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Carroll L. Wilson, General Manager, Washington September 28, 194

J. C. Franklin, Manager, Oak Ridge Operations

MEDICAL POLICY

SYMBOL: AECT [redacted]

SITORY Oak Ridge Operations Office
COLLECTION (RHTG) Classified Docs 1944-1994
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BOX No. Box - RHA H248-7 2 of 3
FOLDER None

It is the desire of this office to present certain questions of medical policy to the Advisory Board on Biology and Medicine for their consideration. In view of the extremely important relationship of the medical program and health protection to many of the Commission activities, it is imperative to obtain basic medical policy decisions as rapidly as possible. The degree of success which the Commission's program attains may well depend in a large measure on the adequacy and soundness of its medical and biological program.

Accordingly, the following questions are submitted for review and approval with the request that they be transmitted to the Advisory Board on Biology and Medicine for consideration at their next meeting, October 11, 1947.

Dr. Albert E. Holland, Jr., Acting Medical Advisor of the Oak Ridge Directed Operations, will be present in Washington on October 11th and will be available to provide the Board with further information if they so desire.

a. The Biological Research Department at Clinton Laboratories, Oak Ridge, Tennessee, under the technical direction of Dr. Alexander Hollaender, desires to establish a large long-term fundamental biological research program. Many phases of this program are already under way. However, very little so-called "programatic" biological research is being conducted, although there still are numerous problems requiring almost immediate answer. Apparently, it was the opinion of the Medical Board of Review which met last June that basic research of a non-classified nature should be done at the universities, and facilities such as there are available at Clinton Laboratories be utilized for whatever classified "programatic" investigation is necessary. Therefore, it becomes desirable to obtain a clear delineation of the type of work which should be conducted at Clinton Laboratories. Specifically, is there justification for a large comprehensive fundamental investigative program on non-classified subjects which do not at present directly relate to the many problems which confront the Commission, or should some of this fundamental work be referred outside the Commission so that we may use the Clinton facilities to initiate work which cannot be done elsewhere?

Classification Changed to UNCLASSIFIED
By Authority of NDR-1 Classification Authority
By M R THEISEN, ANALYSAS CORP. 1/11/94 Date
[signature] 1/24/94

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MEDICAL POLICY

SUBJ: AECT

September 26, 1947

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b. Subject to the approval of the Medical Director of the Atomic Energy Commission and the Advisory Board on Biology and Medicine, can the Medical Advisor of the Oak Ridge Directed Operations initiate "programatic" research at facilities within his area or with universities within his general geographic region?

c. What is the relationship of the Atomic Energy Commission Medical Division to the Isotopes Branch and the medical and biological aspects of the isotope distribution program?

(1) Will allocations for human administration be subject to medical review and what control will be exercised?

(2) What responsibilities does the Atomic Energy Commission bear for the human administration of isotopes (a) by private physicians and medical institutions outside the Project, and (b) by physicians within the Project? This latter category includes contractors personnel employing Atomic Energy Commission funds (indirectly) to perform tracer research, some of which is of no immediate therapeutic value to the patient. What are the criteria for future human tracer research?

(3) What responsibilities does the Atomic Energy Commission bear for the safe handling by the recipient of the more hazardous radioisotopes?

(4) What responsibilities does the Atomic Energy Commission bear for radioactive waste disposal outside the Project?

d. Declassification of medical and biological documents has become a considerable task. All researchers are anxious to have their work appear in the journals as soon as possible. When critical process steps or materials are involved the problem is greatly simplified, since all must abide by security. However, there are a large number of papers which do not violate security, but do cause considerable concern to the Atomic Energy Commission Insurance Branch and may well compromise the public prestige and best interests of the Commission.

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Papers referring to levels of soil and water contamination surrounding Atomic Energy Commission installations, idle speculation on the future genetic effects of radiation and papers dealing with potential process hazards to employees are definitely prejudicial to the best interests of the Government. Every such release is reflected in an increase in insurance claims, increased difficulty in labor relations and adverse public sentiment. Therefore, it is requested that the Advisory Board on Biology and Medicine render an opinion or statement of consistent criteria for declassification of such documents. A similar problem arises in the declassification of medical papers on human administration experiments done to date. Again many of these radioactive agents have been of no immediate value to the patient but rather a much needed opportunity for tracer research. Project authors are impatient and declassification criteria are urgently requested.

e. What is the relationship between the Atomic Energy Commission Medical Division and the U. S. Public Health Service with respect to radioactive waste disposal and water and soil contamination? Will these problems under Public Law 585 remain primarily the responsibility of the Atomic Energy Commission?

J. C. Franklin

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