

326 US ATOMIC ENERGY COMMISSION

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SECRETARIAT

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Folder 10 Dr. Dixie Lee Ray, Chairman
United States Atomic Energy Commission
Washington, D. C. 20545

703010

Oak Ridge, Tennessee
September 20, 1974

Dear Dr. Ray:

I wish to call to your attention a very distressing development within the AEC, which could effect the lives of hundreds of cancer patients--present and future.

Located in Oak Ridge, Tennessee is a most prominent research facility, Oak Ridge Associated Universities, Medical Division, which receives the greater part of its operating funds from the AEC. Since 1969 it has been undergoing annual budget cuts in AEC funds annually; and now the final blow--no more funds. November 15th the hospital will close permanently unless you can intervene. Valuable research projects will be shelved; perhaps one that could have provided a cure for cancer. A congenial and effective research team of four doctors and their support staff will be dissolved.

Before the annual budget cuts patients were referred here from every state; many are alive today because of the advanced treatment available. Doctors from world renown facilities, such as Mayo, have received training in the treatment of cancer here. Dr. Lowell Edwards, Chief of Clinical Services, developed the use of a radioactive isotope, which made possible an earlier detection of cancer; a real breakthrough. I am including a copy of a letter written by a patient, who gives her case history and the work done at ORAU very articulately.

I am also enclosing a copy of the reply from Dr. James Liverman, Director of biomedical and Environmental Research, in response to the appeal I made to my Congressman to intercede. Dr. Liverman's explanation sounded feasible, and would lead one to believe the patient will be well cared for. There are, however, some discrepancies when one compares it with the official letter sent to the ORAU patients (which I am also enclosing) informing them of the developments.

Dr. Liverman states that superior care will be available for the patient at the East Tennessee Cancer Research Center, University of Tennessee Memorial Hospital, Knoxville. To my knowledge this facility is presently in the planning stage, eventually to become one of the sixteen federally financed Cancer Centers in the country. Meanwhile????

Dr. Liverman states that Oak Ridge lacks the necessary referral characteristics required. However, I find it inconceivable that the many doctors, some foreign, who have trained here, and those

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who have literally seen their patients snatched from death through the skill and knowledge of ORAU doctors are ignorant of the miracles that have happened here.

True, the building is substandard. It is the World War II Oak Ridge Hospital. However, I, a leukemia patient, had a room far superior to the one in the new, modern Oak Ridge Hospital. The attention from the staff was incomparable in every way. Present facilities could surely be funded by the AEC, as in the past, until a new building could be built, or the proposed Regional Center at the University of Tennessee is a reality.

You will note that the letter mailed from ORAU to the patients states that the present program will not be continued at East Tennessee Cancer Research Center. The patient is advised to consult his private physician. In many cases that means relying upon a doctor inadequately trained to treat cancer and in the use of the latest methods available; very traumatic indeed. The average doctor does not have the necessary laboratory facilities available to do the necessary blood work to monitor the disease. It is not possible, even under the best of conditions, for adequate private treatment.

The costs of prolonged medical care can shortly exhaust one's finances, reducing him to poverty. Insurance is inadequate to cover all costs, and it eventually runs out.

Cancer is a horrible diagnosis that haunts the patient constantly. With additional worries, such as the knowledge that medical care he is getting is not the best available and that research has been cut in the name of economy can definitely impede his progress. These first hand arguments far outweigh Dr. Liverman's.

I ask you to use your influence to restore AEC funds to ORAU Medical Division at once. Several of the staff have already interviewed for other employment, which is an irreplaceable loss to research and the treatment of cancer. With funds for continued operation restored, adequate time could be gained to give consideration for a new, well-equipped building. If you would look into the work done by the highly trained, dedicated personnel at ORAU, I am sure you would immediately realize that the continuation of this facility is vital.

Time is very short--November 15!!

Sincerely yours,

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OFFICE OF THE SECRETARY

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DOE ARCHIVES

To The Oak Ridger:

I have cancer, reticulum-cell sarcoma of the bone; but thanks to God and to the ingenuity of the knowledgeable research physicians at the Oak Ridge Associated Universities, I have been living over six years with this disease when statistics show that I should have been dead.

In 1970 the surgeon removed a football-size, malignant tumor from my spleen. By 1971 the tumors had spread into the thoracic region. The surgeon removed a tumor from my left lung. Many others were located near by heart and vocal chords and could not be safely removed.

As a last recourse, I sought the assistance of the research specialist at ORAU with the thought that, if they could not cure me, they could learn something that would aid them in treating future cancer victims.

