UNITED STATES OF AMERICA
ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS

(PUBLIC MEETING)

Executive Chambers
The Madison Hotel
15th and M Streets, NW
Washington, D.C.

Wednesday,
March 15, 1995

1:00 p.m.

Advisory Committee Members:

RUTH R. FADEN, PH.D., M.P.H. - CHAIR
KENNETH R. FEINBERG, J.D.
ELI GLATSTEIN, M.D.
DR. JAY KATZ
PATRICIA A. KING, J.D.
SUSAN E. LEDERER, PH.D.
RUTH MACKLIN, PH.D.
LOIS L. NORRIS
NANCY L. OLEINICK, PH.D.
HENRY D. ROYAL, M.D.
DUNCAN C. THOMAS, PH.D.
REED V. TUCKSON, M.D.

Staff Members:

DAN GUTTMAN
ANNA MASTROIANNI

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Dallas, Texas  

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Washington, D.C.  

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Dr. Oscar Rosen  
National Association of Atomic Veterans  

Glenn Alcalay  
New York, New York  

Denise Nelson  
Bethesda, Maryland  

Chris DeNicola, Valerie Wolf  
Claudia Mullen  
New Orleans, Louisiana  

Suzanne Starr  
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PROCEEDINGS  

1:00 p.m.  

Opening Remarks  

DR. FADEN: Good morning. Excuse me. I'm used to the meeting starting in the morning. Good afternoon.  

We have Phil Caplan from the White House to open the meeting, please, officially.  

MR. CAPLAN: Good afternoon. As the designated federal official for the Advisory Committee, I declare this meeting open.  

DR. FADEN: Thank you. Thank you, Phil.  

I can't decide if we're happier to see him in the beginning, when the meeting starts, or at the end when he closes it. When is he more welcomed.  

Well, welcome to everyone here. This is the 12th
meeting. Is it the 12th meeting? Yes, the 12th meeting. Okay. Scary thought. This is the 12th meeting of the Advisory Committee on Human Radiation Experiments. Welcome, everyone here. We've had a change of venue. So, I trust everybody could find The Madison. We were almost getting to feel at home in the last hotel we were in, and we're now here.

We have a very packed agenda. The meeting begins this afternoon and goes through all day Thursday and all day Friday. It's been typical for me to start the meetings with a kind of quick overview of what we were hoping to accomplish in this particular meeting, and let me just do that, run down and go straight to our important subject for today, which is Public Comment.

One objective of today's meeting, as is true for all our meetings and for our small panel meetings throughout the country, is to hear from members of the public, anyone who wishes to tell us things that they think we need to hear. This is very important to us, always has been very important to us.

We will hear later this afternoon a report from Nancy Oleinick, and Henry represented the committee at a small panel meeting at Knoxville, and we'll hear the results of that later this afternoon, and, in addition, we have given over the bulk of this afternoon to a public comment period, and we have a substantial list of people who have taken time out of their lives to come and talk to us, and we are grateful that they have done that, and we are looking forward to hearing from all of you.

So, this afternoon is pretty much given over to our hearing what members of the public want us to hear. We will have a public comment period, and Nancy and Henry will give us a report of what was heard at the Knoxville meeting, and then we will begin a discussion of how we're going to tackle the actual processing and thinking, committee writing or responding to drafts of the final report as they're emerging.

So, we're going to do some housekeeping basically this afternoon, if we have time, and clearly there's a possibility that we may run short.

We will also hear tomorrow afternoon -- tomorrow morning, excuse me, from Senator Wellstone, who will be making some comments to us based on some events that have occurred in his state that he thinks bear on the work of the committee.

After that, the rest of the meeting, Thursday and Friday, is given over to this committee's deliberations. We have a real shortage of time left, and we have some very tough things that as a committee we need to deliberate together.

We will have two reports from the Contemporary Projects that are on-going, and they will occur Friday morning. So, we will be updated on the progress of the subject interview study and the research proposal review project, but -- and we will also hear on Thursday afternoon from the chair of a committee being sponsored by the National Academy of Sciences, looking at radiation-related research in the state of Alaska in the '50s.

We heard a little bit about it from some public
representatives of the North Slope Borough in Alaska, and we will be hearing more about that Thursday afternoon, but with the exception of the items that I just mentioned, we’re going to spend the bulk of tomorrow and Friday deliberating about possible recommendations that this committee may wish to make, and I want to signal to our members of the public that are here and to ourselves that we should realize that these are discussions.

We are not going to reach any conclusions about recommendations yet. That would be premature. It would clearly be inappropriate or imprudent, I’m not sure what the right term is, for us to be finalizing recommendations when we haven't yet completed our analyses.

So, the idea here is that these are recommendations, drafts of recommendations, both forward-looking and backward-looking recommendations, for the committee to begin to -- we have been -- for the committee to continue to debate and discuss and examine, so we can see what recommendations look promising, what recommendations should be further developed, what additional information we might want to review before we can conclude as to whether we want to have this be a recommendation of the committee or not.

So, we will not be calling for closure, that is, will the committee recommend this, yes or no, but for debate and discussion and deliberation by committee members about the recommendations, and we will obviously hold off and finalize our recommendations only after we've deliberated as much as we can our analyses of the task before us.

So, that said, we have one piece of business before we move immediately into the Public Comment period, and that is approval of the minutes of the February 15th to 17th meeting.

Approval of Minutes of February 15-17, 1995, Meeting

DR. FADEN: Are there any comments or questions or corrections for the record of the minutes of the February meeting?

(No response)

DR. FADEN: Thank you. Is there a second to the approval?

COMMITTEE MEMBER: Second.

DR. FADEN: All in favor.

(Chorus of ayes)

DR. FADEN: Any opposed?

(No response)

DR. FADEN: Thank you. The minutes of the February 15th to 17th, 1995, meeting then have been approved. I just do that a little bit out of order to get it out of the way. I know that's one thing that was done.
Public Comment

DR. FADEN: With that, we're going to move to Public Comment period. It looks as if we have nine people who are here. We have asked that our public presenters try to keep their comments, if they possibly can, to 10 minutes. That leaves the committee opportunity to ask the presenter questions, and this has always turned out to be very important to the committee. It allows us to learn more from the person than we might otherwise.

We appreciate that sometimes it's extremely difficult to keep important comments to 10 minutes, but we would express our appreciation for those of you who are able to do so and also as a courtesy to the public commenters who come after you. So, as much as possible, if you can keep it to 10 minutes, that would be terrific.

I guess I should just start. Our first public presenter is Dr. Ernest Sternglass. Is Dr. Sternglass here? Thank you for coming. Would you please come to the table? And we would ask you to speak into the microphone so that your comments can be recorded for the record.

DR. STERNGLASS: Might I be permitted to stand over there, because I have a few overheads to show?

DR. FADEN: Can we -- we need you to speak into the mike. So, if you can lift the mike up, that would be fine.

(Pause)

Statement of Dr. Ernest J. Sternglass

University of Pittsburgh

DR. STERNGLASS: Dr. Faden and distinguished members of the committee, I appreciate the opportunity to appear before you today. My remarks will address primarily the question of radiation doses and health effects of the radiation exposures documented in your work so far, which is the area in which I've earned -- carried out extensive research during the past three decades as indicated in my vitae.

In fact, I spent essentially the last 30 years of my life trying to reduce doses in medical procedures, including radioisotope and x-ray procedures, at the University of Pittsburgh, School of Medicine.

This subject is relevant to the question of compensation for both individuals who were exposed in individual experiments as well as for large groups of people living near the facilities from which experimental releases took place.

My testimony also bears on the policy recommendations your committee has been asked to make with regard to future actions by our government involving both individual human experiments and releases of radioactivity into the environment, since there's evidence, as I will present, that government agencies have continued to cover up the three -- the actual true doses from environmental releases, and the serious effects of such low-dose exposures. I will not try to read the entire
testimony.

DR. FADEN: We have it as part of the record.

DR. STERNGLASS: Right. And I will just simply summarize the essential points for you, using a few overhead projections to do this in a few minutes.

Basically, the argument that I'll be presenting is that we have grossly under-estimated without realizing it how chronic exposure over long periods of time due to internal doses from long-lived Radium class, not the ones we use in medicine, which are extremely short-lived and mainly give off penetrating radiation, but beta emitters that stay in the bone like Strontium 90 for a long, long time, have an enormously greater effect than we were led to believe on the basis of our experience with Radium, which was the only material for which we had any human data from the Dial workers that you know about back in the early '20s and '30s.

The trouble is that Alpha particles have a very short range of bone, and therefore stick in the bone and do not reach the bone marrow to the same degree as has been experimentally observed as a beta rate from fusion products, and these did not exist on earth before the bomb, and this is really the basic reason why we under-estimated the effect.

We thought we knew what Radium was doing. We thought we knew what Cosmic rays were doing. We thought we knew what x-rays were doing, and we even thought we knew what the short flash of the bomb at Hiroshima had done.

All those studies, including hundreds of studies on animals, all those studies have to be done at high enough doses to be able to see an effect. You cannot have a million mice and give them a hundredth of a rad and expect to see anything.

So, of necessity, all work had to be done at high doses and high dose rates, and not until 1972 was it discovered quite by accident, by a Canadian physician and researcher by the name of Dr. Abraham Petgow, working in Penowa, Manitoba, for the Atomic Energy establishment of Canada, working on radio-protection, and he discovered that cell membranes, fatty cell membranes of all types, break at much lower doses when the dose is prolonged over a long period of time given in a short x-ray, and that is only in 1972, 30 years after the first fusion process and long after the bomb testing had begun, in fact ended, atmospheric tests and long after all the nuclear facilities in the world had constructed, and then only did we learn that the chronic exposures to membranes dominate at low doses whereas the DNA damage to the cell nuclei and to the genetic information dominates at high doses, and therefore the repair mechanism of DNA, which are very efficient, led us to believe mistakenly that doses, if you extrapolate them down linearly, you would expect to have practically no detectable effects from environmental releases or tiny doses given in the course of diagnostic procedures and so on, and that has in fact, if it hadn't been for the fact that x-rays and gamma rays given in short intense bursts have little effect, we could never have used radiology as a diagnostic tool in medicine or could we have used radiation as a way of treating tumors, because we would have killed everybody
whom we gave x-rays at these high doses.

It is fortunate, however, that cell membranes are very strongly protected by enzymes in the body and the fact that the free radicals, which are created, bump into each other and de-activate each other at high doses, and therefore we can use medical x-rays. We can use and we're tricked into believing that the same thing is true for environmental and tiny doses given over very long periods of time.

I want to emphasize this because I myself have worked in the field of diagnostic medicine for 40 years and helped to develop instruments that expose people deliberately to radiation, but, of course, there was a very clear benefit to the individual involved, and this, I think, is the important point; that when you do individual, you know, treatment or diagnosis of an ill person, then this individual receives both the risk and the benefit.

But when you carry out an experiment in which you release radioactivity into the environment for some experimental purposes just to satisfy some instrumentalist desire to find out how well he can read the meter at 50 miles away, then you see you're exposing people who are not ill. You are exposing women during pregnancy, and since Dr. Alice Stewart had already shown in 1958 that the fetus is extremely sensitive, then we were exposing the most sensitive members of the population for no benefit to them whatsoever, without their consent and without their ability to even know what was happening to them or to take precautions or protect themselves or their children, and that, I think, is the difference between the medical use on an individual who is ill and the deliberate or often accidental distribution of radio-activity in the environment for some purpose other than to benefit the individual who receives the radiation.

Now, the tragedy is that during the Cold War, and especially as you have already found with all your investigations, there was great concern that the fact of fall-out should not become too well known for all the military security reasons that you know about. I don't have to go into that, but it's evident that what happened is that the scientific community as a whole, people like me, my friends, people who worked on equipment and designed reactors, worked on the design of nuclear reactors for space propulsion. I participated in many, you know, developments of nuclear instrumentation.

We had no idea that early, already in 1945-46-47, at the Argonne National Lab in Chicago, metallurgical lab, animals were exposed to small doses of Strontium 90 during pregnancy, and they knew that the dogs that were being examined were not able to walk, and they died of pneumonia and cancers and all this in a very short time. Sometimes it was five or 10 years before it showed, but because all this was kept secret, we could not benefit from it, and therefore what I have done here is to provide you with the documentation that show the history of what happened now, and now I can just explain to you what the latest development is, because Dr. Petgow's findings mean that the dose response curve -- in other words, the shape of the dose response curve is not a straight line all the way down, and these graphs are taken mainly from the material I'm showing you, and this is extremely important because all the data at high doses you see
was on the flat part of the curve. That means a small increase in dose produced very little extra effect, and as long as you're way up on this curve, way, way up, then you will never find the tiny part of the dose where you have very small amounts, and this is taken from our paper, published in the International Journal of Health Services, which, by the way, is published in your department at Johns Hopkins University, and in this paper, you see that if you go across the nation and take the nine census regions and use the announced radioactive releases from nuclear reactors and plot them up, it's not a straight line, and that, in other words, shows that we grossly under-estimated it by using that slope rather than this slope.

And the nature of this curve is such that if you decrease it by 10, the risk per millirad goes up tenfold. If you go down another 10, the risk keeps going up, and therefore we have a strange situation that the weaker the radiation intensity is, the more deadly it is, and nobody anticipated this and present radiation standards do not believe in this and have not accepted this because it goes against the existing regulations, which govern all uses of radiation everywhere, and nobody wants to touch this, although the BEIR Committee of the National Academy called attention to it years ago in the earlier report, BEIR III, and, so, we now find that we have a situation where we have far greater health effects than we ever thought.

Moreover, we can tie this directly to Strontium 90 specifically because here we have the relationship which shows the link between low birth weight and Strontium 90, and this is human data, not extrapolated from high doses. This was gathered by the AEC during their early years, where they gathered skeletons from all over the world that you publicized, and then you see that the number of babies born under-weight in New York State is perfectly correlated with an extremely incredibly high correlation coefficient of .96, which is totally unbelievable.

I mean it's just unbelievable that any experiment in the environment can give such a correlation, and that is the nature of this enormous tragedy that we're faced because of the nature of secrecy.

So, the following point I need to make is that we are in a situation where, unfortunately, our government had to -- had to deceive the public in order to be able to continue the bomb testing, and as a result, they did not realize, for instance, that in Nevada, when the bomb tests went off in 1951, and the story in today's Times indicates, they did want to find out what would happen from bomb testing.

Well, they never looked at the low birth weight data for Nevada. When you see this giant peak here which only comes back down to the rest of the United States, after the end of atmospheric surface testing, then you see that we have a far greater problem from chronic radiation than anyone had expected, especially since all standards have until now been said essentially only on cancer and not on other conditions that involve the immune system because the Strontium 90 goes to the immune system where the beta rays reach and destroy the progenitors of all the blood cells, and therefore lead to children that are born immature, whose future is impaired because low birth weight is associated with learning difficulties, with
neurological damage, with immune system damage, and we have created a generation of children that are now born under weight.

We see the first peak that I just showed you in the previous slide here, and now we see the tragic rise, which in New York in recent years has exceeded the high point of fall-out from bomb testing, and that is frightening. It followed some accidents at the Indian Point plant, which released low levels perfectly within present guidelines that caused apparently Strontium 90 damage to the mother's immune system, which causes her to reject the fetus as a foreign object.

We've only learned about the role of the immune system in the critical aspect of pregnancy within the last decade or so, and, so, you can see it was the inadequacy of our knowledge that was so tragic because so much of it was concealed.

Unfortunately, the concealment still seems to be going on, and this is one thing that I'm recommending your committee to investigate; namely, the National Cancer Institute did a study in 1990, which was so arranged and the methodology used in such a way that it was practically guaranteed to find no effects around 62 nuclear facilities, and this was in 1988 and '90, not in 1945 and 1950.

We are talking about today's deception that is still going on, and in the material that I supplied you, you will see what the nature of the deception is, but it's very simple. They said, well, we'll look at the small population that's irradiated in this county, and then we'll look to see -- anyway, we'll look at this -- the facility which had a high dose here, and then we'll pick some control counties, and it turns out that three-quarters of the control counties were right adjacent, as if the radioactivity stopped, but the latest DOE report submitted to you in February shows that they were able to trace the radioactivity 50 to 200 miles away from a source.

So, the methodology used was guaranteed not to show anything, and furthermore, and this is frightening, as one of the criteria they used in order to select control counties, they -- aside from the normal demographic variables, like sex, race, occupation, poverty status and so on, they used and picked control counties that had the same infant mortality or low birth weight, which was essentially guaranteed to show that there would be no difference in cancer rates later, and, so, this is what I'm planning to do, namely offering some recommendations to you of things to do, and they are written down, and they relate to the need to re-examine and to urge or to request or recommend to the other departments that the newest data should be re-examined, the NCI study should be examined by independent people who are not involved in this cover-up, like this committee is an independent committee, you can do it, or some subcommittee.

Secondly, I'd urge that a new way be taken to set radiation standards, not by the users exclusively and the self-appointed committee, but in a public manner where the public and lay person can participate, who are the ones who have to run it, take the brunt of the risk, and therefore the biggest thing that you can do, I believe, is to recommend that we need to re-examine the risks that were involved, and above all not to deny compensation to the victims on the basis of the high dose risk
estimates which clearly, unfortunately, were so low.

The last slide that I wanted to show you is very important, and I'll just take another minute. This one. It's rather frightening because what the National Cancer Institute did, which minimized or practically eliminated the effect of radiation, is really very, very serious for the nation as a whole, because of the rising cancer rate, and the continued rise in low birth weight that nobody knows what's causing it.

But I'll now show you a graph that is really astounding. This shows how mortality in the United States unadjusted for age declined steadily from 1900 to 1945-50, okay, and suddenly, beginning with the -- roughly the time of the Bravo tests, the first hydrogen bomb test that released thousands of times as much Strontium as the Hiroshima bombs, suddenly, there was a rise, an abnormal rise, which stayed high, and a gap developed between the projection and the actual number of deaths.

Then, after a short time, 10 years or so, it began to try to come down again, but then there was another rise, and I have to say the rises have continued in the last two years, completely counter to what's going on in most other advanced civilized countries.

Mortality is rising rather than declining, despite all our medical efforts and all our expenses, and what this means is that this gap here, which has developed, by 1993, this gap represents 15.6 million people who died prematurely.

Thank you very much.

DR. FADEN: Thank you, Dr. Sternglass.

We have --

(Applause)

DR. FADEN: -- a limited amount of time. Are there questions from the committee to Dr. Sternglass? Nancy?

DR. OLEINICK: Well, I think your presentation raises many questions, and we will undoubtedly not be able to handle them right now, and perhaps some of us could speak with you afterwards.

DR. STERNGLASS: Be happy to do that. I'll stay beyond.

DR. OLEINICK: I guess just one question that immediately comes to mind is, in general, correlation does not mean cause and effect.

DR. STERNGLASS: Right.

DR. OLEINICK: Right. And I just wonder, I'm sure this is not something you can address in a minute, but I'd like to hear what other cause and effect factors were considered and ruled out in order to place the blame on Strontium 90.

DR. STERNGLASS: Right. First of all, the cause and
relation of -- cause and effect relationship between Strontium 90 has been established since as early as the early '40s and '50s on animal studies. There's no question that Strontium 90 produces leukemia and other types of cancers. So, there is no question about that.

Secondly, we -- I pointed to the extremely close correlation between Strontium 90 measured actually in bone and the low birth weight in New York City.

