November 21, 1994

Mr. Steve Silverman
Deputy Secretary of the Cabinet
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Re: Advisory Committee on Human Radiation Experiments.

Dear Mr. Silverman:

Our interest into the investigations being done by the President's Advisory Committee on Human Radiation Experiments, stems from the facts that both our oldest and our youngest children were experimently radiated without either our consent or knowledge of ill consequences of the radiation leaving them with drastic lifelong problems. These experiments occured during the 1940s and the 1950s, denying the children, especially my son, from living with any resemblance to normal lives.

It is imperative that all possible findings of the President's Advisory Committee be given total consideration into their complete evaluations, and believe as to what has occured and been done to the victims, and the survivors of the Radiation Experiments

Furthermore, it is imperative that additional seven members be appointed to the Advisory Committee. These persons are more directly involved with the effects of radiation. Also, the addition of the persons who have been recommended by the Task Force on Radiation and Human Rights are needed to balance the present membership. These additional appointments must be expedited upon and given priority action.... Remember that the Half-Way Interum Report has been released, and the agenda for the short remaining existence of the time allotted to the Committee is drawing prematurely nearer.

If the purpose of the Committee is to be truly realized, the appoinment of the additional seven recommended members is very necessary, and the life duration of the Committee must be extended.

Sincerely yours,

Manuel M. Blaz Ruth S. Blaz

MANUEL M. BLAZ RUTH S. BLAZ
Parents of Joel Blaz and Francine E. Blaz nee Lastar
Experimental Radiation Victims.

Mr and Mrs. Manuel Blaz
2114 N. 14th Court
Hollywood, Florida 33020

SO. FLORIDA MPC, FL 330
28 NOV
1994

USA 29
I pledge allegiance...

Mr. Steve Silverman
Deputy Secretary of the Cabinet
The White House
1600 Pennsylvania Avnue, NW
Washington. DC 20500

NATIONAL COMMITTEE FOR RADIATION VICTIMS
6935 Laurel Avenue
Takoma Park, MD 20912
Ph. No. (202) 775-8786
Fax. No. (301) 891-3992

fax:

to: Mr. Steve Silverman

fax #: 202-456-6704

from: Cooper Brown

date: October 26, 1994

subject: human radiation experiments

pages: 6 (including cover)

NOTES:
Dear Mr. Silverman:
Enclosed is copy of letter forwarded by regular mail. We would appreciate meeting with your office to discuss this matter at your earliest possible convenience.
Thank you.

TASK FORCE ON RADIATION AND HUMAN RIGHTS

October 26, 1994

Mr. Steve Silverman
Deputy Secretary of the Cabinet
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Re: Advisory Committee on Human Radiation Experiments

Dear Mr. Silverman:

Friday, October 21st, the President's Advisory Committee on Human Radiation Victims released its Interim Report. From this report it is clear (should there have been any doubt before) that the Advisory Committee has been assigned a staggering challenge of immeasurable import. The Advisory Committee is to be commended for its efforts to date in overseeing the federal government's investigation of its past participation in and sponsorship of human radiation experiments. Certainly the Advisory Committee's ultimate findings and recommendations will have a most significant bearing upon the federal government's response to this tragic chapter in U.S. history.

Given the importance of the Advisory Committee's work, particularly to the victims of the radiation experiments, the Task Force on Radiation and Human Rights addresses to the Cabinet's attention a matter of overriding concern to the leadership of the radiation victims/survivors' community:

It is **essential** that the final report of the President's Advisory Committee, scheduled for release in April of next year, be received with unassailable credibility by all concerned. If the Advisory Committee's ultimate findings and recommendations are to serve as a basis for bringing the issue of Cold War era human radiation experiments to a satisfactory resolution, the Advisory Committee's final report must be credible to government officials, be they members of the Administration or Congress. It must be credible to the public. Most importantly, the Advisory Committee's final report must be received **and believed** by those who were subjected to the radiation experiments. This last point is a serious concern, which appears to have been ignored in the selection of the Advisory Committee's current membership.

The leadership of the radiation victims/survivors community collectively speaks on the issue of human radiation experimentation through the national Task Force on Radiation and Human Rights. (A listing of the Task Force's membership and representation is enclosed.) Over the last several months the Task Force has quietly raised its concerns about the imbalance in the makeup of the Advisory Committee's panel to various key government officials. There has since resulted little more than tacit acknowledgment of our concerns. In the meantime, others have begun to publicly voice their own concerns. As the Cabinet is aware, now publicly called into question is the President's choice of certain Advisory

Washington D.C. Office: NATIONAL COMMITTEE FOR RADIATION VICTIMS
6935 Laurel Avenue, Takoma Park, MD 20912 Phone (202) 775-8786 FAX (301) 891-3992

Committee members because of actual and perceived conflicts of interest.

However, the Task Force does not intend to engage in discussions here about the various concerns which have been raised about specific members of the Advisory Committee. Rather, we wish to propose a solution which would elevate the credibility of the Advisory Committee above all reproach, by correcting the present imbalance in its composition.[1]

It is **essential** that the President add members to the Advisory Committee to complement the present membership. However, given that the deliberative process is now more than half complete (the Interim Report has been issued and the Committee has finalized its agenda for the rest of its chartered mission), one or two additions - as is apparently now under consideration by the Cabinet - would be inadequate and unacceptable.

Seven additional appointments to the Advisory Committee are required, as specified below. We strongly, yet respectfully, urge that the following panel of seven prominent individuals be added to the Advisory Committee:

First, those who have been adversely affected must be included. Their participation in the deliberations of the Advisory Committee will add immeasurably to the review of documents, ethical evaluations, and the focus and depth of understanding contained in the Committee's final report. The leadership of the radiation victims/survivors community has selected the following three individuals as its representatives on the Advisory Committee:

1. **Gwendon Plair**, PhD., Cincinnati clinical experiment victim family member;

2. **Tom Baile**, Hanford downwinder;

3. **Acie Byrd**, Atomic Veteran.

These three nominees represent the three principal radiation experiment groups now under investigation by the Advisory Committee - clinical/medical experiment subjects; residents downwind of intentional environmental releases; and Cold War era former military subjected to radiation experiments. All three nominees have played instrumental roles on behalf of their respective constituents. In addition, Dr. Plair is not only the son of an experiment victim, but a mental health specialist. As a member of the Advisory Committee, he thus would bring an important and very necessary perspective to the Committee's

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[1] The underlying rationale of the Federal Advisory Committee Act (FACA) requires that members on chartered advisory committees be drawn from those persons most affected by the advice to be given, and that the chartered advisory committee be balanced in its composition. 41 CFR 101-6.1007(iii), GSA implementing regulations for P.L. 92-463; 86 Stat. 770, Sec. 5(b)(2), effective 10/72. The President might have chosen to create in the Advisory Committee a technical advisory panel only. However, having selected at least one lay person to serve on the present Committee, it is clear that the White House did not choose that option - at least not to the exclusion of the requirement that it "consider a cross section of those directly affected . . .".

deliberations. Because a great majority of the clinical/medical experiments occurred so long ago, many of the actual experiment subjects are now deceased. Today it is the families that are impacted and traumatized by, and who must now come to terms with, the revelations of past human experimentation. Dr. Plair is thus uniquely qualified, both personally and professionally, to address the concerns and needs of the families.

Second, the Advisory Committee needs balance with respect to its scientific and medical experts on radiation. This is extremely important to the caliber of deliberations on the history and current practices of nuclear research and medicine, as well as the etiology, diagnosis, treatment and epidemiology of radiogenic diseases. The fact that the Advisory Committee is called upon to make ethical judgments that cannot be made absent a clear understanding of these subjects, makes the case for a balanced scientific and medical panel even more compelling. The Task Force considers the following three individuals acceptable and appropriate independent experts whose specialties are relevant to the Advisory Committee's deliberations. We strongly urge that all three be added to the Advisory Committee:

1. **David Egilman**, MD., MPH., clinician, specialist in occupational and environmental health with extensive experience in diagnosing and treating radiation workers. In addition, Dr. Egilman teaches (at the college level) development of scientific knowledge and medical ethics in the 20th Century;

2. **Janice Kirsch**, MD, oncologist and hematologist, experience in radiation treatment of cancer and treatment of radiogenic diseases, well known as a patient advocate;

3. **Edward Radford**, MD, epidemiologist, Adjunct Professor, Graduate School of Public Health, Univ. of Pittsburgh, Chairman of the National Academy of Sciences Advisory Committee on the Biological Effects of Ionizing Radiation (BEIR III) 1977-1980.

Finally, as the seventh addition to the Advisory Committee we strongly recommend the appointment of **Stewart L. Udall.**

As a former Congressman and Secretary of the Interior, Mr. Udall is experienced with government at the highest levels. Mr. Udall would bring to the Advisory Committee's deliberations first hand knowledge of the Cold War context in which the radiation experiments took place. As an attorney and author, he would bring to the Committee's deliberations an unmatched knowledge of issues concerning America's uranium miners, test site workers, atomic veterans and downwinders. Mr. Udall's membership on the Advisory Committee would provide that body with a unique and well-qualified understanding of what will be required to ensure meaningful restitution for the experiment victims and their families. Finally, Mr. Udall is a life-long champion of the democratic process, which has been so seriously called into question by the revelations of human experimentation. His addition to

the Advisory Commit ee will provide the public a reassuring sense of the Administration's commitment to safeg arding the Constitutional rights of the individual against government encroachment and abi se.

In anticipation of the Cabinet's favorable and timely approval of these seven nominations, and on l ehalf of the leadership of the radiation victims/survivors community, I am

Sincerely yours,

E. Cooper Brown
Task Force Executive Committee

enclosure

cc. Members of the Human Radiation Interagency Working Group
Secretai y Hazel O'Leary, Department of Energy
Secretai y William Perry, Department of Defense
Attorne General Janet Reno, Department of Justice
Secretai y Donna Shalala, Dept. of Health & Human Services
Secretai y Jesse Brown, Department of Veterans Affairs
Directoi Alice Rivlin, Office of Management and Budget
Directoi James Woolsey, Central Intelligence Agency
Admini trator Daniel Goldin, Nat'l Aeronautics & Space Administration
Senator John G enn, Chairman, Committee on Governmental Affairs
Senator Willian Roth, Committee on Governmental Affairs
Senator Edward Kennedy, Chairman, Committee on Labor & Human Resources
Senator Nancy Kassenbaum, Committee on Labor & Human Resources
Senator Jay Ro kefeller, Chairman, Committee on Veterans' Affairs
Senator James J ffords, Committee on Veterans' Affairs
Senator Joeseph Lieberman, Chairman, Subcommittee on Nuclear Regulation
Senator Bennett Johnson, Chairman, Committee on Energy & Natural Resources
Senator Paul W llstone, Committee on Energy and Natural Resources
Senator Mark H atfield, Committee on Energy and Natural Resources
Senator Paul Si non, Committee on the Judiciary
Senator Orrin H atch, Committee on the Judiciary
Rep. John Con ers, Chairman, House Committee on Government Operations
Rep. John Brya it, Chairman, House Judiciary Subcommittee on Administrative Law
Rep. John Ding ll, Chairman, House Committee on Energy & Commerce
Rep. Edward M arkey, House Committee on Energy & Commerce
Rep. Ron Dellu ns, Chairman, House Committee on Armed Services
Rep. George M ller, Chairman, House Committee on Natural Resources
Rep. Lane Evar s, House Committee on Veterans' Affairs
Dr. Ruth Faden Chair
Advisoi y Committee on Human Radiation Experiments
Members of the Task Force on Radiation and Human Rights (see listing enclosed)

MEMBERSHIP AFFILIATIONS

CITIZENS' TASK FORCE ON RADIATION AND HUMAN RIGHTS

Experiment Victims/Survivors Communities

Cincinnati Concerned Relatives of Cancer Study Patients
Rochester Experiment Families
Vanderbilt Experiments
Fernald School Science Club
Oakridge Residents & Experiment Victims
Oregon State Prison Experiment Victims

Radiation Victims/Survivors Organizations

National Committee for Radiation Victims
National Association of Radiation Survivors
National Association of Atomic Veterans
Alliance of Atomic Veterans
Center for Atomic Radiation Studies
Citizens Call Utah
Navajo Uranium Radiation Victims Committee
Trinity Post 7-45
Hanford Downwinders
Portsmouth-Piketon Residents for Environmental Safety
American Environmental Health & Safety Project
Citizen Soldier
Submarine Survivors Group
Colorado Atomic-Agent Orange Veterans Coalition
International Radiation Injury Survivors
World Uranium Hearings
Hiroshima/Nagasaki Peace Committee

THE WHITE HOUSE

WASHINGTON

November 1, 1994

MEMORANDUM FOR Tara O'Toole, DOE
MRC Greenwood, OSTP
Steve Neuwirth, WH Counsel
Liz Montoya, WH Personnel

FROM: Phil Caplan

SUBJECT: Vacancy on Human Radiation Committee

We have received yet another letter from a victim right's group asking that the vacancy on the Committee be filled. The letter seems to be from a coalition of the groups and makes such an unrealistic request (to appoint seven additional members to the Committee) that I thought it would be a good opportunity to respond with a reasoned letter and hopefully put this issue to rest.

I have drafted the attached letter. Please consider the following questions:

- should it be sent?
- if yes, do you have any edits? (don't be shy)
- in the last paragraph, I use the word "experts." I seem to remember someone suggesting a different word. Thoughts?
- who should sign it? me, Steve Neuwirth, Jack Gibbons, Veronica Biggins? I think, as a personnel matter, Veronica should sign it.

Please let me know your thoughts by the end of the week.

Thank you.

November x, 1994

DRAFT

Mr. E. Cooper Brown
Task Force on Radiation and Human Rights
c/o National Committee for Radiation Victims
6935 Laurel Avenue
Takoma Park, MD 20912

Dear Mr. Brown:

Thank you for your letter to Steve Silverman of October 26, 1994. I appreciate your commendation of the Advisory Committee on Human Radiation Experiments and its efforts to uncover the real story of the federal government's role involving the use of humans in radiation experiments during the Cold War era.

However, I must take exception to your contention that the Committee has "actual and perceived conflicts of interest" and that its credibility is in question and therefore the Committee requires additional members.

Members of the Advisory Committee were cleared through the White House Counsel's office before they were appointed by the President. We believe that process was thorough and are confident in the independence and credibility of the Committee.

The Committee has, and will continue to, comply with the letter and spirit of the Federal Advisory Committee Act (FACA) in all of its deliberations. There is a public comment period at each meeting and I know that Dr. Ruth Faden, Chair of the Committee, has publicly stated that the Committee will "bend over backwards" to accommodate any citizen or group of citizens who wish to participate in the meetings. I also know that Committee members and staff have been in close contact with your task force and its affiliated membership organizations that you list in your letter. I am confident in the credibility and thoroughness of the Committee.

Finally, as you know, there is one vacancy on the Committee. Dr. Frank Press had to resign from the Committee because of the enormous nature of the time commitment required. Dr. Press's seat has not been filled and we do not intend to fill it. The Charter of the Committee (Federal Register citation) provides for the President to appoint "up to fifteen members" of the Committee. It is our opinion that the Committee is functioning well at the halfway point and that there is no need -- legally or otherwise -- to appoint someone to the vacancy.