The research team went to work. After giving me a comprehensive examination, they held a consultation and agreed to try an experimental method of chemotherapy to try to shrink the tumors. Dr. Francis Goswitz, with remarkable skill, administered the medicine. He gave me Velbane, a drug that prevents cancer cell division; Cytoxan, a form of mustard gas that goes throughout the body and destroys cancer cells; and Prednisone, a form of cortisone that shrinks tumors.

Then the miracle: After less than three months' treatment, I started gaining weight, and all signs of the tumors disappeared. Since then I have been living a normal life and working every day. Now I go to ORAU once a month, and Dr. Goswitz prescribes a maintenance quantity of medicine that restrains the growth of tumors. That some types of cancer can be controlled as sugar diabetes can be controlled sounds incredible.

The phenomenon of my recovery is familiar to the research specialist at ORAU because they often witness miracles of this type as they daily search for discoveries in the treatment of cancers

associated with the blood such as leukemia, Hodgkin's disease and lymphomas. Because of the tremendous stride that ORAU is making in the treatment of cancer, the chances are great that, if a cure for cancer can be found, they will be the ones that will find it.

The majority of the patients at ORAU have terminal cancer. Many of them are indigent. When a person enters ORAU, no effort, time, or money is spared in giving that person the most comprehensive examination possible, regardless of his financial status. After medication is begun, the patient is watched like a hawk so that early detection can be made of any irregularities.

The doctors, nurses, and other employees at this research center are the most dedicated people that I have ever met. They use an amazing number of techniques to try to relieve the cancer patients' pains and prolong their lives. Their reputation of doing outstanding work is unsurpassed.

When I learned that the University of Tennessee Memorial Research Center was planning to take over ORAU's Medical Division, I was shocked. The arguments for this action that were given in The Journal by Dr. James L. Liverman have some merit, but the advantages of continuing the research center at ORAU far outweigh the disadvantages.

Here are some reasons: First, the medical division is staffed with physicians who have specialized in medical research, in general types of cancer, and then in a specific type of cancer, those pertaining to the blood. What is perhaps more important is the fact that they have acquired wisdom through years of experience with cancer patients.

Second, these specialists have one goal — that of finding a better method of prolonging cancer patients' lives and of ever searching for a tiny clue that might lead to a total cure for cancer. They are paid by the Universities; therefore, they can devote their full time to cancer research.

Third, these specialists have sufficient time to give each

patient the treatment and care that he needs. They are not too large or too busy to be concerned about the welfare of their patients.

Fourth, when ORAU becomes a part of UT, it will probably lose its identity. No longer will the people in East Tennessee have a specific cancer research center. Why not allow both UT and ORAU to continue doing this vital research instead of destroying an outstanding research center like ORAU to try to improve the research that is being done at UT? Can the price be too great?

The main argument cited by Dr. Liverman was that of saving money. Can we place a value on our efforts to find a cure for cancer and to relieve human suffering?

ORAU operates under contract with the U.S. Atomic Energy Commission through the division of Biology and Medicine, which contributes 75 percent of its financial support. Other financial support are Federal Agencies such as the National Institute of Health, National Aeronautics and Space Administration, and private organizations such as the American Cancer Society.

If you could see the statistics on the projects that AEC spends your tax dollars, I feel certain that you would feel, as I do, that the value of the money spent in cancer research far outweighs the value of any other project that AEC supports.

As you probably know, AEC is supported by the Federal government. If enough of you will write the legislators and the President urging them to support the operation of the Medical Division of ORAU, we can be instrumental in seeing that the work in cancer research goes forward to possibly total victory.

The number of letters that a legislator receives about an issue becomes an indicator of the importance of that issue. Write today, "The life you save may be your own" because statistics show that one person in every four will have cancer. Just address your letters to the respective legislators in Washington, D. C. 20510.

Newsome, Tenn. 37008

Oak Ridge Associated Universities

Incorporated

P.O. Box 117 - Oak Ridge, Tennessee 37830

Telephone 615 483-8411

September 20, 1974

Oak Ridge, Tennessee 37830

Dear

Several months ago it was first announced in the newspapers that the ORAU Medical Division Hospital would soon be closing. Unfortunately these reports were ambiguous and allowed some people to mistakenly believe the Medical Division's clinical program would be transferred to the East Tennessee Cancer Research Center in connection with the U. T. Memorial Hospital in Knoxville, and that the program would continue unchanged except for relocation. I believe the need for closing was accurately reported and the USAEC has ruled out the possibility of building a new hospital here at Oak Ridge.