Furthermore, there are many other studies which are referenced in there, all of which point to the high toxicity and the ability of Strontium 90 to affect the immune system, and once you affect the immune system, you increase the chance of every type of malignancy being accelerated, if it already exists, or going out of control, due to the failure of the immune system, and, so, there are also studies that I referred to which show that the Strontium 90 in the milk by state-by-state with the three to four-year lag, which is necessary for the build-up of Strontium 90 in bone, and that is actually correlated from state-to-state.

So that states with very low Strontium 90 and otherwise similar diets and everything else had very low increases, whereas other states that had high data, and, so, there's an enormous amount of both human and animal studies that relate Strontium 90 to leukemia and all types of cancers, including also infectious diseases.

DR. FADEN: Thank you very much, Dr. Sternglass. I'm sure that we all --

DR. STERNGLASS: I'll be glad to stay after the meeting.

DR. FADEN: Thank you. Be sure to take your materials with you. We have -- all the committee members have copies of your documents. Thank you very much.

Our next presenter from the public is Mrs. Elmerine Whitfield Bell. Is Mrs. Bell here? Good afternoon, Mrs. Bell. Thank you for taking the time to speak with us.

Statement of Elmerine Whitfield Bell

Dallas, Texas

MS. BELL: Thank you.

I saw him as a depressing sight. Joyless, unanimated, with a damaged head and a broken spirit. During his lifetime, I saw him as a burden rather than as an asset to my grandmother, as she waited on him, pampered him.

My mother, I recall, resented this treatment while she contended that he didn’t do his share for the family. She recalled a life of living with a father who, when not on an alcoholic binge, suffered from frequent seizures which had to be endured by the rest of the family.

My uncle, on the other hand, did not seem resentful,
but I often felt he must have been disappointed in a father incapable of playing a simple bat and ball game or merely offering a positive life outlook.

My grandmother said it wasn't always like this. She said my grandfather was once a vibrant and handsome Pullman porter, a hard worker who wanted only the best for his family.

When I was younger, I liked to do puzzles from the newspaper, where you find words hidden among randomly-arranged letters. Since my grandfather spent most of his time sitting alone, he would sometimes complete these puzzles -- we would sometimes complete these puzzles together, and eventually he began saving them in a neat stack and worked on completing them himself.

In the springtime, I saw him take brown paper bags and make kites for the kids down the street. He once made a pen for my pet rabbit. He often talked of feelings in his missing leg and would shudder and make comments like "they must be working on my leg today".

Years later, when I was home on breaks from college, the sight of my grandfather was horrible. He seemed useless and frail. He had lost more of life's joy. He seemed angry and sad. The pain was obvious, and he was sometimes furious and irate, mean and spiteful.

I often have dreams about my grandfather. Before his death, I had a dream that he was in his old house in a coffin, open with the body in full view, dead, but alive somehow. After his death, another dream revealed him through a doorway, sitting in his wheelchair, looking feeble, yet in good spirits. He seemed to have a newfound joy, laughing and joking with male friends.

When Eileen Welsome presented my family with the fact that this man was indeed CAL-3, a human nuclear guinea pig, I wondered, could this be the reason, the origin, the root cause of this depressed character that I considered all along to be my grand-father. He lived over 40 years without a zest for life and with a pain I imagine was without equal.

For I understand that the reality of life for the African American man of the 1940s was already a pre-determined bleak one, dictated by the white man's tyrannical power of economics, politics, and, to a certain degree, basic freedom. Being born a black male was already a handicap, having a limited education was a further handicap. Then to add a physical handicap, due to being basically tricked into donating a body limb for science.

With all of this in mind, I now understand how alcohol could relieve his reality, how depression and schizophrenia could take control of his life, how his feelings of hopelessness shattered such a promising future.

In my most recent dream, I saw my grandfather with both legs, standing with confidence and strength of character I never saw in real life. He had a young appearance. He had a look of joy on his face, and he seemed content.
This statement is signed April D. Whitfield, granddaughter of Elmer Allen, March 15th, 1995.

Good afternoon. My daughter, April Whitfield, and the other survivors of Elmer Allen are determined that the truth about his plutonium injection and subsequent leg amputation be made a part of the public record.

We continue to be appalled by the apparent attempts at cover-ups, the inferences that the nature of the times, the 1940s, allowed scientists to conduct experiments without getting a patient’s consent or without mentioning risks. We contend that my father was not an informed participant in the plutonium experiment.

He was asked to sign his name several times while a patient at the University of California hospital in San Francisco. Why was he not asked to sign his name permitting scientists to inject him with plutonium? Why was his wife, who was college trained, not consulted in this matter?

It is my hope that history will not be rewritten in committees who claim that they do not understand the actions of the scientists of the 1940s, those who claim that poor and disenfranchised African American men could not be hoodwinked by his doctors.

I hope you will understand that just as Jewish fathers were placed in the ovens at Auschwitz, my father, Elmer Allen, was placed in his own private oven here in the United States of America. He was left there for 44 years, and the scientists occasionally took a peek inside to see if he was still alive.

His survivors are pledged to tell the truth about this experiment for the next 50 or even 100 years, if necessary, so that future generations will have more than lies, half truths, and inconclusive reports, when attempting to recount this real-life horror story.

Thank you. I didn't know I had 10 minutes because I would have a lot more to say, but I thank you.

DR. FADEN: Thank you very much, Mrs. Bell. Please don't leave us. I'm sure there are questions of committee members, or if you have a few more comments that you would like to make, please feel free to make them.

MS. BELL: I just wanted to address the report of the UCSF ad hoc fact-finding committee. There are so many inconsistencies in here, I hope you all will look at them and look at them again and again, and pay attention to the biographies of the scientists involved and how they seemed to all have some type of connection.

I believe I know what happened, and I hope, hopefully, all of you will come to some conclusion that these folk were wrong.

DR. FADEN: Lois?
MS. NORRIS: Thank you for your testimony. Did your father ever express knowledge of the fact that he was an experimental subject, and, more importantly, did he tell you then what he was told before this was done or after it was done?

MS. BELL: It is my feeling that my father had no idea that he was being used as an experimental subject in something this important.

It's really hard to explain because of the things that my father said, nobody paid attention to. It was known, and my mother explained to us, about his initial accident, when he was thrown from the train, and it was always our contention that the leg had to be amputated because surgery would not permit it to be healed properly.

So, we grew up, my brother and I grew up thinking that the leg was amputated because it could not be repaired.

My father often said things that didn't make sense and usually was when he was inebriated. He would say things like that he knew that the doctors that were working on him didn't know what they were doing. It was his contention that they were young people, and knowing that UCSF was a teaching hospital, we always thought he was talking about the interns that didn't know what they were doing. But he said, you know, when you find somebody that starts right in, and he would recall that they were running in and out of his room on certain times, that perhaps they didn't know what they were doing and made some type of mistake.

But to go on with it, after reading my father's medical records, the graphic charts that were written down during the time that he was in the hospital, first of all, I took offense at the fact that the doctors made most of his comments as to my father's joviality, happy man, amiable, and that's spelled incorrectly in his statement, and I can show it, also.

But he was like he was setting him up, but after the biopsy on my father's leg, they put the leg in a full cast and suspended it, and to me, living even in the '90s, if something -- if I had an injury to my leg and someone put it in a full cast and suspended it, I would think that it was in the process of healing, and I can just imagine if they came in three days later and told he they need to split the cast, and they did something to the leg, and then a couple of days later cut it off, I would feel that someone made a mistake.

So, this is what I attribute his statements to mean.

DR. FADEN: Ruth?

DR. MACKLIN: Yes. Ms. Bell, you said that -- you just told us now that you saw some of these hospital records?

MS. BELL: Yes.

DR. MACKLIN: Your father's records, and in your written testimony, you say he was asked to sign his name several
times while a patient at UCSF.

Do you know what -- did you see documents that he signed, and were those consent to treatment, consent to surgery, consent to research? What were they? What did he sign?

MS. BELL: I've seen two documents. One was the first day he was admitted to the hospital, which was five days before the injection. They wanted to do a biopsy on the leg, and he had to be put to sleep by the anesthetic. There was a consent form, and he did sign that.

After the injection, before they amputated the leg, he had to sign a consent form for the leg to be amputated, and he signed that. So, since there was no -- nothing wrong with his hands between that time, this is why the family is concerned that he was not asked to sign for something this important.

DR. MACKLIN: Hm-hmm.

DR. FADEN: Mrs. Bell, you were speaking about your brother and you believing that your father had had the amputation because the leg couldn't heal properly, and that -- was your -- what was your mother's understanding of why the leg had been amputated? Was that the same --

MS. BELL: We got our information from our mother.

DR. FADEN: You thought that was what she thought?

MS. BELL: Yes, that's what she thought.

DR. FADEN: Okay.

MS. BELL: And another thing I wanted to mention, also, and I'm not trying to be a doctor or a scientist or anything like this, but one of the concerns that my mother had was the -- and I do understand this is the '40s. I just said that. I know folk didn't talk to folk, especially an African American, but at the time, my father had had a viable job, but he had run out of money. This is why his doctor, his private doctor, referred him to UCSF, and you know and I know that the times did not offer African Americans a chance to ask a lot of questions, especially if you needed someone's assistance.

But my mother claims to this day that she does not recall anyone even showing her a document or saying that my father had cancer, and in all the documents here say that -- and we've subsequently read that he's supposed to have had cancer, but -- and I've also talked to experts who said that if he had this type of cancer that they said he had, that he should have been dead within 10 years, which was following the guidelines, but he lived for 44 years.

So, actually, it had to be a mis-diagnosis. My mother recalls hearing the word "cancer" for the first time when she was -- when they were contacted by the scientists from Argonne in 1972 about coming in for the follow-up studies, and she offered surprise at that diagnosis because that was the first time she had heard, from 1947 to 1972.
DR. FADEN: So, the statements that are in the chart in UCSF, your father's medical record, the two physician signatures, your mother has no recollection of anyone ever talking to her about any experiment or anything?

MS. BELL: She did not. She never heard of it, and I know I'm not here to speak to my mother's health, but just -- you'd have to know my mother to know what I'm saying. This has like really devastated her. She went from a person with -- that was very viable, somebody who could come here and express herself much better than I can today, to a person who's virtually an invalid, who's a recluse now. She's really ashamed that something like this could have happened, and she was not sharp enough to catch it. She really thought she was a pretty bright lady.

DR. FADEN: It's a terrible burden for her. Are there other questions for Mrs. Bell? Yes, Lois?

MS. NORRIS: Just a very quick one. Did the medical records show cancer that you received recently?

MS. BELL: There was -- I'm not a medical expert. So, I'm not saying it said cancer. It said the sarcoma. So, that's the cancer.

MS. NORRIS: Okay. Thank you.

DR. FADEN: Well, we thank you very much for your taking the time to come and talk to us, and for your daughter's testimony as well. Thank you.

MS. BELL: Thank you.

(Applause)

DR. FADEN: Our next presenter is Mr. Steve Schwartz. Mr. Schwartz here?

(No response)

DR. FADEN: We'll reserve his place in case he stepped out of the room.

Mr. Brown, Mr. Cooper Brown? Next on the list then. Good afternoon.

Statement of Cooper Brown

National Association of Radiation Victims

MR. BROWN: Good afternoon.

Madam Chair and members of the committee, thank you once again for inviting me to testify or allowing me to testify.

What I have done, and I hope everybody's now seen this, is I've provided recommendations that come not from myself but from the task force in the leadership at the Radiation Victims Survivors community, primarily focused on the issue of remedies, and I think rather than read that, I'm going to leave that for
I'd just summarize briefly what -- where the task force is coming from, and that is, when we look at the issue of rights and remedies, we realized that at this stage in the game, perhaps the best thing -- certainly it proves the best thing for us, and perhaps it will prove the best thing for the advisory committee, is rather than trying to deal with a lot of the detail that comes up when you start talking about remedies, you focus on the issue at the level of principles, and that's what we've attempted to do in the presentation that has now been submitted to the advisory committee.

I just want to stress, too, and I will come back to them in a minute, but one fundamental principle revolves around the issue of outreach, and I've stated our concerns before, and I'll probably state them again.

The second fundamental principle revolves around the issue of protecting the individuals' rights to remedy within the justice system, and with that, what I want to try and do is wrestle with four questions that I understand from Dan the committee is particularly concerned about.

I hope that I -- that I articulate the questions properly, and then I'm going to try to give you very quick answer to each one of these. The questions as I understand them that are of particular concern to the committee.

Are there special considerations when you address the issue of remedies because of, for lack of a better word, the cover-up that took place here? That's Question Number 1.

Secondly, where in -- here, I may be inarticulately recharacterizing this question, but where -- I think what the second concern is that if you have reason to believe that -- or, you know, that there's some evidence to suggest an increased risk of bodily injury, personal injury, because of the radiation exposure, how do you define that? Who does it? You know, what -- how do you assess damages in a situation like that?

The third, issues arising around the question of notification, not the least of which is who do you notify, and how, and fourth, what -- what do you do with people yet to be discovered? You know, experiments have taken place, but nobody's stepped forward.

The short answers to those questions are yes, it depends, make a good faith effort, and government gets proactive.

More -- more to -- more to the point, special considerations because of the cover-up, yes. I think that -- and we make the point in our prepared testimony, this is the importance of restoring the rights of individuals, and that necessarily would require an act of Congress in a situation like that, but I mean what -- what was going on here, we see from some of the early documents, that there was a conscious -- there was a concern and a conscious effort as a result to suppress information about what was really going on in order to avoid not only the adverse publicity but liability, and because of that,
the issue of restoration of rights becomes, we think, very important.

The second issue about risk and how you define injury and how do you define damages, it's very problematic, as you know, but perhaps -- well, not perhaps. The -- we feel that the question, and I think that Elmerine Whitfield's testimony perhaps underscores this point better than anything I can ever say, but looking at radiation health risks is simply -- is but only one element of the question of what was the harm, what are the damages?

What Elmerine Whitfield, Mrs. Whitfield was speaking to was a fundamental notion under common law, and that's the dignitary interests. Deprivation of rights. That has to be taken seriously. It can't be dismissed because the dose due to the radiation was "inconsequential" or the risk from such a dose was minimal.

There's something far more egregious going on here, and I think Mrs. Whitfield most eloquently spoke to that point, and, finally, you cannot ignore the issue of exemplary damages, and when we were wrestling with this among ourselves down in Knoxville, and trying to figure out, well, what happens when you've got the situation, you know, how do you -- how do you deal with this issue of the -- there's no injury, but yet there's been an unethical, unlawful experiment, an experiment without the individual's consent.

Somebody pointed out that it's much like the situation of you're gone for the week, somebody comes into your house, uses the house, doesn't destroy anything, doesn't use any of the food in the refrigerator, if they do, they put the same food back. The house is clean, everything. You come back. Nothing's amiss. Nothing's -- all right.

But this individual while he was there took a lot of pictures, turned around, went out and sold the pictures and made a lot of money and became famous. Now, what does he -- you know, are there damages here? You know, what are you entitled to? Are you entitled to the profit that this fellow made off of your -- the pictures he took of your -- he stole from your house?

I mean that's -- when this person crystallized it in that fashion, then we felt that that made sense, and if you can put that perspective into this issue, perhaps it will help in wrestling that particular matter to the ground.

Then the question, who decides? What are the standards? Who's the judge? Who's the jury? Well, we would submit that absent clear evidence that the court system won't accommodate the victims' claims, leave it to the existing civil justice system, but now if there are persuasive arguments that exist for establishing an administrative claims process, then there are some fundamental principles that cannot be ignored.

One is it should be limited to the issue of damages, bodily injury, damages related to the radiation health risk. It should be based on presumptions. It should be a non-exclusive remedy, and when we say that, we mean a number of things.
One is it would be limited to the radiation-related claims only, but the victim or the family member would not be required to give up his or her or their rights to pursue that same cause of action in the courts initially.

They would also not be required to give up the right to sue in court on the dignitary claims, constitutional rights deprivation claims, privacy claims, and, finally, they should not be forced to relinquish, as has happened to some of the radiation victims, their claims against the private parties.

To the extent that private parties were merely acting as agents of the Federal Government, there are court-created defenses that they already have available to them. They do not need a legislatively-imposed Warner amendment.

Now, so, that's a brief summary to the concerns as I understand them to be for the committee.

I want to back up and just visit a couple of things. One is the importance of one's day in court. I have been trying for several years, and it's only become really apparent to me over this last six or eight months, to figure out why it is that the radiation victims survivors community, in particular groups like the Atomic Veterans, are still angry.

There's been an administrative remedy. There have been congressional hearings. There's been a lot done. Health care provided. Yes, the system doesn't work well. Yes, there are problems. But I think that what goes to the core of it for the veterans as well as for others is the feeling that they were robbed of their day in court.

I know that is particularly so for many of the atomic veterans that I worked with, and the other concern, and this is from the perspective of society, is that when you impose an administrative remedy, what I've observed is what dies on the vine almost immediately is the truth, because you don't have access to it anymore, and that's the other concern.

Now, finally, what is -- when we talk about restoring rights, restoring people's rights to their day in court, we're talking essentially about removing procedural and hyper-technical impediments to that day in court.

What's -- what are the merits of that? Because what we're asking -- we're asking a lot when we ask that. Well, I'd submit that the merits are similar to the -- how you are assessing the issue with ethics and what standards apply.

I think the committee has agreed that the ethics standards to be applied are the ethics standards that were in existence at the time the experiments took place.

If you look, you will find that many of the procedural and what I would call hyper-technical sovereign immunity defenses that bar access for many to the courts, particularly against the government, did not arise until the late -- until the mid to late 1970s. That had these people had knowledge of what happened, had they not been deprived of the day in court back when the experiments took place, many of those lawsuits would have been
able to go to trial because these defenses did not exist, and it's those -- we submit that when you're evaluating this from a legal perspective, the same standards should be applied as are being applied when you're judging this from an ethical perspective.

And, finally, and I mention this as an attorney, I know that there are members of the committee that are concerned that these issues and the victims not become another public trial for avaricious plaintiffs' attorneys.

I have to tell you that since my first day in law school, I've never been particularly enamored of the legal profession. I actually may end up being a plaintiffs' attorney in some of these cases as it now stands, but the point is that if you get into that debate, you're essentially -- you're taking sides then. You're taking sides against the plaintiffs' attorneys and for the defendants' attorneys.

We discovered in doing some research there's a case called Barrett v. United States in which the government's -- the government attorneys were implicated in a cover-up of an experiment that took place using not radiation but some form of drug, and, anyway, the attorneys advised -- the Justice Department attorneys advised on the cover-up.

They were held accountable under Bivens for a violation of the constitutional rights. The claims against the attorneys were allowed to go forward. I would submit that what we're going to find as we dig into this further is that there were attorneys at the Department of Energy and other agencies as well as in the Justice Department that were advising with regard to the cover-up.

So, if this -- and they should be held accountable, if that is the case. So, you see, if you start taking sides against raising concerns about plaintiffs' attorneys, you're ignoring something here.

My personal feeling is that if you want to, you know, keep the plaintiffs' attorneys at bay, limit the amount that they can collect on any judgment or award. That would be how I'd do it.

Anyway, thank you very much for your leniency. I know I'm way over my time. I appreciate it very much, and if you have any questions, you know where to reach me.

DR. FADEN: Thank you, Mr. Brown, and thank you for the written document. Written documents are very helpful for us to work with.

Mr. Brown has already left the podium, but are there any questions for Mr. Brown before we go on?

(No response)

DR. FADEN: All right. Our next presenter is Dr. Oscar Rosen. Dr. Rosen? Good to see you. Thank you for coming.

Statement of Dr. Oscar Rosen
National Association of Atomic Veterans

DR. ROSEN: Thank you. Thank you very much for inviting me to speak.

