

*This should be with files*  
*WJ*  
*Carter*  
**PALM ALTO MEDICAL CLINIC**

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25 November 1975

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Dr. Elmer Harvey  
U.S. Energy Research and  
Development Administration  
Washington, DC

Dear Elmer:

I have now completed my report to the Oregon State Prison and thought that you might like to have my comments.

A group of five people met in prison at about 11 AM on Friday, November 21. They were the doctor, the two guards, the 14 prisoners, myself, Carter is the radiotherapist who was responsible for the skin reactions during the last part of the study. One of the guards, Ed Robinson, represented the Northwest Foundation, and the other (C. ) represented the Operations Office at Rickland.

Representing the prison staff were the State Director of Correctional Institutions, Mr. [Name], the Warden of the Prison, Mr. Kupp, and the Prison Physician, Dr. [Name].

Little of any substance was discussed, but I would offer the following observations:

- (1) Reed is a man who is caught between a rock and a hard place. Kupp is a hard fellow, but he is not a little; he just glares and looks mean. Neither of them would have any cooperation about the study either two years or the present. I would like to go along with examinations for the prisoners if I could get this to that effect.
- (2) DeAntoni, by his own admission, is universally hated by the inmates. He is also the only one who had both the bicables and the vancorocacs. His proposal is to do practical work on the rim in the local community. Nobody had yet discussed the matter of the cost of such the experiments might be, but it is a matter that should be discussed to some extent. (DeAntoni) has a good idea of the cost of the study to the prison.

The lawyers then came in, wanting to limit the exchange between the docs and the cons. In the room were the Asst. Warden, Mr. Carr, Warden, Sagan, and Reilly. They were all subjects. He talked for about two hours - a fairly disorganized session on the answer session. The questions dealt with: medical effects, control of the experiment, nature of the drugs used, and scientific usefulness of the studies.

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The audience were quite a mixed bag -- some spoke angrily, some spoke not at all. Several implied that they had already contacted lawyers. I was impressed with what seemed legitimate concerns among several.

I had been led to believe that the primary concern was the risk of cancer. If that is so, it was not apparent. The precise concern is not clear. Generally, there appears to be a free floating anxiety about effects to health unspecified.

Your decision to ask someone unrelated to the project (me) was a good one. I am a doctor with the opinion of the man has an enormous credibility gap with the man. On the other hand, only the investigators themselves could answer specific questions e.g., dose used, design of the irradiation apparatus, etc.

My conclusions are as follows:

(1) There will be litigation growing out of this. The cons are up in arms and there will be lawyers who smell M-O-N-E-Y. In the present climate of opinion, they are in an excellent position to bring suit.


(2) I believe that it was an error that no continuing examination program of these men was at least offered. Not to have done so carries the implication that the men were used and then abandoned after they were exploited. Furthermore, an annual examination program would have reassured the men that no effects were occurring. At least there would have been an opportunity once yearly to ask questions of a physician.

It is probably too late to head all of this off, but I believe that examinations should be offered still. For one thing, we can still learn something since they are a unique group.

If it is decided to offer an examination, it should be done in a highly professional manner. Dr. Leonard wants a local job. Although Salem internists may be competent practitioners, there will be suspicion of collusion. I believe that a post-mortem examination program should be set up at the University of Oregon Medical School by persons unrelated to the former study, that there should be an outside advisory committee and that the men themselves should have representation on that committee. The program should be voluntary, but there should be an intensive effort to find the men who were participants. For men who are not listed any longer, the physicians could be done in local communities. I believe that a program could be set up at the University of Oregon.

I am sure that an examination program has not been considered. I do not mean to be hypercritical of those who conducted this program. I believe that they were highly ethical. Times have changed and the AEC is now between the rock and the hard place. That is a place that the AEC has been before. They will be there again.

Best wishes,



Leonard A. Egan, M.D., Associate Director  
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