Therefore, after October 18, 1974 we will admit no patients to the hospital except for specific research tests and on November 15, 1974 the hospital will be closed permanently. All outpatient and inpatient visits scheduled for after December 15 will be cancelled. Although the eventual reorganization of the ORAU medical program has not been finalized, we plan to maintain an outpatient nuclear medicine research program to continue testing new ways of detecting cancer with radioactive isotopes. However, the outpatient services will be limited to experimental diagnostic procedures and will not include treatment.

We recognize that for some this news will be very distressing and for others the closing will inflict a real hardship, especially on those who have become dependent upon us for care of their very serious illnesses. We genuinely regret the necessity of this decision and further regret the misleading aspects of the reports and rumors which have circulated. The work and association with the patients at ORAU has been a meaningful and fulfilling experience for each staff member. We are very much aware of and appreciative of the confidence that you have shown in us and your willingness to assist us in carrying out our research mission.

This letter should be regarded as a referral back to the physician who originally referred you to ORAU (or to any personal physician of your choice). Please be assured that we want to cooperate with you and your doctor in any way we can within the constraints placed upon us by our contract with the USAEC and the law. We will be happy to correspond with your doctor and to make copies of your chart for him at your request.

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DOE ARCHIVES

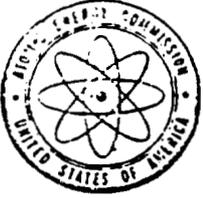
Some patients will literally not know which way to turn. If you are one, please let me suggest that you 1) consult your personal (family) doctor, discuss with him how you view this event and what you feel it implies for you personally or 2) call us to see if we can help direct you to some suitable alternative. We want to help you find suitable sources of medical care and if necessary, to attempt to help you arrange financial assistance. If you feel the need to discuss these matters, Ms. Bingham, our head nurse, is prepared to receive your calls and will make arrangements for you to come in to talk either with her or with another staff member who will advise you regarding these adjustments. You may reach Ms. Bingham by calling collect during working hours (8:00 a.m. - 4:30 p.m.), area code number extension

Once again, on behalf of the entire staff at the ORAU Medical Division we appreciate having worked with you. With your help we have made significant progress against our common enemy, cancer, and we wish you the very best.

Sincerely,



C. Lowell Edwards, M.D.
Chief of Clinical Services
Medical Division



UNITED STATES
ATOMIC ENERGY COMMISSION
WASHINGTON, D.C. 20545

JUL 29 1974

Honorable LaMar Baker
House of Representatives

Dear Mr. Baker:

Your letter to Mr. Robert O'Neill dated July 16, 1974, concerning a letter you had received from _____ of Oak Ridge has been referred to me for reply.

The concern expressed by _____ for the need to sustain the institutions of cancer research and treatment, in particular the Oak Ridge Associated Universities Medical Division, arises in part from the difficulty of interpreting to the public the significance of a series of negotiations now going on with ORAU, University of Tennessee Memorial Hospital in Knoxville, the East Tennessee Cancer Research Center, and Oak Ridge National Laboratory. First, our intent is to improve the East Tennessee regional capability for the clinical management of cancer and cancer research through cooperative support of this group. This will undoubtedly require increased allocations from AEC, and _____ should be assured that any actions which are eventually recommended with respect to the Medical Division of ORAU will not be a consequence of a cut in AEC funds. The issue of maintaining a clinical research facility in Oak Ridge has recurred over a period of several years. The problem in part is due to substandard clinical facilities which do not meet the criteria of accreditation and licensing authorities. However, a defect not so easily repaired was emphasized by a group of medical scientists and clinicians who reviewed the program of the Medical Division and pointed out that Oak Ridge lacked the population and referral characteristics required to sustain clinical investigation of the scope and quality now found in large medical centers. It was recommended that ORAU Medical Division should explore the

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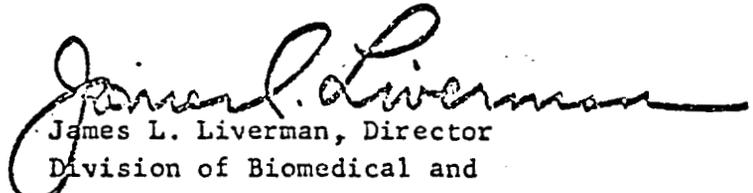
Honorable LaMar Baker.

