

DEPARTMENT OF DEFENSE

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Research and Development Board

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COMMITTEE ON MEDICAL SCIENCES

Transcript of Thirteenth Meeting
Held on 28-29 November 1950 in
Room 3E 1060, The Pentagon
Washington, D. C.

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COMMITTEE ON MEDICAL SCIENCES

Transcript of Thirteenth Meeting

Held on 28-29 November 1950 in
Room 3E 1060, The Pentagon
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MEMBERS AND DEPUTIES PRESENT:

Dr. F. G. Blake, Chairman	Lt. Col. Frank L. Bauer, MC, USA
Dr. Wm. S. McCann	Rear Adm. F. G. Greaves, MC, USN
Dr. Wallace O. Fenn	Capt. C. W. Shilling, MC, USN
Dr. I. S. Ravdin	Capt. Christopher C. Shaw, MC, USN
Dr. F. C. McLean	Cdr. R. L. Christy, MC, USN
Col. W. S. Stone, MC, USA	Maj. Gen. H. G. Armstrong, USAF (MC)
Col. Elbert DeCoursey, MC, USA	Col. A. P. Gage, USAF (MSC)

ASSOCIATE MEMBERS PRESENT:

Col. M. W. Bayliss, MC, USA, Army Chemical Center, Md.
Dr. Philip S. Owen, NRC for Dr. Winternitz
Dr. Norman H. Topping, National Institute of Health, PHS
Maj. Wm. J. Brown, MC, USA, Logistics Div., GS, USA
Dr. Clark Yeager

CONSULTANT:

Dr. Joseph F. Sadusk, Jr.

SECRETARIAT:

Dr. Joseph M. Pisanì
Dr. Thomas B. Spencer
Dr. William H. Fitzpatrick
Lt. Col. Hal Bridges, MC, USA
Cdr. Joseph P. Pollard, MC, USN
Lt. Col. Charles E. Melcher, USAF (MC)
Dr. E. J. Baldes, Chairman, Panel on Aviation Medicine
Dr. Frank B. Berry, Chairman, Panel on Military & Field Medicine
Dr. Thomas M. Rivers, Member, Panel on Shipboard & Submarine Medicine
Col. Frederick Fresse, USAF (MC), Randolph AFB, Texas
Capt. O. D. Yarbrough, MC, USN, Panel on Shipboard & Sub. Medicine
Capt. Wilbur Kellum, MC, USN, Panel on Aviation Medicine
Mr. McKay Donkin, Planning Division, RDB
Mr. Bernard Tannor, Planning Division, RDB
Mr. Henry Loomis, Office of the Chairman, RDB

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(Transcript of 13th Meeting, Committee on Medical Sciences, Room 3E 1060, Dr. Blake presiding.)

DR. BLAKE: The meeting will come to order, gentlemen. We have a number of new members, since we last met. I am sure you know them all. Dr. Ravdin is a new member of the Committee; Dr. Lockwood; Dr. McCann is a deputy, replacing Dr. Hoggeshal, resigned; and Dr. McLean, who is an additional deputy member. As you know, Colonel Wood has replaced Colonel DeCoursey, and Colonel DeCoursey is a deputy member in place of Colonel Longfellow. Dr. Winnenitz is associate member representing the NRC, as is Dr. Reed. Dr. Horn is representing him this morning. Colonel Baylis is an associate member representing the Army Chemical Center in place of Colonel Wood.

The first item on the agenda is the Minutes of the 12th meeting, which have been circulated. There are one or two remarks that I might make about implementation of some of the recommendations at that last meeting. Dr. Landis is replaced as recommended. Dr. Smith is Chairman of the Panel on Physiology; and Dr. Park has been appointed as the Executive Chairman of that Panel on Physiology.

Another item in the action in the 12th minutes was action relative to appointment by the Joint Panel on Medical Aspects of Atomic Warfare of a working group to discuss the ways and means representing views of the panel to the proper authorities to secure initiation of the program relating to the possibility of human experimentation. When it comes to panel reports, I'll ask Dr. McLean

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to comment on that.