I’ve been attending as many of these conferences as I can, and I’ve learned an awful lot, and as you can see from the cover of the newsletter, the Atomic Veterans newsletter that was distributed to all of you, my thinking as the editor of this newsletter has been enormously influenced by what I’ve learned from attending these conferences and from the documents that you have -- you have distributed to the public.

That's the greatest thing you could possibly have done for us because with your resources, you have accomplished more in a year and a half than we could have accomplished in a million years, and you still have more time to do this.

The -- the Buchenwald touch article, I learned from a document that I received from this committee, and I think it's very appropriate, and I -- when I heard Mrs. Bell mention that her father was, you know, figuratively put in an oven, just like the, you know, millions of Jews at Auschwitz and Buchenwald and other places, I felt a great, great compassion and empathy, and then the article on the sterilization experiments on prisoners, and the fact that they had to consent to have vasectomies after the experiments because of the damage to their chromosomes, that was -- that really hit home.

And then the -- the Atomic Veterans and Widows testimony to this President’s Advisory Committee on Human Radiation Experiments, the thousands of test participants may have been used as guinea pigs after all.

I know that when the committee first began its work, it wasn't -- didn't seem to be particularly interested in the atomic veterans and so on, just in the -- just in the human radiation experiments, like the one that Mrs. Bell's father was subjected to.

But because of the testimony, especially of Pat Broundy and Cooper Brown and, you know, others, Charlie McKay, and the Atomic Veterans and Widows, who have testified at Santa Fe, San Francisco and elsewhere, I think this committee has finally started moving in our direction.

Last -- at the last conference, I learned that only -- only Part 1 of the Pacific -- part of one of the test series was deemed experimental by this committee, and that was Operation Red Wing, but -- and I wrote a little bit about that in this -- in my testimony, but then, when I came here, the first thing I did was to get a set of the latest documents, and in it, I was amazed to see all the material you have on Operation Buster Jangle, and that you have -- that there is evidence now that Buster Jangle was also experimental.

So, that's another big step in the direction that we were hoping you would take.

I'll read through my written testimony as quickly as I
can, although I can talk forever on this subject.

The charge of this committee is analogous to that given to the Manhattan Engineer Project. It took about five years to develop the bomb under a crash program to which unlimited resources were allocated. The best minds in nuclear science and ancillary fields were brought together to accomplish the project.

This advisory committee was allowed little more than a year or a year and a half in which to accomplish the daunting and laborious task of illuminating all the shameful experiments conceived to provide the planners of nuclear war and its consequences with defenses against lawsuits and the other negative results of their policies.

How can this committee be expected to clean up the mega-tons of experimental garbage that took the years of the Manhattan project, the human radiation experiments, the years of atomic bomb testing, and deliberate exposure to ionizing radiation of several hundred thousand servicemen to create?

And I might add because of Dr. Sternglass' talk, and also the leakage from nuclear power plants, it might interest you to know that when I told Dr. Sternglass, who by the way is the scientific advisor to the National Association of Atomic Veterans, that my mother died of bladder cancer in 1962 at age 62, you know, when I thought she was an old woman, and because her hair was white and so forth, he told me that it had to have been from the fall-out from the, you know, from the nuclear bomb testing from 1945 to 1962, and he knows, and others know and have written that fall-out from the tests came down in many parts of the U.S., including Massachusetts, and she may also have been affected by the Pilgrim Nuclear Power Plant, for all we know.

We know that there have been lots of health problems surrounding the Pilgrim Nuclear Power Plant. Like the civilian guinea pigs, we, including military personnel and civilian test site workers and down-winders, were the subjects of bio-medical experiments, should call them homicidal experiments, to see how we would be affected by ionizing radiation under every conceivable aspect of military service in war and peace.

We were a captive population like a group of prisoners who were deliberately exposed to gamma radiation to determine how much it would take to make them sterile. In the consent form, they had to agree to have vasectomies because of possible damage to their chromosomes.

Then there were the Fernald children who were fed Quaker Oats laced or flavored with radiation, take your pick. What about the radiation experiments on the pregnant women at Vanderbilt University Hospital or the 18 innocents, including Mrs. Bell's father, who were injected with plutonium without their knowledge or consent or the children who were experimented upon by NASA at Oak Ridge or the children of the down-winders who were badged to see how much radiation they were exposed to or the children of the Los Alamos scientists we learned about at the last conference and the thousands of military personnel, male and female, who were stationed at Camp Hanford to guard the plutonium production facilities?
As for military personnel at the Pacific and Nevada Proving Grounds, some were badged but most were not. Even Stafford Warren’s so-called radiation safety monitors were experimental subjects. Some of the men claimed that -- some of the test participants, not particularly the safety monitors, claim that when they went to sick bay after the test to complain about illnesses, their illnesses were deliberately mis-diagnosed as conventional ones, just as the DOD is doing about the Persian Gulf illnesses, and some of them were given quickie medical discharges.

How many men may have been court-martialed or otherwise punished for refusing to be exposed to radiation during the atomic bomb testing? Probably not many because not many knew what the real dangers were.

Why were so many medical records lost, quote unquote? Why were so many young men sent on temporary duty assignments, TDY, to be guinea pigs in atomic bomb tests, and why were their -- their assignments deliberately left out of their service records, so that when they filed claims, they would be denied for lack of proof of participation?

Why did the military and nuclear power industries adopt the threshold of harmless exposure below a certain specified amount of radiation? Again, when Dr. Sternglass was talking about the, you know, the linear principle and so on.

Why did they also accept the linear hypothesis whereby the more radiation one was exposed to, the more harm would result as a strategy to deny the insidious long-range effect of low-level ionizing radiation?

Why was Stafford Warren concerned about the large number of lawsuits that might occur? Why was the Defense Nuclear Agency created? Was it to help the veterans obtain justice or to prevent them from obtaining justice? Why were less than adequate radiation compensation laws passed?

Why were so many competent scientists like Dr. Sternglass drummed out of government or denied funding for their legitimate research or prevented from publishing their findings when they sought to tell the truth?

Why is a veteran’s only recourse for justice the VA? Why can’t he sue his government for damages? Why is he denied his constitutional rights of due process? It’s because of a Supreme Court decision reached just after World War II called the Ferris doctrine. When a serviceman tried to sue the government for injuries he suffered while in the service, and he was turned down because of the principle of sovereign immunity for the government, which immunized it against suits, a suit by a serviceman.

Why was the Price-Anderson Act passed in 1957, to protect the utility companies from full financial liability for nuclear disasters? Why was the Warner Amendment enacted to immunize government contractors involved in the nuclear bomb testing from being sued by injured servicemen?

My over-riding concern already mentioned before this
committee by Cooper Brown, Cliff Honicker, Pat Broudy, and others, is that this committee's findings may fall short of producing the evidence that will support the claims of the thousands of atomic veterans who believe that they were experimental subjects in the same context as all the other subjects, who were injected with radioactive substances in order to prepare this country for nuclear warfare.

It is clear that every test was designed to test the succession of nuclear devices on the military personnel involved. I'll give you an example. After Operation Crossroads, it was determined that on the ships, the target ships, that objects that were painted lighter in color showed less radioactivity than objects that were painted darker in color.

I happened to meet a Navy veteran of Operation Hard Tack One, when I lived back in Pennsylvania, and he had served on the USS Boxer as an enlisted man in Operation Hard Tack One, and he told me that in preparation for one of the bomb tests, the enlisted men of the Boxer were told to line up on the flight deck and cover themselves with their mattress covers, which were white, and turn their backs in the direction of the detonation, and while the officers were in the enclosed bridge.

This is what he told me, and he said that when the bomb went off, they could feel the heat, the blast, see the bones in their arms, and he said that not long after that, his hair began to fall out. He was only 18. When he went aboard the Boxer, he had a full head of bright, you know, flaming red hair. His hair fell out, then his teeth began to fall out, and now he frequently has cysts on his body that have to be removed, and we hear this constantly from veterans, the same story about the teeth, the hair and the cysts.

So, how will they be affected during the short run because a nuclear war was not expected to last very long? National survival was the compelling reason for these tests, according to the test planners.

J. Robert Oppenheimer, when he was -- when he -- when he learned that post-war nuclear bomb tests were being planned, he insisted that the testing could be done with models and could be done theoretically, but he was overridden.

Long wars were a thing of the past. The Gulf War is a case in point. If even one of the cruise missiles used was nuclear tipped, how long would that war have lasted? And what would the human damage have been? Why isn't the veteran given the benefit of the doubt when his claim is being adjudicated as the law stipulates?

It says this in the laws, but he's not given the benefit of the doubt. Speaking of the Gulf War, did any of you watch 60 Minutes last Sunday, when Ed Bradley presented all kinds of evidence, including witnesses, that poisonous chemicals were used by Iraq during the war, and that many of our personnel became very ill, that they became very ill as a result of their exposure?

And John Deutsch, who's the assistant secretary of Defense now, and who is the appointee designate to head the CIA,
persistently denied that any of the illnesses were caused by chemical agents to which the servicemen and women might have been exposed during the Gulf War, and I've heard too much testimony to the contrary, and I was also both disappointed and shocked that the use of depleted uranium during the Gulf War was not mentioned even once, and I have heard testimony at a conference that I went to in Jonesboro, Tennessee, a few months ago by participants, who claimed that they were -- that their health was seriously impaired by depleted uranium, and, so, that I was very disappointed in that 60 Minutes presentation, but I was not surprised to hear the testimony of John Deutsch.

And he was obviously lying, and when he was the provost of MIT, one of his jobs was to get as much money from the Pentagon as possible to finance MIT defense research. He also happened to be on the executive board of SAIC, the Science -- the -- let's see. SAIC, Science Applications International Corporation, Incorporated, which is a contractor for the Defense Nuclear Agency, to provide dosage reconstructions, which are invariably low and used by the VA to shoot down veterans' claims.

This committee has determined that all the nuclear bomb test series in the Pacific and Nevada -- that of all the nuclear bomb test series in the Pacific and Nevada only operation was Red Wing -- only Operation Red Wing was experimental because the military aircraft that were flown through the mushroom clouds were not equipped with the filters used to collect air samples. If they were equipped with filters, I suppose their missions would not have been regarded as experimental.

As of this moment, this is when I wrote this, to the best of my knowledge, none of the other tests have been deemed experimental by this committee. I hope this will change.

Well, as I pointed out at the beginning of my talk, it does seem to be changing because of what you came up with on Buster Jangle. Further, the committee relied exclusively on governmental sources instead of their own faculties to reach this conclusion considering all the information available about these tests, which is now apparently being rectified.

Can you imagine the uproar that would ensue when participants in the other test series learn that the tests that they were in were not considered experimental?

Well, now you've opened a Pandora's box by coming up with the evidence about Red Wing. So, documentary material -- that is in our favor. Documentary material has been presented to this committee stating that urine samples were to be obtained from all the test participants, which, of course, were not obtained from the vast majority of the test participants.

Why are urine samples taken? They are taken to see how much radiation -- how much radiation remains in the body or they are taken to determine how the ingested radiation affects the subject's health.

We think the urine samples, if they are taken or have been taken, were to determine that -- how little was left in the body, despite the damage, what was excreted previously caused.
I was a test participant in Operation Crossroads at Bikini in July 1946. One of my crew mates recently informed me, I hadn't seen him for years, recently informed me that he was told not to look at the atomic detonation because he might suffer serious radiation injury. I'm talking about Test Able, the bomb that shows on the cover of this newsletter.

I, on the contrary, recall being out on the deck of the same vessel, the floating drydock, which had been towed to a presumably safe distance when it was announced over the PA system that if we wanted to see the detonation of Test Able, we should look at a certain direction and listen to the count down over the PA system.

We were not issued protective goggles, even though I later learned that a special directive to that effect had been issued to all the ships assigned to the test. When the count down reached zero, I saw the flash on the horizon, and we immediately reversed course and headed back to Bikini. We entered the lagoon the next morning, anchored and proceed to work on damaged target ships.

As before the test, when work was over, we stripped down and dove into the contaminated lagoon for our usual refreshing swim. Nobody told us that the lagoon water might be contaminated with alpha particles. Nobody told the young men who were sent aboard the target ships to retrieve dead and dying experimental animals, cameras, and test equipment about the dangers of radiation.

Why were some of the target ships "decontaminated" and declared geiger sweet as opposed to geiger sour when they were really not -- when they were really not, so that the crews could go back aboard to resume their normal duties? We believe that this was experimental.

Why did the surviving crew members of some of the support ships still refer to them as death ships? The bottom line is that they wanted to see how our ability to engage in combat operations during a nuclear war would be affected. They wanted to see how living aboard supposedly decontaminated target ships would affect our ability to perform our military duties, and we were also the victims of the insatiable curiosity of Dr. Strangeloves, like Dr. Edward Teller, who wanted to see what could be learned from the testing of bombs of many different designs and yields.

Just as John Deutsch lied on 60 Minutes the other night, Pentagon spokesmen have been lying for decades about the real effects of radiation on the hundreds of thousands of servicemen who were exposed.

I rest my case.

DR. FADEN: Thank you, Mr. Rosen.

DR. ROSEN: Thank you.

DR. FADEN: We're running --

(Appause)
DR. FADEN: -- short on time. Is there anyone who has
a question for Dr. Rosen?

(No response)

DR. FADEN: If not, we have your written testimony, and
we appreciate your taking the time.

DR. ROSEN: Thank you.

DR. FADEN: Our next presenter is Mr. Glenn

-- I'm sorry if I pronounce your last name -- Alcalay, is that
correct?

MR. ALCALAY: Correct.

DR. FADEN: Thank you for coming, Mr. Alcalay.

Statement of Glenn Alcalay

New York, New York

MR. ALCALAY: Thank you, Dr. Faden and members of the
committee, for this opportunity.

I'm going to address my remarks this afternoon to the
women of the Marshall Islands. My name is Glenn Alcalay, and I
have had a 20-year involvement with the people of the Marshall
Islands, beginning 20 years ago as a young Peace Corps volunteer
on Utirik, one of the downwind atolls from Bikini, which was hit
with a very substantial amount of radioactive fall-out from the
U.S.'s largest hydrogen bomb thermo-nuclear weapon at Bikini in
1954.

I learned very early on that all was not well with the
people of Utirik, and it was my experience, after having been on
Utirik for one month as a Peace Corps volunteer, that I
encountered my first foray with East meets West in the form of a
Brookhaven National Laboratory survey done under the auspices of
the Atomic Energy Commission, headed up by Dr. Robert Conard, the
then director of the Brookhaven team assessing the follow-up
program in the aftermath of Bravo from 1954.

In 1975, as a young Peace Corps volunteer, I inquired
to Dr. Conard about the potential harm to women and reproduction
as a consequence of latent effect of radiation, and before the
community-wide village meeting between Brookhaven and the people
of Utirik, I was told in no uncertain terms that that was not my
bailiwick, that I really had no business making such an inquiry,
and that I should stick to my formal Peace Corps duties of
teaching English and setting up an agricultural cooperative.

That is, it was 20 years ago for me that I began to
sense that something was rotten in the state of Denmark.

At the present time, I am a doctoral candidate in
medical anthropology at the New School for Social Research in New
York. I'm also assistant professor of Anthropology at the City
College of the City University of New York, and for the past 20
years, I have made seven return trips to the Marshall Islands. I've spent a total of four and a half years in the past 20 years, including the two years as a Peace Corps volunteer, in the Marshals. I'm a fluent speaker of the language, and it was always very interesting to me to go back and investigate this question of women vis-a-vis the latent effects of radiation in the Marshals.

Now, following 41 years of the follow-up studies of Brookhaven following Bravo in 1954, it is well documented and acknowledged that thyroid abnormalities are one of the larger problems facing the Marshalese.

In addition to a few assorted carcinomas, the Brookhaven scientists have very narrowly focused on thyroid abnormality and a few assorted carcinomas. The question of women and reproduction has always been conspicuously omitted.

It was for that reason when I chose my topic for doing doctoral research that I decided to focus on women. I'd like to read a quote from one of my 1200 interviews I've collected over the past 20 years of Marshalese women, one of the inducements about how I got involved.

This is a quote from a Mili Latobo on Utirik, and I quote, she says, "Some women gave birth to creatures like cats, rats and the insides of turtles, like intestines. Most of the women had miscarriage, including myself, who gave birth to something unlike a human being. Some women gave birth to things resembling grapes and other fruits, and some women even stopped having children, including myself. Things are not the same now, and the people are not as active and healthy as before the bomb."

I heard this repeatedly throughout the Marshall Islands from many women, and it seemed really curious about this chasm that existed between Brookhaven studies and the perceptions, indigenous perceptions and observations of the Marshalese women.

For that reason, I spent 13 months in the Marshall Islands, between 1990 and 1991, conducting a health survey on women and reproduction, and I would direct your attention in my statement, I'm sorry I didn't bring overheads, I should have had foresight to bring overheads, I'm going to share with the committee some preliminary findings of my 13-month health survey that I conducted in the Marshall Islands, wherein I interviewed 830 women on 10 different atolls.

In a nutshell, I clustered the Marshall Islands. Here's a map, by the way, attached to my statement of the. I clustered the islands under purview in terms of their proximity to Bikini, the site of the largest thermo-nuclear weapons in the 1950s, and I divided them into Northern and Southern. That seemed reasonable. And I anticipated there might be confounding variables with my study.

I anticipated I could hear Dr. Conard saying to me, well, what about the problem of selective memory, for example. Moreover, since a nuclear claims tribunal has been established under the Compact of Free Association Regiment, whereby a $150 million trust fund has been established in the Marshals, the Marshalese are at present filing claims for health injury and
property damage stemming from the tests, what about the so-called
greed factor or let's call it more diplomatically the
embellishment factor of the selective memory problem?

    My sense and my 20-year knowledge of the, if we can
call this the greed factor, that the greed factor amongst all
50,000 Marshall Islanders will be randomly distributed throughout
the. I do not think there is one island with a monopoly on the
greed factor.

    Another factor-encountering variable might have to do
with differentials in health care provision; that is, prenatal
care, neonatal care. I can attest to this committee and anybody
who has spent any time in the outer islands of the that health
care, and in particular prenatal and neonatal care, is abysmally
poor universally. That is, there is no one particular island
that stands out in the outer islands as having excellent health
care. So, I don't see that as a compounding variable either.

    I direct the committee's attention to Pages 6, 7 and 8
of my statement. On Page 6 is the data, the data tables. Page 7
shows what I call adverse births or congenital anomalies; that
is, I combined miscarriages and still births, and I made a
division between pre-1952 and post-1952 in the Marshals. The
reason being that the thermo-nuclear weapons experiments started
at Eniwetok in 1952. Prior to that, they were atomic weapons in
the kiloton range. Beginning in 1952, the weapons, thermo-nuclear
weapons, the hydrogen bombs, were in the megaton range, and the
fall-out from the megaton range weapons we now know was
distributed pretty uniformly throughout the Marshals more --
obviously higher doses to the northern islands, closer to Bikini,
and less fall-out further away.

    So, that's the reason I chose '52 as the cut-off point.
On Page 7, the graph indicates that prior to 1952, before the
onset of the thermo-nuclear weapons, adverse births were randomly
distributed throughout the Marshals. A pattern doesn't really
emerge until you turn the page to Page 8, post-'52. After the
large hydrogen bomb weapons, we see a distinct correlation
between distance from Bikini and that being the independent
variable and the incidence rate of congenital anomalies.

    As you move further away from Bikini, that is the three
atolls furthest away, the southern islands, Rongelap, Anorik and
Mili, we see that they have the lowest incidence rate of
congenital anomalies.

