologically contaminated, injured individuals from the affected areas to designated medical facilities.
- B. Appropriate letters of agreement have been obtained with local, primary and backup hospitals having the capability for evaluation of radiation exposure and uptake, including assurance that persons providing medical services are adequately prepared to handle radiologically contaminated injured individuals. Medical assistance will be sought first with the primary hospital then the backup prior to requesting assistance from other sources.
- C. If additional support is required, ESF 8-Health and Medical Services, through the affected District(s) Health Services Emergency Preparedness Coordinators, will assist by contacting and coordinating additional emergency transportation resources throughout the state.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. Organization

ESF 8 (Health and Medical Services) organizational resources for providing emergency transportation to radiologically contaminated, injured individuals from the affected areas surrounding each NPP consists of the following:

1. Affected DHEC Health District(s) Emergency Preparedness Coordinator(s).
2. DHEC Emergency Preparedness Coordinator.
3. DHEC EMS Director.

B. Responsibilities

1. Affected County Health District(s) Emergency Preparedness Coordinator:
 - a. Contacts and coordinates additional emergency medical transportation resources within the District as needed.
 - b. Contacts adjacent DHEC District Health Services Emergency Preparedness Coordinators to request support as needed.
 - c. Contacts ESF 8 at the SEOC to request additional support as required.
2. ESF 8:
 - a. Contacts DHEC Director of EMS for information pool of statewide EMS resources.
 - b. Coordinates support of other DHEC Health District emergency medical transportation resources.
3. DHEC EMS Director:
 - a. Maintains listing of all EMS systems and rescue squads throughout the state.
 - b. Contacts and requests deployment of these resources as needed.
4. Affected DHEC Health District Emergency Preparedness Coordinators:
 - a. Maintain liaison and coordinate with County Emergency Preparedness Directors within the affected District.
 - b. Request and coordinate additional emergency medical transportation resources within the affected District as needed.
 - c. Contact adjacent DHEC Districts to request support as needed. (See Attachment B for District Map.)

- d. Contact ESF 8 at the SEOC if additional emergency transportation resources are required.
- 5. DHEC Emergency Preparedness Coordinator:
 - a. Coordinates ESF 8 activities at the SEOC during a disaster resulting from a radiological incident at a NPP.
 - b. Maintains liaison and coordinates with DHEC's affected District Health Services Emergency Preparedness Coordinators.
 - c. Maintains liaison and coordinates with other DHEC Health District Emergency Preparedness Coordinators as needed.
 - d. Maintains liaison and coordinates with DHEC EMS Director should additional state EMS resources be required in the affected Districts.
 - e. Coordinates with the S.C. Emergency Management Division when DHEC emergency medical transportation resources are exhausted. (Example: utilization of school buses and National Guard vehicles.)

IV. LOGISTICS

A. Communication

Communications between DHEC Emergency Preparedness Coordinator and DHEC District and departmental personnel will be through commercial telephones. Other communications will be established in accordance with the ESF 8 SOP.

