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Medical and
Health Sciences
Division

October 8, 1976

Dr. Walter H. Weyzen, Deputy Manager
Physical and Technological Programs
Division of Biomedical and
Environmental Research
Energy Research and Development Administration
Washington, D.C. 20545

Dear Dr. Weyzen:

Three days ago I received a copy of your letter to Dr. Lushbaugh, dated August 3, 1976, in which you requested information concerning REAC/TS' participation in handling emergencies involving IAEA personnel.

Dr. Lushbaugh has asked me to answer your letter. I understand that he has given you an affirmative answer verbally already, and all that you need at this point is to know what kind of treatment could be provided by REAC/TS.

The REAC/TS facility is exceptionally well equipped for managing radiation exposure involving external and internal contamination as well as giving initial care to externally exposed persons. In the very near future a shielded operating table will be available to us so that surgical wound decontamination and major surgery on radioactively contaminated persons can be done properly and most efficiently.

For detection of ingested or inhaled radionuclide, we have in operation whole body counters at the Medical and Health Sciences Division of ORAU. These whole body counters have a detection range down to as low as 10 μCi to 1 nCi for energies of over 50 keV. For soft x-rays and gamma rays the Oak Ridge National Laboratory low-level whole body counter is available to us for REAC/TS' patients. The sensitivity of the latter counter is in the nCi range for energies below 35 keV.

As you know, REAC/TS has the capability for doing decorporation by chelation with DTPA and to monitor such measures by whole body counting and/or bioassays.

In addition, we have resources for proper management of medical problems that lie outside our expertise; such as, surgical, dermatological problems, or the treatment of burns. We are also in a position to make arrangements for transfer of radiation accident victims with severe marrow suppression to treatment centers equipped with laminar air flow units. We do not feel that the lack of such a facility at REAC/TS is a real handicap because the decision to treat radiation accident victims with bone marrow aplasia in ultra-clean environments does not have to be made before two or three weeks after the accident.

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I hope this information will be of help to you. I am enclosing a copy of a reprint entitled "'REAC/TS' A Pragmatic Approach for Providing Medical Care and Physician Education for Radiation Emergencies." If you have any further questions, please let me know.

Sincerely,

Karl F. Hübner

Karl F. Hübner, M.D.

KFH:dgb

Enclosure

cc: Dr. C. C. Lushbaugh
RRF

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