In sum, the Advisory Committee is a balanced, fair and independent committee of experts in bioethics, medicine and law, that is eminently qualified to get to the bottom of past human radiation experiments in which the federal government played a role.

Thank you.
Sincerely,

TASK FORCE ON RADIATION AND HUMAN RIGHTS
FACSIMILE TRANSMISSION
Takoma Park, MD
November 11, 1994

TO: **Mr. Steve Silverman**

FAX NO: 202-456-6704

Attn: Phil Kaplan

FROM: Cooper Brown

FAX NO: **(301) 891-3992**
Tel. No: (202) 775-8786

TOTAL PAGES SENT: (including cover): 4

TO RECIPIENT:
Please see that the enclosed is brought to the immediate attention of the above-noted individual.

Thank you.

MESSAGE

Dear Mr. Silverman:

On October 26th we wrote you concerning the President's Advisory Committee on Human Radiation Experiments. In addition to hard copy, we sent you a facsimile transmission and, in the covering page, requested a meeting with you or your office at the earliest possible time to discuss our concerns underlying the proposal we had submitted. We have as yet not received a response to our request for this meeting.

In the meantime, I have (just today, from a member of the media) been advised that the White House has rejected our proposal, and that the Advisory Committee will announce this on Monday (the 14th). If what I have been told is accurate, and on Monday our proposal is summarily rejected, it will truly be unfortunate. It would be impossible to understand, let alone explain to the radiation victims/survivors organizations we represent, that the Clinton Administration - which has publicly expressed outrage at the conduct of human radiation experiments - could nevertheless reject their initiative in such a cavalier manner.

Our initiative was responsibly undertaken, in response to growing public concern. It was addressed to your office in good faith. If in fact what we were told this morning is true, we implore you to delay or postpone any decision on the matter or public release of that decision until we have had an opportunity to meet.

Sincerely yours,

Cooper Brown

Att: Cooper Brown

MOSCOW-PULLMAN DAILY NEWS Monday, October 31, 1994

Downwinders want committee changed

Radiation victims want representation on president's committee

BY KEN OLSEN
Staff Writer

PULLMAN—Hanford downwinders and other victims of radiation experimentation are calling on the White House to add someone from their ranks to the President's Advisory Committee on Human Radiation Experiments.

The eastern Washington nominee is Tom Bailie, a former state senate candidate from the 9th Legislative District. He lives near Mesa, along a stretch of road he says was so heavily affected by Hanford that he calls it "Death Mile."

Without victims on the Advisory Committee, its report on government radiation experiments will be "credible to everyone but the group the process is designed to assist," said E. Cooper Brown, of the Task Force on Radiation and Human Rights.

"To me, it's really typical of how government has historically dealt with the victim community," Brown said. "They are the last to be dealt with and of the least concern."

Bailie is an important nominee because his family lives right in the contaminated area and because the Advisory Committee is specifically looking at intentional releases from Hanford, Brown said.

The Task Force on Radiation and Human Rights also is pushing for six other people to be added to the task force. That includes Gwendon Plair, whose mother was a cancer patient who unknowingly received high doses of radiation, a military project conducted in

See Radiation page 3A

Radiation
from page 1A

Cincinnati. Acie Byrd, a military veteran subjected to experiments, also is on the list of nominees.

In addition, three doctors and former Interior Secretary Stewart L. Udall are being pushed as additions to the committee. Udall's nomination is based on his extensive knowledge of uranium miners, test site workers, atomic veterans and downwinders.

The new doctors are essential because all of the medical personnel now on the panel take the position that low-level doses of radiation are not harmful. There is significant controversy in the scientific community over that belief, Brown says, leaving the panel imbalanced.

"If the scientists believe it's harmless at low doses, it really skews this thing," Brown said. Government officials may conclude that the scientific findings say the experiments were wrong, but no one was damaged.

Low-level radiation may not cause any harm. But unless scientists from both sides of the issue are involved in drawing that conclusion, it won't sell in the downwinder or victim community, Brown said.

"We have to separate those who were damaged and those who weren't," Brown said. "If we don't, then people will just take pot shots at the committee. They will kill the messenger."

It's important that the Advisory Committee's report be credible, since President Bill Clinton and Congress will rely heavily upon it in deciding who is compensated, Brown said.

Staff at the White House Office of Cabinet Affairs would not comment on the suggested additions to the panel, saying they are not authorized to speak to the press. Officials from the Advisory Committee did not return phone calls from this newspaper.

The President's Advisory Committee was formed in response to revelations last December that the Atomic Energy Commission sponsored human radiation experiments during the Cold War. Critics now say there were nearly 600 experiments involving more than 2,000 people. Those people did not give their consent and did not realize what was being done to them.

LaCrosse resident Lois Camp, chairwoman of Hanford Downwinder Health Concerns, testified before the committee at its hearing in San Francisco last month. She asked that the committee find out whether radioactive releases from Hanford were intentional experiments, since tracers were allegedly used with [illegible].

Many eastern Washington residents believe their health was damaged by a series of radioactive releases from the Hanford Nuclear Reservation from the late 1940s on.

ENVIRONMENT/HEALTH

Victims want new radiation panel me

By Mary Manning
LAS VEGAS SUN

Eight law firms representing radiation experiment victims are calling for adding seven members to the President's Advisory Committee on Human Radiation Experiments.

The law firms had demanded that the White House add members representing victim groups and other experts six months ago, attorney Cooper Brown of the Task Force on Radiation and Human Rights said.

The committee's final report is due in April on the experiments conducted in the 1940s through the 1970s in which people were purposely exposed to radiation.

"It must be credible to the public," Brown said. "Most importantly, the advisory committee's final report must be received and believed by those who were subjected to the radiation experiments."

Concerns focus on committee member Philip Russell, a former military researcher who, from 1986 through 1990, commanded the Army's Medical Research and Development Command at Fort Detrick, Md.

Russell conducted research primarily on disease prevention and vaccination development, he said.

The Research and Development Command is a center for biological and chemical research.

Brown said the seven members proposed for the advisory committee's membership are:

■ Gwendon Plair, a Cincinnati clinical e
family membe
health speciali

■ Tom Fa
downwind of

■ Acie Ey
atomic tests.

■ David Egi
and specialist
treating radiati

■ Janice K

THE CINCINNATI ENQUIRER 11/27/11

Citizens group wants to add seven to radiation task forc

BY TIM BONFIELD
The Cincinnati Enquirer

A citizens group wants to add more victim-sympathetic voices to a White House task force studying Cold War radiation experiments, but it's not likely to get its wish.

Whole-body radiation experiments conducted in the 1960s at Cincinnati General Hospital are among many controversial experiments now under review. A final report on whether to compensate victims is due in April.

"It is essential that the final report of the (President's Advisory Committee on Human Radiation Experiments) be received with unassailable credibility by all concerned," Cooper Brown, of the Citizens Task Force on Radiation and Human Rights, wrote to the White House on Wednesday.

The group contends that the task force needs more balance and Wednesday asked that seven members be added.

They would include Stewart Udall, former congressman and Interior secretary who testified to the task force about uranium miners; David Egilman, a critic of the Cincinnati experiments;
don Plair, a relative of
the Cincinnati experim

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spokesman Steve Klai
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Hanford, Wash.

rd, a veteran of

gilman, a physician
diagnosing and
tion workers.

Kirsch, an oncol-
ogist experienced in radiation treatment of cancer.

■ Edward Radford, physician and adjunct professor in the Graduate School of Public Health at the University of Pittsburgh.

■ Stewart Udall, former congressman and secretary of the interior under John Kennedy, who represented uranium miners and downwinders in the West.

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MEMBERSHIP AFFILIATIONS

CITIZENS' TASK FORCE ON RADIATION AND HUMAN RIGHTS

Experiment Victims/Survivors Communities

Cincinnati Concerned Relatives of Cancer Study Patients
Rochester Experiment Families
Vanderbilt Experiments
Fernald School Science Club
Oakridge Residents & Experiment Victims
Oregon State Prison Experiment Victims

Radiation Victims/Survivors Organizations

National Committee for Radiation Victims
National Association of Radiation Survivors
National Association of Atomic Veterans
Alliance of Atomic Veterans
Center for Atomic Radiation Studies
Citizens Call Utah
Navajo Uranium Radiation Victims Committee
Trinity Post 7-45
Hanford Downwinders
Portsmouth-Piketon Residents for Environmental Safety
American Environmental Health & Safety Project
Citizen Soldier
Submarine Survivors Group
Colorado Atomic-Agent Orange Veterans Coalition
International Radiation Injury Survivors
World Uranium Hearings
Hiroshima/Nagasaki Peace Committee

ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS
1726 M STREET, N.W., SUITE 600
WASHINGTON, D.C. 20036

October 26, 1994

Mr. Cooper Brown
National Committee for Radiation Victims
6935 Laurel Avenue
Takoma Park, MD 20912

Dear Cooper:

This is to confirm our conversation this morning in which you assured me that you personally and the Task Force on Radiation and Human Rights do not contend that any member of the Advisory Committee on Human Radiation Experiments has an "actual" conflict of interest. Regrettably, this impression was left by a sentence in your October 26 letter to Steve Silverman, deputy secretary of the Cabinet, on the subject of adding members to the Advisory Committee. I appreciate and accept your offer to correct this false impression each time you refer to the letter.

Sincerely,

Stephen Klaidman
Counselor to the Committee
and Director of Communications

cc Steve Silverman, deputy secretary of the Cabinet
cc Phil Caplan, special assistant to the President for Cabinet affairs

ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS
1726 M STREET, N.W., SUITE 600
WASHINGTON, D.C. 20036

October 18, 1994

Mr. Philip Caplan
Special Assistant to the President for Cabinet Affairs
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. Caplan:

We have been notified of a request to add a fifteenth member to our Committee. We consider this an important issue that should be dealt with in a timely manner.

Sincerely,

Ruth R. Faden

Ruth R. Faden, PhD, MPH
Chair

Advisory Committee on Human Radiation Experiments
1726 M Street, N.W.
Suite 600
Washington, DC 20036

EH-51

Mr. Philip Caplan
Special Assistant to the President for Cabinet Affairs
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS
1726 M STREET, N.W., SUITE 600
WASHINGTON, D.C. 20036

October 11, 1994

Christine Varney
Secretary to the Cabinet
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C.

Dear Ms. Varney:

We have obtained a copy of a letter to you dated September 30, 1994, transmitted by eight plaintiffs' law firms. The letter seeks the addition of further members to the Advisory Committee, and questions the independence of certain members of the Committee, particularly those with medical and scientific backgrounds.

We address the question of further membership by separate letter. This letter addresses the issue of Committee member bias.

In summary, the letter relies on a basic factual premise--that some Committee members are unprepared to find that radiation causes injury--that is incorrect. The error of this assertion is shown by the public record. The letter further seeks to suggest that the Committee members are tainted because of their institutional and personal affiliations. While, as the letter notes, affiliations must be used carefully in assessing bias, here, too, basic assertions are incorrect and/or unsupported by a definition of the criteria by which affiliations are to be judged.

In any event, at this point it is premature for anyone following the ongoing work of the Committee to conclude what role, if any, radiation dosages will play in the Committee's recommendations.

We would be pleased to discuss the particulars of the Plaintiffs' lawyers letter directly with you. We are contacting them directly so that the questions raised in their letter, and other matters of concern, can be discussed directly.

Very truly yours,

Ruth Faden

Ruth Faden DA

cc: Lieff, Cabraser & Heimann
Kimpel, Hyland, Weinkam, & Goodson, L.P.A.
Kircher, Robinson, Cook, Newman, & Welch
Law offices of Melvin Belli
The Alexander Law Firm
American Environmental Health Law Project
White, Getgey & Meyer Co., L.P.A.
Barret, Johnston & Parsley
Vice President Al Gore
Secretary of Energy Hazel O'Leary
Secretary of Health and Human Services Donna Shalala
Attorney General Janet Reno
Senator John Glenn
Senator Edward Kennedy
Congressman John Dingell
Congressman Edward Markey
Congressman Ronald Dellums

MEMORANDUM

TO: **Ruth Faden**

FROM: **Dan Guttman**

DATE: **October 11, 1994**

RE: **Letter of Plaintiff's Law Firms to Christine Varney**

As you know, we have obtained a copy of a letter in which a number of Plaintiffs' law firms raise questions about the bias of certain of the "scientific" members of the Committee. This memo addresses the major points raised by the letter in that regard.

In summary, the letter relies on a basic factual premise--that the Committee members are unprepared to find that radiation causes injury--that is shown to be incorrect by the public record. The letter further seeks to claim that the Committee members are biased because they are tainted by affiliation with particular institutions or individuals. While, as the letter notes, affiliations must be used with care in assessing bias, here too, the letter relies on erroneous statements, and, in addition, fails to provide specific criteria by which affiliation-related bias should be measured.

The letter states that "the scientific component of the Advisory Committee is unprepared to find any significant harm attributable to radiation." This statement, made without supporting citation, is not true.

For example, Dr. Henry Royal, whom the letter refers to, stated at the September meeting: (Sept. 13, at transcript page 38)

> "therapeutic doses. . .certainly do suppress the bone marrow, and some of the people who receive therapeutic doses of radiation die because of the treatment."

The letter itself cites an article on Chernobyl, which, at the invitation of an international agency, Dr. Royal co-authored. The first sentence of that article states: "Ionizing radiation is known to cause both benign thyroid nodules and thyroid cancer." Similarly, the letter evidently finds bias because in 1994 Dr. Royal co-authored an article with a Dr. Brill who, in 1969, published a study that raises concerns about informing subjects. The 1969 study, as the letter itself again states," found that definite health risks, including fatal childhood cancers, were associated with the exposure to radioactive iron."

In short, as doctors who are daily involved in the use of radiation, the Committee members are well aware that radiation can cause the most serious harm.

The letter states that:

> ". . .at the September meeting of the Advisory Committee, Dr. Royal and Dr. Mary Ann Stevenson of Harvard University presented a report of the Biomedical Subcommittee. They stated their conclusion that none of the subjects of the ingestion studies received doses of radiation sufficient to cause health effects."

The Subcommittee did not state a conclusion that none of the doses administered was sufficient to cause health effects, nor did it make a judgment that adverse health effects were impossible. For example, the letter proceeds to state that the conclusion said to have been reached by the Subcommittee is in marked contrast to the findings of a follow-up study of pregnant women and unborn children who were fed radioactive iron in a Vanderbilt experiment. The subcommittee report did not address the Vanderbilt experiment. In a subsequent presentation at the September meeting, the Committee tentatively agreed to proceed on an intensive study of experiments involving children. In support of this proposal, Dr. Stevenson said that:

> "we have to go beyond the fact that children are more socially vulnerable. They're also more physiologically or medically vulnerable to the effects of ionizing radiation. . .that's very compelling because then we get into the situation of remedies and follow-up and medical surveillance, this is a population that clearly could benefit from that."