    Now, this is a preliminary survey. This is a
pioneering effort in the, and I am here to request one item from
this committee. I did not bring a long laundry list. I brought
one particular item. I tried to crystalize my statement into one
request.

    It seems pretty clear to me that 41 years after Bravo
and the very large thermo-nuclear weapons in the, we still have
an uncertain prognosis vis-a-vis women, and I would urge this
committee to recommend initiation of a larger follow-up study to
my study, a larger systematic epidemiological study of the women
and reproduction in the.

    DR. FADEN: Thank you, Mr. Alcalay. Thank you for your
material.

Are there questions? Ruth?

DR. MACKLIN: I'd just like to have one clarification about --

MR. ALCALAY: Yes.

DR. MACKLIN: -- the words you used and the items that you're measuring. You have miscarriages. You have still births, and then you have what you call adverse births, which you define as still births and miscarriages combined, and yet in your -- when you -- in your oral statement, you referred to congenital anomalies.

Did you look at something other than deaths? I mean miscarriages and still births are adverse outcomes that did not result in a live birth. Did you look at anything that would be called congenital anomalies in births, in live births?

MR. ALCALAY: Yes. Thank you for the question.

In my data collection, and I'm still assessing the data, I have a ton of data, it's going to take me several more months to sift through it, I also collected data from all these women in my survey about children born with serious maladies. I would include those in congenital anomalies as well.

Also, another facet of this research which will come out in a few months has to do with resident histories. The Marshall Islanders, unlike our popular romantic images of island people, do not stay put. There's a high degree of mobility. It's important to know where a particular women resided, say, in 1954, did she live in Rongelap, a 120 miles from Bikini, or was she at Alamowah Shopping Center in Hawaii several thousand miles away.

So, I'm also assessing those data, but I hope that clarifies.

DR. MACKLIN: Yes.

DR. FADEN: Thank you. Are there other questions for Mr. Alcalay?

(No response)

DR. FADEN: Thank you very much for the material.

MR. ALCALAY: Thank you very much.

DR. FADEN: Good luck with your dissertation.

MR. ALCALAY: Thank you.

(Applause)

DR. FADEN: Our next speaker is Ms. Denise Nelson. Is Ms. Nelson with us this morning -- this afternoon? Excuse me. I keep getting my time of day confused. Thank you for taking the
time to come here, Ms. Nelson.

Statement of Denise Nelson

Bethesda, Maryland

MS. NELSON: There was no blame to be assessed, no responsibility to be assumed. What had happened was somehow inevitable. Not the doing of man but of circumstances. These are the words of Adolf Eichmann. Never, not once did the man convey anything but the feeling that everything he had done was totally appropriate. If the conscience stops functioning, even occasionally, one is in mortal danger of losing one's self.

He was a soldier. In this, he took enormous pride, and a soldier is never entirely his own man. When decisions were made by those above and orders issued, they had to be obeyed. This was duty, and his moral responsibility.

For it is not just about the unspeakable evil perpetrated by the agents of Nazism, but about the astonishing capacity of those not wholly unlike ourselves for self-justification. The ease with which in the interest of an ideology or simple ambition seemingly normal souls escaped their better selves.

Evil is most disturbing when it is common place. Eichmann was the perfect example of the obedient, dedicated government loyalist who had put the whole before the individual. Over 400,000 Hungarian Jews found their way to human experimentation and death solely because of the actions of this man.

Today, we think only of the Nuremberg Code, but prior to the Nuremberg Code came the Nuremberg Decrees of 1935, which stripped Jews of their basic rights, took away their financial and social liveli-hood, and marked the beginning of a massive classification of sensitive national security documents.

Almost the same thing happened in this country at the beginning of the Cold War. Residents of Southern Utah and Nevada were identified in AEC documents as a low-use segment of the population. In other words, disposable.

The rights, health and livelihood of these fall-out victims were torn from them and documents about their health, exposure levels, medical examinations, and experimentation were classified.

50 years later, the bodies of these people have been carefully buried one-by-one in nice little graves with lots of flowers, but I for one cannot ever look at the graves in St. George, Utah, without thinking of a mass grave and unjustified premature deaths. The parallels are undeniable.

When I hear that some children in Southern Utah -- when I heard that some children in Southern Utah received film badges and others did not, I could not help but think of the Star of David, which was so clearly the sign of another low-use segment
of the population.

Was it justified to expose the thousands of children who lived in a virtually uninhabited area as it was described by the AEC to radioactive food, air and water? If so, then who are we to say that to kill by gassing is wrong?

The children of Southern Utah are dead and dying. If there was no harm in the clouds, why did they always wait until the clouds blew away from Las Vegas? If there was not enough radiation to cause harm, why did the government apologize for the sacrifice the people of Utah have made in the interest of national security? If there was no harm done, why did the Congress pass a compensation act which places a $50,000 value on the life of each man, woman and child who dies of certain cancers?

The enormous medical costs were not addressed. The families slid into poverty. Children lost out on education, and once well-to-do hard-working families were driven apart and bitter. The compensation act has failed miserably.

Some families have lost several members and because of the restrictive nature of the bill, no compensation is paid. The loss of a child is small indeed to this government, but it is colossal to a mother and father.

Past and present politicians use the words "small sacrifice" to address the loss of a child, and this attitude should make us fear for our lives because once it no longer bothers us to see mangled bodies, it will no longer bother us to mangle them ourselves.

Evil can simply be defined as the use of political power to destroy others for the purpose of defending our sick selves. Just as the Jews had no protection in Nazi Germany, the Constitution of the United States of America does not protect its children.

When the AEC was asked, who has the responsibility for the safety and welfare of persons and property near areas of possible fall-out, the answer was, it is the responsibility of the heads of families and the owners of property to protect the members of their families and their property from possible radioactive fall-out.

Any group will remain potentially evil and without conscience until such time when every single individual becomes directly responsible for their own behavior and deeds.

Eichmann was the only man ever executed in the state of Israel. Justice prevailed, and it did not heal the wound, but it satisfied the soul. Heroic action brought him to trial, as it will take heroic action to reveal the truth about Fall-Out City.

If the fall-out was -- if the fall-out which was purposefully directed toward a healthy population was not an experiment, or even one of planned opportunity, then it was just simply a criminal act of mass genocide.

There was no blame to be assessed. No responsibility
to be assumed. This was Eichmann’s view. I hope that this committee is composed of individuals who respect the right of each human being to live in safety, in dignity, and with the understanding that if their life is taken from them prematurely, for whatever reason, justice under the law must punish the guilty, so that all souls may rest in peace.

Thank you.


Are there --

(Applause)

DR. FADEN: -- Ms. Nelson, Ms. Nelson, excuse me, I think we have some questions, if you would -- Lois?

MS. NORRIS: Thank you, Ms. Nelson. Could you direct me to the source of the quote in your written statement? It’s the third paragraph. The AEC’s response to the question, saying that it is the responsibility of the heads of families.

MS. NELSON: That came out of the book "Under the Cloud" by Richard Miller, and I think I referenced it on the bottom of the second page.

DR. FADEN: Thank you. Duncan?

DR. THOMAS: Again, thank you for an eloquent statement.

MS. NELSON: Thank you.

DR. THOMAS: The same question regarding the AEC document that you quote on the first page about the low-use segment.

MS. NELSON: Yes.

DR. THOMAS: Where does that come from?


DR. THOMAS: "American Ground Zero"?

MS. NELSON: Yes.

DR. THOMAS: Have you seen that document itself?

MS. NELSON: It was an internal memo. I have not seen that myself, but I believe that somebody else that has worked with some of the radiation victims does have a copy of that memo.

DR. THOMAS: I’ve heard reference to this document before, and I haven’t seen it either. I don’t know whether the staff has.

I have the vague recollection that --
MS. NELSON: I would like to find it out myself. I'd like to see the original.

DR. THOMAS: Yes. Me, too, because I --

MS. NELSON: Yes.

DR. THOMAS: -- have heard reference to an earlier discussion, where someone, and I don't recall whom, was saying that that statement was referring to the land and not to the people, and I think it's really important to get to the bottom of that.

MS. NELSON: Well, there are actually two statements. One was a low-use segment of the population, and another one was virtually uninhabited.

DR. THOMAS: Well, if anyone, yourself or any of the other members of the audience, can point us in the direction of the original documents, it would --

MS. NELSON: Okay. I will make a note of it.

DR. THOMAS: -- be very important for us.

MS. NELSON: I will make a note of that, to look those up for you.

DR. FADEN: Thank you very much, Ms. Nelson.

MS. NELSON: Thank you.

DR. FADEN: We appreciate it.

We next have a panel of people who have asked to present, and again please forgive me if I'm not pronouncing people's names correctly, but we have Ms. Chris DeNicola, Ms. Valerie Wolf, and Ms. Claudia Mullen. Are you all of New Orleans, is that correct?

MS. WOLF: Yes, that is correct.

DR. FADEN: Thank you for making the effort to come up to speak to us today.

Statement of Chris DeNicola, Valerie Wolf and Claudia Mullen, New Orleans, Louisiana

MS. WOLF: Okay. I'm going to start. My name is Valerie Wolf.

In listening to the testimony today, it all sounds really familiar. I am here to talk about a possible link between radiation and mind-control experimentation that began in the late 1940s.

The main reason that mind-control research is being mentioned is because people are alleging that they were exposed as children to mind-control radiation drugs and chemical
experimentation, which were administered by the same doctors who are known to have been involved in conducting both radiation and mind-control research.

Written documentation has been provided revealing the names of people and the names of research projects in statements from people across the country.

It is also important to understand that mind-control techniques and follow-ups into adulthood may have been used to intimidate these particular research subjects into not talking about their victimization in government research.

As a therapist for the past 22 years, I have specialized in treating victims and perpetrators of trauma and their families. When word got out that I was appearing at this hearing, nearly 40 therapists across the country, and I had about a week and a half to prepare, contacted me to talk about clients who had reported being subjects in radiation and mind-control experiments.

The consistency of people’s stories about the purpose of the mind-control and pain-induction techniques, such as electric shock, use of hallucinogens, sensory deprivation, hypnosis, dislocation of limbs and sexual abuse, is remarkable.

There is almost nothing published on this aspect of mind-control used with children, and these clients come from all over the country, having had no contact with each other.

What was startlingly was that therapists reported many of these clients were also physically ill with auto-immune problems, thyroid problems, multiple sclerosis, and other muscle and connective tissue diseases as well as mysterious ailments for which a diagnosis cannot be found.

While somatization disorder is commonly found in these clients, many of the clients who have been involved in the human experimentation with the government have multiple medically-documented physical ailments, and I was really shocked today to hear one of the speakers talk about the cysts and the teeth breaking off, because I have a client that that’s happening to.

Many people are afraid to tell their doctors their histories as mind-control subjects for fear of being considered to be crazy. These clients have named some of the same people, particularly a Dr. Green, who was associated with clients’ reports of childhood induction of pain, mind-control techniques, and childhood sexual abuse.

One of my clients, who had seen him with a name tag, identified him as Dr. L. Wilson Green. A person with this same name was the scientific director of the Chemical and Radiological Laboratories at the Army Chemical Center, and that he was engaged in doing research for the Army and other intelligence agencies.

Other names that have come to light are Dr. Sidney Gottlieb and Dr. Martin Orne, who, it is reported, were also involved in radiation research.

It needs to be made clear that people have remembered
these names and events spontaneously with free recall and without
the use of any memory-retrievable techniques, such as hypnosis.
As much as possible, we have tried to verify the memories with
family members, records and experts in the field.

    Many attempts have been made through Freedom of
Information Act filings to gain access to the mind-control
research documentation. These requests have generally been
slowed down or denied, although some information has been
obtained, which suggests that at least some of the information
supplied by these clients is true.

    It is important that we obtain all of the information
contained in the CIA and military files to verify or deny our
clients' memories. Although many of the files for MK Ultra may
have been destroyed, whatever is left, along with the files for
other projects, such as Bluebird and Artichoke, to name only two,
contain valuable information.

    Furthermore, if, as the evidence suggests, some of
these people were used in radiation experiments, there might be
information in the mind-control experiment file on radiation
experiments.

    We need this information to help in the rehabilitation
and treatment of many people who have severe psychological and
medical problems which interfere with their social, emotional and
financial well-being.

    Finally, I urge you to recommend an investigation into
these matters. Although there was a commission on mind-control,
it did not include experiments on children because most of them
were too young or still involved in the research in the late
1970s to come forward.

    The only way to end the harassment and suffering of
these people is to make public what has happened to them in the
mind-control experiments. Please recommend that there be an
investigation and that the files be opened on the mind-control
experiments as they related to children.

    Thank you.

     DR. FADEN: Thank you.

     MS. DeNICOLA: Good afternoon. I'm Christine DeNicola,
born July 1962, rendering me 32 years of age.

I was a subject in radiation as well as mind-control and drug
experiments performed by a man I knew as Dr. Green.

    My parents were divorced around 1966, and Donald
Richard Ebner, my natural father, was involved with Dr. Green in
the experiments. I was a subject from 1966 to 1976. Dr. Green
performed radiation experiments on me in 1970, focusing on my
neck, throat and chest in 1972, focusing on my chest and my
uterus in 1975.

    Each time I became dizzy, nauseous and threw up. All
these experiments were performed on me in conjunction with mind-
control techniques and drugs in Tucson, Arizona.
Dr. Green was using me mostly as a mind-control subject from 1966 to 1973. His objective was to gain control of my mind and train me to be a spy assassin. The first significant memory took place at Kansas City University in 1966. Don Ebner took me there by plane when my mom was out of town. I was in what looked like a laboratory, and there seemed to be other children. I was strapped down, naked, spread-eagle on a table, on my back.

Dr. Green had electrodes on my body, including my head. He used what looked like an overhead projector and repeatedly said he was burning different images into my brain while a red light flashed aimed at my forehead.

In between each sequence, he used electric shock on my body and told me to go deeper and deeper, while repeating each image would go deeper into my brain, and I would do whatever he told me to do.

I felt drugged because he had given me a shot before he started the procedure. When it was over, he gave me another shot. The next thing I remember, I was with my grandparents again in Tucson, Arizona. I was four years old.

You can see from this experiment that Dr. Green used trauma, drugs, post-hypnotic suggestion and more trauma in an effort to gain total control of my mind. He used me in radiation experiments, both for the purposes of determining the effects of radiation on various parts of my body and to terrorize me as an additional trauma in the mind-control experiments.

The rest of the experiments took place in Tucson, Arizona, out in the desert. I was taught how to pick locks, be secretive, use my photographic memory, and a technique to withhold information by repeating numbers to myself.

Dr. Green moved on to wanting me to kill dolls that looked like real children. I stabbed a doll with a spear once after being severely traumatized, but the next time, I refused. He used many pain-induction techniques, but as I got older, I resisted more and more.

He often tied me down in a cage, which was near his office. Between 1972 and 1976, he and his assistants were sometimes careless and left the cage unlocked. Whenever physically possible, I snuck into his office and found files with reports and memos addressed to CIA and military personnel.

Included in these files were project, sub-project, subject and experiment names with some code numbers for radiation and mind-control experiments, which I have submitted in your written documentation.

I was caught twice, and Dr. Green ruthlessly used electric shock, drugs, spun me on a table, put shots in my stomach and my back, dislocated my joints, and hypnotic techniques to make me feel crazy and suicidal.

Because of my rebellion and growing lack of cooperation, they gave up on me as a spy assassin. Consequently, the last two years, 1974 to 1976, Dr. Green used various mind-
control techniques to reverse the spy assassin messages, to self-
destruct and death messages.

His purpose. He wanted me dead, and I have struggled
to stay alive all of my adult life, all of my adult life. I
believe it is by the grace of God that I am still alive.

These horrible experiments have profoundly affected my
life. I developed multiple personality disorder because Dr.
Green's goal was to split my mind into as many parts as possible
so he could control me totally. He failed. But I've had to
endure years of constant physical, mental and emotional pain even
to this day.

I've been in therapy consistently for 12 years, and it
wasn't until I found my current therapist two and a half years
ago, who had knowledge of the mind-control experiments, that I
finally have been able to make real progress and begin to heal.

In closing, I ask that you keep in mind that the
memories I have described are but a glimpse of the countless
others that took place over the 10 years between 1966 and 1976,
that they weren't just radiation but mind-control and drug
experiments as well.

I have included more detailed information of what I
remember in your written documentation. Please help us by
recommending an investigation and making the information
available so that therapists and other mental health
professionals can help more people like myself.

I know I can get better. I am getting better, and I
know others can, too, with the proper help. Please help us in an
effort to prevent these heinous acts from continuing in the
future.

Thank you very much.

DR. FADEN: Thank you.

(Applause)

MS. MULLEN: Good afternoon.

Between the years of 1957 and 1974, I became a pawn in
the government's game, whose ultimate goal was mind-control and
to create the perfect spy, all through the use of chemicals,
radiation, drugs, hypnosis, electric shock, isolation in tubs of
water, sleep deprivation, brain-washing, verbal, physical,
emotional and sexual abuse.

I was exploited unwittingly for nearly three decades of
my life, and the only explanations given to me were that "the end
justifies the means", and "I was serving my country in their bold
effort to fight communism".

I can only summarize my circumstances by saying they
took an already-abused seven-year old child and compounded my
suffering beyond belief. The saddest part is I know for a fact
that I was not alone. There were countless other children in my
same situation, and there was no one to help us until now.
I've already submitted as much information as possible, including conversations overheard of the agencies responsible. I'm able to report all this to you in such detail because of my photographic memory and the arrogance of the doctors -- the arrogance of the people involved. They were certain they would always control my mind.

Although the process of recalling these atrocities is not an easy one, nor is it without some danger to myself and my family, I feel the risk is worth taking.

Dr. L. Wilson Green, who claimed to have received $50 million from the Edgewood Chemical and Radiology Laboratory as part of a TSD or technical science division of the CIA, once described to Dr. Charles Brown that "children were used as subjects because they were more fun to work and cheaper, too." They needed lower profile subjects than soldiers or government people.

So, only young willing females would do. Besides, he said, "I like scaring them. They and the agency think I'm a god, creating subjects experiments for whatever deviant purposes Sid and James could think up." Sid being Dr. Sidney Gottlieb, James, Dr. James Hamilton.

In 1958, I was to be tested, they told me, by some important doctors from the society or the Human Ecology Society, and I was instructed to cooperate. I was told not to look at anyone's faces, and not -- try hard not to ignore -- to try hard not to ignore any names as this was a very secret project, but I was told that all these things would help me forget.

Naturally, as most children do, I did the opposite, and I remembered as much as I could, but Dr. John Gittinger tested me, Dr. Cameron gave me the shots, and Dr. Green the x-rays.

Then I was told by Sid Gottlieb that "I was ripe for the big A" meaning Artichoke. By the time I left to go home, just like every time from then on, I would remember only whatever explanations Dr. Robert G. Heath of Tulane Medical University gave me for the odd bruises, needle marks, burns on my head, fingers, and even the genital soreness. I had no reason to believe otherwise. They had already begun to control my mind.

The next year, I was sent to a lodge in Maryland called Deep Creek Cabins to learn how to sexually please men. I was taught how to coerce them into talking about themselves, and it was Richard Helms, who was deputy director of the CIA, Dr. Gottlieb, George White, Morris Allen, were all planning on filming as many high government agency officials and heads of academic institutions and foundations as possible, so that later, when the funding for mind-control and radiation started to dwindle, projects would continue.