- 2 -

option of becoming integrated into the East Tennessee Cancer Research Center at the University Memorial Hospital in Knoxville where, it was felt, a more suitable environment for clinical investigation could be developed. These negotiations are now underway and some issues of local pride and differing personal views will highlight their progress. However, there is a good chance of strengthening the performance of all the institutions which are involved in the East Tennessee region by a cooperative program and by developing an outstanding clinical research center at the University Memorial Hospital in Knoxville. It will take some time to develop the decisions which might lead to the changes which have been recommended.

In the meantime I think you can assure that our goal is to improve continually the ability of the institutions which we support in performance of their mission of cancer research and clinical management.

Sincerely,

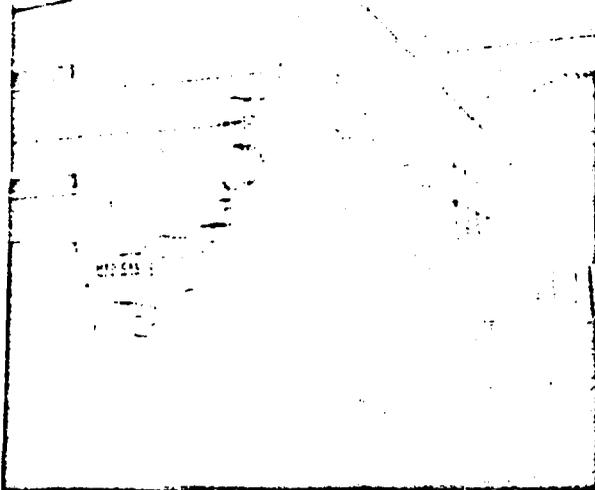

James L. Liverman, Director
Division of Biomedical and
Environmental Research

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O.F.
9/25/74

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ORAU hospital closing; to treat out patients



ORAU Medical Division Hospital.

The cancer research hospital of the Medical Division of Oak Ridge Associated Universities will be closed effective the week of Oct. 14, ORAU announced today.

The announcement follows discussions for the last several months that the clinical research program which the Medical Division has been conducted here would be discontinued.

The move is part of a plan, ordered by the U. S. Atomic Energy Commission, to transfer the Medical Division's patient research to the proposed new cancer research center at the University of Tennessee Hospital in Knoxville.

ORAU's announcement today said:

"The medical research program at Oak Ridge Associated Universities (ORAU) will be redirected to emphasize basic biomedical research and research into the use of radiopharmaceuticals in the diagnosis of cancer.

"As a result, the small hospital maintained by ORAU in Oak Ridge will be closed the week of Oct. 14. Some patients will, however, continue to be treated as outpatients. Discussions are being held with the Oak Ridge Hospital of the Methodist Church to make arrangements for those patients who will require continuing hospital care for some time under the direction of ORAU staff physicians."

The 30-bed ORAU hospital at one time operated near capacity. In its 23-year history, more than 2500 patients have been admitted for treatment. In recent years, however, ORAU said, the number of patients in the hospital has averaged only about seven, although it has been treating approximately 45 outpatients each week.

Dr. Gould Andrews will remain chairman of the Medical Division. Dr. Raymond L. Hayes will continue to head the program to search for drugs containing radioactive elements that can be used for detecting and treating cancer.

After the closing of the in-patient facility, the research program in diagnostic uses of radioisotopes will be carried out on an outpatient basis only under the direction of Dr. C. Lowell Edwards.

The ORAU Medical Division is expected to expand its program for research and training in the management of radiation injuries through cooperation with Oak Ridge Hospital and the ORAU special training division under Roger Cloutier.

Dr. Andrews and Dr. C. C. Lushbaugh, ORAU senior scientist, are considered authorities on the treatment of radiation accident victims, the ORAU announcement states.

Dr. Andrews issued a statement on the hospital closing today. He said:



DR. ANDREWS



DR. EDWARDS

"My personal experience in working during a long period of years with the medical program in Oak Ridge has been very gratifying, particularly the relationship with the staff.

"I have also many valued memories of the willingness, and even eagerness, of seriously ill patients to be research subjects when they knew that the studies were unlikely to benefit them directly but might help other patients in the future.

"We regret losing a fine group of employees who have contributed generously and with great spirit to clinical research and patient care.

"The new plan now being formulated for non-clinical work offer promise of important developments in areas that will contribute to science and to the nation's needs and it is expected that clinical research will continue to play some part in the Division's activities.

Some 25 to 30 nurses, orderlies and other members of the ORAU clinical staff have received termination notices. No physicians are to be terminated.