B. Supply

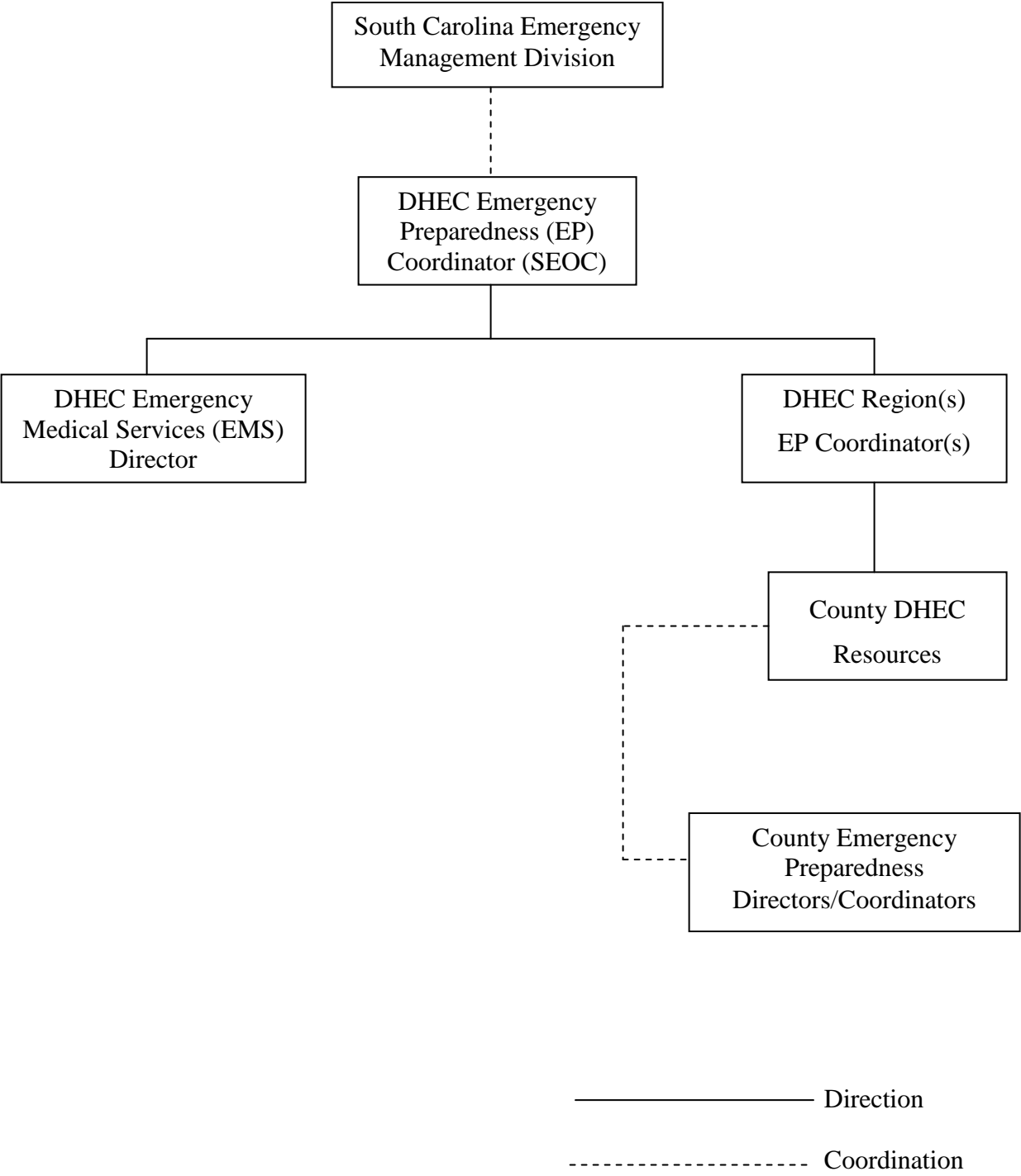
Emergency medical transportation will be fully utilized from sources within the health district(s) before requesting assistance, unless it is apparent that local capabilities are not adequate to cope with the situation.

C. Control

Requests for additional emergency transportation support beyond the affected District Health Services Emergency Preparedness Coordinator's resources will be coordinated from the SEOC. These requests will be made through the Health District Emergency Preparedness Coordinators to the DHEC Emergency Preparedness Coordinator.