I was used to entrap many unwitting men, including themselves, all with the use of a hidden camera. I was only nine years old when this sexual humiliation began. I overheard conversations about a part of the agency called Ord, which I found out was Office of Research and Development. It was run by Dr. Green, Dr. Steven Aldridge, Martin Orne, and Morris Allen.
Once a crude remark was made by Dr. Gottlieb about a certain possible leak over New Orleans involving a large group of retarded children who were being given massive doses of radiation. He asked why was Wilson so worried about a few retarded kids, after all, they would be the least likely to spill the beans.

Another time, I heard Dr. Martin Orne, who was the director then of the scientific office, and later head of the Institute for Experimental Research state that, "In order to keep more funding coming from different sources for radiation and mind-control projects, he suggested stepping up the amounts of stressors used and also the blackmail portion of the experiments". He said it needed to be done faster and to get rid of the subjects or they were asking for us to come back later and haunt them with our remembrances.

There's much more I could tell you about government-sponsored research, including project names, cell project numbers, people involved, facilities used, tests and other forms of pain induction, but I think I've given more than enough information to recommend further investigation of all the mind-control projects, especially as they involve so much abuse of the radiation.

I would love nothing more than to say that I had dreamed the whole thing up and need just to forget it, but that would be a tragic mistake. It would also be a lie.

All these atrocities did occur to me and to countless other children, and all under the guise of defending our country. It is because of the cumulative effects of exposure to radiation, chemicals, drugs, pain and subsequent mental and physical distress that I've been robbed of the ability to work and even to bear any children of my own.

It is blatantly obvious that none of this was needed nor should it ever have been allowed to take place at all, and the only means we have to seek out the awful truth and bring it to light is by opening whatever files remain on all the projects and through another presidential commission on mind-control.

I believe that every citizen of this nation has the right to know just what is fact and what is fiction. It is our greatest protection against the possibility of this ever happening again.

In conclusion, I can offer you no more than what I've given you today, the truth, and I thank you for your time.

(Applause)

DR. FADEN: Thank you for your presentations. We appreciate that this is not an easy thing to do.

Are there comments or questions from the committee?

Duncan?

DR. THOMAS: Could I ask either of you, where were your parents through all this? Do you have any idea how you were
recruited in the first place? Did they -- do you have parents, and did your parents know anything about what was going on?

MS. DeNICOLA: I can make a brief statement on that. It was my father who was involved with Dr. Green. My mother was not aware because they were divorced when I was four years old. Well, maybe before that, separated, and what would happen, how he gained access to me is these experiments took place actually in the middle of the night, and he would sneak in while my mom was asleep and take me out, and she had absolutely no knowledge of what happened.

However, when these memories did surface, and I began to tell her about them, she -- there was no question in her mind that he was capable. He had been in the military, in the Air Force. He had access to meet Dr. Green.

So, in answer to your question, it was my father. He groomed me from the very beginning, started sexually abusing me from the very beginning, and it was just something that he wanted to do, and he was closely involved with Dr. Green, but my mom had no knowledge.

The only thing she knew was that she wanted to get away from him. She didn't know why. She just knew she had to get away from him because of my reaction to him. I'm sorry. I didn't mean to go on. Thank you.

MS. MULLEN: Do you want an answer from me, also?

DR. THOMAS: It's up to you.

MS. MULLEN: If you want. The way I got involved was I was adopted when I was two and a half by a woman who sexually abused me, and then she was a friend of the chairman of the board of Tulane University at the time, and as a favor to him, she -- I began to show symptoms of, you know, typical of childhood abuse, when I was very, very young, and she asked him to recommend a psychiatrist, and he recommended Dr. Heath, who was involved with the project already, and, so, when he discovered that I already had been abused from the time I was practically born, and that I was -- had the ability to associate and that I had almost perfect recall, and I passed all the personality tests that they gave me, he suggested me for the project, and, so, that's how I got involved into it.

My father had no idea, and he died when I was very young, but I don't know if my mother knew or not. I don't think she really cared, to tell you the truth, and then she died when I was teenager. So, after that, they had access to me.

DR. FADEN: Lois?

MS. NORRIS: You mentioned that there are others across the country who are coming -- who are recalling similar things. Do they all cover the same time span, generally, or do you have a feel for that?

MS. WOLF: Yeah. Generally, they cover the same time span from about the late 1940s until -- see, one of the things that we're hearing about is people that were assigned to monitor
them in case they should start to remember because it's so horrible what was done, so we're not exactly sure when the actual experimentation took place and when it got into just the monitoring to make sure that they were still under control, and not everybody is being monitored.

So, but, yeah, pretty much, I think, from the late '40s through the 1970s, and maybe even into 1984.

MS. MULLEN: Later than that, I found out, because after my parents died, then there was no one to protect me, to monitor that she spoke of. My particular monitor was a physician at Tulane University, and, so, he was a family friend, also, of my mother's, and he just kept on making sure that I kept going back and forgetting.

MS. WOLF: So, it's kind of unclear as to when -- whether it stopped or whether it -- you know, where the --

MS. MULLEN: They still monitor you, though. That's why I am taking some danger in coming here today, because I'm still being watched.

MS. WOLF: I know this sounds unbelievable, but I mean there's actual -- she gets stuff in the mail. She gets phone calls. People have been writing things on her house, using the pseudonym that they used when she was at Tulane, and only they have knowledge of that name.

MS. MULLEN: My real name was never used, ever, in anything. So.

MS. NORRIS: Were they all children at the time?

MS. WOLF: Yeah. All children. And the thing is, is as therapists, we are trying really hard to figure this out, and to get as much information as we can.

Claudia's memories have been verified, a lot of them, because the way I have approached this is as I don't read in the field. I don't -- and, so, as people give me information, I send them to experts, like Alan Schefflin, who has a lot of information, and then he'll get back to me to confirm or deny. He has never denied any information that I've sent him.

Some of it can't be because we don't have all the information, but a lot of Claudia's memories have been validated, and they're not in any published source. The only way she would know the things she knows is if she filed Freedom of Information Act information, and this is what Alan Schefflin is telling me.

So, I have every -- and then I have been very careful not to know a whole lot, so if someone tells me something, I don't even cue them that -- because I don't know either.

DR. THOMAS: It seems to me that documentary evidence is going to be key to establishing the truth of these cases.

MS. WOLF: Yes, absolutely.

DR. THOMAS: It's hard for me to imagine that a program
as large and as complex as you people have described could have gone on for so long without a great deal of documentation.

The question is where is this documentation now? It becomes a Catch-22 if it is said that all of the documentation resides within the CIA files, and all of it’s secret, and they won’t give it to us. But what you’ve described is a pattern of very complex organization which involves plenty of people outside of the CIA as well.

Therefore, there must be a substantial amount of documentation which could be discovered. You just mentioned about the letters that some of you are still receiving. There is a lead to documentation.

Can you describe for me what efforts have been made, either by yourselves or by other people who are working on this story, to try to track down some of this documentation, and what you meant a moment ago when you said that some of these memories have been verified or validated?

MS. WOLF: Okay. Dr. Alan Scheflin, and you have his resume in the documentation and a statement from him about Claudia in your documentation, he has been for the past 20 years filing Freedom of Information Act filings to get this information, has been piecing it all together.

Other people across the country have been doing the same, going back to the government files, getting what they can, and what they’ve also been doing is writing books, sharing information. So, he has actual Freedom of Information Act information.

The problem is that it’s -- when the requests are going in now, they’re being slowed down or denied or just kind of lost in the shuffle, and the information is very difficult to get.

DR. THOMAS: I’m sorry. I don’t see the documentation in the package that was provided to me. Is there something missing?

MS. MULLEN: I have -- I supplied --

MS. WOLF: I sent a --

MS. MULLEN: -- project numbers, names.

MS. WOLF: -- packet of documentation overnight mail, should have been here Monday, and some more yesterday. So, maybe it isn't --

DR. FADEN: If we haven’t received it, we’ll let you know.

MS. WOLF: Okay. I sent the first one to Steve Klaidman, and the second one to Kristen Crotty. You have it?

COMMITTEE MEMBER: Yes, we have some of this material.

MS. WOLF: Okay. And, again, it was, you know, what I could pull together in about a week and a half from across the
country, but the consistency of the stories, and the thing is, we want to verify it.

So, Alan has amassed over 20 years from Freedom of Information Act, from memos other people give him or sharing information, a lot of information, but we don't have the complete story. There's still a lot of stuff that we don't know, and that's what we're trying to find out because --

DR. THOMAS: Does any of this documentation specifically refer to radiation experiments? Because we are told by CIA that they never did any radiation experiments. So, what we need is documentation in order to pursue that.

MS. MULLEN: All you have to do is look up anything on Ord, the one that I mentioned that I overheard them speaking about. That was almost strictly radiation, and that was run by Dr. Steven Aldridge, Martin Orne.

DR. THOMAS: And that's appeared in the package which you sent Steve Klaidman?

MS. MULLEN: Yes, and I gave you project numbers, project names, sub-project numbers, even the subjects. We were given numbers ourselves for each specific experiment, and I overheard my number because they would -- they would assume that -- they would use techniques so that you would forget. You know, when you go home, you wouldn't remember what happened. So, they just talked freely in front of me. That's why no one ever hid their face or wore a mask or anything, because they knew that I would not remember, and I didn't. I didn't remember until two years ago.

MS. WOLF: And, also, I think you can follow up on Dr. L. Wilson Green. I don't know if you've come across him, but he seems to have been involved in both, and I think realistically, in terms of the mind-controls, some of the subjects were used in mind-control radiation. Some, as you've been hearing, have been strictly radiation, and some were strictly mind-control.

I think the reason it's coming up now is because in some of the stuff people are remembering, they knew that it would break down. They really worked hard to induce amnesia, and they knew it would break down, and I think in the last couple of years, that that's what's been happening, because we're hearing more and more, and, you know, -- so, we're just trying to find out what's happening here. That's -- so, we'd appreciate any help you could give us on that.

DR. FADEN: Thank you. Did you want to make --

MS. DeNICOLA: Yes, I did. I just wanted to address you for a moment. The question you asked about the documentation on radiation specifically. Included in my packet, and I don't know if you have that or not, there is - it's entitled, "Radiation File Information". There are names of subjects names, experiment names, and some code numbers that I remembered, and the problem is we have no way of verifying this without opening the files.

I mean I --
MS. WOLF: You have them.

MS. DeNICOLA: Yeah.

MS. WOLF: You have what she remembers, and you have what Claudia remembers.

MS. DeNICOLA: Do you have the documentation?

DR. THOMAS: All I have from you is your three-page -- four-page -- three-page document.

MS. WOLF: There is a whole packet of information.

DR. FADEN: We can clarify that.

DR. THOMAS: I gather the staff has it. So, we can get that.

DR. FADEN: We can clarify what we don't have, what we do have, and whatever it is we can put together, and we thank you very much --

MS. WOLF: Okay. Thank you.

DR. FADEN: -- for your traveling from New Orleans to present to us.

We have two more presenters. I'm sorry. We have two more presenters who are waiting, and we owe them the courtesy of hearing from them.

I understand that Mr. Schwartz is now with us. If you would wait, and we'll just make sure that you get on, but we have Ms. Starr. Ms. Suzanee Starr is here. Thank you, Ms. Starr. And you're traveling from New Mexico?

MS. STARR: Yes, thank you.

DR. FADEN: Thank you for coming.

Statement of Suzanee Starr

Chimayo, New Mexico

MS. STARR: This is my husband, and he's sitting here in case I pass out.

DR. FADEN: Well, we hope that doesn't happen.

MS. STARR: I'm not going to. You know, I just want to say thank you. Thank you very much for listening to me, for being here, for sitting in your seats this past hour. Thank you.

A whole part of my life just came together. This is phenomenal. Here I am, living in a remote area of New Mexico, and I start remembering this really bizarre stuff. Then I go back and I find the place where it happened, a place I never thought I had been in my life, and by gosh, it looks just like my recall of it, and now I sit here today, and I hear from people I
have never met, never seen. They have been through the same thing I'm experiencing.

I don't have the names, but you know one thing that just shocks me is through all of my work, I keep coming up with this darned Delta code, Delta 5133867. Until today, I didn't know what that was. It's an experimentation code. I kept wondering, why do I write Delta 5133867. What's an alpha code? What's a beta code? Those are things that this nation needs to find out for the sake of our future, and really and truly, without mistake, for the sake of the salvation of our planet.

I'm just shocked. I'm surprised. I am a survivor of secret experimentation conducted by our government on healthy children. I recalled and began to recall these incidences two years ago. I have been working for weeks to overcome the terror program so that I could be here and speak to you with dignity today.

I know I survived my childhood for this moment. These horrid secrets undermine the core of our society. They exist only out of the power of evil. As long as atrocity to human beings, particularly children, go unbelieved, they can continue.

I have come to realize from my awakening that reality is a dimension beyond human beings' ability to conceive the truth. When the truth comes to the light and is believed, there is an incredible healing for ourselves and our nation. That is my hope.

I was born in 1949. We were very poor. I lived in the mountains of Colorado. Both of my parents have died of cancer. All but two of my aunts and uncles have either died of cancer or have cancer.

As a child, my parents were victims of a mind-control organization that permitted me to be inducted into experimentation. I have early recollections of people coming to my house. My father was picked up on a false arrest for a ticket, parking ticket, and put in jail. They came to my house, and they tortured me, and they held my mother until she signed a paper.

I believe and I know that if she had not signed that paper, I would not be here today. I believe that her signing this paper is related to me being brought into these experiments. Either she signed or I died.

I believe our family physician, who was retired from the military, got children from the mountains of Colorado for the experiments. He was the only doctor I have ever saw until I was 20 years old. The first memory I have of environmental deprivation was in the basement of this doctor's office.

His office adjoined a meeting hall that was used for satanic rites. I was astounded when I returned to this city not that long ago, two years ago, and discovered that his office and the adjoining chambers and the sub-chambers in that city were exactly as I had remembered it.

Of course, I would remember my doctor's office, but I
had no knowledge prior to my return and my investigation of the
sub-chambers and of the secret things about his office.

The incidences I have recalled happened to me between
ages of three and 12 years old. I was taken to a college campus
in the summer. We were kept in a locked dorm and taken to the
experiment by way of underground tunnels. I provided the name of
that institution in my narrative. I believe you have my

I don't want to say that here in public. One day,
there was a lot of confusion, and a door was left open, and I
slipped out. I went across the campus and entered into another
dorm. I heard some people yelling. I wondered down the hall. I
was a very type of inquisitive kind of a slip-out child, and when
I went into the room and looked around the corner where the
people were yelling, there was a high official from the United
States military. There was the man that the people in the
program called the Nazi doctor. They called him a Nazi. I don't
know who this man is. I believe I could recognize a picture if I
was given the opportunity, and there was one of the technicians
at the head of the program.

I was caught and taken into electro-shock sessions,
something was put up my nose, and I passed out. In recovering
this incident, I had convulsions, which I have. I'm not a
seizure person, but when I am recalling these incidences,
frequently I go into a convulsive type of episode. It's not grand
mal. It's just extreme shaking.

A year and a half ago, on an investigative trip, my
husband and I returned to that campus. I was amazed to find it
exactly as I had recalled it. The two buildings where we were
used for the experiments had been torn down in 1968, but the dorm
that I wondered into was exactly as I remembered it.

I recall being in a classroom with other children. We
were all in institution pajamas. We were told that we were
chosen to help serve our country. A careful record of the
procedures were kept. The technicians were highly-trained
professionals. They were just doing their job.

We were not to be angry at them. An American flag hung
in the room. The experiments are discussed in more detail in my
narrative. One of the doctors, who supervised the experiments,
was called the Nazi when he was out of the room. The experiments
involved environmental deprivation, to the point of forced
psychotic states, and you know why I remember about the forced
psychotic states that had a great impact on me because I realized
something. After they put me in that little cell and treated me
like a dog and kept me there until I went into psychotic states,
they gave me electro-shock and told me we returned you to sanity,
so we can take your sanity away, if you ever speak, and I'm
speaking today, and I'm not going to lose my sanity. I'm going
to stay nice and sound.

The experiments also included extreme sensation on the
brain, spin programming, breeding of children and injections. I
was given frequent electro-shock and mind-control sessions with
the threat of death or insanity if I ever spoke, and through my
recollection and these years that I have struggled for my freedom
and the phrase that says thank God I'm free at least means a lot
to me, through these times, I have fought self-destructive
programmed messages to kill myself, and I know what a program
message is, and I don't act on them. I know the difference.

Obviously they mis-judged my spirit and my desire to be
free. The experiment I wish to speak about involved radiation.
I was strapped face down, straddled on a device like a chair that
curved my spine in a haunch. Needles were put in three places in
my spine, my coccyx, my mid-spine and the base of my skull.

To the right, there was a device with five orifices,
five IV tubes came out and joined into one, with controls for the
amount of fluid and frequency. This tube was connected to the
needles at the base of my skull.

I was given a timed injection at my coccyx. The
technician had a monitor, I believe it was a Geiger counter.
They checked my head with it. There would be timed releases --
released injections through the IV into the needle at the base of
my skull -- could you get me some water -- repeatedly, which was
monitored.

When the injections went into my brain, it felt like
ice spreading throughout my skull. It was agonizing. I had
cuffs on my upper arms and things on my fingers. I believe for
vital signs. Wires were connected to my head simulator to an
EEG. Often, they would say get some fluid. They did something
to the needles in my middle spine. I believe they were testing
my spinal fluid.

Sometimes something happened to the cuffs on my arms
that caused horrible pain. Readings were taken again. The
procedure was being taught to someone. I believe -- I believe
that's what was happening. They talked as if I was unconscious
and not even human. I recall it was explained that the
injections were referred to as "trace" but enough to make this
kid's head light up like a Christmas tree.

They thought this was funny. They kept making jokes
about my head glowing. They sat me up and put a tube in my nose.
I could feel something horrible in the front of my brain, and I
blackened out.

In another experiment, when I -- they thought I was
dead, they took me out of the chair, and the technician looked at
me, and he said, "It looks like we lost this one. Well, there's
plenty more where she came from. If she's brain dead, we can
institutionalize her and use her for further experiments. If
she's dead, we will arrange an accident as is procedure with her
family."

Another experiment involved inserting air into my
uterus and expanding the abdominal cavity with air. This
experiment was torturous. Measurements were taken periodically.
X-rays of my uterus and fallopian tubes were taken by injecting
radioactive dye. I know that this is a salpingohystiogram. I had
to have this done during fertility testing when my husband and I
were trying to conceive a child.

Fertility testing was so traumatic that I had to stop
trying. I have never had a normal pregnancy or been able to conceive a child. Howsoever, I do remember at the age of 12 having an induced pregnancy. My baby boy was taken for the experiments. That is the only child I have ever had, unless there are other abortions that I’m not aware of.

I am willing to experience my -- to discuss my experiences in more detail, if any of you wish to. I have suffered all my life because of this. My life has completely changed now because of my recovery.

Five years ago, I began my quest for truth. I didn’t perceive how much I was suffering until finally my symptoms diminished. I have recovered these incidences with the help of a caring professional. He has been careful to maintain a neutral position and does not hypnotise or lead me or influence me in any way, and he said he will attest to that.

Once early in my healing, I spoke to a man who helps people deprogram from mind-control groups. He told me freedom is in the struggle. The good Lord knows, I have struggled to be free. I am thankful that I started working on my healing of my body in my thirties. The past five years, I have healed my mind and spirit. Now, I am strong enough to speak the truth, the truth will set us free.

There’s one more thing I didn’t mention. During the many times, there were forced rapes. I wanted to say one thing. When I was early -- a memory I’ve had all my life. I always knew about, I always wondered what it was.