Robert Potter, public information officer for ORAU, said that some of the terminated staff

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• Number 9

ORAU

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members may be given jobs in other ORAU programs, depending on the AEC budget situation this year.

Potter said that ORAU's plans with the UT Hospital are still in the discussion stage, but that it is hoped that ORAU physicians will be able to work with the UT staff in treating cancer patients at the UT Medical Research Center and Hospital in Knoxville.

No ORAU physicians are planning to leave the Medical Division staff as a result of this change, although Potter did recall that Drs. Francis and Helen Goswitz left the ORAU staff several months ago to go into the private practice after learning that the closing of the ORAU hospital was imminent.

Early last spring it was suggested by an AEC peer review group that the ORAU hospital close down and transfer its patient care efforts to the proposed East Tennessee Cancer Research Center. It has been planned that this center would locate at the UT hospital.

The reasons given for the proposed transfer of the Medical Division's patient care program were these:

1. The Medical Division building was outmoded and even failed to meet the accreditation standards of the state of Tennessee, although it does not have to meet these standards since it is a federal facility;
2. The patient pool in Oak Ridge is small, so therefore it would not be too economical to modernize the hospital here for only about seven patients a year;
3. A much larger pool of cancer patients for the highly skilled ORAU specialists to treat and conduct clinical research on exists at the UT hospital, where the regional Cancer Research Center intends to be headquartered.

Considering these factors, the AEC peer group suggested that it would be more economical to transfer ORAU's patient care program of cancer research to the UT hospital.

The suggestion was then studied by an ORAU internal committee and a committee of the ORAU board of directors. The decision was then made to close the hospital in October.

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O.R.
9/25/74

ORAU's Medical Division has been an important cancer research center since it was formed at the request of the AEC in 1950.

It has treated numerous victims of leukemia, cancer of the white blood cells, by using radiation, bone marrow transplants and special drugs.

The Division discovered several years ago that a radioactive isotope of gallium is useful in detecting cancer because of its tendency to settle in soft tissue tumors.

Among the Division's better known nuclear medicine programs is the Cooperative Group to Study Localization of Radiopharmaceuticals. The group includes staff members of 16 medical schools and hospitals.

It is considered important that the radiopharmaceutical research of ORAU continue to be conducted in Oak Ridge because of the proximity of Oak Ridge National Laboratory, where radioisotopes with very short half lives are produced for medical uses.

The ORAU announcement today also states:

"The Division has two important centers of basic biomedical research: the biological chemistry group under Dr. Fred Snyder and the Marmoset Research Center under Dr. Nazareth Gengozian. Both of these programs will continue, probably on an expanded basis.

"Snyder's team is concentrating on the study of fatty substances, called lipids, and their function in cells. This team has discovered a rare group of lipids characteristic of most cancerous cells in animal and man. It is hoped that the results of this research will eventually contribute to the broader goal of prevention, diagnosis, and treatment of cancer.

"The Marmoset Research Center, with its large colony of the South American primates, is focusing upon studies in immunology and cancer of the colon, which the marmoset develops spontaneously.

"In addition to these teams, the Medical Division conducts a variety of other basic biomedical research efforts,

supported both by the AEC and other government and private agencies.

"ORAU is a nonprofit educational and research corporation of 42 universities and colleges in the South. It operates under a prime contract with the AEC, as well as with funds from other private and government organizations."

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DOE ARCHIVES

Medical

Oak Ridge Associated Universities

Incorporated

P.O. Box 117 - Oak Ridge, Tennessee 37830

Telephone 615 483-8411

September 20, 1974

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Several months ago it was first announced in the newspapers that the ORAU Medical Division Hospital would soon be closing. Unfortunately these reports were ambiguous and allowed some people to mistakenly believe the Medical Division's clinical program would be transferred to the East Tennessee Cancer Research Center in connection with the U. T. Memorial Hospital in Knoxville, and that the program would continue unchanged except for relocation. I believe the need for closing was accurately reported and the USAEC has ruled out the possibility of building a new hospital here at Oak Ridge.

Therefore, after October 18, 1974 we will admit no patients to the hospital except for specific research tests and on November 15, 1974 the hospital will be closed permanently. All outpatient and inpatient visits scheduled for after December 15 will be cancelled. Although the eventual reorganization of the ORAU medical program has not been finalized, we plan to maintain an outpatient nuclear medicine research program to continue testing new ways of detecting cancer with radioactive isotopes. However, the outpatient services will be limited to experimental diagnostic procedures and will not include treatment.

