

DEPARTMENT OF DEFENSE

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Research and Development Board

Washington, D.C.

COMMITTEE ON MEDICAL SCIENCES

Transcript of Meeting Held on
23 May 1950 in
Room 3E1065, The Pentagon
Washington, D. C.

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By *MCW* NARS, U.S. 7-14-94

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DR. COGGESHALL: What about the other way around? Do you believe you can get answers from people subjected to radiation therapy usually by reason of neoplastic disorders.

COL. STONE: I think it would have to be a selective study. For instance, take any of our big centers where we have quite a lot of cases of carcinomas; (you can't pick lymphomas, but carcinomas types of metastasis) a number of those individuals will live in varied states of health from a period of six to eight months and x-ray therapy was indicated in epilating measures, and I think when we study our material on the population in Japan, plus our combined animal work, then we might logically draw up a

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THE RESEARCH AND DEVELOPMENT BOARD
COMMITTEE ON MEDICAL SCIENCES

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23 May 1950 in
Room 3E1065, The Pentagon
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MEMBERS AND DEPUTIES PRESENT:

Dr. Francis G. Blake, Chairman
Dr. Lowell T. Coggeshall
Dr. Wallace O. Penn
Dr. Douglas D. Bond
Col. Elbert DeCoursey, MC, USA
Col. William S. Stone, MC, USA
Lt. Col. Frank L. Bauer, MC, USA
Rear Adm. F. C. Greaves, MC, USN
Capt. C. W. Shilling, MC, USN
Capt. C. C. Shaw, MC, USN
Cdr. R. L. Christy, MC, USN
Maj. Gen. H. G. Armstrong, USAF
Col. W. A. Carlson, USAF (MC)
Lt. Col. R. H. Blount, USAF (MC)

ASSOCIATE MEMBERS PRESENT:

Col. J. R. Wood, MC, USA, Army Chemical Center, Md.
Dr. Phillip Owen, National Research Council, for Dr. Weed
Dr. Normal H. Topping, National Institute of Health, USPHS

SECRETARIAT:

Dr. James E. McCormack
Dr. Joseph M. Pisani
Dr. William Fitzpatrick
Lt. Col. Hal Bridges, MC, USA
Cdr. Joseph P. Pollard, MC, USN
Maj. James B. Nuttall, USAF (MC)

OTHERS:

Capt. O. D. Yarbrough, MC, USN, Bu. Med. and Surgery
Cdr. Wm. N. Montgomery, USN, E.D.D. Fort Totten, N.Y.
Maj. John Luft, USAF (MC)
Lt. (j.g.) John Dereso, MSC, USN, Bu. Med. and Surgery
Mr. Bernard Tannor, Planning Division, RDB

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Dr. Meiling and apparently he has indicated that he will help to forward implementation of the recommendations of that group if the Committee on Medical Sciences, RDB will endorse it.

DR. BLAKE: This important question, then, is before you for consideration.

COL. STONE: Is it being proposed that we endorse the method of experimentation as outlined by the NEEPA group?

DR. MCCORMACK: Well, I don't know that it was so much the method as the principle, the fact that such experimentation is needed.

We distributed at the last meeting, the report and recommendations of the NEEPA group. I don't know whether.....

ADM. GREAVES: Yes, but they proposed, I believe, in the NEEPA group that this experimental work be done on long term prisoners and that it follow the accepted lines of obtaining volunteers safeguarding the procedure, so that they would be true volunteers, that there would be no promise of any remuneration or lessening of sentence or anything like that. I believe that was in the NEEPA proposal, was it not?

DR. MCCORMACK: Well, it would have to be in accordance with principles.

DR. BLAKE: Laid down by the Judicial Council
AMA voluntary consent of the person on whom the experi-
ment was to be performed must be obtained. (2) The danger
of each experiment must have been previously investigated
by animal experimentation; and (3) The experiment must
be performed under proper medical protection and manage-
ment.

COL. STONE: Well, they also had as a part of
their recommendations, the fact that the exact method in
which they wanted to, or the proposed, is prisoners stating
out dosages in the level of 25R's of general radiation
and then increasing it up until they obtained sickness
levels, both on the individual dosage and repeated dosage.
It appears to me that if we endorse such a proposal, that
we are not taking advantage of the animal work that has
been done, nor the observations in Japan, where there are
certain figures which can be utilized and not subject, for
instance, the individuals who give 25R's. Of course, it is
repeated in 25R intervals and probably up until they get to
150R. In other words, they would have six episodes in which
they would receive 25R's if the level as 150R's, and I think
that on repeated amounts of radiation in that magnitude,
that there is considerable chance for long-term effects
appearing in those individuals in the way of cancer.

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to take? Is that the proposition?

DR. BLAKE: Well, as I understand it, Dr. Meiling's office wants to know the position of this Committee with respect to human, the principle of human experimentation.

COL. STONE: [Off the Record]

ADM. GREAVES: I agree with Colonel Stone in that there certainly is a need for this type of information, particularly in view of the fact that we are going to be confronted with the problem of protecting personnel, not only in airplanes, but also in submarines, of this type of thing. It is information that is vitally needed, for future advances in those two fields. Whether this information can be acquired through studying of records in patients who are being treated with evacuary (?) therapy in one form or another for one pathological condition or another. I am not sure that we get that information because we are starting off with an individual who is not, probably not well, anyhow, and there is that question. Bu this is a long-range thing, and people who have types of diseases in which it is necessary to give them x-ray therapy may not be with us long enough to make the information we get valid.

