CLASSIFICATION CANCELLED
DATE JUN 7 1955
For the Atomic Energy Commission
ROBERT L. JACKSON RLJ for the
Chief, Declassification Branch

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January 28, 1947

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Mr. Carroll Wilson
U. S. Atomic Energy Commission
Washington, D. C.

Dear Mr. Wilson:

Enclosed is a detailed review of past work, the general scope of the current medical program, the proposed future program, suggested estimated budgets and pertinent recommendations related thereto as submitted by the Interim Medical Advisory Committee to the Atomic Energy Commission following its meeting on January 23, 24, 1947. In addition, recommendations as to future organization, personnel, general policy and training are included. Attached is "Appendix A", the Agenda for the Medical Committee for Atomic Research, January 23, 24, 1947. This was the working outline for the Committee meeting and contains some items which were either acted upon separately from this report or were omitted as being too complex for consideration.

In case you wish to examine the topics of research more thoroughly for your general information, there is also enclosed a "Medical Research Summary" prepared by Major Joe Howland, M. C., AUS. In this are summaries of the pilot and preliminary experiments, and occasionally, a completed experiment.

Many attempts were made to set up advisory subcommittees for special considerations but the number of problems was both too great and too complex to analyze the membership with any mature judgment. Thus, a chart and a list of one hundred names is submitted at the end of this report as a possible working organization and source material for important sub-committee appointments.

The program is of large size but the biological and other problems are also of large size and often literally unknown except in a few instances. Each new development may bring new problems and hazards.

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We have assumed that personnel safety should have the highest priority in the peace time developments of atomic power; thus, the special or general hazards of each operation, each experiment with nuclear energy must be anticipated and appropriate safeguards must be devised. Often this requires the conduct of long term biological experiments, the data from which properly interpreted and applied must be available when the operation is ready to begin. It almost seems that everything must be done at once.

This program obviously calls for three things: 1) a broad and well organized program of biological research 2) a close liaison with the industrial operation or physical research and 3) an extensive training program at all levels of professional attainment. These requirements are the heart of the Health-Safety program as it is proposed. Such a program needs continuity (5-10 years) and should keep in step with the effort expended in physics and chemistry research on about a one to three or four ratio.

Your Interim Medical Committee has expressed its willingness to meet again in the first week of March if such action can be of any assistance to the Atomic Energy Commission. Please advise me if you wish it to do so.

Sincerely yours,

STAFFORD L. WARREN, M.D.
Chairman
Interim Medical Advisory Board

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