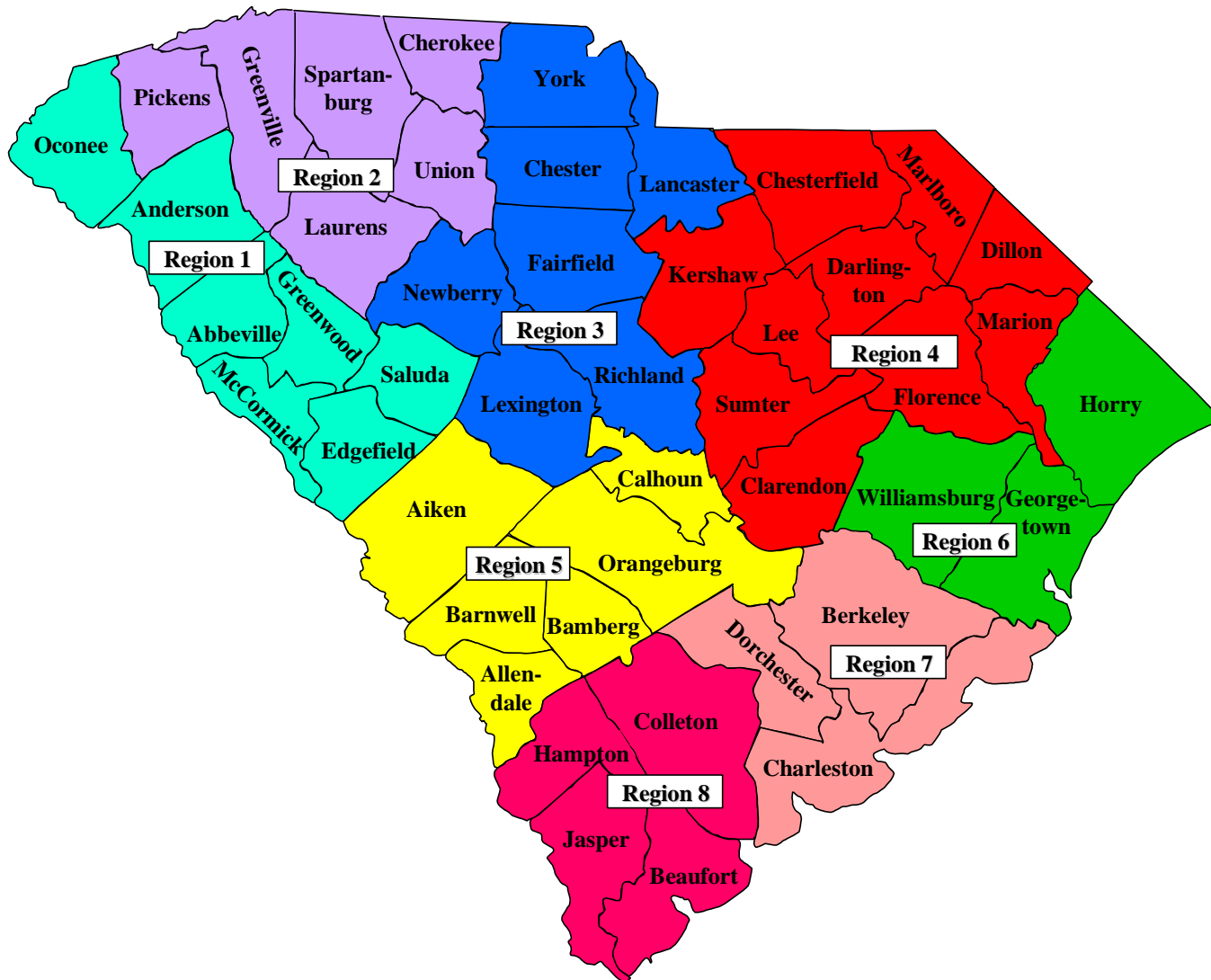
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ANNEX 5, ATTACHMENT A - ORGANIZATIONAL CHART.



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ANNEX 5 ATTACHMENT B– DHEC PUBLIC HEALTH DISTRICT MAP.



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ANNEX 5, ATTACHMENT C – MEDICAL FACILITIES FOR RECEIVING VICTIMS OF A RADIATION INCIDENT.