Under the material dealing with recommendations of the Panel on Aviation Medicine, you will recall that the establishment of a unit for working out a crash injury coordination program was proposed by the Air Force and that was approved. They have gone ahead with that and these minutes of the last meeting have reported on it recommending an increase in the Air Coordinating Committee which we will take up in the item on panel activities.

I would like to point out that the integrated technical estimates for 1950 approved by the Committee and forwarded to the Board have been approved by the Board but only after a certain amplification that was prepared by the Secretariat. There appears to have been one weakness in our report on technical estimates in that we used phrases like "some advance" and "considerable advance" and so on, and apparently they want those expressed completely in percentage figures, so the Secretariat has converted those rather general adjectives into percentage figures, and the technical estimates with that amplification were approved by the Board.

With respect to the planned obligations for FY 1951, you may recall that the Committee recommended the initiation of a project in physiology of rocket flight under PO 12 and that has been implemented.

The FY 1952 budget review by the Committee transmitted to the Board was approved by the Board with a cut-off in the B list after the fifth item. That carried it right on through the

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crash injury project, two crash injury projects.

Those, I think, are the only comments I have concerning implementation of action, and the minutes have been circulated. Do I hear a motion of approval?

DR. MCLAN: I so move.

DR. BLAKE: It has been moved and seconded that the minutes of the 12th meeting be approved. All those in favor say "Aye." Opposed? Carried.

The second item is "Report on Panel Activities." The panels have met during the last month and a half, their reports of their meetings and recommendations have been provided for you. I regret that time did not permit mailing out two of the panel reports, but it was impossible to schedule them in time.

There are certain items in these panel reports that need to be noted, or require some action by the Committee apart from the program guidance recommendations and the supplemental FY 1951 budget review to be taken under items 4 and 5, so we will pass over these panel reports at the present moment.

We come to the panel report on Medical Aspects of Atomic Warfare. You will note on page 6, paragraph "f", the item dealing with human experimentation which is still in the stage of negotiation, and I'd like to ask Dr. McLean as representing that panel to bring us up to date on the situation.

DR. MCLAN: I understand that this question has been before this Committee twice before and the second time received

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approval of this Committee and was passed on up to the Department of Defense. The Department of Defense referred it back to the Division of Biology of Medicine of the Atomic Energy Commission for opinion, and the opinion that was given was unfavorable. As a result, the proposal for these observations on man did not receive approval, but was referred back to the Panel on Medical Aspects of Atomic Warfare. It was following this that the action recorded on page 6 was taken. Those actions were, first: "The panel approved by majority vote a motion expressing its desire to continue efforts to secure approval for human experimentation; and (2) appointed a working group consisting of representatives of the three Services to devise ways and means of presenting the views of the panel to proper authorities in order to secure approval for initiation of the program." I understand informally that this group led by General Cooney has done a good deal of work on this subject: they have been to Dr. Neiling, and they have also, I THINK, consulted the Surgeons General; and finally, I believe that they have gone to--General Cooney went before the Advisory Committee on Biology and Medicine of the Atomic Energy Commission in order to attempt to get the concurrence of that group.

The result of that I believe is that the Medical Advisory Committee is now taking this matter under advisement and they will report back to General Cooney some time later as to what their position will be with respect to the matter.

In the meantime, no work is under way. It might be

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said also that in addition to the military services, the United States Public Health Service has indicated a desire to, and willingness to undertake this work, but that has not yet received approval; and apparently it is necessary and desirable that all the Services, the Department of Defense and the Division of Biology and Medicine of the Atomic Energy Commission agree before any work is to be undertaken. They have already spent a great many manhours in...in discussing this question, I take it you do not want to get in any medical discussion in this meeting.