Dr. Royal proposed (and the Committee agreed) that any Committee decision on particular cases should be based on public discussion, with the opportunity for public comment: (Tr. 39)

> "We'd like this to be a public document. We'd like it to be a document where different points of view can be expressed openly, so that all committee members are aware of what the different points of view are and so that the public is aware of the different points of view. And people in the public may think there are things that we should consider that we haven't considered. . . ."

In addition to stating that the Committee members are biased because they cannot find that radiation will cause injury, the letter makes a number of statements about their affiliations. As the letter indicates, judgement of individuals based on affiliations is a difficult matter.

The letter states that the lawyers "are. . .deeply concerned that of the four medical specialists on the Committee, all currently work at institutions that were major sponsors of the human radiation experiments now under review--Case Western Reserve University, Harvard

University, Mallinckrodt Institute and the University of Texas."

First, there is no suggestion that any of the individuals participated in any of the studies. Indeed, the experiments referred to took place in the 1944-74 period, largely before the beginning of the research careers of the Committee members.

Second, as a relevant criteria for judging bias, the meaning of "major sponsor" of research under review by the Committee is not clear, and not defined. The Committee has received information about hundreds, probably thousands, of radiation experiments conducted in the period 1944-74. These experiments were conducted at hundreds of institutions, many of which conducted as many or more radiation experiments and/or experiments which have been the subject of public controversy as presently known to have been conducted at some or all of the four institutions identified. If affiliation with an institution that conducted human radiation experimentation were a criteria for bias, most individuals with expertise in radiation science would not be capable of serving on the Committee.

The letter also suggests Committee members Glatstein and Royal are biased because of personal associations with Dr. Saenger, a principal in the "Cincinnati experiments."

The letter cites a Cincinnati newspaper article for the proposition that "Dr. Glatstein admitted to having personal connections both to Dr. Saenger and the chairman of the 1972 [American College of Radiology] committee that reviewed the Cincinnati experiments." In fact, as Dr. Glatstein wrote to the newspaper, he is not acquainted with Dr. Saenger. Dr. Glatstein states that he was a student of, and had high regard for, the ACR official; however, "my admiration. . .does not extend to substituting his judgment for my own."

With regard to Dr. Royal, the letter states that: "Dr. Royal first denied that he had ever worked with Dr. Saenger, but later was compelled to admit. . .that in fact Dr. Saenger was listed as a co-author of two journals articles on Dr. Royal's curriculum vitae."

As the letter acknowledges, Dr. Royal's authorships, as is the case with all other Committee members, are a matter of public record. Thus, they are subject to open critique, or, for the matter, praise, on their merits. In the case of the articles cited, Dr. Royal was among more than a dozen international researchers selected to participate in an International Atomic Energy Agency sponsored study of Chernobyl. Dr. Royal did not know Dr. Saenger prior to the study and, as it developed, did his portion of the study separately from that performed by Dr. Saenger. Consistent with the Committee's policy, Dr. Royal's relationship with Dr. Saenger, distant though it was, was put on the public record at the September 13th meeting.

As you know, the Advisory Committee, as a Federal Advisory Committee, is an exercise in open government. The basic decisional work of the Committee is conducted in open public meetings. In addition to its open meetings in Washington, the Committee has scheduled, in the next six months, meetings in four other regions of the country.

The value of the Advisory Committee's conclusions and recommendations will necessarily depend on the credibility of the Committee's judgments. In selecting Committee members, we therefore understand, careful attention was paid to the potential for conflict of interest. No Committee member, for example, could have been involved in any of the Cold War (1944-1974) experimentation at issue.

Above and beyond the initial screening, the Committee early on determined that facts or circumstances that might give raise to any question be placed in the public record---with the action to be taken (e.g., recusal from portions of the Committee's work) to be based on public discussion.

By dint of its ongoing exchanges with the many segments of the public that are concerned with its work, it is clear that the complex of issues before it inspires passionate advocacy. In particular, within and without the scientific community, there is study and debate regarding the effects of low doses of radiation. The Committee must be sensitive to all viewpoints. At the same time, the Committee, staff and the public must keep in mind the relationship between this discussion and the Committee's charge. For example, dosages in historic experiments evaluated by the Committee may not differ from those in use today, in routine and accepted diagnostic procedures. It is not the Committee's charge to go beyond presently accepted radiation standards. In stating this, of course, it is not that the Committee is holding that contemporaneously accepted standards are risk free, and can have no health effects; accepted procedures often involve risks. It is the Committee's charge to assess whether risk, however low, was justified. For example, were subjects informed of the risk and the basis for assuming it? Was consent obtained? Where consent was obtained, were some populations (e.g., children, the poor) chosen as subjects to the exclusion of others?

It is the Committee's hope that through the broad and open exchange of views, all concerned can learn more about, and from, the story of human radiation experimentation. It is in this spirit that the Committee should welcome, and seeks to address all communications regarding its work.

Phil

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September 30, 1994

Christine Varney
Secretary to the Cabinet
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Re: Advisory Committee on Human Radiation Experiments

Dear Ms. Varney:

We, the undersigned, are attorneys representing survivors of human radiation experiments in lawsuits aimed at redressing what we contend to be gross violations of human rights that were funded or otherwise supported by the federal government. Our cases are brought on behalf of the families of some 88 patients at Cincinnati General Hospital who were deceived into believing that the whole and partial-body radiation they received was a form of treatment, when actually it was a cynical experiment for war-planning purposes. We also represent the survivors of an experiment at Vanderbilt University in which radioactive iron was fed to over 800 unsuspecting pregnant women. Class action suits have been filed on behalf of both these groups, who began the process of self-identification after the disclosures late last year. The federal court granted class action status to the Vanderbilt case on July 14, 1994.

While our clients seek compensatory and punitive damages through litigation, their interests -- and the interests of other subjects who, for various reasons, are not plaintiffs in this litigation -- in obtaining justice in a broader sense rest with actions to be taken by the federal government itself. Such actions should include an official apology from the United States and from those directly responsible for the nuclear experimentation program, steps to ensure that unethical experiments never happen again, outreach to victims and their surviving families who may not otherwise know about their involvement as subjects, comprehensive medical monitoring and provision for medical care, and monetary compensation to complement that which may be obtained through litigation.

It has been our understanding that the President and Vice President shared these goals, and commissioned the Advisory Committee on Human Radiation Experiments in order to attain them. Based on this understanding, we waited with anticipation for the Advisory Committee to proceed with its investigatory and consultative mission.

However, it has become clear that, due to the biased composition of the Advisory Committee, these goals will not be met unless steps to broaden representation of the Committee are immediately taken.

Specifically, we are concerned that no experiment survivor or family member has been named to the Committee. The Federal Advisory Committee Act ("FACA") and its implementing regulations require that such committees include representatives from the most affected communities to ensure a diversity of views. FACA therefore requires that experiment survivors or family members serve on the Committee. We understand that one survivor's representative may soon be allowed to serve on the Committee -- but to allow such limited participation now, half-way through the Committee's chartered process, would be too little, too late. We believe that in order to comply with the requirements of FACA and make the Advisory Committee potentially responsive to the views of experiment subjects, three experiment survivor representatives must be added as members of the Advisory Committee.

We are also deeply concerned that of the four medical radiation specialists on the Committee, all currently work at institutions that were major sponsors of the human radiation experiments now under review -- Case Western Reserve University, Harvard University, Mallinkrodt Institute and the University of Texas. In addition, and perhaps more important, three of these individuals are members of the American College of Radiology ("ACR"), an organization that has consistently downplayed the risks of radiation exposure and has consistently taken a biased and defensive position that seeks to protect practitioners from legal suits. The ACR also issued a highly controversial report on the University of Cincinnati experiments in 1972. For that investigation, which has been roundly criticized by independent experts, the ACR "investigators" contacted every involved practitioner, but not a single experiment subject. The ACR's bias is contrary to the goals of the Committee to investigate fully and fairly the human radiation experiments.

We do not believe that individuals should be judged solely on the basis of their institutional affiliations. However, in this case, we have observed that the individuals in question have consistently defended the institutions involved in unethical experimentation. In particular, we have noted that Dr. Henry Royal from Mallinkrodt and Dr. Eli Glatstein from the University of Texas both went to great lengths to try to justify the work of Eugene L. Saenger, M.D., a principal defendant in the Cincinnati case, at the July meeting of the Advisory Committee. In response to later questions from reporters, Dr. Glatstein admitted to having personal connections both to Dr. Saenger and the chairman of the 1972 ACR committee that reviewed the Cincinnati experiments. Dr. Royal first denied that he had ever worked with Dr. Saenger, but later was compelled to admit, in a letter to Ruth Faden (attached as Exhibit A), that in fact Dr. Saenger was listed as a co-author of two journal articles on Dr. Royal's curriculum vitae.

One of these articles is a study co-authored by Dr. Royal and Dr. Saenger that failed to find an increased incidence of thyroid nodules in the population exposed to contamination from the Chernobyl accident, contrary to the findings of other published

reports. Based on statements in this article, it is readily apparent that the authors were intending to allay public fears about Chernobyl health effects prompted by alarming reports from local Soviet physicians. A basic problem with the study by Drs. Royal and Saenger is that the control group was also chosen from nearby villages where the food supply would have been identical to that of the so-called contaminated population.

Dr. Royal also recently (February, 1994) co-authored a lengthy article with A. Bertrand Brill, which made findings that were contrary to those of the United States EPA concerning risks of radon exposure. Dr. Brill, the lead author, was also a co-author of the 1969 follow-up study of the pregnant women and their unborn children who were fed radioactive iron at Vanderbilt. The 1969 study, funded by the Atomic Energy Commission and published in the American Journal of Epidemiology (attached as Exhibit B), has been severely criticized because the authors intentionally withheld information about exposure to radioactive iron from study subjects, even though the epidemiological study found that definite health risks, including fatal childhood cancers, were associated with the exposure to radioactive iron.

There simply is no way to justify either Dr. Glatstein's or Dr. Royal's participation in discussions or recommendations regarding the Cincinnati experiments, or Dr. Royal's participation in discussions or recommendations regarding the Vanderbilt experiments, because of their close ties to the very people whose work they have been asked to review.

Furthermore, at the September meeting of the Advisory Committee, Dr. Royal and Dr. Mary Ann Stevenson of Harvard University presented a report of the Biomedical Subcommittee. They stated their conclusion that none of the subjects of the ingestion studies received doses of radiation sufficient to cause health effects. This conclusion stands in marked contrast to the expert opinions of the only scientists and physicians who have reviewed and published peer-reviewed studies concerning the subjects of the Vanderbilt experiment. In fact, the 1969 follow-up study of the Vanderbilt population referred to above found four cases of fatal childhood cancer where 0.6 cases were expected. (No cancers were found in the unexposed control group.) This study, conducted by Vanderbilt's own researchers, including Dr. Brill, concluded that three of the cancers could be attributed to the administration of radioactive iron, and no further follow-up study of this population has since been conducted. Another article, also co-authored by Dr. Brill, studied the dosimetry and acknowledged that it was "possible" that the radioactive iron caused the childhood cancer deaths. In light of this evidence, and the fact that further comprehensive, long-term follow-up studies are only now being initiated, the conclusions of the Biomedical Subcommittee strike us as premature, contrary to the known facts, and wholly unwarranted advocacy rather than objective science.

The problem is not only that the scientific component of the Advisory Committee is unprepared to find any significant harm attributable to radiation, but that whatever findings are now forthcoming from the Advisory Committee, they will lack credibility in the scientific community and, ultimately, with the public at large. The Advisory

Committee, as presently constituted, has revealed itself as hopelessly biased, and the only way to redeem the process, salvaging the many hours of solid investigation by the Advisory Committee staff, is to substantially augment the membership of the Committee. In addition to the three (3) experiment survivors and family members, three (3) radiation specialists should be named to the Committee -- physicians and scientists who have demonstrated real independence in their thought and work. To broaden the disciplinary representation on the Committee, which is now limited almost exclusively to radiologists, the new radiation specialists should have credentials in oncology, genetics, clinical treatment of radiogenic disease, and public health. We are prepared to submit to you a list of qualified candidates for the six (6) new seats on the Advisory Committee that we are proposing.

We continue to believe that the President and Vice President were genuine in their intentions when they formed the Advisory Committee. However, the process has become irrevocably compromised by the Committee's composition and bias. If the composition of the Committee is not broadened soon and substantially, we and our clients will be forced to bring these concerns to the attention of the public. We request that you meet with a small delegation of attorneys at your earliest convenience, but in no case later than the next Advisory Committee meeting in San Francisco on October 12, 1994, to discuss the possibilities of including a broader range of opinions on the Committee.

Very truly yours,

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Congressman Edward Markey
Congressman Ronald Dellums
Ruth Faden, Ph.D., Chair, Advisory Committee on Human Radiation Experiments
Task Force on Radiation and Human Rights

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HENRY D. ROYAL, M.D.
Professor of Radiology

Associate Director,
Division of Nuclear Medicine

1 August 1994

Ruth Faden, Ph.D.
Advisory Committee on
Human Radiation Experiments
1726 M. Street N.W. Suite 600
Washington, DC 20036

Dear Ruth:

Steve Klaidman and I discussed two issues today that I wanted to bring to your attention. These two issues concern potential or perceived conflicts of interest.

1. Membership in the American College of Radiology.

Steve had been asked if I was a member of the American College of Radiology. Steve had answered that I was not a member because my ACR membership was not listed on my curriculum vitae. In fact, I am a member of the American College of Radiology. I joined in 1993 when I was asked to become a member of an ACR committee that was writing standards for the practice of Nuclear Medicine. The reason I was asked to join this committee is that I am the Chairman of the Technology and Outcomes Assessment Committee for the Society of Nuclear Medicine. My work in the Society of Nuclear Medicine was similar to the work being planned by the American College of Radiology.

Steve had indicated that none of the other members of the Advisory Committee listed membership in the American College of Radiology on their curriculum vitae. I thought that it was unlikely that none of the other members of the Advisory Committee were members of the ACR since the ACR is a major professional organization that many academic radiologists and radiation oncologists would join. I looked up the names of the two committee members (Mary Ann Stevenson, M.D., Ph.D. and Eli Glatstein, M.D.) that I thought were most likely to be members and found their names listed in the ACR Membership Directory. In my case, membership in the ACR was not listed on my curriculum vitae because my involvement with the ACR has been minimal. For example, I have never attended a meeting of the ACR nor voted for officers. I belong to other organizations (e.g., The Radiological Society of North America and the American Nuclear Society) that are not listed on my curriculum vitae because my participation in their activities has also been minimal.

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2. Previous associations with Dr. Saenger.

A reporter had asked me at the last committee meeting whether I had previously worked with Dr. Saenger. I had replied "no". I explained that I knew who Dr. Saenger was and that I had had only rare social interactions with him. My relationship with Dr. Saenger needs further expansion in light of the fact that I subsequently remembered that references 59 and 60 on page 14 of my curriculum vitae list Dr. Saenger as a co-author.