We recognize that for some this news will be very distressing and for others the closing will inflict a real hardship, especially on those who have become dependent upon us for care of their very serious illnesses. We genuinely regret the necessity of this decision and further regret the misleading aspects of the reports and rumors which have circulated. The work and association with the patients at ORAU has been a meaningful and fulfilling experience for each staff member. We are very much aware of and appreciative of the confidence that you have shown in us and your willingness to assist us in carrying out our research mission.

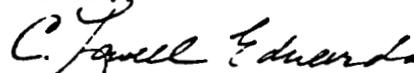
This letter should be regarded as a referral back to the physician who originally referred you to ORAU (or to any personal physician of your choice). Please be assured that we want to cooperate with you and your doctor in any way we can within the constraints placed upon us by our contract with the USAEC and the law. We will be happy to correspond with your doctor and to make copies of your chart for him at your request.

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Some patients will literally not know which way to turn. If you are one, please let me suggest that you 1) consult your personal (family) doctor, discuss with him how you view this event and what you feel it implies for you personally or 2) call us to see if we can help direct you to some suitable alternative. We want to help you find suitable sources of medical care and if necessary, to attempt to help you arrange financial assistance. If you feel the need to discuss these matters, Ms. Bingham, our head nurse, is prepared to receive your calls and will make arrangements for you to come in to talk either with her or with another staff member who will advise you regarding these adjustments. You may reach Ms. Bingham by calling collect during working hours (8:00 a.m. - 4:30 p.m.), area code number

Once again, on behalf of the entire staff at the ORAU Medical Division we appreciate having worked with you. With your help we have made significant progress against our common enemy, cancer, and we wish you the very best.

Sincerely,



C. Lowell Edwards, M.D.
Chief of Clinical Services
Medical Division

3

THE OAK RIDGER, OAK RIDGE, TENNESSEE, WEDNESDAY, OCTOBER 2, 1974

ORAU medical won't continue 'treatment'

Oak Ridge Associated Universities has clarified a portion of its announcement last week concerning the phasing out of the small hospital operated for more than two decades by the Medical Division of Oak Ridge Associated Universities. ORAU says now that there will be no continued "treatment" of outpatients once the hospital on West Vance Road is closed the middle of November. Rather, ORAU will only continue contact with these patients for experimental diagnostic procedures.

The official ORAU announcement had said that the patients "will continue to be treated as outpatients" but this was in error in a literal interpretation of the word "treatment."

The timetable for the hospital closing is as follows: After Oct. 18, no patients will be admitted to the hospital except for specific research. On Nov. 15, the

(Continued on Page 11 No. 4)

• Number 4 ORAU

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hospital will be closed permanently. All outpatient and inpatient visits scheduled for after Dec. 15 will be cancelled.

According to a letter written by Dr. C. Lowell Edwards, chief of clinical services at the ORAU Medical Division to patients and made available to The Oak Ridger by one of the patients:

"Although the eventual reorganization of the ORAU medical program has not been finalized, we plan to maintain an outpatient nuclear medicine research program to continue testing new ways of detecting cancer with radioactive isotopes."

The letter continues:

"We recognize that for some this news will be very distressing and for others the closing will inflict a real hardship, especially on those who have become dependent upon us for care of their very serious illnesses.

"We genuinely regret the necessity of this decision and further regret the misleading aspects of the reports and rumors which have circulated.

"The work and association with the patients at ORAU has been a meaningful and fulfilling experience for each staff member. We are very much aware of and appreciative of the confidence that you have shown in us and your willingness to assist us in carrying out our research mission."

The Oak Ridger article last week also erroneously stated that the ORAU hospital treats only seven patients a year. In fact, the 30-bed hospital treats seven patients at any one time on the average. This was an error in writing by The Oak Ridger.

The article was also in error in stating that Drs. Francis and Helen Vodopick Goswitz had left the hospital several months ago to go into private practice. The two doctors announced recently that they were leaving ORAU to go into private practice but are still with ORAU. They do not plan to leave ORAU until their professional offices under construction on 170 West Tennessee Avenue are completed, they say.

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ORAU ARCHIVES

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Heavy on bureaucracy,

light on humanity

A theme in past speeches of Alvin M. Weinberg, former director of Oak Ridge National Laboratory, has been that of "Big Science" and "Little Science."

"Big Science" he defines as large research efforts, mostly federally financed, directed rather exclusively at some specific national mission — like nuclear weapons during World War II, like space a decade ago, like energy now.