DR. BLAKE: No, I think the action of the panel and the indorsement of the Committee in its vote at the last meeting express our current views; and as I understand it from your report it is now really resting in the hands of the Medical Advisory Committee of the AEC, to come back with their report to General Cooney and your working committee and the Surgeons General; so that the matter at least is not dead, and perhaps it is making a little progress.

Is there any question any of you would like to ask?

ADM. GREAVES: May I interpose a statement? I attended the meeting of the Medical Sciences group of the AEC at the time General Cooney presented his views, and I think that what---the way I understood it, that they were going to again canvass the leaders in radiology and see if they could come up with some sort of an agreement among them as to what would be safe exposure dosage. As it stands now, the answers that they get are anyplace

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from 21R to 600R.

DR. BLAKE: There has been no previous agreement on the canvasses of opinion has there?

ADM. GREAVES: That's right.

DR. BLAKE: And they will probably come out with the same finding that there is no agreement. We might emphasize the fact that we need some scientific data.

ADM. GREAVES: That's what they've been trying to do to see if they can't get together on it.

DR. BLAKE: Are there any other questions?

COL. WOOD: Dr. Blake is there anything that prohibits us from doing it? I don't believe there is.

DR. BLAKE: Well, you would have to, I think, get pretty high top level agreement and approval before it could be initiated. Wouldn't you?

COL. WOOD: No, I don't think so. I think that is the point in error here. Because actually when you take a subject of this type and put it up for top level agreement on human experimentation, then that throws open the whole problem, particularly at political levels where human experimentation has to be agreed upon. Now we all know that as far as our studies in medicine and the allied sciences that human participation in the experimental work is subjects that has been right straight through; and actually, I think we are in error in bringing the subject up. I think we should go ahead and do the work and not talk about it. Because we have the previous

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decision, not by this Committee, but in one of the sister committees, that in Biological Warfare the subject was brought up and referred to the Combined Chiefs of Staff finally and the political decision was handed back that you couldn't do it. Now unquestionably if the same subject comes up at a political level you are going to get the same answer every time. No political side of it will ever agree to it. I take the instructions there is nothing that prohibits it. It's done entirely on a voluntary basis and we are very careful to live up to the ethical side of the voluntary basis as laid down by the American Medical Association and the Associations of the various scientific fields that have passed upon this subject that there is no real disagreement and it depends on the individual investigator to stay within these bounds.

DR. BLAKE: I take it it is your view, and Dr. Shilling concurs by bobbing his head, that you would feel, then, in planning your development and research programs, if you so desired you could go ahead with it.

COL. WOOD: I think so.

DR. BLAKE: A proposal for a project.

COL. WOOD: That's right.

CAPT. SHILLING: Legally, we have to get it, we have to get the approval of the Secretary of the Navy.

ADM. GREAVES: Before we can use...

CAPT. SHILLING: Human subjects.

ADM. GREAVES: No, Naval personnel.

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CAPT. SHILLING: Naval personnel--that is correct. But we don't have to do that if we don't use Naval personnel, legally.

ADM. GREAVES: Well, I think that is fine; that is a good way to look at it, except it has already been brought up, you see, and Dr. Shields Warren took a very firm stand on the matter in his meeting. I don't know. I don't see any reason why this experimentation of human beings in radiology should be different than it is when you study typhoid fever, you use human beings for various tests in infectious diseases and everybody gets scared to death of radiology.

COL. WOOD: How many of them do you think would agree to heart catheterization if you had put it up to them?

CAPT. SHILLING: That's right, at the political level.

DR. BLAKE: Well, perhaps, really no action is needed here in this committee at this time. We are glad to have those views. The Committee may see a project some time.

There is a second item on page 7, in the report of the panel on the Medical Aspects of Atomic Warfare, with a specific recommendation, it starts on the bottom of page 6, "Utilization of Catastrophes to Study Mass Handling of Casualties", the recommendation is, and this is the second time I think it has come before us, "...that there be established several cooperative teams composed of the three military branches, with request for cooperation of the U. S. Public Health Service, and civilian surgical personnel for long term tenure of at least three years, and that the Department

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