The two references that list Dr. Saenger as a co-author are based on work from the International Atomic Energy Agency's "International Chernobyl Project". Dr. Saenger had been invited by Dr. Mettler (the leader of the Health Effects portion of the project) to serve as one of the international experts on radiation effects on the thyroid gland. Dr. Saenger and I never traveled to the former Soviet Union together nor did we discuss (in person, in writing or by telephone) the results of our independent portions of this work. Dr. Mettler coordinated the work of the investigators on this project.

Regarding social interactions with Dr. Saenger, my recollection is that the last time he and I met was in the spring of 1991. At that time, Dr. Angelina Guskova was visiting the United States. She is the physician who took care of the firemen who were exposed to large doses of whole body radiation as a result of the Chernobyl accident. Dr. Mettler invited Dr. Saenger to have dinner with Dr. Guskova and myself. This dinner was the only time that Dr. Saenger and I had a lengthy social interaction.

I will rely on your judgment and the judgment of the committee as to whether or not any of the details I have provided in this letter represent a conflict of interest necessitating my recusal from discussion of issues surrounding Dr. Saenger's experiments. On the one hand, I would not want the credibility of the Advisory Committee to be jeopardized by a real or perceived conflict of interest. On the other hand, the Saenger experiments are among the most important experiments that the committee will have to struggle with because they involved therapeutic amounts of radiation. I feel that I have an obligation to try to help the committee grapple with the very difficult issues that the Saenger experiments raise. In any case, I will follow whatever recommendation is made by you and the rest of the committee members.

Sincerely,

Henry D. Royal, M.D.

HDR/cf

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ORIGINAL CONTRIBUTIONS

LONG TERM EFFECTS OF RADIOACTIVE IRON ADMINISTERED DURING HUMAN PREGNANCY[1]

RUTH M. HAGSTROM,[2] S. R. GLASSER,[3] A. B. BRILL[4] AND R. M. HEYSSEL[5]

(Received for publication January 29, 1969)

Hagstrom, R. M. (Vanderbilt Univ. School of Medicine, Nashville, Tenn. 37203), S. R. Glasser, A. B. Brill and R. M. Heyssel. Long-term effects of radioactive iron administered during human pregnancy. *Amer. J. Epid.*, 1969, 90: 1–10.—The effects of maternal and prenatal exposure to the radioactive isotope ^{59}Fe have been analyzed 18–20 years after exposure. Of 751 pregnant women attending the Vanderbilt University Hospital Prenatal Clinic who received the orally administered isotope as part of a study of iron metabolism in pregnancy, 679 (90%) were located and their experience compared with 705 (91%) of 771 women chosen randomly from the same clinic population who did not receive radioiron. Frequency and type of malignancy occurring in the followup period did not differ for the two pregnant female groups. Effect of prenatal exposure to radioactive iron was analyzed in children born to these mothers. For 634 exposed children, one case of leukemia and two cases of sarcoma were discovered. No malignancies occurred in the 655 children in the comparison group. This represents a small, but statistically significant increase ($p = .03$), and is consistent with previous radiobiologic experience. No difference in the frequency or the type of congenital defect was noted for exposed compared to non-exposed children when analyzed by trimester of radioiron administration. For children born to exposed mothers following the study pregnancy, no differences in the frequency or the type of congenital defect were noted when compared with subsequent children of non-exposed mothers.

fetus; leukemia; neoplasms; prenatal influences; radiation effects; radioisotopes

INTRODUCTION

Postnatal exposure to irradiation results in an increased incidence of leukemia and malignancies in both children and adults (1–7). In the majority of studies concerning effects of in utero diagnostic x-ray exposure, an increased incidence of leukemia and other malignancies has been noted (8-11). There are reports of only two medically unselected populations irradiated in utero. One involves pregnant women exposed to the atomic bomb explo-

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sions in Japan (12). A second is an unselected group of women given diagnostic pelvimetry early in pregnancy in an attempt to assess the value of the procedure in improving obstetrical management (13). No significant relationship between cancer mortality and exposure has been observed in either study.

During the years 1945–1949, a group of medically unselected pregnant women received tracer doses of radioactive Iron-59 to assess iron absorption during pregnancy. These women were part of a larger survey of nutrition in pregnancy conducted at Vanderbilt University Hospital. In view of later reports, cited above, suggesting a relation between fetal exposure to low level irradiation and development of malignancies, a study was initiated to determine morbidity and mortality experiences in the children and mothers fed radioactive iron. Similar data were obtained from children and mothers not receiving the isotope who attended the clinic during the same years. The present report deals with the occurrence of malignancies in the mothers, and malignancies and congenital malformation in the study children and their siblings.

Materials and methods

Study population

The study population consisted of pregnant women attending the Vanderbilt University Hospital Prenatal Clinic during the years 1945 through 1949, and the children resulting from this and subsequent pregnancies. In order to investigate iron absorption in pregnancy (14, 15), an unselected group of women admitted to the clinic were fed single doses of iron tagged with the radioactive isotope, ^{59}Fe, on their second prenatal clinic visit.

The original radioiron-fed group consisted of 829 pregnant females. Of this group, hospital records could be found for 751 mothers (table 1). For comparative purposes, 831 control pregnancies were selected at random from non-radioiron-fed pregnancies identified in records of the Vanderbilt Cooperative Study. Of these control pregnancies, we were able to identify hospital records for 771 mothers, an attrition comparable to the radioiron-fed group. The total population of infants identified for followup was 719 born to mothers fed radioiron and 734 infants in the control group. The difference between total populations of mothers and their infants results from the loss of infants through neonatal deaths, still births and abortions.

Six hundred seventy-nine of the radioiron-fed mothers (90.4 per cent) and 705 of the control mothers (91.4 per cent) subsequently responded to questionnaires. Comparable figures for offspring were 88.2 and 89.2 per cent. The characteristics of study and control groups in terms of mother's age at delivery, years of followup of mothers and children, and median calendar year of entry into the study are given in table 2. There are no essential differences except in terms of year of entry into the study and this is reflected in years of followup. The difference derives from the protocol of the original Vanderbilt Cooperative Study in which the percentage of pregnant women fed radioiron was highest in the early phases of the study. Characteristics for mothers lost to follow-up are

Table 1

Study population

	Index group	Control group
Mothers		
Total population	751	771
No. located	679	705
% followup	90.4	91.4
Children		
No. of pregnancies	751	771
Fetal and neonatal loss	32	37
Total live children for followup*	719	734
No. located	634	655
% followup	88.2	89.2

* Twins, triplets, etc. were deleted as a group.

TABLE 2

Characteristics of ^{59}Fe fed and control population

	Completed followup	
	Iron Fed	Control
No. of children	634	655
No. of mothers	679	705
Mothers' age at delivery		
Mean	24.57	24.19
SD	6.29	6.59
Years followup		
Children		
Mean	18.44	17.20
SD	2.89	2.53
Mothers		
Mean	19.13	17.82
SD	2.46	3.04
Median calendar year at entry	1946	1948
	Lost to followup	
	Iron fed	Control
No. of mothers	72	66
Age at delivery		
Mean	24.00	23.50
SD	6.27	5.9
Pregnancy outcome		
Stillbirths	0	0
Neonatal deaths	2	3
Unknown outcome	12	11
Median calendar year at entry	1946	1947

similar to those found regarding calendar year at entry, mean age at delivery, and per cent fed radioactive iron (table 2).

Followup procedure

Radioiron-fed mothers and control mothers were traced through a mailed questionnaire or by interview if the questionnaire was not returned. Significant medical information was verified by subsequent review of physician and hospital records. Attempts were made to obtain a completed questionnaire for each mother and child in the study. At no point until final analysis of data was a study individual identified as belonging to iron-fed or control group.

The information recorded for mothers was cause of death, benign or malignant tumors, and morbidity resulting from a variety of diseases. For the index child and subsequent sibling, the same information plus the presence of congenital malformations, behavior or learning disorders and number of school grades completed was recorded. Reported occurrences of deaths or tumors were confirmed by study of death certificates, physician and hospital records and review of pathology material where possible. Followup was instituted in 1964 and terminated in 1967.

Estimate of radiation dose to mother and fetus

Hahn (1963 personal communication) estimated the radiation dose to the fetus as 5 to 15 rads. In the original publication, "Iron Metabolism in Human Pregnancy Studied with the Radioisotope ^{59}Fe" (16), no estimates of fetal absorbed dose were given, although estimates of 0.2 roentgens to blood and 0.02 roentgen to total body tissues were given for the maternal organism. These calculations are based on measurements suggesting a body burden of ^{59}Fe of 2 to 4 uc. There is, unfortunately, great uncertainty in these original estimates of Hahn's and in any refinement we can make at this time. Assuming that the efficiency of counting of ^{59}Fe is 25 per cent as described by Hahn, it is possible from his original data to reconstruct the actual number of microcuries fed each mother. Because of the method used for determining "iron absorption," it is not possible to determine the microcuries absorbed by the mother nor to make other than an estimate of how much of the absorbed dose passed from the mother to the fetus. The method used was to feed a single isotope of iron (^{59}Fe), wait two to four weeks, secure an aliquot of maternal blood and determine the counts per minute of ^{59}Fe in the blood sample. The maternal blood volume was estimated and the total amount of ^{59}Fe in blood calculated. This value was then divided by the counts fed to give per cent absorption. The method assumes that

all, or at the very least, a reasonably constant and large proportion of absorbed radioiron is incorporated into maternal hemoglobin. In normal subjects, this assumption can be shown to be true, and at least relative absorption (for instance, the effect on absorption of different dosage levels of elemental iron) can be determined using a single isotope of iron and blood samples (17).

In pregnancy, however, plasma iron is directed not only to the maternal bone marrow for new heme synthesis, but also traverses the placenta to the fetus. Effectively then, the values for absorption of iron given by Hahn and coworkers underestimate the amount absorbed since he measured only the proportion of iron which reappeared in maternal hemoglobin. Iron which went directly to the fetus would not be measured as "absorbed." In the first trimester, less than 1 per cent of a ^{59}Fe tracer dose injected intravenously into well nourished mothers is picked up by the human fetus (18). On a weight basis, however, this is approximately a 100-fold greater uptake by the fetus than expected on the basis of the maternal accumulation. In the rat, by the third trimester of pregnancy, fully 50 per cent of plasma radioiron is destined for the multiple fetuses (19).

Hahn and his colleagues recognized and commented on the methodologic problems in determining iron absorption in pregnancy (16). Nevertheless, in the light of present day knowledge the number of microcuries actually absorbed by the mother and the proportion which was directed to the fetus remain uncertain. Thus, of necessity, comparisons in our study have been made for high and low dose feedings by trimester based on counts per minute fed. At present we are unable to obtain valid estimates of absorbed radiation dose, for analysis of dose-response relationships.

Results

No differences were found for per cent live births between the radioiron and control pregnancies, nor were any significant differences found for the two groups in frequency of abortions, stillbirths, or neonatal deaths (table 1). In the 679 iron fed pregnancies on which there was complete followup, there were 12 neonatal deaths, nine stillbirths and 11 abortions; and for 705 non-fed pregnancies, 14 neonatal deaths, nine stillbirths and 14 abortions. Previous findings in the original Vanderbilt Cooperative Study are similar, with frequency for stillbirth and neonatal death of 1.5 and 2.0 per 100 total births.

Non-accidental deaths among the children occurring after the neonatal period through age 15 years totalled 17 for the iron-59 group compared to 12 for controls. Death rate based on person years of observation through age 15 years for the irradiated and non-irradiated group is 1.62 and 1.25 per 1,000 person years, respectively. Twenty-one non-accidental deaths occurred among radioiron fed and 14 among control mothers, yielding death rates of 1.7 and 1.1 per 1,000 person years, respectively.

Four malignancies occurred among the children receiving prenatal radiation exposure, and none were found among the non-exposed children. One of the malignancies was a primary carcinoma of the liver in a male age 11 years at death. This tumor is probably unrelated to radiation since fatal primary liver carcinoma also occurred in two of his older male siblings. This familial occurrence has been reported elsewhere (20).

Acute lymphatic leukemia occurred in one female whose mother received ^{59}Fe in the 23rd week gestation. The child died at age five years and 11 months, having developed symptoms attributed initially to rheumatoid arthritis four months before death.

A third study child, a female, died at

TABLE 3

Congenital defects in ^{59}Fe fed and control children

^{59}Fe fed		Control	
Type defect	Frequency	Type defect	Frequency
First trimester		Congenital heart disease	2
Congenital heart disease	1	Congenital heart disease with congenital absence of radii	1
Hydrocephalus	1	Aberrant blood vessel	1
Mongolism	1	Hydrocephalus	2
Ectopic kidney	1	Spina bifida occulta spine	1
Cleft palate	1	Cretinism	1
Pilonidal cyst	1	Mongolism	1
Second trimester		Absence of falx cerebri and microgyria	1
Congenital heart disease	2	Redundant ureter	1
Congenital hydrocephalus, talipes varus, syndactylism	1	Congenital urinary tract disorder	1
Hypospadias	3	Exstrophy of bladder and epispadias	1
Polycystic kidney, pulmonary atelectasis	1	Dislocated hip	1
Talipes varus, valgus	3	Talipes	8
Hemangioma	3	Tibial torsion	1
Supernumerary toe	1	Hemangioma	7
Pilonidal cyst or sinus	2	Cleft palate	2
Strabismus, esophoria	2	Spade hand, supernumerary thumb	2
Accessory azygus lobe	1	Bifid uvula	1
Atelectasis	1	Pilonidal cyst or sinus	3
Thyroglossal duct cyst	1	Strabismus	3
Defects of cranial bones	1	Bronchial cleft cyst	1
Third trimester		Muscular dystrophy	1
Congenital heart disease	1	Amaurotic familial idiocy	1
Congenital hydrocephalus	2	Vitamin D resistant rickets	1
Microcephaly	1	Familial periodic paralysis	1
Generalized cortical atrophy	1	Multiple (Cleft palate, hypospadias, pilonidal sinus, talipes varus)	1
Uretheral obstruction	1	Total defects	47
Talipes varus, valgus	4	Total pregnancies	705
Hemangioma	2	Defects per 100 pregnancies	6.7
Hand deformity	1		
Pilonidal cyst or sinus	1		
Strabismus	1		
Biliary atresia	1		
Total defects	44		
Total pregnancies	679		
Defects per 100 pregnancies	6.5		

age 11 years of synovial sarcoma of the right thigh metastatic to the lungs. Symptoms from the tumor had been noted from age ten and one-half years. The ^{59}Fe was fed in the thirteenth week of gestation.

The fourth child, a male, died at age 11 years of lymphosarcoma of the cecum metastatic to the omentum, after an illness of two months. The mother had received radioiron in the 20th week of gestation.

There were 23 malignancies in mothers who received radioiron and 24 in the control group. Relative frequency of the various types was roughly comparable in the two groups, and no particular type of tumor seemed related to the higher doses as measured by counts per minute fed.

Congenital defects are tabulated in table 3. In this study congenital defect refers to both gross structural defects present at

birth and microscopic malformations or physiological disturbances present though not necessarily recognized at birth. Defects which have been excluded from analysis are hydrocele, hernia, and pes planus. There were 6.5 defects per 100 pregnancies for mothers receiving radiation and 6.9 per 100 for controls. Fetal sensitivity to induction of congenital malformation is highest in the first trimester. For this reason congenital defects were grouped by trimester of iron administration. Iron was administered in the first trimester for 106 pregnancies, in the second for 344, and in the third trimester for 219. For ten pregnancies trimester of feeding was unknown. No differences were noted in frequency of total malformations or structural aberrations of the CNS when analyzed by trimester of iron administration.