When I was four or five years old, I used to lie in the bedroom when my sisters went to school in the morning, and I played Nazi concentration camp, and I would be the Jewish princess, and they would be experimenting on me and military people would come and rape me, and I held up to it all because I was such a brave girl. I think I was a very brave girl. I really do.

I always wondered why did a four-year old fantasize that she was being experimented on. Why did she think that people were raping her? Now I know why. Because it was truth.

I wish to thank the people at the task force for helping me trust enough to testify. I would never have trusted a government project without their support. I also wish to thank President Clinton for appointing this commission, and each of you especially for having the courage and the integrity to listen to us, the survivors of America's most horrid secret.

I am deeply committed to exposing this most horrid secret. Of course, I am terrified of repercussions, but if one of you hears us today, if one of you takes action, if someone in this room takes action, even if it's 10 years from now, this can change.

I am terrified of repercussions, but I will not purchase peace at the price of my silence. If life's so dear or peace so sweet as to be purchased at the price of chains of slavery, forbid it, almighty God. I know not what course others may take, but as for me, give me liberty or give me death, and I
imagine you all know who said that. My hero when I was a little
girl, Patrick Henry.

I do not choose death, I choose freedom, freedom to
speak the truth. Thank you.

DR. FADEN: Thank you, Ms. Starr.

(Applause)

DR. FADEN: We appreciate your comments. Thank you for
leaving us information.

If we have questions, could we keep them brief?
There's one more person we need to get in.

(No response)

DR. FADEN: Thank you for your material. We appreciate
your coming.

MS. STARR: Thank you.

DR. FADEN: Our last presenter is Mr. Steven Schwartz,
who we missed earlier on, but he's here now.

Statement of Steven Schwartz

Washington, D.C.

MR. SCHWARTZ: I'll be brief.

DR. FADEN: Thank you, Mr. Schwartz.

MR. SCHWARTZ: Thank you.

Madam Chair, members of the committee, my name is
Steven Schwartz. I'm a guest scholar at the Brookings
Institution just up the street here in Washington, D.C., where
I'm directing a project, attempting to assess the comprehensive,
historical and potential future year costs of the U.S. nuclear
weapons program from its inception in 1940 through the present.

I'm here today to explain a little bit of what we're
doing, but also to share with you some of the experiences we have
had in trying to track down some documentation which in talking
with Mr. Guttman and other members of your staff, I understand
it's a little bit similar in terms of the problems that we're
running into.

Actually, you have more money. You've got a bigger
staff. You've got a bigger presence in Washington, and you've
got a presidential directive. Other than that, we're pretty much
the same.

I would -- so you understand some of the road blocks
that we're up against here, the project got underway last May,
and it's going pretty well. One of the -- basically, we're
looking for cost data. So, in a way, we're sort of looking for
discrete sets of data, and you would think that given what we're
looking for, what you're looking for, that we would have the
easier time of it.

In fact, and it could be due to the fact that you have a presidential directive, we're not succeeding as well as I would have liked. A part of that is because a lot of the documentation, unfortunately, doesn't exist. Either it was destroyed a long time ago, because it was felt to be irrelevant, or it was never collected in the first place, and here I'm speaking principally of the Department of Energy and its predecessor, the Atomic Energy Commission.

Of course, the edict in the early years was produce, produce, produce and let's not worry about anything else, and it turns out that worrying about what we were spending really wasn't a factor as long as the money was being spent.

We've uncovered some wonderful memos from the Atomic Energy Commission staff in the early 1950s saying things like gosh, we're spending a $100 million a month, and we don't know what we're spending it on. We ought to find this out, which is pretty amazing.

So, we're running into a little difficulty there. The department has fairly recently, I guess, opened up the Open Net which you can access on the Internet, which is a fairly useful way of tracking down information. There are some limitations. The software only allows you to look at the first 40 items in your search. They will mail you the rest at cost, which is obviously expensive and burdensome and sort of limits the capability of the system, but it's better than nothing.

One experience that I had there recently, which does tie in with the work that you're doing, is I requested some information on troop use tests at the Nevada test site, and a whole slew of documents came up on the screen, wrote down the numbers, E-mailed it in to them, didn't have to pick up the phone once. It was wonderful.

I got back a pile of stuff in a box about a month later, which, given my other experience with retrieving information via FOIA, was incredible. I just actually got a call the other day from a FOIA officer at DOD who tried to reach me at my previous job, and when I told him that I was no longer there, he said, oh, thank you.

So, I have no idea what that request was. I told my successor at my previous job to follow up with this gentleman, that clearly this is not strictly a legal operation, and they probably have some interest in what I'd requested for them in the past.

But getting back to DOE and the Open Net, in the package of materials that we requested, three documents were missing. They all had sheets. One of them said that it was simply not there. They couldn't say anything more about it. The other two said that they had been remanded back to DOE headquarters for review 10 years ago, and when I wrote back to them, and I said could you tell me a little bit more, like maybe where these documents are, I -- at first, I didn't get a response. Apparently the request got lost in the mail. Then I got a call back, and they said, well, we don't know where they
are. We get stuff. It's supposed to be classified. If it isn't, it goes back. I said, well, tell me who I need to talk to. They did.

I called the gentleman. It turns out that he's in the History Division, and, ironically enough, he's been detailed to your counterpart at DOE. He has yet to get back to me, but I imagine he'll want to know where these documents are, too, because they relate to your mission and his. So, hopefully that will come up relatively soon.

We've had more success, frankly, getting information from published sources, old Atomic Energy Commission histories, which I'm sure your staff has looked at, and the Department of Defense histories, but, of course, as you know, anything that is really interesting isn't in there, and that's unfortunate, given the fact that cost data on all government programs is, according to the Constitution, supposed to be published now and then for people to know what's going on, it's unfortunate that most of this information is still not available.

We've made requests to the department, discrete requests for specific blocks of information that we need. Things that have been classified and are still classified today, but in our view should not be. For example, the cost of nuclear warheads. There's no reason for the American public not to know what we spent on these things.

We don't want to know how they worked. Frankly, we already know that. We don't want to know how they're put together. We just want to know what they cost, and, unfortunately, we're running into a bit of a bureaucratic road block there.

We've done the same thing at the Department of Defense, got a bit more success there, but they're still dragging their feet a little bit on that request, and we've gone, frankly, we've gone to the National Archives, which is where we went first, for this information, and surprisingly there isn't a whole lot of it there, as I'm sure -- well, actually, your committee's found a fair amount of information in the Archives.

But I think you've got somewhat better access to it than we do. So, you know, I've been following your work. I've been to the committee offices and looked at the documentation. The stuff from the Defense Nuclear Agency is terrific, and I commend you all for putting it together and look forward to using it in the future when the committee finishes its work.

I just wanted to relate those experiences, to say that the kind of problems you're running into, independent scholars and historians are running into the same problems. We dare not use the Freedom of Information Act. When we went to the Defense Department, for example, to request access to some information, we told them that one part of the request involved a pending Freedom of Information Act request, they said, well, how long has it been pending, we said two years, can you do anything about that, and they said, not really, it will just have to stay in the queue, and we said, well, it's been two years, our mandate is to get this report out in two years. So, hopefully in four years, you'll get our document to us, but in the meantime, isn't there
anything you can do, and they said absolutely not, and we understand the reason, legally, why they need to do that.

But it is a serious, serious problem. So, with that, I'll just end, and if you all have any questions for me, I'd be happy to answer them.

DR. FADEN: Thank you, Mr. Schwartz. Thank you for your compliments. The staff really has done an amazing job gathering all the material.

Do we have questions? Susan?

DR. LEBERER: Are you suggesting the inability of the, say, DOE to locate a particular document is evidence of stonewalling or --

MR. SCHWARTZ: No.

DR. LEBERER: -- obstruction or a conspiracy or the inefficiency of a large bureaucracy?

MR. SCHWARTZ: I don't think -- on our stuff, I can't speak to your documentation, but on the stuff that we are seeking, I don't think there's any element of conspiracy there.

A lot of it, frankly, is bureaucratic inertia. We met with some very senior-level people in October, and they said to us, quite frankly, and we understand it, although given the Secretary's edict that, you know, they're going to try to be more helpful to the customer, i.e. the public, I was sort of hoping for a little bit more, but they said, look, you know, we've got a lot of work to do here, and this is just more work on top of that, and they couldn't quite see what they would be getting out of this project, and to be fair, our original request was rather burdensome, but even after we peeled it down, we're still meeting with resistance, and it's really from a fairly small group of people that control this information that just don't feel that it's worth their time to go and find it for us.

I'm not trying to accuse anyone. I just think that's the way the system is working. It's similar at the Defense Department, you know. We've been very clear with them about not requesting information that is classified. We originally asked to get access to their FYDP data base, their future years defense plan data base, which, since 1962, has collected information by program element, which is exactly what we need to track costs by year by program, and they said no, because, of course, things like the CIA and the National Reconnaissance Office listed in there said, well, but you could request it by program element.

Well, there's thousands of program elements in this thing. I said that's going to take you a lot of time, wouldn't this be easier, if you just got rid of those few things that are a problem, they said no. So, we ended up submitting a request for 623 program elements, which is now pending over there. It may come out, it may not.

Mostly, I think, you know, as I mentioned, the -- some of this information just simply does not exist. When you go back before 1960, cost data at the Defense Department gets very
spotty, and for the Atomic Energy Commission, even up to the present and the DOE, there's serious problems in finding it.

The attitude really seems to be once we've allocated the money, we don't really care about finding out what happened to it. In fact, I've talked to officials over there that are conducting the first-ever baseline inventory that's ever been done of all their facilities, and it's amazing what they're discovering. The amount of slipshod accounting over there.

So, it's frustrating, but as we're going to tell in our report, part of the story is that the documentation just may not exist. So, what does exist, we want, though. So.

DR. FADEN: I'm sure you do. Good luck with your project. We'll look forward to seeing it.

MR. SCHWARTZ: Thank you.

DR. FADEN: Thank you very much.

I think we need to take a break. So, it's 10 of 4. If we come back at 4:00, we have an hour for the other items on our agenda.

(Whereupon, a recess was taken.)

DR. FADEN: Committee members, please come to the table.

(Pause)

DR. FADEN: Committee members, if we could start, we have a few agenda items that I still would like to get in, and then we start -- so people can recall, we start at 8:30 tomorrow morning. I just put that in because we seem to start at a different time every day. We start at 8:30 tomorrow morning, and then we start at 8:00 on Friday morning. Okay.

If we could pick up with the -- kind of where we left off on the agenda. Nancy, is Henry joining you in this? Do we need to wait for Henry to come or can you start?

DR. OLEINICK: No. And then if he wants to add to it, he can.

DR. FADEN: Okay. Could somebody close the door? Thank you, David. If there are any committee members -- oh, here, good, here comes Henry. Duncan, any other committee members, if we could round them up.

(Pause)

DR. FADEN: Nancy and Henry were kind enough to represent us in our last field panel hearing, and Nancy, I gather, is going to give us a report of how that experience went, and Henry will chime in or --

DR. OLEINICK: As he sees fit.

DR. FADEN: Okay. Thank you both, by the way, on
behalf of all of us for finding the time to go. We appreciate it.

Update on Knoxville Small Panel Meeting

DR. OLEINICK: All right. I'm going to report on the Knoxville meeting that was held two weeks ago.

This, as we had heard from other small panel meetings, was very interesting and informative to those of us on the committee. That particular panel was small. We -- the committee was represented by Henry and myself. Steve Klaidman joined us on the panel, just so that we would be three. We missed Reed and Susan, who were initially supposed to go but couldn't attend, but we hope we represented the committee well.

The significant details of the meeting can be found in the report that was prepared by staff, and I certainly don't want to repeat that. I'd like to just give you a few of my impressions, and Henry can add to this as he sees fit.

I would like to say before going further that we were very fortunate to have a core staff who performed in their usual highly-efficient manner, and all the arrangements went according to clockwork almost. If there was chaos, it was all behind the scenes, and we weren't aware of it, and even last-minute program changes were accommodated without interrupting the flow of the meeting, and I think staff really deserves a round of applause from us for this effort.

(Applause)

DR. OLEINICK: Literally. We were able to hear from a diverse array of citizens, as in most of these panels, and that included current and former scientists and medical professionals who were associated with the Oak Ridge facilities to persons certainly or probably involved in the radiation experiments of concern to the committee.

These included Emma Craft and others who were subjects of the Vanderbilt experiments and patients treated for acute leukemia with experimental total body radiation at Oak Ridge.

Also, among the patients, it was interesting, were those who expressed how grateful they were that the Oak Ridge facilities were available to them for treatment of themselves or family members.

The audience was somewhat polarized, and we heard applause for both the scientists on the one hand and the patients on the other hand, and -- but I think there were expressions of sincerity and courage on both sides for telling us each of their parts of the stories.

Also presenting were a number of individuals who felt they had been over-exposed to radiation or chemicals or both as a result of working in DOE facilities and others who were concerned about environmental contamination by these facilities, and while occupational exposures per se, experiments with non-radioactive chemicals and pollution in general are certainly outside the committee's charter, the panel recognized a genuine concern by
workers and citizens in the Oak Ridge area, and I think we need to at least report and acknowledge these fears and perhaps consider a recommendation for the government to look further into these issues, even though they go beyond our charter.

In order to accommodate the large number of presenters, we had originally imposed a seven-minute rule and were going to be ruthless about it, but, you know, as we know in these things, we can't always be so ruthless, and the first time that we had to let that rule go was for Karl Morgan, and who, as you remember, is one of the early health physicists in Oak Ridge, and he prepared a review of his efforts to define radiation exposure limits and discussed some of the human radiation experiments conducted at the Oak Ridge facilities, and, so, we were very interested to hear his report, and let him go well beyond the seven-minute rule, and additional others as well.

We also heard from two gentlemen, Dr. Bill Bibb and Dr. Bill Burr. Both retired from Oak Ridge Defense Programs, and they spoke about the role of the medical branch in reviewing research proposals, and the medical research that Dr. Bibb was aware of, he says, was certainly not classified, and there was an appropriate level of accountability, and I think what was most interesting here is that these two gentlemen certainly have very firsthand view of how research, human research was conducted at this institution, and we certainly suggested they may have an important view, and if time permits, that they should be interviewed to add to the data base for the committee.

We two others who might also be contacted were Dr. Frank Comas and Ann Sipe, who were also involved in those experiments. They spoke about the caring attitude of the hospital staff and the community, and that theme was echoed by Dick Smyser, who was the founding editor of the newspaper, the Oak Ridger.

Several individuals repeated a theme we heard in prior public testimony, and that is the difficulty of finding records of whether or not they or family members were participants in research.

One example was Richard Vaughn, who was born at Vanderbilt in 1946, and he has a letter to his mother from Dr. Heckstrom asking his mother to participate in the follow-up study, and yet he doesn't know if his mother was exposed to radioactive ion or not, and that, I think, statements like that reinforce the need for the recommendation concerning, where possible, the increased accessibility of records, where they still exist, to the public.

Finally, a Ph.D. student in sociology at Vanderbilt asked us how we were going to weight all of the anecdotal reports, such as those obtained in public testimony, some of which we've heard today, with all the technical information, and although we couldn't give her a complete answer on that subject, off the top of our heads, we all agreed that this represents one of the major challenges to the committee's work.

These were a few of my impressions of the meeting. It's clear that these panels have been very important to us in hearing from the public and helping us in our data gathering, and
I thought perhaps Henry or Steve may wish to add to my report.

DR. FADEN: Thank you very much, Nancy. I'm just thumbing through something to see if we got it in here. And, again, thank you for going, and the session went all day?

DR. OLEINICK: The session went all day, yes.

DR. FADEN: Henry, do you want to add something?

DR. ROYAL: I'll just make three brief comments. The first is there are a -- there is a list of people that Shirley Fry from Oak Ridge sent me, who she believed might have information that would be of interest to the committee, and I recently got that list, and we'll be forwarding it to the committee for follow-up as appropriate.

The second thing is that Nancy really did a wonderful job chairing the meeting. I had been to the Spokane meeting and had seen Reed in the job that Reed did, and Nancy is every bit of his equal.

And the third thing is I wish that Steve Klaidman would figure out how to get to the airport.

DR. FADEN: It's a shame he missed it, but we'll relay it. I gather it has special significance for Steve. Okay. We have material in the briefing book obviously that is a more detailed report, and the testimony and transcript of the field hearing will be available. I don't know when. Shortly. Usually -- so, we should have it or we do have it, and I have them, if anybody wants to look at them, in addition to looking at what's in the briefing book. You should just ask staff.

Okay. That's -- thank you very much, and that is our final field hearing, and it is clear that if we had resources, it would be useful to do more, but we are pleased that we could do the four. Did we do four? Five? Well, four. San Francisco wasn't a field hearing. San Francisco was a formal meeting. So, we had five meetings outside of the Washington area. It would have been good to have had more, but five is better than none. A lot. A lot in 13 months. That's true. We should give ourselves, and especially the committee members and staff that did the traveling, the acknowledgement that they deserve.

What we're going to do now for the rest of the afternoon, which is basically until 5:00, and we will end at 5:00, so that our plans are not totally messed up, and we can function tomorrow morning, is focus a little bit on where we are with respect to the pulling together of the report and try to get some suggestions and responses to a strategy for how we might proceed to get systematic involvement of the committee members in the process of getting these chapters out, you know, drafted, improved, revised, and yet again.

Let me just, before we go into that discussion again, Dan is going to lead us in that, if he will, let me just point out that there have been pieces of paper left at your table, at your seat. There always are. It's like Eli or somebody else said, it's dangerous to leave your seat because when you come back, there's stuff on it, that you're supposed to read that
night. Well, this is another one. There is a document marked "Final Chapter". Please ignore -- there's -- only on mine? Okay.

This happens frequently. No, no. I got it, but I got one that was inappropriately copied. It seems that happens. It's a document that's final chapter, and it's -- this -- we will be discussing material that's covered in the document tomorrow and Friday.

The first -- it's almost split. The first 20 pages or so relates to the discussion for tomorrow, and from 21 forward, the discussion for Friday. This is homework, unfortunately, to read tonight, and I know this is very bad, and you should have had it two weeks ago, but it was being pulled together yesterday. I don't know what you received yesterday. I'd have to check. I don't know. I don't know what you received.

Anyway, this is -- okay. And when I say that it -- I sort of chopped it in half, we're going to do half tomorrow and half on Friday. Obviously, if one discussion goes more quickly, we'll move into the Friday discussion tomorrow. Conversely, if the Thursday discussion takes more time, it will go into Friday.

So, I guess the request is please read the whole thing tonight, but focus disproportionately on the material in the front half tonight, because you will have an opportunity to revisit the material in the second half on -- what is today? Wednesday. Thursday night.

So, in addition, -- so, that's this one, and this is critical because this is almost all we're going to be doing for the next two days. It comes out of what's written here.

In addition, however, you have a report from the research proposal review project. There's the beginning of an appendix for that chapter, and also a report on where things are going, and we're going to have a report on that tomorrow morning. Friday morning. So, that can go in your pile to look at. It looks like this. This should have been -- I know. One says "update" on the research proposal review project, and the other one says "Part 2, Chapter 10, Appendix".

We should, as a point of whatever from now on, I don't think we should leave things on people's chairs. I think it's better to wait until we reassemble, and then I will describe what it is, and we will circulate it, rather than going through this exercise of saying it looks like this or it looks like that or you find it here, you find it there.

For the last two -- one and a half more meetings that we're going to have or however many we are, but let's not leave things on people's -- all right. So, if we're clear for the homework assignment, if you could focus on the final chapter tonight, that would be very useful.