COL. STONE: Admiral Greaves, I'd like to point out from the Army's viewpoint, at least, the levels

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that we are particularly interested in are those of relatively short duration. In other words, a man may develop a cancer 20 years later but if he is in the middle of combat we don't think that would deter from actually something, so that what we are interested in is what level is going to make this man sick or noneffective within a period of 30 days, in all probability. Now we are very much interested in long-term effects but when you start thinking militarily of this, if men are going out on these missions anyway, a high percentage is not coming back, the fact that you may get cancer 20 years later is just of no significance to us.

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series of bracketing experiments in which you probably get 30 to 50 such cases in a hospital like Memorial Hospital, for instance, in New York, or certain hospitals in other cities, by carefully selecting the cases and getting the amount of radiation for that bracket we might be able to get a very satisfactory answer.

ADM. GREAVES: I agree with that absolutely. We could use information from whatever source, but I am wondering if we are not being a little too skiddish about this. We have a problem on our hands and I think we should consider it very seriously, but whether it is enough of a problem to go ahead and take a chance.....

COL. STONE: Well, we think it is a problem, all right, and certainly willing to take a chance on this thing. It is a question about where you are going to get the best information in the most scientific manner.

For instance, on long-term effects of cancer, we are sponsoring some two and a half million dollars a year. I am speaking Governmental-wise in Japan, just following up those people from the bombings. So we actually have a bracket, there, of individuals who had an epilating dose of radiation from the atomic bomb so that I think that we are not completely at a loss to determine what the long-term effects would be.

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experts on the situation, with a wide variation in viewpoint of what is the level of dosage that is harmful to people. Of course, I was on that committee and voted along with the recommendation of the Panel, so I am afraid I am biased. It is felt that there is quite a need to have exact viewpoints on the approximation that might be suggested on doses of radiation, that we can tell them we know this exactly, and thereby keep the minds of the population at ease.

As far as the cancer, I am not aware that there is any single case known where one acute dose ever resulted in carcinogenesis.

COL. STONE: How about repeated doses?

COL. DeCOURSEY: Q, yes, no doubt about that. On repeated doses over a wide range you get a cancer of one type or another. I do know that the head Director of the Atomic Energy Division of Biology and Medicine, Dr. Shields, is personally against human experimentation.

I must say that in my own mind I realize that all of these things are important to know and we must know them, but it is difficult for me to come to a decision of whether or not you should go into human experimentation on this because of the world opinion on the experimentation in Germany. That bothers me.

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ADM. GREAVES: I find it very difficult, too.

COL. STONE: There is one little account that will show you how this radiation business doesn't exactly turn out as you had planned. At the University of Pennsylvania during the last war, a series of pityriasis (?) skin therapy was done on student volunteers to determine the safe levels that might be employed the instrument of dermatosis. Now I do know that that group has already evidenced that there is probably an increased incidence of skin cancer in those volunteers and they are coming to every one of them and doing a wide incision of the area under test. They are all marked areas, so that it isn't something that you can take too lightly from the long-term effects. However, I think that from a military viewpoint you have to put that in a secondary position.

DR. COGGESHALL: It seems to me that is a pretty good argument, Bill, to find out something more about that.

COL. STONE: In other words, there are certain fields where you can, and while I recognize the need for obtaining the bracketing information, I do not feel we have actually taken advantage of everything we have in setting up our experiment.

DR. COGGESHALL: It seems to me I would disagree with you on another point, that as far as the military needs

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DR. COGGESHALL: Well, I was exposed to the risk made on that human experimentation, human investigation, on the basis of the information we had at that time. I must say that if these people that wish to do this are willing to subject themselves to the same type of experimentation I am less hopeful than I was before. I think there will always be a gap in methods of obtaining information between the Nagasaki skin cancer therapy and animal work, I think there is that gap that you just can't bridge, just can't decide by Committee action.

DR. FENN: Mr. Chairman, is it really contemplated that the experimenters will subject themselves to the same experiments or will they.....

DR. BLAKE: That was inferred in the NEEPA proposal, but is is the last sentence in our Panel report, then.....

DR. FENN: I think that is certainly very important to know the precise threshold that you are going to do, and find out the number of experiments, and all that you are going to find out is there is no precise threshold and there never is. It would be a very high threshold. It may get a few volunteers and you get a certain threshold, but it won't be a precise one.

I question, myself, whether the end is going to justify the means. We certainly ought to do every other method until we are absolutely certain it can't give us

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any information. I think the important thing is whether you take the decision to go down this road of human experimentation and work on prisoners, even though they are volunteers, and start the idea that as long as they are prisoners it really doesn't matter very much what you do to them, and it is no great loss to society, which I think it isn't, but it is a bad decision.

DR. COGGESHALL: I'd say, in comment on this, they are already down this road. There is quite a bit of human utilization of prisoners, of one type or another. It seems to me it differs only in the type of work they propose to do, not in the opinions of the thing. That doesn't make it right, necessarily, but.....

ADM. GREAVES: I think that the reasoning behind the proposal to use prisoners was that they are long-term prisoners and that they would be available for observation and study. I don't think the reason for the proposal to use prisoners is because they were prisoners to society, or little use to society. The reason was that they would be there and you can put your finger on them and observe them for a long period of time. That isn't true of volunteers from the rest of the world, either Armed Forces or otherwise. They are here maybe this year and gone next. You lose track of them. This is a long-term thing.