The national laboratories, Weinberg argued long before most others, are the proper places for "Big Science." At the time he first stated this view, universities, especially, seemed to be out to take over "Big Science." Some, therefore, may have viewed Weinberg's argument as only lobbying for his own — for ORNL.

However, he argued equally as strongly for the preservation and encouragement of "Little Science" — the individual scientist in his laboratory or the small group doing, perhaps, much more basic, much less mission-oriented science — small research teams trying out the more exotic scientific ideas.

Universities, Weinberg contended, were the most appropriate places for "Little Science."

Whether Oak Ridge Associated Universities Medical Division would accept the classification of "Little Science" is uncertain. Surely the term is not intended to suggest little significance. Nor can it be said that the Medical Division has not been mission-oriented. It has been very much oriented towards a cure for cancer.

The Medical Division seems to fit the definition of "Little Science," however, as it has been a relatively small group of thoroughly dedicated, highly motivated physicians and scientists working in an intensely personal way with a purposely limited number of patients. Many of these patients have known fully that they were terminal cancer patients. However, they have come here in the hopes of some new finding which, if not beneficial to them, might be beneficial to some cancer victim or potential cancer victim in the future.

And while ORAU Medical Division has not found in almost a quarter of a century the "cure for cancer," it has indeed developed a number of treatment and detection techniques which have helped scores of

patients to longer lives. Nor can anyone now truly predict how vital some of the Medical Division's findings may eventually prove to be in the continuing quest for the elusive cancer cure.

Indeed, the Medical Division's research is to go on. But because of a short-sighted and insensitive decision on the part of the U. S. Atomic Energy Commission (and apparently at least passively accepted by top ORAU administration), the Medical Division is to lose its small hospital. Lost with the hospital will be something terribly important — the very close personal contact between patients and researchers.

Such closeness could well be a very essential part of cancer research. (Is it not consistent with the idea of interdisciplinary research — the mixing of the social and the physical sciences?) Indeed, with so much to be learned about cancer, can any research program be truly comprehensive if it does not include something like the ORAU hospital?

Has not the ORAU Medical Division been unique as a cancer research facility where there is this proximity, this rapport — this, yes, fellowship — between patient and researcher?

Can the kind of relationship between patient and researcher that has occurred here possibly be duplicated in the much larger, much more impersonal cancer research program that is envisioned at University of Tennessee Memorial Hospital?

And can it be expected, without this intense personal closeness, that so many patients with significant cases of cancer will be as willing to allow themselves to be studied as closely and personally as the patients at the ORAU Medical Division have allowed over so many years?

And does it make sense to discontinue a program's unique and potentially valuable as ORAU's on the grounds that its modest facilities are outmoded? How easy to build a new building. How difficult to duplicate the doctor-patient intimacy.

The AEC decision seems heavy on impersonal bureaucracy and light on the kind of imaginative, sensitive human considerations that are much more likely to be the key to curing cancer, a very human, non-bureaucratic, non-political disease.

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THE OAK RIDGER, OAK RIDGE, TENNESSEE, THURSDAY, OCTOBER 3, 1974

Letters To The Editor

To The Oak Ridger:

Would you start a guinea pig with cancer on a method of chemotherapy to try to cure it and in the middle of the experiment discontinue the medicine with little or no concern about the animal or the outcome of the experiment? Of course, you would not. Well, that is basically what the officials of AEC are forcing the research physicians at the Oak Ridge research center to do with their cancer victims — not guinea pigs but human beings of whom many have been fortunate enough to have their lives prolonged by the treatment they have received there.

Contrary to what has been reported in the press, on Sept. 20 an official of ORAU wrote all their patients referring them back to the family physician, telling them that the hospital would be closed on Nov. 15, and that all treatment would be discontinued Dec. 15, 1974. This action has certainly left the cancer victim in such a dilemma that he literally does not know which way to turn.

When many of the cancer patients entered the research center, the research physician started them on a highly successful experimental method of chemotherapy to try to find a cure for cancer or to find a better method of treatment so that the cancer patient's life could be prolonged. If the treatment is discontinued, the patient might die in a short time; if the medicine is administered by a general practitioner, it is so potentially dangerous that it may kill the patient.

The medicine, which is strong enough to reduce and control the growth of tumors, is so potentially hazardous that the specialist, who will recognize minute symptoms of danger, must carefully observe the patient. An overdose or a reaction to the medicine could destroy the platelets, causing the patient to bleed to death; destroy the white blood cells, leaving the patient susceptible to many types of diseases; or poison the kidneys, causing immediate death. In many cases, the types of cancers treated by these specialist are rare. The average practitioner does not understand the disease or the drugs or how to administer them. Yet, these officials are sending these cancer

victims back to these physicians.