I. PURPOSE

The purpose of this plan is to identify medical facilities in the vicinity of commercial or DOE NPPs, which have the capability to treat radiologically contaminated/injured individuals. Each NPP and affected county has identified primary and alternate hospitals for such treatment for plant personnel and members of the general public respectively. Additionally, medical facilities throughout the state, which are considered capable of providing medical support for contaminated, injured individuals, are listed.

II. MEDICAL FACILITIES IDENTIFIED FOR THE TREATMENT OF RADIOLOGICALLY CONTAMINATED/INJURED INDIVIDUALS.

A. To determine medical facilities throughout South Carolina considered capable of providing medical support for radiologically contaminated, injured individuals, a statewide survey was conducted in coordination with the South Carolina Hospital Association. Attachment D is a copy of the survey. Based upon the survey, the following facilities are considered capable of providing support:

1. Aiken Regional Medical Center HCA
302 University Parkway
Aiken, SC 29802
2. Anderson Area Medical Center
800 North Fant Street
Anderson, SC 29621
3. Barnwell County Hospital
811 Reynolds Road
Barnwell, SC 29812
4. Beaufort Memorial Hospital
955 Ribaut Road
Beaufort, SC 29902
5. Carolinas Hospital System
805 Pamlico Hwy.
Florence, SC 29505

ANNEX 5, ATTACHMENT C – MEDICAL FACILITIES FOR RECEIVING VICTIMS OF A RADIATION INCIDENT (continued)

6. Carolina Pines Regional Medical Center
1304 West Bobo Newsom Hwy.
Hartsville, SC 29550
7. Cannon Memorial Hospital
123 W.G. Acker Drive
Pickens, SC 29671
8. Charleston Memorial Hospital
326 Calhoun Street
Charleston, SC 29401
9. Chester County Hospital
1 Medical Park Road
Chester, SC 29706-9799
10. Chesterfield General Hospital
Highway 9 West
Cheraw, SC 29520
11. Clarendon Memorial Hospital
10 Hospital Street
Manning, SC 29102
12. Conway Hospital, Inc.
300 Singleton Ridge Road
Conway, SC 29526
13. Spartanburg Hospital for Restorative Care – SNF
389 Serpentine Drive
Spartanburg, SC 29303
14. Palmetto Baptist Medical Center – Easley
200 Fleetwood Drive
Easley, SC 29640
15. E. Cooper Regional Medical Center
1200 Johnnie Dodds Blvd.
Mt. Pleasant, SC 29464
16. Springs Memorial Hospital
800 West Meeting Street
Lancaster, SC 29720

ANNEX 5, ATTACHMENT C – MEDICAL FACILITIES FOR RECEIVING VICTIMS OF A RADIATION INCIDENT (continued)

17. Georgetown Memorial Hospital
606 Black River Road
Georgetown, SC 29440
18. Greenville Memorial Medical Center
701 Grove Road
Greenville, SC 29605
19. Kershaw County Memorial Center
Haile and Roberts Street
Camden, SC 29020-3798
20. Lexington Medical Center
2720 Sunset Boulevard
West Columbia, SC 29169
21. Mary Black Memorial Hospital
1700 Skylyn Drive
Spartanburg, SC 29307
22. Medical University of S.C.
169 Ashley Avenue
Charleston, SC 29425
23. Marion County Medical Center
2829 E. Hwy. 76
Mullins, SC 29571
24. Newberry County Memorial Hospital
2669 Kinard Street
Newberry, SC 29108
25. Oconee Memorial Hospital
298 Memorial Drive
Seneca, SC 29672
26. Piedmont Medical Center
222 S. Herlong Avenue
Rock Hill, SC 29732
27. Providence Hospital
2435 Forest Drive
Columbia, SC 29204

ANNEX 5, ATTACHMENT C – MEDICAL FACILITIES FOR RECEIVING VICTIMS OF A RADIATION INCIDENT (continued)