To evaluate possible genetic effects in mothers fed radioactive iron, congenital defects for siblings born after the study pregnancy were assessed. The frequency for congenital defects in siblings per 100 live births following the study pregnancy is similar for study and control groups (table 4).

Other defects resulting from genetic damage may have occurred in offspring of study children but no data were collected on these. There have been 171 offspring born to iron-fed and 74 to non-iron-fed children. (Iron-fed children at end of followup were slightly older than the comparison group.)

TABLE 4

Congenital defects in younger siblings of ^{59}Fe fed and control children

^{59}Fe fed		Control	
Type defect	Frequency	Type defect	Frequency
Tetralogy of fallot	2	Congenital heart disease	4
Patent ductus	1	Congenital heart disease with pyloric stenosis	1
Right aortic arch	1	Mongolism	1
Hydrocephalus	1	Hydrocephalus with talipes varus and spina bifida	1
Craniostenosis	2	Hydrocephalus	1
Mental retardation	1	Bilateral hydronephrosis	1
Mongolism—lymphatic leukemia	1	Congenital neuromuscular disorder urinary tract	1
Congenital hydronephrosis	1	Talipes varus	2
Polycystic kidney	1	Cleft palate	1
Miatal atresia	1	Club food and congenital web	1
Pilonidal sinus	1	Branchial cleft cyst	1
Talipes varus, valgus	1	Thyroglossal duct cyst*	2
Congenital angulation tibia	1	Congenital atelectasis	1
Congenital dislocated hip	1	Mucoviscidosis	1
Hemivertebra	1	Muscular dystrophy	1
Hemangioma	3	Pseudohypertrophic muscular dystrophy*	1
Supernumerary finger	2	Amaurotic familial idiocy*	1
Pyloric stenosis and strabismus	1	Congenital papiliomata (skin face) and displaced auricle	1
Strabismus	1	Total defects	23
Total defects	24	Total live births following study pregnancy	855
Total live births following study pregnancy	769	Defects per 100 live births	2.7
Defects per 100 live births	3.1		

* Study child had same defect.

There were only five malignancies in children born following the study pregnancy, two in offspring of control women and three in offspring of women receiving radioiron. These tumors were a rhabdomyosarcoma of the neck and a Wilm's tumor in subsequent children of the non-radioiron-fed mothers. For the children of radioiron-fed mothers, a Wilm's tumor, a glioma of the optic chiasma, and acute lymphatic leukemia in a mongoloid child were recorded. The mother of the child with a glioma died of clear cell carcinoma of the kidney.

Discussion

Evidence is abundant relating the occurrence of leukemia to both prenatal and postnatal radiation exposure. Postnatal radiation induced leukemia has been observed in therapeutically administered radiation in children and adults (1–3), and following P-32 administered for polycythemia (4). The above observations are paralleled on well individuals exposed to radiation, an increased incidence of leukemia having been noted in Japanese exposed to the atomic bomb blast and in radiologists (5, 21).

In Japanese exposed in childhood, acute lymphatic and chronic granulocytic leukemia are most markedly increased with maximal incidence rates occurring during 1950–1954. Measurements of leukemia incidence continue to be made in survivors of the atomic bomb (6). The appearance time for acute leukemia, in the heavily exposed group, appears to be related to age at exposure and to dose, with latent periods of 8.6, 9.4, and 13.0 years for those between the ages of 0–14, 15–29, and 30, respectively, at time of exposure. From 1946 to 1964 the heavily exposed group continued to experience an increased incidence of leukemia compared to those individuals exposed at a greater distance from the center of bomb (7).

Several studies have revealed an increased incidence of leukemia in childhood following exposure to diagnostic x-ray exposure in utero (8–10). Court-Brown et al. found no increase in risk following such exposure (11). McMahon reported a relative risk for children exposed to radiation in utero of 1.4. More recently Graham et al. have found x-ray to all sites associated with a relative risk of leukemia of 1.59 and x-ray to abdomen alone with a risk of 1.40 (22).

No exact dose calculations are available for the progeny in the several studies of in utero exposure to diagnostic radiation but this has been estimated at approximately 5 rads.

Speculation has arisen as to whether some factor which dictates the need for diagnostic radiation in the pregnant mother predisposes in some unknown fashion to the occurrence of the disease itself in progeny irradiated while in utero (23). As noted previously, in reports on two unselected fetal populations exposed in utero, excess mortality from leukemia has not been observed (12, 13).

Other types of malignancies are known to occur following exposure to radiation. Beach and Dolphin have summarized three separate studies of children irradiated in infancy or childhood for thymus enlargement or other miscellaneous conditions who subsequently developed thyroid malignancies (24). A recent report has appeared of increased incidence of cancers of a variety of types in spondylitis patients receiving x-ray therapy (25), and an increased incidence of thyroid cancers, especially in females, has been observed in the atomic bomb exposed group (26, 27). Patients irradiated for tenia capita presented a larger number of cancers of a variety of types than non-irradiated patients with the same disease (28). A higher mortality from cancer, cardiovascular renal disease, and all other causes combined has been noted in members of the Radiological Society as compared with members of the American College of Physicians (21). The failure to find an in-

creased incidence of neoplasms in mothers receiving radioiron compared to non-radioiron-fed controls may well be due to the small size of the study group and also to the small maternal absorbed dose.

The discovery of three cases of malignancy (excluding the case of familial liver cancer), in the present study in the radiation exposed group as opposed to none in the non-exposed group suggests a cause and effect relationship. However, based on 1950 and 1960 death rates for malignancies in the white population of Tennessee for all ages through 14 years, approximately 0.65 cases would be expected in the study population for the 8,660 person-years of observation through 14 years. The probability of observing three or more cases when less than one case is expected is .03.

Conflicting reports exist about the influence of gestation time of exposure on the effects of radiation. Stewart (8) found a higher case-to-control ratio for mothers x-rayed in the first half of pregnancy than for those x-rayed in the latter half for cases of leukemia and malignancy. Graham et al. have found that differences by trimester were small, but the estimated risk for leukemia in the latter trimester was somewhat larger than in the first (22). Too few cases are available in the present study to provide meaningful information on this point.

For the case and control groups in the present study no significant differences were noted in the frequency of congenital defects. The extensive literature related to congenital defects has been reviewed recently by Brill et al. (29) and a time table for human prenatal radiation effects has been presented by Dekaban (30).

Many congenital malformations, although obviously present at birth, are not discovered until several years later. In a fetal life study of 5,964 pregnancies, only 43.2 per cent of the malformation reported presented signs or symptoms observable at birth (31). In the Vanderbilt iron-fed and non-fed study group, 11 and eight infants, respectively, were found to have congenital defects in the neonatal period, and by the end of followup, 44 and 49 were recorded for the two groups. This frequency of 6.7 per cent, (93 defects for 1,384 pregnancies) is similar to the figure of 7.5 per cent for products of conception weighing over 500 gms reported by McIntosh (31).

The many studies of the Hiroshima and Nagasaki population which have attempted to measure the genetic effects of radiation have failed to demonstrate any increase in congenital malformations in children conceived following radiation exposure of their parents (32). Neal has summarized the various indicators of genetic damage employed in the Japanese studies; only one, the sex ratio, appears to be of possible significance (33). No evidence was found in the present study suggesting that radiation caused an increase in the frequency of congenital defects in exposed fetuses or in offspring of mothers born subsequent to the exposure and fed ^{59}Fe.

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Health & Energy Institute

P.O. Box 5357
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Phone: 301-585-5831

August 30, 1994

Congressman Ron Dellums
Chairperson
House Committee on Armed Services
2120 Rayburn House Office Building
Washington, DC 20515
ATTN: Paul Walker

Dear Congressman Dellums:

I am writing to applaud your past support for the rights of those injured by radiation from nuclear activities, and to say thanks. I'm seeking two pieces of assistance in regard to the President's Advisory Committee on Human Radiation Experiments:

1. A letter of recommendation from you to add a family member of a Cincinnati, Ohio deceased experiment subject, African-American Gwendon Plair, Ph.D. to a vacancy on the President's Advisory Committee on Human Radiation Experiments, and

2. Support for broadening the Advisory Panel membership to meet the mandate of the Federal Advisory Committee Act (FACA) that affected parties should be represented on such panels. While some institutions that engaged in experiments have current staff on the panel, there are no representatives of experimental subjects, their families, or their scientific advisors.

I hope that you will join public interest groups in their request that independent scientists and victim's representatives be appointed to the President's Advisory Committee on Human Radiation Experiments. Several scientific disciplines are represented on the Committee by scientists from various institutions of higher education. Recent disclosures demonstrate that some of these institutions were involved in experiments that radiated human subjects. While President Clinton was probably unaware that scientists appointed to the committee came from institutions that engaged in past radiation experimentation, the absence of the affected subjects is clear.

While I believe that these scientists can attempt to overcome any bias, conferring membership to additional parties would make the committee work product more credible, and meet the mandate of FACA. It is simply unfair that the

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institutions which engaged in radiation studies are represented on the Committee while the study victims themselves have no voice.

At the very least, we would like to see an Afro-American victim representative, Gwendyn Plair, Ph.D. appointed to fill the vacant seat on the Committee. His mother was part of the Cincinnati hospital experiment which exposed unwitting victims to deadly dose radiation in a project controlled by Dr. Eugene Saenger in the 1960's. Funded by the defense department, this study gave LD-50 doses to patients who had cancers known to be resistant to radiation treatment. This kind of mistreatment should not occur in American hospitals, much less be funded by our government.

Dr. Gwendon Plair is a co-founder of Concerned Relatives of Cancer Study Patients (C.R.O.C.S.P.), a family support group for the Cincinnati experiment family members. Dr. Plair works locally as a health care professional at Georgetown Hospital and resides at 1395 Sheridan St., N.W., Washington, D.C. He has already attended some of the Committee's public meetings. We believe this Afro-American candidate would both provide insights for the committee and assist in communicating with experimental subject survivors or families.

Gwendon Plair grew up in the Cincinnati, Ohio area. He attended Hughes High School, and the University of Cincinnati where he was awarded a Bachelors degree in psychology. He attended the Academy of Arts and Sciences at Texas A&M where he was awarded a Masters and Doctorate in Psychology/Mental Health. He attended special classes in neuropsychiatrics at the Academy of Arts and Sciences, as well as numerous special courses. We urge you to send a letter recommending Dr. Plair as an immediate replacement member to the President's Advisory Committee on Human Radiation Experiments. A copy of our Institute's letter of recommendation is enclosed.

I'm enclosing a list of past hearings and bills pending regarding human radiation experimentation. Please let me know if I have missed any. I believe that someone held hearings in Cincinnati, but I'm not sure which committee did so.

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I can be reached at 301-585-7672 or the telephone number above. Please keep me informed of your Committee's activities regarding this issue, and forward printed copies of any relevant hearings when they become available. Thanks!

Cordially,

Kathleen M. Tucker

Kathleen M. Tucker, Esq.
President

KT:le

Enclosures

cc: Ms. Christine Varney
Gwendon Plair, Ph.D.
National Committee for Radiation Victims

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LEGISLATIVE ACTION
REGARDING
HUMAN RADIATION EXPERIMENTATION

AUGUST, 1994

BILLS PENDING IN 103rd CONGRESS

HOUSE OF REPRESENTATIVES

H.R. 3743

Title: Radiation Experimentation Compensation Act of 1994
Sponsor: Rep. Martin Frost (D-TX)

H.R. 4292

Title: Radiation Experimentation Victims Act of 1994
Sponsor: Rep. Edward Markey (D-MA)

HEARINGS

1-18-1994	Energy & Power Subc. Chair: Rep. Phil Sharp (D-IN) HOUSE ENERGY & COMMERCE COMMITTEE
TOPIC:	Federal Government Testing of Human Subjects for Studies of the Effects of Radiation
1-25- 1994	Chair: Sen. John Glenn (D-OH) SENATE GOVERNMENTAL AFFAIRS COMMITTEE
TOPIC:	Human Radiation & Other Scientific Experiments: The Federal Government's Role
2-2-1994	Administrative Law and Governmental Relations Subc. Chair: Rep. John Bryant (D-TX) HOUSE JUDICIARY COMMITTEE
TOPIC:	Government Sponsored Testing on Humans
2-8-1994	Chair: Rep. Sonny Montgomery (D-MS) HOUSE VETERANS AFFAIRS COMMITTEE
TOPIC:	Departmental Action on Radiation Experiments
2-10- 1994	Energy Subc. Chair: Rep. Marilyn Lloyd (D-TN) SCIENCE, SPACE & TECHNOLOGY COMMITTEE
TOPIC:	Human Radiation Experimentation, Ethics, & Gene Therapy
2-24-1994	Oversight & Investigations Subc. Chair: Rep. George Miller (D-CA) HOUSE NATURAL RESOURCES COMMITTEE
TOPIC:	Radiation Exposure from Nuclear Tests in the Pacific

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June 15, 1994

President Bill Clinton
Attn: Ms. Varney
White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Clinton:

I am writing to applaud your support for Energy Secretary Hazel O´Leary´s efforts to reveal past government abuses regarding radiation experiments, and to urge that you appoint a victim´s representative to the President´s Advisory Committee on Human Radiation Experiments. I specifically wish to recommend Gwendon Plair, a family member of a Cincinnati hospital patient exposed to deadly dose radiation experiments in a project controlled by Dr. Eugene Saenger in the 1960´s.

The Health and Energy Institute provides support services to organizations concerned with radiation. The Institute sponsors Radiation Victims Roundtables, and it coordinated the First Global Radiation Victim´s Conference held in New York City in 1987.

Gwendon Plair is a co-founder of Concerned Relatives of Cancer Study Patients (C.R.O.C.S.P.), a family support group for the Cincinnati experiment family members. We believe this Afro-American candidate would both provide insights for the committee and assist in communicating with experimental subject survivors or families. We urge you to add him to your Advisory Committee.

Cordially,

Kathleen M. Tucker

Kathleen M. Tucker
President

KT:le

cc: President´s Advisory Committee on Human Radiation

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August 30, 1994

Senator John Glenn
Chairperson
Committee on Government Affairs
340 Senate Dirksen Office Building
Washington, DC 20510
ATTN: Chris Kline

Dear Senator John Glenn:

I am writing to applaud your past support for the rights of those injured by radiation from nuclear activities, and to say thanks. I'm seeking two pieces of assistance in regard to the President's Advisory Committee on Human Radiation Experiments:

1. A letter of recommendation from you to add a native Ohioan, a family member of a Cincinnati deceased experiment subject, African-American Gwendon Plair, Ph.D. to a vacancy on the President's Advisory Committee on Human Radiation Experiments, and

2. Support for broadening the Advisory Panel membership to meet the mandate of the Federal Advisory Committee Act (FACA) that affected parties should be represented on such panels. While some institutions that engaged in experiments have current staff on the panel, there are no representatives of experimental subjects, their families, or their scientific advisors.