Okay. Dan and Anna, you want to talk us through, where we are and what you need us to do?

Approach to the Final Report
MR. GUTTMAN: Let me just give a perspective. I gather that there are some of you that are eager to jump in and start working on this, and we're really more than thrilled. We're in a situation like one of these computers where there's an infinite amount of data to calculate. If we had enough time, and Jay may have made this point some time ago, there wouldn't be a difficulty, but we don't have that much time.

What we tried to do, and this is why there was the sort of bottleneck in the last month, is get what we had in the first go-around to these chapters was kind of descriptive. Anybody who wanted to know about every, you know, document and piece of paper, but that's not something that anybody would want to read for comprehension.

So, what we've been trying to do is get the chapters, and I'll use the word "grocking", getting through the conceptual problems. They're not alliterative. The color is missing. You know, the sentences are fractured, but at least it kind of reads through, and you can say I disagree with this or don't disagree with this.

The staff is acutely aware that the conclusions are the committee's. So, a lot of the cases, if we can figure out where, you know, you had clearly gone and put them in, but otherwise not.

In any event, having said that, we're now at the point where in the next five days, we will have fairly blocked through drafts of two-thirds of the chapters, roughly, which will give you -- and then the question is how to go get that, and we have about three or four chapters which were practically prepared at the same -- the chapters that we have to work on are the radioisotope chapter, which Gil is working --

DR. FADEL: Yeah. Maybe it would be helpful for people to look at this first.

MR. GUTTMAN: Right. We just go through -- we can just go --

DR. FADEL: There's a draft, another piece of paper that looks like this.

MR. GUTTMAN: Yeah.

DR. FADEL: I feel like I'm running a kindergarten. If you go to your pink folder.

MR. GUTTMAN: Yeah. Right.

DR. FADEL: Your pink folder, in the red folder, in the yellow folder, you'll find.

MR. GUTTMAN: Yeah. We're going to -- we've dubbed whatever the conclusions are Chairman Ruth's take-home lessons.

DR. FADEL: Thank you. So, maybe if you work with this, then --

MR. GUTTMAN: Right. Okay.
DR. FADEN: -- this is the operative structure at the moment.

MR. GUTTMAN: Yeah.

DR. FADEN: It has a 100,000 chapters in it.

MR. GUTTMAN: Yeah. The introduction, you have a draft of the introduction, and the atomic century, you have a draft of that.

The accomplishments, that's a chapter, we don't know where to put it, which will recite some of the testimony we've heard, and there's been some discussion, which is obviously your choice, as to whether it should be -- clearly, we want to integrate the testimony, the chapters, but do you also want a stand-alone chapter? I don't know, but this is what it might look like.

DR. FADEN: Chapter 2-A is in your --

MR. GUTTMAN: Right.

DR. FADEN: -- blue folder.

MR. GUTTMAN: Okay. Right.

DR. FADEN: By the way, if you look right here, it says -- there's this other table.

MR. GUTTMAN: Right. Yeah.

DR. FADEN: If you look at this, too, it says when we're supposed to get them, if we haven't already got them. So, go ahead, Dan.

MR. GUTTMAN: Okay. Let me work you through the next four chapters, 3 through 6, are actually all ethics chapters, and this is sort of an evolving set. Chapter 3 is the one that we've had for some time, which is the veil of secrecy lifted. We found all these documents about the Cold War.

After you go through Chapter 3, the citizen might ask, well, gee, what about the Nuremberg Code, what about professional practices, and that's the chapter that John Harkness has been working on, where we told about the history, we talk about the trial at Nuremberg, we talk about what people knew.

Then, as Ruth and I were talking about it again at Starbucks, someone said, probably Ruth, gee, what happened after 1955, and that's sort of what all the scholars, Dr. Katz and others, have written about in many of their textbooks, the period from 1960 to the '74 period, where you have, you know, Henry Beecher and Willowbrook and discovery a little later of M.K. Alter, and, so, it's a bridge chapter between the part of the world we were really uncovering here for the first time, and what, you know, is called the post-Cold War world, 1974 and thereafter. So, that's that bridge chapter.

4 and 5 are being -- they're roughed out. They'll be
available within a week or so, we hope. Jeff can tell us more shortly, but that's under control. 4 is going to require a lot of work because that's where the scholars, by which I mean Dr. Katz, are going to have to really think about what is being said about the Nuremberg trial, the Nuremberg Code and how it fits in. So, that's going to be a chapter that is going to be exciting. It's going to be interesting, but it's going -- nuanced, nuanced. Nuanced, and there's only a footnote allowed for dissenting opinions.

So, Chapter 6 is what we've discussed before. That's the summary. It's the committee finds in light of all this that the standards should be such and such for judging experiments.

So, by and large, you have Part 1, except for the 4 and 5. 4, you have, you know, gotten, you know, something to sink your teeth in, and 5 will be here shortly.

Part 2, of course, is the case studies. The problem here, as Pat King mentioned last time, is what's the point of each of these cases, and that's sort of -- before we send it out, we want to get some sense.

Overview of case studies will be about, you know, two or three pages, where we will say this is why we have these all here. You may wonder how come we didn't just do like plutonium experiments, uranium experiments, and so forth. Well, because we thought about the billions of ways to organize it, and this is the way we're doing it, and that will be two or three pages.

The bio-distribution, that's the plutonium experiment at the core, and is it -- we've given it --

DR. FADEN: No. They will get it.

MR. GUTTMAN: Okay. That's the -- ready, and that's here.

DR. FADEN: Friday.

MR. GUTTMAN: It's in a draft form. So, you'll have that.

Total body irradiation. We've been revising for literary quality, hope to give you by next Monday or Tuesday, but it's along the lines that we discussed, except it turned into something, you know, instead of, you know, -- review committee 1 said, review committee 2 said, you know, something that somebody could read.

Children and pregnant women. What we are trying to do there is trying to take the children and the pregnant women chapters, which are now two separate descriptive set pieces, and put them together in one story. So, otherwise, you're not going to have anything you can work with, and the working notion there, and this is something we're going to do very quickly, is that what it's about is low-level -- the ethics issue percolated very quickly in the '40s was work. It wasn't so much consent, as, this is very risky because these are kids, and, so, that's part of the story of how you put it out in a way where you're not just Case 1, Case 2, Case 3. That is about a week or two away.
Prisoner research, you've seen. That's in pretty good shape. That will be circulating in a day -- when is that?

MS. MASTROIANNI: Friday. The dates are in there as to when we either have it or we lost it we got it in.

MR. GUTTMAN: Yeah. The human -- the experimentation in connection with bomb tests. We will have it to you either by Friday or Monday. The difficulty there, as we all know, having discussed it, is how you talk about a situation where in some sense, everything was an experiment, in some sense, there were these technical experiments and people were similarly exposed in both cases, and, so, there really -- the presentational difficulties are met. Then you get to the end of it, you say what was the risk, and then at the end of this discussion that we have been, you know, about what one says about low levels relatively speaking of radiation.

So, there are many levels of difficulty, and what we have that will give to you, hopefully just sort of lays it out and that you can, you know, reorganize it or do whatever you want with it, but it's sort in a form where you can work with it.

Isotopes. Gil is going to give us something when he gets in from Cambridge, and it will be eloquent. It will be scholarly, and I'll say it's not spicy enough, and he'll say that's just my view.

Research experiments of opportunity, which has been renamed, although we don't have an attractive new name, we have, and I guess we will work with -- immediately with those we're going to work with. Duncan, I know, wants to work with it and possibly Nancy. We'll just start working with it, and short-term releases is ready, will be ready by Monday. Mark has re-worked it, you know, and it's not -- it's much more than, you know, a series. It's now actually, I think, a pretty good readable. The stories are quite elegant, and the conclusions are useful, and that will be out by Monday, I hope. Mark, Monday? Yeah. Okay. There he is.

Contemporary projects, we'll talk about in a second. Secrecy is this chapter that's been there for about two months, and we haven't had any comment, and it's there, and let's leave that where it is, and see if we can work with it, and, so, that's it.

You've also just gotten this last piece.

DR. FADEN: Yeah. Which we're going to talk about tomorrow --

MR. GUTTMAN: Yeah.

DR. FADEN: -- and Friday.

MR. GUTTMAN: Yeah. Anna?

DR. FADEN: Do you want to explain this form?

MS. MASTROIANNI: Yeah. Why don't I explain this form
and what we're doing? I think it's self-explanatory, but I'll just run through it. You have a three-page form, and we're asking each committee member to review at least one chapter every week, and we have a nice little checklist. We want to make sure that every chapter is reviewed, and we know when to expect your comments. So, there are specific staggered deadlines.

    DR. FADEN: Let me just introduce. We would like everybody to read every chapter.

    MS. MASTROIANNI: Absolutely.

    DR. FADEN: But at minimum, we want people to come up to the plate and say I will take responsibility for the following chapters after careful consideration. So, we expect everybody to read every line of everything.

    Having said that, we want people to really take responsibility for sharp readings of identified chapters.

    MS. MASTROIANNI: Okay. If you go to Page 2, for example, we will have most of these documents to you by Friday, so that you can take them home and read them over the week. The comments are due by Monday, March 27th.

    What we are recommending that you do is either E-mail or telephone or fax your comments to the person who's designated in that column as the staff coordinator, and we will take your comments, we'll pull in whatever staff members get. We need to pull in to go over the comments with you and incorporate them and follow up with you as well.

    So, I think that the actual chart is self-explanatory. You have to check at least one. That's your permit to read at least one, and as you'll see on the first page, that all committees members are expected to read one and two, and on Page 3, all committee members are expected to comment on the final chapter as well.

    So, if we could get these forms back from you tomorrow, we'll collate them and make sure that every chapter is covered, and I'll be talking to you, if I find nobody's interested in reading particular chapters.

    What we'd also like to encourage is that you read a chapter that you may have technical expertise in, but then also select one that you know that you may not have the specific expertise to read. So, we want to make sure that these documents are understandable to people who are not working within that area.

    DR. ROYAL: I'd like to make the job a little bit more complicated.

    DR. FADEN: Great, Henry.

    MS. MASTROIANNI: Thank you, Henry.

    DR. ROYAL: When the committee members give their comments to the committee staff, the other committee members don't necessarily see the comments. I would suggest that the
comments get collated by line number, and -- what was that, Dan? And that they get sent out to the, I would say, all of the committee members.

I think that does two things. Actually, the comments should -- should not only be collated but what happened to that comment should be indicated. The possibilities. It was implemented, it was partially implemented or it was not implemented. Just so that we can see what comments were made, and we can see what resulted as a basis for that comment.

The reason that I think it's a good idea is because it becomes immediately apparent what parts of the chapter are controversial and which parts of the chapter everyone pretty much agrees with, and it documents the process, and I know I personally would find it very helpful, and I could immediately find the contentious parts of various chapters just by looking at the comment and seeing that there was a big diversity of opinion about that particular section.

MS. MASTROIANNI: Okay. What I would -- what I'm going to anticipate doing is doing a red-lining of the comments, and then indicating -- what we will do is we will incorporate the comments. We'll send out a red-line of the document itself, and then on the document that we receive from the committee that identifies by line number, we will indicate where that change is.

I think you're going to have to look at two documents. Do you want to -- you want an explicit --

DR. ROYAL: What I was thinking of -- I hate looking at a document that has all kinds of marks on it, underlines.

MS. MASTROIANNI: Yeah. I don't want to red-line.

DR. ROYAL: I don't particularly want a red-line.

MS. MASTROIANNI: No.

DR. ROYAL: What I would like is I would like to see what -- the comments that people made linked to particular line numbers in the document that they read, and just whether or not that suggested change or that comment was implemented or ignored or partially implemented, so I can get some feel.

I mean if I want to go back and specifically find out what you meant when you said it was partially implemented, I can ask you that, if I can't figure it out myself, but I'd like to know what happens to the comments.

DR. FADEN: If I understand this right, we're all going to get -- we have some of these. We're all going to have the chapters with the dates on them that are indicated here, the March 17th version. So, let's say Henry and Lois got Chapter 3, okay, but -- and I agree, they're the primary reviewers this round for Chapter 3.

So, you send back your comments, maybe your overall comments that are for the whole tone, and then your specific comments indicating Page 8, Line 22 to 26, kind of thing. Then hopefully there is a revision of the chapter that incorporates a
response to Lois and Henry's criticisms or comments and suggestions, plus other reasons that the chapter is revised, style, new information, tone, whatever, and then we all as a committee member, committee members now get the April 2nd version or whatever it turns out to be, and we would have the original document, which we can throw out every time we want to throw it out. If we feel we want to have it, we can use it as a reference to just say for Lois and Henry's comments. Is that what you're envisioning, Henry? And then at some point, -- no?

DR. ROYAL: I'm envisioning that when you send me the new version, --

DR. FADEN: Right.

DR. ROYAL: -- that you will also send me the comments that were made on the old version.

DR. FADEN: Right.

DR. ROYAL: So, that's a separate document.

DR. FADEN: Okay.

DR. ROYAL: And that I will be able to see from looking at that list of comments, first of all, I'll be able to see what the comments were. Secondly, I'll be able to see whether or not the committee staff made a change to the document based on that comment, just by simply saying that this comment was accepted and incorporated as is or this was partially implemented or this was ignored or not implemented.

DR. FADEN: All right.

DR. KATZ: Henry, might you accept an amendment to what you said?

DR. ROYAL: I would accept an amendment.

DR. FADEN: We have two questions.

DR. KATZ: By the way, we really should all get two copies of these chapters because we might want to send the other one back to you.

DR. FADEN: Oh, marked up?

DR. KATZ: Marked up. So that we have --

DR. FADEN: Don't you want to keep a copy of your marked-up one? Some people want to.

DR. KATZ: Yeah. Keeping it. Okay. Well, anyway, you know, what concerns me about your suggestion is that we will be inundated with lots and lots of additional paper there from all 14 of us.

Would it be sufficient if the staff circulates to us, in the light of our comments, those pages or those comments where we challenge the way it's written where we need criticisms, and that they use their judgment to -- and lean on the side of over-
inclusion rather than under-inclusion, because many of the comments we might make are just sort of editorial, etc., etc., and that might very well be omitted?

DR. ROYAL: Yeah. I would be happy if they omitted editorial comments.

DR. KATZ: And letters like that.

DR. ROYAL: And really just focused on the subject of the comments.

DR. KATZ: Something that's controversial.

DR. FADEN: So, you are saying it's okay if it's like, you know, a comma or the sentence style. We don't want to see that. So, it's just substance. If it goes to substance, fine, but if it's stylistic, you don't care to see it. That's fine.

DR. KATZ: I only have one suggestion to make, and you probably have thought about it. The chapter outline. I do not know why secrecy has a part of the quality, but that's not important at the moment.

I wonder whether beginning with the Chapter 9-A, 9-B, and 9-C should be a separate part.

DR. FADEN: Yeah, I think so, too.

DR. KATZ: That deals with the present, and I'm also wondering, and again I don't have a judgment about what you might want to do, that maybe Chapter 9-A, B and C should be introduced by Chapter 5, Part 1. That's a possibility. It may not work, but it is --

DR. FADEN: It's worth thinking about.

DR. KATZ: But it's something you might want to think about, yeah.

DR. FADEN: Yeah. It's worth thinking about for sure because it's an interesting suggestion.

DR. KATZ: Of course, -- yeah.

DR. FADEN: Chapter -- the Chapter 5 emerged when there was a realization that somehow we needed to explain something to the reader about why it was that the Administration highlighted 1974. What was it about 1974 that caused them to think that there was a demarcated period? Certainly it wasn't the end of the Cold War. That continued past 1974.

So, there was -- and, so, that -- also, we realized there was no explanation of why it was that somebody thought that 1974 was of significance, and it turns out that that's leading up to the federal regulatory structure as we know it today.

So, I think your point is well taken that it cramps -- but it also has very important implications for the Defense Department because the IG's report in relation to MK Ultra that resulted in changes in the way research was reviewed by the CIA.
and the Defense Department also occurs in that same period.

So, for the two parts of our story about traditional bio-medical experiment part and also as well the national security related human experimentation, there are watershed events in the late '60s and '70s, Tuskegee on the one hand and MK ULTRA on the other, and we can sort of balance that out, that lead to changes in the regulatory structure about the time, and that's a bridge that might fit nicely to move it down.

Duncan? I'm sorry.

DR. THOMAS: Did the institutional case studies get dropped?

DR. FADEN: They're not here.

MR. GUTTMAN: Yeah. We had -- we actually were thinking about putting them in the companion volumes, some of our companion volumes, and the reasoning was focus and time and effort, and we have, as you know, the California case studies, --

MS. MASTROIANNI: Yeah, right, and the Oak Ridge.

MR. GUTTMAN: -- and we've taken what we're doing, as you'll see in the bio-distribution, an essential part of the California case study goes into that chapter.

It's up to you. If you want to put it -- you know, you know, whatever you people want to do, it's just that we got 18 chapters, and, you know, --

MS. MASTROIANNI: Well, there was a reason for deciding to do the two additional case studies.

MR. GUTTMAN: Right.

MS. MASTROIANNI: It seems that that reason, I guess, is still valid.

MR. GUTTMAN: The reason it's valid --

DR. THOMAS: The reason was valid, but its implementation in the draft chapter that we saw didn't cut it.

DR. FADEN: Right.

MR. GUTTMAN: It's just a difficulty of how much you want to work with. As I said, we have time, we can do it.

DR. FADEN: It may be something that can be relegated to staff. Okay. Ruth?

DR. MACKLIN: One trivial point and one ignorant question. The trivial point is the due dates for the comments are Mondays, and if -- since most of us probably have a bigger block of time to work on it on the weekend, it -- and then FedEx it on Monday, if you want it on Monday, it means --

MR. GUTTMAN: Tuesday, Tuesday.
DR. MACKLIN: Tuesday. All right.

MR. GUTTMAN: Tuesday.

DR. MACKLIN: That's what --

MS. MASTROIANNI: Faxing Monday, FedExing Tuesday. How about that?

DR. MACKLIN: Pardon? What?

MS. MASTROIANNI: If you're faxing Monday, if you're FedExing Tuesday.

DR. FADEN: If you're faxing or E-mailing Monday, if you're FedExing, it will come on Tuesday.

DR. MACKLIN: So, actually, we can E-Mail, right? We can --

MS. MASTROIANNI: Sure. That would be better.

DR. MACKLIN: Is that what you would prefer?

MS. MASTROIANNI: I would prefer -- I would prefer E-mail, unless you're writing directly -- unless you're faxing it or sending in comments.

DR. MACKLIN: That's if you want an E-mail version. Now, clearly, the most efficient way, if we get an E-mail version, those of us who do it on the E-mail, is to inter-lineate and comment --

MS. MASTROIANNI: On the text itself.

DR. MACKLIN: -- on the text itself. Less work. If that's all right.

DR. FADEN: It's a little more work to respond to Henry, but it -- I don't know. I think we should -- frankly, we should just -- whatever makes it easier for you, that you'll do the most work and be happiest, you should do it.

DR. MACKLIN: Well, I mean anybody who does it on E-mail can then E-mail what they do to Henry.

DR. FADEN: What you should do is -- if you're doing it on the electronic file, maybe you should have your comments bolded or whatever, so that it's then possible to pull them out, as a simple matter, pull them out and make them a separate document, your comments.

DR. MACKLIN: Bold. All right.

DR. ROYAL: The one thing about E-mail that I would suggest is if it's -- you have to get the text so that it has -- the E-mail text, so that it has the line numbers and it has carriage returns at the end of the lines, because otherwise the line numbers get all --

DR. FADEN: You're right. It's not going to work.
Okay.