28. Palmetto Health Richland Hospital
5 Richland Medical Park
Columbia, SC 29203
 29. Roper Hospital, Inc.
316 Calhoun Street
Charleston, SC 29401
 30. Self Memorial Hospital
1325 Spring Street
Greenwood, SC 29646
 31. Spartanburg Regional Medical Center
101 East Wood Street
Spartanburg, SC 29303
 32. Bon Secours-St. Francis Xavier Hospital
2095 Henry Tecklenberg Drive
Charleston, SC 29414
- B. In the event a radiological accident at an NPP exhausts South Carolina’s medical treatment capabilities, the State of North Carolina has agreed to request and coordinate back-up support from its available medical facilities as needed. See Attachment E to this Annex.
- C. In the event a radiological accident at an NPP exhausts South Carolina’s medical treatment capabilities, the State of Georgia has agreed to request and coordinate back-up support from its available medical facilities, as needed. See Attachment F and G to this Annex.
- D. In the event a radiological accident at an NPP exceeds South Carolina’s in-house and commercially available facilities, the RADIATION EMERGENCY ASSISTANCE CENTER TRAINING SITE (REAC/TS), Oak Ridge, Tennessee is authorized to provide back-up services. See Attachment H to this Annex.

ANNEX 5, ATTACHMENT D--SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL, DIVISION OF EMERGENCY MEDICAL SERVICES-HOSPITAL SURVEY FOR RADIATION ACCIDENT CAPABILITIES

HOSPITAL NAME _____

HOSPITAL ADDRESS _____ ZIP _____

CONTACT PERSON (S) _____ PHONE # _____

	<u>YES</u>	<u>NO</u>
1. Will your hospital accept medical emergencies involving radiologically contaminated/injured victims?	___	___
2. Is your facility capable of providing treatment to the following categories of radiation accident victims?		
a. Radiation exposure?	___	___
b. Internal contamination ?	___	___
c. External contamination ?	___	___
d. Contaminated wounds?	___	___
3. Does your hospital have an established radiation decontamination area?	___	___
4. Does your facility have the capability to evaluate radiation status of the patient by:		
a. Hand held instruments?	___	___
b. Whole body counter?	___	___
c. Radiological assay of collected specimens (blood, urine, smears, tissues, etc.)?	___	___
D. Other _____	___	___
5. Has any of the staff that provides these services received specialized training in the treatment of radiologically contaminated/injured individuals?	___	___
6. Do you have a written procedural plan for the treatment and decontamination of radiologically contaminated/injured patients? If yes, please attach copy.	___	___

ANNEX 5, ATTACHMENT D. (continued)

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 7. What is your radiation accident treatment capacity? # of Beds _____ Staff _____ | _____ | _____ |
| 8. If you were to exceed your treatment/decontamination capabilities, or do not presently have these facilities, have you made arrangements for patient referral? | _____ | _____ |
| 9. Does your written plan dictate where these will be sent? | _____ | _____ |

PLEASE RETURN THIS FORM WITHIN 15 DAYS TO:

Shirley Hollingsworth
Division of Emergency Medical Service
SC Department of Health & Environmental Control
2600 Bull Street – Aycock Building
Columbia, SC 29201

ANNEX 5, ATTACHMENT E--LETTER OF AGREEMENT WITH NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES.

THIS AGREEMENT is made by and between the North Carolina Department of Human Resources and the South Carolina Department of Health and Environmental Control. It establishes interstate coordination for requesting the support of hospitals in the treatment of radiologically contaminated and injured individuals in the event of an accident at a Fixed Nuclear Facility (FNF).

- SECTION 1. Should a radiological accident at a FNF exhaust either state's medical treatment capabilities, the designated Department from the adjoining sister state agrees that if notified, it will request and coordinate back-up support from its available medical facilities as needed.
- SECTION 2. The Departments specified in THIS AGREEMENT will assign an individual to serve as a contact and coordinator in this interstate agreement. (Name and emergency telephone numbers to be provided.)
- SECTION 3 THIS AGREEMENT is to become effective upon signing by both Department Heads. It shall be automatically renewed from year to year, subject to the right of either Department to terminate THIS AGREEMENT at any time during the term by furnishing thirty (30) days prior, written notice to the other Department that termination is desired.