While AEC is discontinuing the treatment and care of human beings, they are continuing the treatment and care of 450 monkeys (marmosets), including the erection of an ultra modern building with elaborate dishwashing facilities.

I believe that, if the government provides funds to begin a research project of this type, that they are ethically, morally, and legally responsible to provide the funds for the completion of the project.

Congress is not responsible for the problem that these cancer victims are having. They have increased the funding for the AEC Biomedical and Research Program from \$105.7 million in 1974 to \$134.5 million for 1975 — an increase of nearly \$30 million from the previous fiscal year. In addition, an amendment was passed by the Senate increasing the total appropriation for cancer research to 755 million.

Despite all these appropriations, the research physicians are being told that they can no longer be funded to continue these vital research projects. This is an outrage; one for which the American people should not stand. Therefore, I am asking all your readers to voice your opinion about this issue by contacting the officials of AEC, the legislatures, the President, the National Cancer Institute, the National Cancer Society, or any other organization that will investigate the matter.

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THE OAK RIDGER, OAK RIDGE, TENNESSEE, FRIDAY, OCTOBER 4, 1974

Care for ORAU patients after closing assured

Patients who have been under treatment at the hospital of Oak Ridge Associated Universities will continue to be treated by ORAU physicians at other locations after the hospital is closed, ORAU and Atomic Energy Commission officials said today.

At a special briefing for The Oak Ridger, the officials said that Wednesday's article in The Oak Ridger was in error in stating that there will be no continued treatment of outpatients once the hospital on West Vance Road is closed the middle of November.

Joe Lenhard, director of the AEC's research and technical support division, said that AEC and ORAU "never intended to relinquish our responsibilities to our patients."

He added that the two patients now at ORAU hospital will receive care from ORAU physicians at another hospital — probably Oak Ridge Hospital after the ORAU Medical Division closes.

Philip Johnson, executive director of ORAU, said that care of outpatients will continue at other facilities, but the detailed

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ORAU

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arrangements of where treatment by ORAU physicians will take place have not yet been worked out.

ORAU issued this official statement today:

"Oak Ridge Associated Universities announced on Sept. 25 that its medical research program was being redirected and that, as a result, the small hospital it maintains would be closed the week of Oct. 14. The announcement pointed out that some patients would continue to be treated as outpatients.

"It also noted that discussions were in progress with the Oak Ridge Hospital of the Methodist Church to make arrangements for those patients who might require continuing hospital care for some time under the direction of ORAU staff physicians.

"Since that announcement, however, there has been some misunderstanding by the public and by some patients as to the future treatment that will be available for patients who have been under the care of ORAU staff physicians.

"It is and always has been the intent of the Atomic Energy Commission and ORAU that patients currently under the care of ORAU physicians will continue to receive the medical care they need. The details and nature of this care is a matter for the patients, in consultation with ORAU physicians, to determine in order to assure continuation of proper medical treatment. Many patients, of course, will also wish to consult their private physicians.

"In order to insure continuing care by the ORAU physicians, ORAU has for several weeks been discussing patient admission and financial arrangements with area hospitals, principally the Oak Ridge Hospital of the Methodist Church.

"ORAU will complete suitable arrangements to assure continuity of medical services prior to closing its hospital facility," the ORAU statement concludes.

Lenhard said that the error in The Oak Ridger was based on a misinterpretation of a letter to patients by Dr. C. Lowell Edwards, chief of clinical services at ORAU. Dr. Edwards is currently in Japan.

Johnson said that ORAU will not be taking any new patients for treatment at ORAU hospital after Oct. 18, and is not encouraging new patients now.

ORAU has discontinued and will not resume "drastic radiotherapy" such as whole-body radiation treatments for leukemia victims, Lenhard said, but other treatments for cancer patients such as chemotherapy will be continued by ORAU physicians.

Lenhard said that the ORAU Medical Division will continue to take selected patients from referring physicians for experimental procedures of detecting disease by using drugs bearing radioactive materials (called radiopharmaceuticals).

"ORAU will continue to do things beyond the state of the art in nuclear medicine," Lenhard said.

Johnson said that ORAU cancer patients over the years, including several hundred outpatients, have come as far away as from the Northeast and West Coast as well as from Tennessee.