DR. ROYAL: I think you come up with a file to a plain old text file that then you can E-mail that has the line numbers in it, but --

MR. FEINBERG: Unless you're sending it to Henry, then you should mix something up.

MR. GUTTMAN: Well, send out lots of orders of pizza to Henry, right.

DR. FADEN: Let me -- let me point out on this, there's a little bit of a confusion. There are three charts. Okay. The intent is not that you're supposed to pick one in each chart because if you'll notice, the middle chart has a short number of chapters. The idea is that we would like everybody to take primary responsibility for really three chapters between now and the next meeting.

You can pick them all from one week. We'd like you to spread it out. But you can pick them all from one week or one from each of the three weeks or one from one week and two from the other week. We would encourage you to please pick chapters that you, you know, have a kinship to, and chapters that you find alien to your interests, so that to underscore what Anna was saying, so that we're not only reading stuff that we have a particular affinity for, expertise for, because our readership will not be made up solely of people who have expertise in the areas. So, it's very helpful if, you know, you know a lot about how IRBs run as in Lois's case, I can see why you'd want to take one chapter, but take a plunge and do another kind of chapter. That kind of thing would be helpful, so that we can balance that out, but once they're blocked out, they're blocked out in part because they're the subjects of this meeting. We're going to be talking about one and two. We were going to do it today, but we'll talk about it tomorrow because we're running out of time, and, of course, the other one is the discussion for the rest of the meeting.

So, if the expectation is we've all read those chapters, and we'll have comments and reactions to them, we'll get some of that out in the meeting, and then additional written comments, of course, would be very useful, but they'll be stuff for staff to do in terms of revisions, based solely on the discussion of the group communally.

So, there's a sense that staff can make progress on those three chapters based on the discussions that we're going to have collectively over the next two days. The other chapters, the staff needs input from us in between meetings, and then we'll put things on the agenda again for the April meetings. So, that's the notion behind this being set up this way.

DR. MACKLIN: I had my question of ignorance.

DR. FADEN: I'm sorry.

DR. MACKLIN: I just need a reminder. The -- which of the technical material falls under the bio-distribution chapter,
and which under the isotope chapter? I know the plutonium is under the --

MR. GUTTMAN: Yeah. The bio-distribution chapter, as the concept evolved, but as it's evolved now, we start off talking about transuranic experiments, then we said workers, and what it really turns out in part because you look at the UCSF report, is the plutonium, which we know about, then at the UCSF, that merges. The people doing the plutonium, then after the War ends, get into doing zirconium and columbium, and, so, that's not, you know, not necessary transuranic, and then it turns out in Boston in '53-54, there is what we had thought was the last of the uranium experiments, except that Miriam found yesterday that there were uranium experiments as late as 1969.

So, basically, it's the transuranics, but part of the story is that in California, there was maybe a multiple purpose involved. They were doing, you know, different, you know, different purposes, and then the last gasp, sort of what happens when they do these uranium experiments after 10 or 15 years after the AEC says you got to be ethical about these things.

So, that's it. The radio-isotopes by contrast is more an institutional, it's what we've been referring to as the great unwashed, that there are thousands of other experiments going on at institutions throughout the country, which have all these human use committees, and how do those kind of work out, and it's an institutional series, and the story there is generally that risk was taken into consideration, but that there doesn't look like there was an implementation of the consent part of the, you know, AEC standards.

So, the bio-distributions specific to particular experiments and the isotopes is sort of an institutional story about the way in which that process worked throughout the country.

Is that an answer? Is that the question?

DR. MACKLIN: It is an answer, and I'm just -- what only puzzles me a little bit is the logic of it. I mean it answers my question. I'm just -- I'm not challenging it.

MR. GUTTMAN: Right. Okay.

DR. MACKLIN: I'm trying to think -- if I looked puzzled, I'm just trying to think it through.

DR. FADEN: What you are pointing out, though, is the problem of this method. Soon, at some point, we got to be reading this from beginning to end, I mean because one of the biggest sets of issues has to do with whether it makes sense the way it's set up, and when we're dividing it up and somebody's getting three chapters and somebody else is doing another three chapters, we do have a problem with Gestalt and whether it's hanging together and how it works as a piece.

MR. GUTTMAN: That's right.

DR. FADEN: So, while we want people to, you know, as I said, sort of step up to the plate and take first reviewer
responsibility as a primary reviewer responsibility for identified chapters, we do need people to start thinking about this as a whole, and I don't exactly know what that -- I mean it means we have to read thousands of pages, and whether that should be done on this iteration or the next iteration is a very problematic question.

DR. MACKLIN: Well, I mean I guess conceptually, I mean my comment is really about it conceptually, certainly the way it's set up -- I mean we have the concept of case studies, and these are all case studies, but they're different kinds of case studies. They're case studies of different sorts of things, and one of the difficulties is that they require saying the same kinds of things about these different case studies.

MR. GUTTMAN: Let me step back and respond. It occurred to me this is what, Nancy, you asked.

The isotope chapter in essence becomes the institutional chapter. In other words, that's the chapter about there were thousands of these experiments at institutions throughout the country, how did this institutional process work, and we're going to draw on all that we know about the various institutions, California, Oak Ridge, Los Alamos, School of Aviation Medicine, you name it.

So, that's the institutional chapter. In other words, sort of you don't see your particular experiment, you want to know generally what happened, how did this process work throughout the country. Well, the AEC had this set of rules, and then they had these local things at the institutions, and how did the two connect, you know, and there will be some examples.

But it's that sort of institutional. Everything we have about, you know, --

DR. OLEINICK: I thought that the -- just that the distinction between what we were calling bio-distribution and isotopes was basically that isotopes was the use of isotopes to study normal metabolism, whereas bio-distribution was looking at the distribution of radioactive materials that we wouldn't have been thinking about if there weren't --

MR. GUTTMAN: Correct. But let me -- the problem is, as you get into this material, --

DR. OLEINICK: Is that the distinction?

MR. GUTTMAN: No, no. That was --

DR. OLEINICK: Different ethical questions that arise with each of these, but I thought that was the --

MR. GUTTMAN: Nancy, that's right.

DR. OLEINICK: -- reason that we started that way.

MR. GUTTMAN: That's right. But then you follow -- you follow the uranium, you follow your transuranic experiments until 1954, and then Dr. Sweet says he's doing something that -- as you follow the trail of the story, --
DR. OLEINICK: All right.

MR. GUTTMAN: -- the distinction changes. We've discussed this practically -- it's like this game of everybody comes in here saying, well, what's this distinction, and the more we talk about it, there is no -- it's not like -- there's no -- no linear set of categories.

DR. OLEINICK: Okay.

MR. GUTTMAN: There is no linear set of categories by which this whole thing can be divided. It's more different cuts on different groups of things, but you're obviously right in the way we thought about it originally, you know.


MR. GUTTMAN: And the problem with the chapter is to unfuzz it, to have a clear enough focus.

DR. OLEINICK: I'm going to have to look at them and then see how it divides up.

MR. GUTTMAN: Right. That's right.

DR. FADEN: That's where the problem comes.

MR. GUTTMAN: Right, right.

DR. FADEN: Because you may like the chapter that you're looking at, and you may not, but then you may not think it belongs --

MR. GUTTMAN: Right.

DR. FADEN: -- set up this way relative to the other chapters or whatever. So, at some point, depending on how, you know, how much time you have, you've got to take a plunge at some point and try to work your way through. Eli looks thrilled.

DR. GLATSTEIN: Whatever it takes.

DR. FADEN: Whatever it takes. Duncan?

DR. THOMAS: I asked this the last time, and I can't remember the answer. Where does the common garden variety clinical trial of radio-therapy fit? Is that part of what we're calling total body irradiation but probably should be --

MR. GUTTMAN: That's -- that's -- you've asked it the last time. We -- it's a troublesome question because there's no one place that that goes. That's right. Total body irradiation would be the natural location, but we know that's taken up with total body -- that's one -- there -- we have a list of things. Maybe we should circulate it. Things that are going to stick out. Half a dozen things about where does this go.

DR. THOMAS: Well, let me suggest. The isotopes chapter, seems to me, to be a dual-purpose chapter as well. In part, it's tracers for studying normal physiology, and it's part
it's nuclear medicine.

I wonder maybe trying to roll those two together into one chapter is maybe a mistake. Maybe we should have a tracers chapter, and we should have a medical therapy and diagnostic chapter, and that latter could include then both diagnostic and therapeutic irradiation, whether it's done by isotopes or whether it's done by external radiation.

MR. GUTTMAN: Anything's possible. When you say the logic of the isotopes, is that the way the material flowed, you had all the isotope committees, and that's an institutionally-organized chapter.

DR. THOMAS: Right.

MR. GUTTMAN: Then a diagnosis versus -- the purpose of the use and organized along the regulation. Yeah?

DR. MACKLIN: But the logic of Duncan's suggestion is that you then have in one place experiments or research that stands to benefit the individual patient, --

DR. FADEN: Which we don't have.

DR. MACKLIN: -- and that's something that's just -- threads throughout, and we had a lot of difficulty in talking about it.

DR. FADEN: That's right.

DR. MACKLIN: If that -- if it turns out that we can pull out those, both diagnostic, which would be presumably -- I mean it's research, but it also stands to benefit that individual, and then the radio-therapy, then I think it forms a neater conceptual package.

I mean understanding the problem of the -- well, it depends on which concepts one prefers here. I mean when you're talking about risks and benefits, which makes more sense? Obviously to you the institutional thing makes more sense because we're talking about --

MR. GUTTMAN: I'm a lawyer.

DR. MACKLIN: Well, because I'm an ethicist, the risk benefit discussion is a very different discussion, with or without consent, it's a very different or with all the variations in consent, it's a very different discussion. If we're talking about things that promise no direct benefit to the experimental subject, and on the other hand, the benefit.

MR. GUTTMAN: Let me just say that that's right, and one of the things that -- as you go through these chapters again and again and get rid of all the crud, then you see what's really at issue here. So that one way of looking at the bio-distribution chapter is that it's not -- it's of no benefit -- no direct benefit to the subject chapter, right? Even if it's science research in the latter days of the uranium, it's not that they're going to help that particular patient, and, so, the question is --
DR. MACKLIN: Well, I thought the plutonium was alleged.

DR. FADEN: No, no. I mean the UCSF report there acknowledges that there was never -- I mean that was the working assumption, that there was never even at the time an expectation that at least the three --

DR. MACKLIN: That was true of the Rochester, all the ones done under Rochester, too?

DR. FADEN: Well, we haven’t seen that, but certainly that seems to be the case.

DR. MACKLIN: Yeah, but Rochester? Is also true with Rochester?

DR. FADEN: That seems to be the case, that -- we have to work on this some more, but it does -- it does look like there was not even -- certainly in the three cases, including Mrs. Bell’s father, there’s the acknowledgement in the UCSF report that there was not an expectation, even at the time, that they -- that the -- that the persons themselves could have benefitted, and that seems to work.

MR. GUTTMAN: That's what I mean. The point Ruth made is that one of the things that's critical is taking an obvious theme that has to be addressed and seeing that -- when you shake out each chapter, that that emerges as a salient theme, and I think it may be in the first chapter, the bio-distribution to the risk benefit for the non-therapeutic.

DR. FADEN: I think that's a very important -- I mean it's been a problem, and I think that's really a good one. I don't think it takes away from the -- I mean you don't have to change the way the isotope story goes. It's a different kind of story. To -- it's a different issue, set of issues. It's basically how well did the AEC radiation risk committees work. How did they function? What did they do? That's a different story.

If I'm telling something about how therapeutic research in nuclear medicine and diagnostic and radiation oncology areas, --

MR. GUTTMAN: Here's the problem with this, what we've been trying to do is you find out that it's hard enough to get a chapter to say anything, you know, it's like the dog that talks, right. I mean in the abstract, you'd like to have a chapter on this and a chapter on this, and when you look at the material, you say there's no way you can -- so, you try to figure out what the hell can I say, and what is the point of all this 60 pages, and once you get to that, then you can get fancy about, you know, can we -- you know, I mean the --

DR. MACKLIN: So, what's the answer to Duncan's question about the other radio-therapy experiments?

DR. FADEN: We have very little information. This is
something we were talking about. We have very little information on research that falls into this category, where it clearly would be what we'd call therapeutic research, research where the subject stands to benefit.

Now, I keep saying, you know, where are the studies looking at the development of radiation therapy for Hodgkins' Disease? We haven't looked at any of them. I mean presumably there's a whole body of work that was done that could be called research, but we have never discussed, talked, whatever.

DR. GLATSTEIN: We have focused on certain issues and certain projects that had already been granted attention, even before this committee ever met.

DR. FADEN: That's right.

DR. GLATSTEIN: There was controversy, and those are things that captured our attention. We have not looked at those. These are things that we chose consciously or subconsciously, however you want to view it, but we did not try to cover the whole breadth, and I don't think we have time.

DR. OLEINICK: But somewhere, we need to, even in a very short way, get to the issue of the accomplishments of the use of radio-isotopes and irradiation.

We have a chapter, Chapter 2-A, which is called Accomplishments and Distrust. Now, we haven't had the opportunity --

DR. GLATSTEIN: Yes, we have to look at that.

MR. GUTTMAN: That's not what --

DR. OLEINICK: That seems to be just testimony.

MR. GUTTMAN: Right.

DR. OLEINICK: Okay. But somewhere under that kind of a title, under the Accomplishments, --

MR. GUTTMAN: Let me just say there are a number of ways you can do it. I mean you can have boxes set aside. You can do it in all kinds of ways rather than having --

DR. FADEN: Boxes won't do it.

MR. GUTTMAN: Well, okay.

DR. FADEN: I mean the title of 2-A, Accomplishments and Distrust, was -- that's not the chapter to look at, and one of the things -- I think we'll talk about it tomorrow when we talk about 1 and 2, is that right now, that -- it's not -- that's not there. I mean it's not, it's not in what we have, and I don't know, but that's sort of a separate -- one issue is where do we want to tell, and where do we want to emphasize the medical advances and the accomplishments in that sense that came from this work.

That's in some ways a different issue than the issue of
do we want to deal with case studies looking at examples of therapeutic research involving cancer patients or other kinds of patients, and that's where Eli's responding, and I was pointing out, we haven't looked, we haven't investigated or looked at --

DR. GLATSTEIN: We were highly selective because the controversy already existed.

DR. FADEN: We can do the other one. We've got to figure out where. I mean we can do a story, tell the story of the advances for the medical care of people, and the benefits that now exist because radiation research with human subjects was allowed to go forward. That's a different task from sitting there and saying let's look at eight experiments that involved cancer patients or other kinds of patients in which the -- from the beginning, these people stood to benefit, of how they were conducted and whether consent was obtained and how people viewed it and all that kind of stuff, and we don't have documents on that. We haven't looked at studies like that.

MR. GUTTMAN: Well, actually, it's not -- we discussed this yesterday.

DR. FADEN: We do have some?

MR. GUTTMAN: No. We actually have to make something clear for the record. In our data base, it's true we have a relatively small number of radiation, especially external radiation, therapy, and we discussed that --

DR. FADEN: We have almost no information on that.

MR. GUTTMAN: Well, --

DR. FADEN: A journal article, maybe.

MR. GUTTMAN: -- Pat Perentesis has been down looking at the National Library and trying to pull all of that series, but for whatever reason, it doesn't -- there's not the vast preponderance of, you know, there are not thousands of these things that might --

DR. FADEN: Well, that's not -- those -- Ron looks desperate. He looks desperate.

DR. NEUMANN: There are journals on that subject.

DR. FADEN: Yeah, I know.

MR. GUTTMAN: I defer to Ron.

DR. NEUMANN: There are two problems that I think put us in that position. One is, as Eli said, because of all the attention on a few negative cases that were brought very early to our attention, the bulk of the research efforts has been focused on that, and the only one of those that's not isotopic happens to be TBI, a major project.

The other is for some peculiar reason, and I discussed this in E-mail, I think that institutions assumed we were only interested in radio-nuclide or isotope work, partly because of
our funding and link and sponsorship by the DOE perhaps, but also because the regulatory efforts that were put in place after the War focused on isotopes. There was not equivalent of this type of distribution review, for example, for x-ray machines or other types of external therapy machines.

So, we've tended to focus on --

DR. GLATSTEIN: Partly true and partly not true in the sense that the --

DR. NEUMANN: Well, at the federal --

DR. GLATSTEIN: -- NRC certainly has supervision over external beams with isotopes, that is to say, Cobalt units.

DR. NEUMANN: Right.

DR. GLATSTEIN: The accelerators do not come under that heading.

DR. NEUMANN: Right.

DR. GLATSTEIN: We've basically been immune to that.

DR. NEUMANN: Right. I -- the point wasn't made to say that as much, Eli. I don't think when people responded in these various agency groups who were collecting experiments for our attention, that they tended to focus on things that were perhaps funded with that form of external -- I think they tended to focus because of the preponderance of material we received as clearly radionuclide based, and, of course, the AEC was fundamentally in that business to a much greater extent than they were in distributing a few sealed sources that they were involved with.

So, my guess is, as Dan stated, we have very little information about all the work that went on in diagnostic radiology, some of which clearly could have led to exposures and a potentially dangerous range in angiography and other techniques where there's long exposure, and also that would be the case for much of conventional radiation therapy that's not internally administered radio-nuclide based.

DR. FADEN: Eli? I'm sorry. Duncan?

DR. THOMAS: I'm just afraid that the reader is going to read all of Part 2 and come to the conclusion that radiation research is all of it bad.

There's one side of the coin that needs -- there's one aspect that needs to come across, and that is, of course, all that we've learned that benefits mankind through medical treatment and diagnosis.

Now, that -- there is a story here, though, because this does not come without cost, and there are well-known hazards associated with medical use of radiation, both for therapy and for diagnosis. Most of us believe that those -- that the risk benefit ratio is still clearly in the favor of appropriate use.

Now, over the course of history, use has not always
been appropriate. Perhaps they didn't know it at the time, but there's -- on the one hand, there's this message of the risks and the toll which people pay in order to advance our knowledge, and then there's a question of how the research was conducted. Those are exactly the same questions that we're asking in all of the others. Those are fundamental ethics questions.

I agree. We may not have a lot of documentation about the way these studies were carried out at the time, although I suspect by and large, we don't have very much documentation about the ethical conditions for most of these other ones as well. I think we're wracking our brains over, you know, what were patients told in the TBI or bio-distribution studies.

So, we're no less ignorant in this case, and indeed we have a lot of information at least about the way things are done today. So, perhaps we could rely on some of that to help us write this chapter.

DR. FADEN: What I'm hearing are two things. One, that there's a proposal or a consideration that we have a chapter that focuses on research and diagnostic and therapeutic uses of radiation that would -- with a particular slant towards research where the subjects were patients who could potentially benefit from their participation, and the other is that the report overall has to have a clear place, maybe several clear places, where the accomplishments of human radiation research for medical care are -- where those accomplishments are articulated, and we may want to do both or one, depending on how it goes.

As a point of order, it is 5:00. We should probably stop because it is 5. I have a sense that we've just started -- just kind of gotten started because we haven't had much time to talk as a committee, but I think in fairness to people who've made commitments or plans or whatever, and the fact that you've got to read tonight, you have homework, and that tomorrow and Friday won't be nearly as good if you don't read, I think we should stop at 5.

We will start at 8:30 tomorrow morning, and we have our work cut out for us. Okay.

(Whereupon, at 5:10 p.m., the meeting was adjourned, to reconvene tomorrow morning, Thursday, March 16th, 1995, at 8:30 a.m.)