The parties hereunder have executed THIS AGREEMENT as of the day and year herein written.

/s/ Phillip J. Kirk, Jr.
Phillip J. Kirk, Jr.
Secretary
North Carolina Department of
Human Resources

/s/ Michael J. Jarrett
Michael D. Jarrett
Commissioner of the South
Carolina Department of Health
and Environmental Control

2/24/87
Date

3/9/87
Date

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**ANNEX 5, ATTACHMENT F--LETTER OF AGREEMENT WITH GEORGIA INTERSTATE
EMERGENCY PREPAREDNESS COMPACT BETWEEN THE STATES OF
SOUTH CAROLINA AND GEORGIA.**

The contracting States solemnly agree:

ARTICLE 1

The purpose of this compact is to provide mutual aid between the states in meeting any emergency or disaster, whether natural or man-made, or enemy attack, including sabotage and subversive acts and direct attacks by bombs, shellfire, and atomic, radiological, chemical, bacteriological means, and other enemy weapons. The prompt, full and effective utilization of the resources of the respective states, including such resources as may be available from respective states, including such resources as may be available from the United States Government or any other source, is essential to the safety, care and welfare of the people of the states in the event of emergency, disaster or enemy attack; and all resources, including personnel, equipment or supplies, shall be incorporated into a plan or plans of mutual aid to be developed between the emergency management agencies or similar bodies of the states that are parties to the compact. The Directors of Emergency Management of party states shall constitute a committee to formulate plans and take all necessary steps for the implementation of this compact.

ARTICLE II

It shall be the duty of each state to formulate emergency preparedness plans and programs for application within the state. There shall be frequent consultation between the representatives of the states and with the United States Government and the free exchange of information and plans, including inventories of any materials and equipment available for emergency response. In carrying out the emergency preparedness plans and programs the party states shall so far as possible provide and follow uniform standards, practices, and rules and regulations.

ARTICLE III

Any party state requested to render mutual aid shall take such action as is necessary to provide and make available the resources covered by this compact in accordance with its terms. The state rendering aid may withhold resources to the extent necessary to provide its own reasonable protection. Each party state shall extend to the emergency preparedness forces of any other party state, while operating within its state limits under the terms and conditions of this compact, the same powers, except that of arrest unless specifically authorized by the receiving state, and the same duties, rights, privileges, and immunities as if they were performing their duties in the state in which normally employed or rendering services. Emergency preparedness forces will continue under the command and control of their regular leaders but the deployed organizational units will come under the operational control of the emergency preparedness authorities of the state receiving assistance.

ARTICLE IV

Whenever any person holds a license, certificate or other permit issued by any state evidencing the meeting of qualifications for professional, mechanical or other skills, such person may render aid

Annex 5, Attachment F--Letter Of Agreement With Georgia Interstate Emergency Preparedness Compact Between The States Of South Carolina And Georgia. (continued)

involving that skill in the party state to meet an emergency or disaster and that state shall give the state in which aid is rendered for the duration of the emergency or disaster only.

ARTICLE V

No party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces will so engaged, or on account of the maintenance or use of any equipment or supplies in that connection.

ARTICLE VI

Inasmuch as it is probable that the pattern and detail of the machinery for mutual aid among two or more states may differ from the appropriate among other party states, this instrument contains elements of a broad base common to all states, and nothing herein shall preclude any state from entering into supplementary agreements with other state or states. Additionally, nothing herein shall preclude any political subdivision within the party states from entering into supplementary agreements between or among one another. Such supplementary agreements may comprehend, but shall not be limited to, provisions for evacuation and reception of injured and other persons, and the exchange of medical, fir, police, public utility, reconnaissance, welfare, transportation and communications personnel, equipment and supplies.