I hope that you will join public interest groups in their request that independent scientists and victim's representatives be appointed to the President's Advisory Committee on Human Radiation Experiments. Several scientific disciplines are represented on the Committee by scientists from various institutions of higher education. Recent disclosures demonstrate that some of these institutions were involved in experiments that radiated human subjects. We believe that President Clinton was unaware that scientists appointed to the committee came from institutions that engaged in past radiation experimentation.

While I believe that these scientists can attempt to overcome any bias, conferring membership to additional parties would make the committee work product more credible, and meet the mandate of FACA. It is simply unfair that the institutions which engaged in radiation studies are represented on the Committee while the study victims themselves have no voice.

Health & Energy Institute

P.O. Box 5357
Takoma Park, MD 20912
U.S.A.
Phone: 301-585-5831

At the very least, we would like to see an Afro-American victim representative, Dr. Gwendyn Plair, appointed to fill the vacant seat on the Committee. His mother was part of the Cincinnati hospital experiment which exposed unwitting victims to deadly dose radiation in a project controlled by Dr. Eugene Saenger in the 1960´s. Funded by the defense department, this study gave LD-50 doses to patients who had cancers known to be resistant to radiation treatment. This kind of mistreatment should not occur in American hospitals, much less be funded by our government. While the "subjects" of this experiment died, some from the experiment itself, most of the family members are your Ohio constituents.

Dr. Gwendon Plair is a co-founder of Concerned Relatives of Cancer Study Patients (C.R.O.C.S.P.), a family support group for the Cincinnati experiment family members. Dr. Plair works locally as a health care professional at Georgetown Hospital and resides at 1395 Sheridan St., N.W., Washington, D.C. He has already attended some of the Committee´s public meetings. We believe this Afro-American candidate would both provide insights for the committee and assist in communicating with experimental subject survivors or families.

Gwendon Plair grew up in the Cincinnati, Ohio area. He attended Hughes High School, and the University of Cincinnati where he was awarded a Bachelors degree in psychology. He attended the Academy of Arts and Sciences at Texas A&M where he was awarded a Masters and Doctorate in Psychology/Mental Health. He attended special classes in neuropsychiatrics at the Academy of Arts and Sciences, as well as numerous special courses. We urge you to send a letter recommending Dr. Plair as an immediate replacement member to the President´s Advisory Committee on Human Radiation Experiments. A copy of our Institute´s letter of recommendation is enclosed.

I´m enclosing a list of past hearings and bills pending regarding human radiation experimentation. Please let me know if I have missed any. I believe that someone held hearings in Cincinnati, but I´m not sure which committee did so.

Health & Energy Institute

P.O. Box 5357
Takoma Park, MD 20912
U.S.A.
Phone: 301-585-5831

I can be reached at 301-585-7672 or the telephone number above. Please keep me informed of your Committee's activities regarding this issue, and forward printed copies of any relevant hearings when they become available. Thanks!

Cordially,

Kathleen M. Tucker

Kathleen M. Tucker, Esq.
President

KT:le

Enclosures

cc: Ms. Christine Varney
Gwendon Plair, Ph.D.
National Committee for Radiation Victims

Health & Energy Institute

P.O. Box 5357
Takoma Park, MD 20912
U.S.A.
Phone: 301-585-5831

June 15, 1994

President Bill Clinton
Attn: Ms. Varney
White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Clinton:

I am writing to applaud your support for Energy Secretary Hazel O´Leary´s efforts to reveal past government abuses regarding radiation experiments, and to urge that you appoint a victim´s representative to the President´s Advisory Committee on Human Radiation Experiments. I specifically wish to recommend Gwendon Plair, a family member of a Cincinnati hospital patient exposed to deadly dose radiation experiments in a project controlled by Dr. Eugene Saenger in the 1960´s.

The Health and Energy Institute provides support services to organizations concerned with radiation. The Institute sponsors Radiation Victims Roundtables, and it coordinated the First Global Radiation Victim´s Conference held in New York City in 1987.

Gwendon Plair is a co-founder of Concerned Relatives of Cancer Study Patients (C.R.O.C.S.P.), a family support group for the Cincinnati experiment family members. We believe this Afro-American candidate would both provide insights for the committee and assist in communicating with experimental subject survivors or families. We urge you to add him to your Advisory Committee.

Cordially,

Kathleen M. Tucker

Kathleen M. Tucker
President

KT:le

cc: President´s Advisory Committee on Human Radiation

Health & Energy Institute

P.O. Box 5357
Takoma Park, MD 20912
U.S.A.
Phone: 301-585-5831

LEGISLATIVE ACTION
REGARDING
HUMAN RADIATION EXPERIMENTATION

AUGUST, 1994

BILLS PENDING IN 103rd CONGRESS

HOUSE OF REPRESENTATIVES

H.R. 3743

Title: Radiation Experimentation Compensation Act of 1994
Sponsor: Rep. Martin Frost (D-TX)

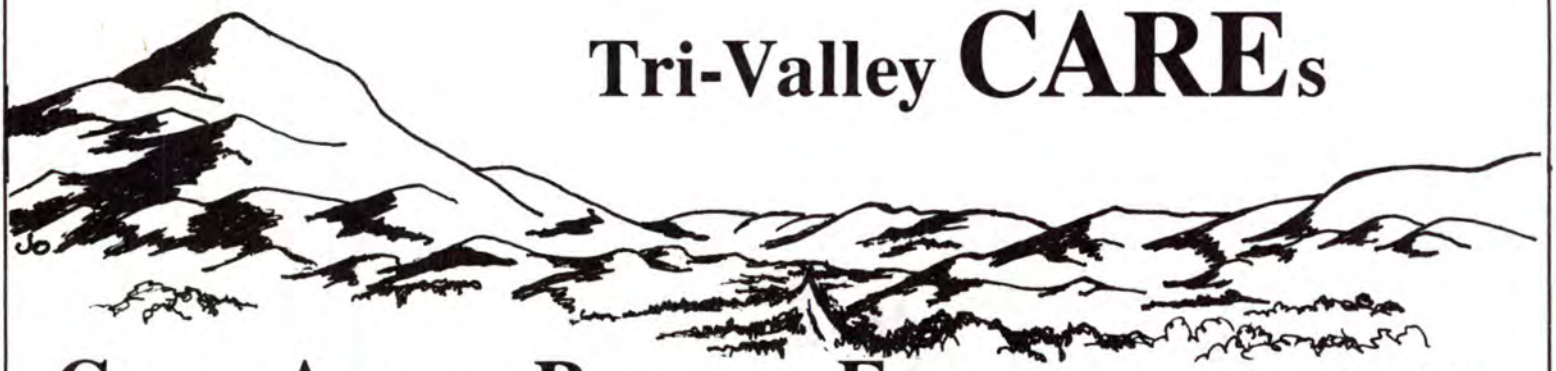
H.R. 4292

Title: Radiation Experimentation Victims Act of 1994
Sponsor: Rep. Edward Markey (D-MA)

HEARINGS

1-18-1994	Energy & Power Subc. Chair: Rep. Phil Sharp (D-IN) HOUSE ENERGY & COMMERCE COMMITTEE
TOPIC:	Federal Government Testing of Human Subjects for Studies of the Effects of Radiation
1-25- 1994	Chair: Sen. John Glenn (D-OH) SENATE GOVERNMENTAL AFFAIRS COMMITTEE
TOPIC:	Human Radiation & Other Scientific Experiments: The Federal Government's Role
2-2-1994	Administrative Law and Governmental Relations Subc. Chair: Rep. John Bryant (D-TX) HOUSE JUDICIARY COMMITTEE
TOPIC:	Government Sponsored Testing on Humans
2-8-1994	Chair: Rep. Sonny Montgomery (D-MS) HOUSE VETERANS AFFAIRS COMMITTEE
TOPIC:	Departmental Action on Radiation Experiments
2-10- 1994	Energy Subc. Chair: Rep. Marilyn Lloyd (D-TN) SCIENCE, SPACE & TECHNOLOGY COMMITTEE
TOPIC:	Human Radiation Experimentation, Ethics, & Gene Therapy
2-24-1994	Oversight & Investigations Subc. Chair: Rep. George Miller (D-CA) HOUSE NATURAL RESOURCES COMMITTEE
TOPIC:	Radiation Exposure from Nuclear Tests in the Pacific

Tri-Valley CAREs



Citizens Against a Radioactive Environment (510) 443-7148

5720 East Ave., #116 • Livermore, CA 94550 (510) 449-6603

August 20, 1994

President Bill Clinton
Attn: Christine Varney
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear President Clinton:

Tri-Valley CAREs' purpose in writing you is twofold. First, we congratulate you for the efforts to date of Energy Secretary Hazel O'Leary in beginning the "openness initiative" which seeks, in part, to involve participation by the directly affected public in decision-making. Second, we request that you extend this initiative to include seating citizen representatives to your "President's Advisory Committee on Human Radiation Experiments."

We recommend a minimum of three, chosen from each of the following categories.

1) Exposed DOE workers. Vina Colley, a former electrician at the Portsmouth Uranium Enrichment Plant and current President of a community-based group, Portsmouth/Piketon Residents for Environmental Safety and Security (PRESS) should be asked to serve. Ms. Colley suffered exposure while on the job at the Portsmouth facility, and she would bring an invaluable experience-based perspective to the Committee. Further, PRESS is a member group of the Military Production Network (as is Tri-Valley CAREs), and could help serve as a link from the 40 organizations of the Network and the Committee.

2) Downwinders. Raymond Yowell, or a representative to be named by the Western Shoshone Nation or its National Council should be invited. Mr. Yowell is chief of the Western Shoshone, on whose lands the Nevada Test Site is located. The Western Shoshone have been directly affected by radiation from nuclear testing, and should be asked, nation to nation, by the U.S. to participate. A number of respected "downwinder" organizations around the test site and other DOE facilities could be tapped for the Committee as well.

3) Atomic veterans. We know of two such organizations, the National Association of Radiation Survivors and the International Alliance of Atomic Veterans. These organization should be asked to submit nominations.

If our organization can be of assistance in providing further information, please don't hesitate to call on us.

Sincerely,
Marylia Kelley
Marylia Kelley

For Peace, Justice and the Environment
Tri-Valley CAREs
5720 East Ave. #116
Livermore, CA 94550-3835

Address Correction Requested

President Bill Clinton
Attn: Christine Varney
The White House
1600 Pennsylvania Ave
Washington, DC 20500

I/o Phil Caplan

Ellen

FYI Steve

NATIONAL COMMITTEE FOR RADIATION VICTIMS

August 4, 1994

Mr. Dan Reicher
Deputy Chief of Staff
Department of Energy, Rm. 7A-257
1000 Independence Ave., SW
Washington, D.C. 20585

Dear Dan,

Just a short note to thank you and Steve for taking of your time to meet with us on the 25th of July, and for your insightful recommendations. In follow up, I have discussed our concerns about the makeup of the Advisory Committee on Human Radiation Experiments as well as the subject of financial support for the Task Force on Radiation and Human Rights with Dr. Reed Tuckson, Chair of the Advisory Committee's Outreach Subcommittee and with Dan Guttman.

Our discussions with representatives of the Advisory Committee concerning the makeup of the Advisory Committee, although as yet inconclusive, have proven constructive. We appear to be approaching agreement that the presently vacant seat on the Advisory Committee should be filled by an experiment victims' representative.

As to the credentials of the existing members of the Advisory Committee, and as to whether additional members should be named to balance certain professional specialties - ie. the health physicists - Dan Guttman and I have had a rather wide ranging, free-flowing (and frank) discussion, with as yet no resolution. From the perspective of the people I represent in this matter, the professional makeup of the Advisory Committee is of critical importance. The victims/survivors' community has a vested interest (as does the Department of Energy) in ensuring, to the extent feasible, that the Advisory Committee's final report is above reproach. It is critical that its findings and conclusions are received, particularly by the experiment victims, as absolutely credible.

As demonstrated by the enclosed Cincinnati Enquirer article, concerns about the makeup of the Advisory Committee are now beginning to be publicly raised. Before these and related concerns become widespread, it would seem to make sense that the dialogue we began on the 25th in your office be continued, specifically directed at whether the Advisory Committee's membership should be expanded to include not only an experiment victim representative but additional representatives of the scientific professional community.

Sincerely yours,

E. Cooper Brown
Executive Director

enclosures

cc: Dr. Steven Galson
Jackie Kittrell, Esq.

6935 Laurel Avenue, Suite 207, Takoma Park, MD 20912 Phone (202) 775-878

AUG 2, 1994

Tilt in favor of Saenger charged

Panel 'a good ol' boy network,' advocate says

BY PAUL BARTON
Inquirer Washington Bureau

DEADLY EXPOSURE
GENERAL HOSPITAL'S ATOMIC SECRETS

WASHINGTON — Advocates for radiation victims are starting to view the White House panel investigating Cold War experiments as biased toward researchers such as Cincinnati's Dr. Eugene Saenger.

The charges come as the panel continues to uncover evidence of widespread government discussion of informed-consent standards dating to the late 1940s.

It raises more questions about why Saenger and the University of Cincinnati did not follow stricter consent procedures in their experiments on at least 88 cancer patients at Cincinnati's former General Hospital.


Saenger

Government agencies and citizens groups are watching the 14-member federal Advisory Committee on Human Radiation Experiments as it plows through Cold War research secrets.

Saenger's experiments continue to be among the most sensitive for the group.

The panel, which began meeting in April, spent almost a half hour discussing the Cincinnati case [illegible] week. [illegible]

Two [illegible] Dr. H[illegible] Dr. [illegible] [illegible] work [illegible] the pa[illegible] [illegible]

meeting last [illegible] group's [illegible] sen-

[illegible] of the panel, [illegible] Louis and [illegible] said [illegible] der [illegible] Saenger's [illegible] neu- [illegible] hed [illegible] ner

[illegible] R., [illegible] 34)

AUG 2, 1994

Radiation: Informed consent debate

CONTINUED FROM PAGE B1

institutions.

Saenger also has insisted that his whole- and partial-body radiation research from 1960 to 1971 was intended as cancer therapy. The experiments are blamed for accelerating death in at least eight cases.

The Pentagon, interested in how soldiers could handle radiation blasts, provided $651,000 — most of the money — for the work.

Royal, associate director for the division of nuclear medicine at the Mallinckrodt Institute of Radiology, said he remains unsure how to judge Saenger's work.

Glatstein, chairman of the department of radiation oncology at the Simmons Cancer Center in Dallas, said he is confident Saenger's primary purpose was conducting therapeutic, not military-related research.

Glatstein said what impressed him most was the favorable review the American College of Radiology (ACR) report in 1972 gave Saenger's research, pronouncing it within the mainstream of similar work.

One ACR member was Dr. Henry Kaplan, listed then as chairman and radiology professor at Stanford Medical School, Glatstein said. He described Kaplan as his mentor.

"If Kaplan thought it was OK, that's good enough for me," Glatstein said.

Such remarks did not sit well with advocates for the families of Saenger's now-deceased patients.