ARTICLE VII

Each party state shall provide for the payment of compensation and death benefits to injured members of the emergency preparedness forces of that state and the representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid in another state pursuant to this compact, in the same manner and on the same terms as if the injury or death were sustained within such state.

ARTICLE VIII

Any party state rendering aid in another state pursuant to this compact shall be reimbursed by the party state receiving such aid for any loss or damage to, or expense incurred in the operation of any equipment answering a request for aid, and for the cost incurred in connection with such requests. Any aiding party state may assume in whole or in part such loss, damage, expense, or other costs, or may loan equipment or donate such services to the receiving party state without charge or cost, and any two or more party states may enter into supplementary agreements establishing a different allocation of costs as among these states. The United States Government may relieve the state receiving aid from any liability and reimburse the state supplying emergency preparedness forces for the compensation paid to and the transportation, subsistence and maintenance expenses of such forces during the time of the rendition of such aid or assistance outside the state and may also pay fair and reasonable compensation for the use or utilization of the supplies, materials, equipment or facilities so utilized or consumed.

Annex 5, Attachment F--Letter Of Agreement With Georgia Interstate Emergency Preparedness Compact Between The States Of South Carolina And Georgia. (continued)ARTICLE IX

Plans for the orderly evacuation and reception of the civilian population, as the result of an emergency or disaster shall be worked out between representatives of the party states and the various local emergency preparedness areas. Such plans shall include the manner of transportation evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends and the forwarding of evacuees to other areas or the bringing in of additional materials, supplies, and all other relevant factors. The plans shall provide that the party state receiving non-resident evacuees shall be reimbursed generally for the out-of-pocket expenses incurred in receiving and caring for the evacuees, including expenditures for transportation, food, clothing, medicines, medical care and like items. The United States Government shall reimburse by the party state of which the evacuees are residents, or the expenditures under plans approved by it. After termination of the emergency or disaster the party state of which the evacuees are residents shall assume the responsibility for the ultimate support or repatriation of such evacuees.

ARTICLE X

The committee established pursuant to Article I of this compact may request the Federal Emergency Management Agency (FEMA) of the United States Government to act as an informational and coordinating body under this compact, and representatives of the agency of the United States Government may attend meetings of the committee.

ARTICLE XI

This compact shall become operative between the State of Georgia and the State of South Carolina immediately upon its being entered into by the duly authorized officials of such states, and shall be subject to approval by Congress unless prior Congressional approval has been given. Duly authenticated copies of this compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party states and with the Federal Emergency Management Agency and other appropriate agencies of the United States Government.

ARTICLE XII

This compact shall continue in force and remain binding on each party state until the legislature or the Governor of the party state takes action to withdraw there from. Such action shall not be effective until thirty days after notice has been sent by the Governor of the party state desiring to withdraw to the Governor of the other party state.

ARTICLE XIII

The term "state" shall include any territory or possession of the United States, the District of Columbia, and any neighboring country or province or state thereof.

Annex 5, Attachment F--Letter Of Agreement With Georgia Interstate Emergency Preparedness Compact Between The States Of South Carolina And Georgia. (continued)

ARTICLE XIV

This compact shall be construed to effectuate the purposes stated in Article I. If any provision of this compact is declared unconstitutional, or the applicability to any person or circumstance is held invalid, the constitutionality of the remainder of this compact and the applicability to other persons and circumstances shall not be affected.

FOR THE STATE OF GEORGIA

/s/ Joe Frank Harris
JOE FRANK HARRIS
GOVERNOR

Date: June 9, 1986

ATTEST:

Secretary of State

FOR THE STATE OF SOUTH
CAROLINA

/s/ Richard W. Riley
RICHARD W. RILEY
GOVERNOR

Date: June 26, 1986

Secretary of State

ANNEX 5, ATTACHMENT G--LETTER OF AGREEMENT BETWEEN SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRON-MENTAL CONTROL AND GEORGIA DEPARTMENT OF HUMAN RESOURCES.

THIS AGREEMENT is made by and between the Georgia Department of Human Resources and the South Carolina Department of Health and Environmental Control. It establishes interstate coordination for requesting the support of hospitals in the treatment of radiologically contaminated and injured individuals in the event of an accident at a Fixed Nuclear Facility (FNF)

- SECTION 1. Should a radiological accident at a FNF exhaust either state's medical treatment capabilities, the designated Department from the adjoining sister state agrees that if notified, it will request and coordinate back-up support from its available medical facilities as needed.
- SECTION 2. The Departments specified in THIS AGREEMENT will assign an individual to serve as a contact and coordinator in this interstate agreement. (Name and emergency telephone numbers to be provided.)
- SECTION 3. THIS AGREEMENT is to become effective upon signing by both Department Heads. It shall be automatically renewed from year to year, subject to the right of either Department to terminate THIS AGREEMENT at any time during the term by furnishing thirty (30) days prior, written notice to the other Department that termination is desired.
- SECTION 4. It is expressly understood that if any exchange of treatment from one state to another should occur as the result of the implementation of THIS AGREEMENT, that there is no liability on the part of either of the undersigned, or Departments concerned for any medical costs, damages or other charges of any nature as it is understood that THIS AGREEMENT is purely humanitarian in nature and is only designed to facilitate the most expeditious treatment possible in the event of radiological contamination and injury.

The parties hereunder have executed THIS AGREEMENT as of the day and year herein written.

/s/ James G. Ledbetter
James G. Ledbetter, PhD.
Secretary, Georgia Department
of Human Resources

June 2, 1987
Date

/s/ Michael D. Jarrett
Michael D. Jarrett
Commissioner, South Carolina
Dept. of Health & Environmental Control

June 9, 1987
Date

Annex 5, Attachment H--Letter of Agreement With Department of Energy and Oak Ridge Radiation Emergency Assistance Center Training Site (REAC/TS)

February 24, 1987

Mr. Tony Wynn
Emergency Medical Service
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Mr. Wynn:

RADIATION EMERGENCY ASSISTANCE CENTER TRAINING SITE (REAC/TS)

In response to your letter of February 3, 1987, we are pleased to inform you that the DOE-REAC/TS' facility and team continue to be available to provide backup capability and assistance to the South Carolina Department of Health and Environmental Control in the event of a radiological emergency.

It has come to our attention that there could be a misunderstanding about the nature of the backup emergency response services that REAC/TS can provide. For the purpose of clarification, we wish to remind you that REAC/TS is a government-owned facility operated by the Oak Ridge Associated Universities under contract to DOE. Therefore, REAC/TS is prohibited from competing with commercial firms, which can provide radiological emergency services. Only if the magnitude of uniqueness of a radiological emergency exceeds you in-house and commercially available capabilities would REAC/TS be authorized to provide backup services.

Information concerning the REAC/TS' facilities, staff, services available, and procedures for seeking REAC/TS' assistance can be obtained by direct contact with the REAC/TS' Director, Dr. Robert C. Ricks, Oak Ridge Associated Universities, Post Office Box 117, Oak Ridge, Tennessee 37831, or telephone number (615) 576-3131.

This letter constitutes our continuing agreement to provide REAC/TS as backup assistance to you, if requested, in the event of a radiological emergency.

Sincerely,

/s/ Larry L. Radcliffe for
W.D. Adams, Director
Research and Waste Management Division

ER-122:Dunaway

cc: C.P. DeLisi, ER-70, HQ, GTN
J.G. McDonald, DP-226, HQ, GTN
W.P. Snyder, CC-10, ORO
J.W. Range, M-4, ORO
D.B. Howard, SE-33, ORO
W.W. Burr, ORAU
R.C. Ricks, ORAU