"I think this committee is very unbalanced," said Geoffrey Sea, a radiation health physicist from Oakland, Calif., who is helping plaintiffs in a proposed class-action lawsuit on the Saenger experiments.

Of 14 members of the White House panel, four are radiation specialists, Sea said. They represent institutions that engaged in human radiation research and probably have a professional relationship with Saenger through the American College of Radiology, he said.

"It's a good ol' boy network," said Dr. David Egilman of Braintree, Mass., leading critic of Saenger's research.

An advisory committee spokesman said three of the four specialists — including Royal and Glatstein — are ACR members. Royal and Glatstein also represent university medical centers that do human radiation research.

"Almost all academic medical centers would be involved in (human) research involving radiation therapy," Royal said.

Asked about Sea's criticism, Royal said he understood the concerns but said: "The nuclear-medicine community is quite a small community. It would be hard not to know each other."

Egilman said the committee would have been more balanced having doctors with a broader view of cancer treatments than radiation oncologists, who treat tumors.

As the White House committee's work enters its fifth month, it continues to find documents dealing with informed consent and how it governed military research.

The issue is critical for fa[illegible] of Saenger's patients. Cong[illegible]nally approved or court-or[illegible] compensation for the families [illegible] hinge on whether Saenger [illegible] have been required to follow standards of informed conse[illegible]

During the first five years [illegible] research, Saenger used no [illegible] consent forms. A 1972 UC faculty report criticized him f[illegible] fully telling his patien[illegible] [illegible]sons for the experiment[illegible]

Last week, the advi[illegible] mittee staff said it found [illegible] documents dated June [illegible] and Nov. 5, 1953, that [illegible] military researchers [illegible] 1947 Nuremberg Code [illegible] outside contractors [illegible] ger as well as resea[illegible] armed forces. The [illegible] dards required use of [illegible] sent standards with [illegible] tions to the subjec[illegible] risks involved.

UC officials said [illegible] informed consent wa[illegible] tained verbally befor[illegible]

Royal, the radi[illegible] on the White House [illegible] issue is difficult to [illegible] you a piece of paper [illegible] that piece of paper [illegible] that informed con[illegible]

"If I sit down [illegible] spend 15 to 20 [illegible] answering your [illegible]ly try to make sur[illegible] you're volunteer[illegible] have you sign a [illegible] that informed con[illegible]

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Ms. Jacqueline Kittrell
General Counsel
American Environmental Health Studies Project
6328 Strawberry Plains Pike
Knoxville, TN 37914

Dear Ms. Kittrell;

Thank you for your letter regarding the position on the Advisory Committee on Human Radiation Experiments.

To date, no decisions have been made to fill the vacancy. We will keep your letter on file and inform you of any changes in the status of the Committee.

Thank you for your interest.

Sincerely,

Christine Varney

Christine A. Varney
Secretary to the Cabinet.

American Environmental Health Studies Project

6328 Strawberry Plains Pike • Knoxville, Tennessee 37914 • 615-637-3193 • 615-525-6730 fax

June 29, 1994

Christine Varney
Secretary to the Cabinet
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

RE: composition of the President's Advisory Committee on Human Radiation Experiments

Dear Secretary Varney,

I am writing to request that you appoint a victim's representative to the President's Advisory Committee on Human Radiation Experiments. Our group is a public interest research and litigation project based near Oak Ridge, Tennessee. For the last ten years, we have worked on the issues surrounding government human experimentation and have worked with the population in Tennessee most directly affected by these experiments. Our director, Cliff Honicker, was responsible for initiating a Congressional investigation in 1984 into the Department of Energy's role in human experimentation, which eventually led to the so-called "Markey Report" being published in 1986. We are pleased to see the Clinton Administration's commitment to openness in government, exemplified by the creation of this Advisory Committee, and we heartily approve of the support you all have given Secretary of Energy Hazel O'Leary in her resolve to declassify and disclose to the public the human experimental legacy of nuclear secrecy. While we applaud the President's efforts in this regard, we also think that it is critically important to expand the Advisory Committee to seat at least one member of a category of citizenry most affected by the subject matter about which you have requested advice--the victim, or survivor of the experiments.

We also believe it is imperative under the mandate of the Federal Advisory Committee Act (FACA) that the advisory committee in question be diverse in all points of view it represents. [1] The Advisory Committee on Human Experimentation is diverse in its representation of institutions which have previously engaged in human experiments, but it does not have on it one single member of the class of those who were affected directly by the medical experimentation. Although the President might have some hesitancy about appointing to the Advisory Committee someone who might bring to the table a sense of emotion and subjectivity vis a vis their own experience with the issue, , I think the benefit of having such a person present during Advisory Committee priority-setting, during decisions on how to advise and outreach to the victims' community (a role which DOE understands the Advisory Committee will be playing) and lending an imprimatur to any final report, outweighs any possible problems.

Once a decision is made to create such a seat or seats on the Advisory Committee, one very important factor in the selection should be that the person or persons appointed should represent truly

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[1] An advisory committee, including one that advises the President, must be created pursuant to a plan to "attain fairly balanced membership. The plan will insure that, in the selection of members for the committee, the agency **will consider a cross-section of those directly affected,** interested, and qualified, as appropriate to the nature and functions of the committee." 41 CFR 101-6.1007 (iii),
GSA implementing regulations for P.L. 92-463; 86 Stat. 770, Sec. 5 (b) (2), effective 10/72.

the vulnerability of those who were experimented upon. What I mean by this is that most of the medical experiments involving radiation were done by Government institutions or universities working with Government monies, isotopes, and approval, and were done to subjects who were defenseless and accessible--African Americans, the poor, the elderly, the mentally incompetent, children, and pregnant women, those hospitalized already with a pre-existing condition, and workers. My recommendation to fill this important slot is an African American man who resides in the District and who is a mental health professional with experience in counseling, Mr. Gwendon Plair. His grandmother, now deceased, was a victim of Dr. Eugene Saenger's Defense Department-funded human experiments using total body irradiation on cancer patients in Cincinnati, Ohio. He has been instrumental in founding one of the first experiment victims' support groups, Concerned Relatives of Cancer Study Patients (CROCSP, pronounced "cro-sep"). Mr. Plair is an intelligent and deliberate thinker and an excellent communicator with laypeople and technical people alike.

We would strongly urge the President to create a spot on the Advisory Committee to represent the diversity of the community affected by the issue of human experimentation, both in the spirit of common sense and FACA, and to appoint Mr. Gwendon Plair to that position.

With warm regards, I remain

Jacqueline O. Kittrell

Jacqueline O. Kittrell
General Counsel

cc:: Mr. Dan Guttman, Esquire
Executive Director, President's Advisory Committee on Human Radiation Experiments
Mr. Dan Reicher, Esquire
Office of the Secretary of Energy

Phil

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Mr. Fred Allingham
Executive Director
National Association of Radiation Survivors
P.O. Box 278
Live Oak, CA 95953

Dear Mr. Allingham:

Thank you for your letter regarding the position on the Advisory Committee on Human Radiation Experiments.

To date, no decisions have been made to fill the vacancy. We will keep your letter on file and inform you of any changes in the status of the Committee.

Thank you for your interest.

Sincerely,

Christine Varney

Christine A. Varney
Secretary to the Cabinet.

NATIONAL ASSOCIATION OF
RADIATION SURVIVORS

June 6, 1994

Ms. Christine Varney
Secretary to the Cabinet
Presidential Assistant on Committee Issues
President's Advisory Committee on Human Experimentation
The White House
Washington, DC 20500

Dear Ms. Varney:

We understand that a member of the President's Advisory Committee on Human Experimentation has resigned from the committee. This may be the opportune time to consider the appointment of a representative of the victim community to bring the committee back up to its authorized 15 members. I am not aware of whether you were in attendance when I gave a statement to the committee on May 18, 1994, but in that statement I had urged the committee to consider adding someone from the victim group to the committee both for input purposes and also to provide the victim group some assurance that the deliberations of the committee were legitimate and objective.

I have the names of a number of people who could serve the committee well, depending on what the committee feels it needs in terms of expertise on the subject of human radiation exposure. These include:

Mr. Gwendon Plain, an African-American mental health worker, whose mother was part of the medical radiation experiments. He can be reached at 1395 Sheridan St. NW, Washington, DC 20011, or telephone # (202)723-6365. Since he found out about the experiments he has been actively involved with many in the Cincinnati, OH community who were, or whose family member was, involved in the medical experiments.

If the committee could use an attorney, you might consider Mr. Cooper Brown, who also gave a statement to the committee on May 18th. Mr. Brown has worked with a diverse group of radiation victim groups including the Marshall Islanders who were exposed during atmospheric nuclear testing in the South Pacific. Mr. Brown can be reached at 6935 Laurel Ave., Suite 21, Takoma Park MD, 20912, or by calling (202)775-8786.

If the committee is interested in an Atomic Veteran, it might consider Mr. Tom Smith, a veteran of Operation Hardtack (1958) and the Region VIII Vice President and Legislative Director for the National Association of Radiation Survivors(NARS). Mr. Smith can be reached at 5023 Aspin Hill Rd., Rockville, MD 20853 or by telephone at (301)949-5565.

PO Box 278 Live Oak, CA 95953 (800)798-5102 (toll free) (916)846-5990 (regular & fax)

If the committee would be interested in the perspective of the broader radiation victim community, and travel expenses are not an issue, they might consider the appointment of Ms. Jean Ralph, President and Director of Atomic Widows for the National Association of Radiation Survivors(NARS), the largest radiation victim group in the country. As President of NARS, Jean deals with Atomic Veterans, including Gulf War Veterans, Downwinders from both Hanford and the Nevada Test Site, Uranium Miners, Civilian Test Site Workers, Residents around other nuclear weapons facilities, Laboratory Workers, South Pacific Islanders and other groups. Ms Ralph has been involved in radiation-related issues for over 15 years and could provide insight to the committee on the broader issues of exposures. Jean can be reached at 409 Streator, IL 61364 or by calling (815)672-9230.

We hope that the committee will consider recommending such an appointment to the President given the exclusion of radiation victims when the committee was first being formed. Any of the above individuals can assist the committee with its currently designated mission while also providing the committee with a broader context from which to advise the President. If there is anything we can do to further this kind of appointment, please so advise.

We are looking forward to your positive response.

Sincerely,

Fred Allingham
Executive Director

cc: Gwendon Plain
Cooper Brown
Tom Smith
Jean Ralph

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Ms. Diana Salisbury
Sycamore Valley Environmental Awareness Group
7019 Ashridge-Arnheim Road
Sardinia, OH 45171

Dear Ms. Salisbury:

Thank you for your letter regarding the position on the Advisory Committee on Human Radiation Experiments.

To date, no decisions have been made to fill the vacancy. We will keep your letter on file and inform you of any changes in the status of the Committee.

Thank you for your interest.

Sincerely,

Christine Varney

Christine A. Varney
Secretary to the Cabinet.

Sycamore Valley Environmental Awareness Group

Diana Salisbury
7019 Ashridge-Arnheim Rd.
Sardinia, Ohio 45171

Phil

June 24, 1994

The Honorable Bill Clinton
President of the United States
Attention: Christine Varney
White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear President Clinton:

On behalf of all the communities affected by the past policies and consequences of nuclear weapons production for this nation, I would like to thank you for the efforts of Department of Energy Secretary, Hazel O'Leary in implementing openness and public participation in the decision making process of the military weapons complex.

Secretary O'Leary's policy of addressing past governmental abuses of citizens and workers, especially in regard to radiation experimentation, represents a crucial beginning in restoring the public's trust in government and its agencies.

I am requesting that you appoint a citizen/victim representative to the President's Advisory Committee on Human Radiation Experiments. I wish to recommend Vina Colley, a former electrician at the Portsmouth Uranium Enrichment Plant in Piketon, Ohio, for your consideration.

Vina suffered exposure to both radioactive and toxic chemicals as a worker and has dedicated the past nine years to collecting data and addressing health risk and environmental contamination at this facility. She serves as President of a local group, PORTSMOUTH/ PIKETON RESIDENTS FOR ENVIRONMENTAL SAFETY AND SECURITY (PRESS). She is also a member of the MILITARY PRODUCTION NETWORK (MPN) and serves on a new Task Force On Human Rights and Radiation Exposure.

I believe Vina's background as both a victim and former worker, plus her years of research on this subject, would provide unique perspective for the committee's consideration and assist her in communicating and comforting other victims and families of victims. As a rural Appalachian, Vina has experienced exposure to high risk formerly allowed to minority groups without power and full access to the political process.

I am respectfully requesting that you consider adding Vina K. Colley to the Advisory Committee on Human Radiation Experiments.

Respectfully submitted,

Diana Salisbury

Diana Salisbury

cc: Vina K. Colley, PRESS

Diana Salisbury
7019 Ashridge Arnheim Road
Sardinia, Ohio 45171

The Honorable Bill Clinton
President of the United States
Attention: Christine Varney
White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Executive Director
Knoxville, TN 37914-9633

AMERICAN ENVIRONMENTAL HEALTH STUDIES PROJECT

Voice 615-637-3193
FAX 615-525-6730

FYI
Cliff Honicker

SUNDAY, JUNE 19, 1994

The Washington Post

OUTLOOK

Commentary and Opinion

BURNING SECRETS

In a Virginia Hospital, A Cold War Time of Strange Experiments

By Cliff Honicker

BETWEEN 1949 and at least 1957, the Medical College of Virginia MCV) ran a secret metabolic lab whose primary goal was preparation for massive nuclear casualties. Imbued with Cold War zeal and scientific arrogance, doctors conducted a series of potentially dangerous experiments on hundreds of unaware human subjects, most of them poor and African American. They were patients, severely burned in accidents, who became unwitting human guinea pigs in the course of their free medical treatment in "Special" burn units set up with Army research funds.

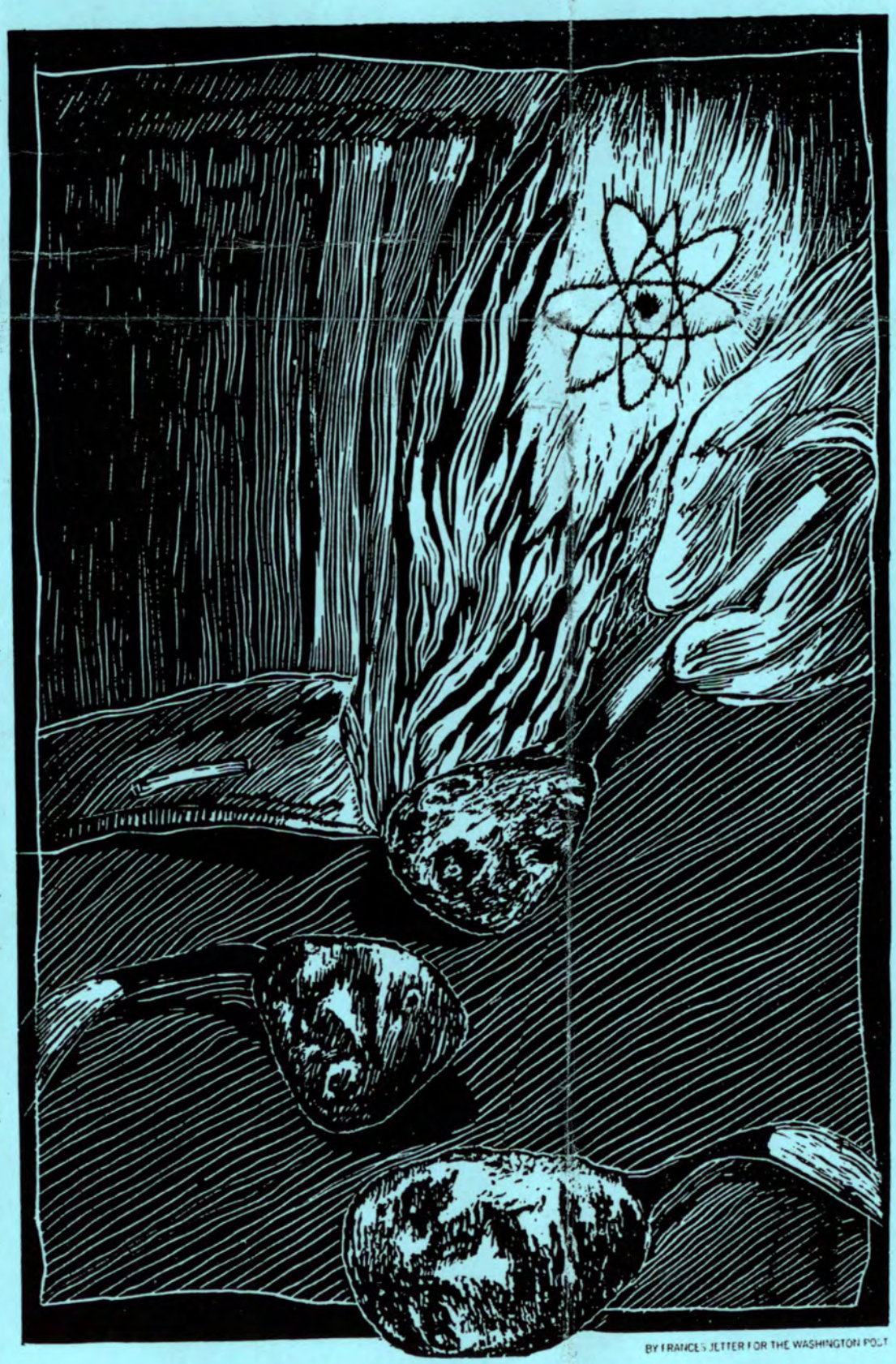
At MCV and two sister hospitals (Dooley, a charity hospital for black children, and St. Philip, a hospital for black adults), about 100 patients and/or volunteers a year were subjected to experimental burning, radiation or antibiotic treatment for what, at least in some cases, were acknowledged to be "investigational purposes."

The doctors injected radioactive isotopes into some of these patients, age 6 months to 90 years, knowing that, in earlier experimentation in their labs, the combined effect of burns and radiation led to significantly increased mortality rates in animals. The goal of the experiments was to develop new methods of medical triage and treatment for handling the millions of U.S. civilian and military casualties that could be expected in a nuclear war.

Last year, at the order of Energy Secretary Hazel O'Leary, the Department of Energy offered to release long secret dossiers on human experimentation. The order came as a result of Albuquerque Tribune reporter Eileen Welsome's Pulitzer Prize-winning series on plutonium experiments in the '40s. The Energy Department, citing a 1986 report by Rep. Edward Markey (D-Mass.), said experiments had been conducted on approximately 800 people nationwide. President Clinton established an Advisory Commission on Human Experiments a month later.

See BURNS, C4, Col. 1

Cliff Honicker is director of the American Environmental Health Studies Project of the Commission on Religion in Appalachia, based in Knoxville, Tenn.



BY FRANCES JETTER FOR THE WASHINGTON POST

Burning Secrets

BURNS, From C1

Some of these human experiments across the country caused little or no proven damage—for example, some involved only the addition of certain trace elements to food; others were conducted on patients judged to be beyond medical help.

But there appears to be no such benign explanation for the Richmond experiments, and after months of professed openness by the Energy Department and the Pentagon, the burn and radiation studies conducted in Richmond have not been revealed.

Files in the college archives suggest that the Richmond experiments may be the only ones in which the principal investigator wrote to the Atomic Energy Commission (AEC) with concerns of malpractice and informed consent *before* conducting the experiments.

In his inquiry, Everett Idris Evans asked about the history, experience and malpractice insurance claims arising from radiation experiments that were "purely investigational with no therapeutic benefit." The AEC and Army nuclear weapons-related human experiments were coordinated through the Armed Forces Special Weapons Project, based in Washington.

Evidence in the Richmond experiments also points to violations of the 1948 Nuremberg International Code that stated that all human subjects be fully informed of experiments conducted on them, that animal studies be done first and that no harm be anticipated in the human subjects as a result of the tests.

The Richmond study met only one of these conditions: They did the animal experiments first and then set out to experiment on humans. There is no evidence that the patients in special burn units at the three Richmond hospitals were ever told they were being experimented upon, much less fully informed as to the nature of the experiments.

I learned of Evans's concern about malpractice in 1984, in the course of prompting a congressional investigation that subsequently made the first request for Energy Department data on their "Special Case Files" and on human radiation experiments. ("Special cases" was a code used by the AEC to identify injury cases brought on by radiation exposure from the U.S. nuclear weapons programs.)

Evans was a highly-respected and highly decorated military surgeon. In the 1940s, he had served as the chief investigator for the U.S. Army's Office of Scientific Research and Development Board on Shocks and Burns. After the atomic bombing of Hiroshima and Nagasaki, he served as a consultant to the Atomic Bomb Casualty Commission, the scientific body overseeing studies of survivors. In 1948, he became director of the surgical research laboratories at MCV.

In 1947, Evans, under the auspices of the surgeon general of the Army, set up the first civilian burn unit in the United States at MCV. The unit was to study the metabolic effects of thermal injury in humans and thermal and irradiation injuries in dogs.

By comparing the results of the two, Evans hoped to find ways to quickly distinguish between lethal and nonlethal burns, to develop better one-piece field dressings for such burns and to find the best course of antibiotics to stop infections. The larger goal was to prepare civilian and military doctors for the treatment of casualties that would result from nuclear war on American soil.

In one set of experiments, Evans matched dogs to burn patients, subjecting the animals to first-, second- or third-degree burns depending on the severity of the humans' burns. He then followed the same course of treatment for the dogs and the people, with one exception: He irradiated the dogs. This was supposed to create the type of radiation exposure that people would suffer in a nuclear explosion. Evans discovered that even though the dogs received "insignificant" (i.e., non-lethal) doses of radiation, the animals had a death rate five times higher than dogs that were burned but not irradiated.

Then came the chilling part of the experiments. Evans injected human burn patients in the "Special" Burn Units at Dooley, St. Philip and MCV hospitals with radioactive isotopes that he knew would attach to the red blood cells so that he could chart their rise and fall during the course of the patients' recovery or demise. The problem was that the radioisotopes, being highly energetic, could have contributed to the further destruction of red blood cells—cells in patients who were already on the brink of life and death.

Evans appeared to be aware that his actions might pose danger. On April 8, 1948, on MCV stationary, he wrote to the head of the Division of Biology and Medicine of the AEC, asking for advice on the "medical-legal" aspects of his experiments.

"Have any malpractice suits been instituted against individuals or institutions who have used radioactive material simply for investigation? Do you have advice regarding insurance against such malpractice? If there have been suits, what have been the court ruling in such instances?" Evans also asked if he should get patients to sign permission forms.

The response of the AEC to Evans's inquiry is unknown. If Evans obtained written consent from the burn patients used in the Richmond experiments, he did not include such information in 800 pages of personal papers and medical research reports from the period 1948 to 1956 that are found in leather-bound volumes kept in the Special Collections archive of MCV. According to Hermes Kontos, who has been acting dean of MCV since 1993, consent forms "did not exist in those days." Kontos said the human subjects were volunteers, but did not know if they were told the military purpose of the experiments. Kontos, who has been at MCV since 1960, said that he first learned of the human experiments last week.

Although the patients' names, dates of death, levels of burns and estimated probabilities of mortality are reported in the files, exactly what was done to whom and over what length of time, is unclear. But the substance of the experiments themselves is clear.

It is hard to imagine any claims of

FRANCES JETTER/OF THE WASHINGTON POST

medical treatment in the spotlight experiments. Evans worked under his Army contract to study the energy level needed to inflict first-, second- and third-degree burns. To do this, Evans and his colleagues set up an intensely hot Army searchlight in a secret lab at MCV, focused the beam to a narrow point of light, and then simulated the "flash burn" an individual could receive from a nuclear blast. Using both black and white "volunteers," the scientists and doctors proceeded to inflict half-inch square burns on more than 100 people.

By burning their subjects at graduated energy levels, the medical doctors, working with the physicists on the team, were able to determine the precise energy level needed to induce moderate to severe burns. The medical doctors and physicists then calculated the percentage of people that would be killed at varying distances from a 20-kiloton nuclear bomb (about the size detonated over Hiroshima) in a typical U.S. city. A team of MCV scientists flew to the Nevada nuclear weapons test site to take part in the experiments there and issued at least two secret reports, according to Evans's reports to the Army.

Evans summarized his conclusions in a report entitled "The Problem of Atomic Burns" submitted to the Surgeon General of the Army in 1951: "No matter how lightly or how conservatively one views the 'burn problem' which will confront a city and its population recovering from an atomic bomb attack, the one conclusion permissible is it will be stupendous. It may be pointless to refer here to the numbers of trained doctors, nurses and first aid workers necessary to solve this problem. Only free men with strong hearts and wills can face up to the gigantic task of providing by training and discipline the necessary workers. Provision for this training must be made at once, lest contemplation of the magnitude of the task only encourage despair."

His closing words were: "Adequate and intelligent provision for the care of thousands of burn casualties in any large American City is possible when strong men face up to this task."

Evans's medical prognosis given to the top military leaders at the height of the Cold War was that Americans could "withstand and prevail" under nuclear attacks on our cities. It came at a time of "national emergency," an era when informed consent did not appear to be foremost in the minds of military planners.

But did Evans knowingly put his patients in harm's way?

Certainly he knew from the animal studies the dangerous synergistic effect of thermal burns and radiation exposure. In the burn unit's 1954 annual report to the Army, Evans and his successor noted that there were seven unexpected deaths. Were they part of the radiation experiments?

On Jan. 14, 1954, at the age of 44, Evans died of a heart attack and was succeeded by B.W. Haynes Jr.

Haynes, who retired in 1991 from what is now the Evans-Haynes Burn Center at MCV, acknowledges both the burn and radiation experiments, but claims that no one was injured as a result of the investigations.

"We finally got to the point of making a few small wounds on patients, volunteers," said Haynes, now 76, in a telephone interview. "The burns were never large. They never threatened any of the patients in terms of the application and treatment of small burn injuries on humans."

Haynes denied that he and Evans inflicted third-degree burns. "They were," he said, "burns that heal with proper treatment." Haynes confirmed the use of radioisotopes on the patients, but said they were used for therapeutic purposes.

Haynes acknowledged the lab's participation in classified burn studies in Nevada, but said he could not remember details of the experiments.

I would have liked to interview the families of the seven patients who died unexpectedly, but their death certificates are protected by confidentiality laws in Virginia. The main causes of death were infection, allergic reaction to antibiotics and choking on vomitus.

On Friday, acting MCV dean Kontos said that there is "no chance" that human experiments continue at MCV. He also said, "It's pretty hard to pass moral judgment on something that happened 50 years ago."

What was happening at MCV was almost unearthed in early 1951 when a novice Richmond newspaper reporter got word that Evans was burning dogs in his experiments. Fearing bad publicity, Evans, on Jan. 27, 1951, informed everyone working on all Army-contracted research that their work would henceforth be classified. The memo admonished, "All personnel on these projects are advised to take care they do not indulge in loose talk or gossip."

Now, more than 40 years later, how can we be assured that documents in government files on the Richmond experiments and others like them will be released, even in this new era of "openness"? The Army has released a list of 30 Army-funded human experiments to the President's Commission on Human Experiments. Among them are experiments following in the footsteps of Evans's ground-breaking investigations on burns. Nowhere to be found, however, are any references to Evans and his experiments, which seems odd, given the Army was the primary, if not the sole funder of Evans's work. And on list after list of experiments provided to the Commission by the Army and Air Force, the agencies report that they have been "unable to locate" any names of the victims.

Meanwhile, even unclassified documents giving clues to the existence or whereabouts of classified information on human experiments is not forthcoming, according to internal Department of Energy memoranda. "Unclassified, sensitive indicators can provide an adversary with data that could lead to a knowledge of classified information," one memo reads. Are these adversaries the American public?

Short of appointing an independent investigator, perhaps the only way even to attempt to get at the whole truth is for everyone looking into or with knowledge of these experiments to pool their resources, knowledge and "leads." It is time to put together the many pieces of the puzzle so that we can have the whole, clear picture of this sorry, hidden chapter in American history.

THE WHITE HOUSE

WASHINGTON

July 12, 1994

Ms. Kathleen Tucker
President
Health and Energy Institute
P.O. Box 5357
Takoma Park, MD 20912

Dear Ms. Tucker:

Thank you for your letter regarding the position on the Advisory Committee on Human Radiation Experiments.

To date, no decisions have been made to fill the vacancy. We will keep your letter on file and inform you of any changes in the status of the Committee.

Thank you for your interest.

Sincerely,

Christine Varney

Christine A. Varney
Secretary to the Cabinet.

Health & Energy Institute

P.O. Box 5357
Takoma Park, MD 20912
U.S.A.
Phone: 301-585-5831

June 15, 1994

President Bill Clinton
Attn: Ms. Varney
White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Clinton:

I am writing to applaud your support for Energy Secretary Hazel O´Leary´s efforts to reveal past government abuses regarding radiation experiments, and to urge that you appoint a victim´s representative to the President´s Advisory Committee on Human Radiation Experiments. I specifically wish to recommend Gwendon Plair, a family member of a Cincinnati hospital patient exposed to deadly dose radiation experiments in a project controlled by Dr. Eugene Saenger in the 1960´s.

The Health and Energy Institute provides support services to organizations concerned with radiation. The Insitute sponsore Radiation Victims Roundtables, and it coordinated the First Global Radiation VIctims Conference held in New York City in 1987.

Gwendon Plair is a co-founder of Concerned Relatives of Cancer Study Patients (C.R.O.C.S.P.), a family support group for the Cincinnati experiment family members. We believe this Afro-American candidate would both provide insights for the committee and assist in communicating with experimental subject survivors or families. We urge you to add him to your Advisory Committee.

Cordially,

Kathleen M. Tucker

Kathleen M. Tucker
President

KT:le

cc: President´s Advisory Committee on Human Radiation

Health & Energy Institute
P.O. Box 5357
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U.S.A.

President Bill Clinton
Attn: Ms. Varney
The White House
1600 Pennsylvania Ave. NW
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