NAVAL MEDICAL RESEARCH INSTITUTE
NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION
BETHESDA, MD 20814-5055

IN REPLY REFER TO

6000
Ser 101/8133
SEP 1986

From: Commanding Officer, Naval Medical Research Institute
To: Commander, Naval Medical Command, Navy Department, Washington, DC 20372-5120
Via: Commanding Officer, Naval Medical Research and Development Command, Bethesda, MD 20814-5044

Subj: CONGRESSIONAL INQUIRY ON IN-HOUSE RESEARCH PROGRAM

Ref: (a) COMNAVMEDCOM ltr 6000 Ser 020/6U010490 of 17 September 1986
(b) Senator Goldwater Inquiry Regarding Allegations of Dr. Edward McSweegan of 4 September 1986

1. Dr. McSweegan makes a broad indictment of Department of Defense (DOD) biomedical research and notes a number of smaller issues which he found to be impeding his own work or to be examples of what he felt to be poor management. This reply is directed primarly toward the second, more specific area of Dr. McSweegan's concerns. Some of these issues are addressed in detail and with the use of technical terms which is dictated by the nature of his comments.

2. Regarding the broad issue of DOD (and the Naval Medical Research Institute (NMRI)) involvement in biomedical research, it has long been felt by Congress that the DOD needs dedicated research facilities to respond to the unique medical requirements of the military. Over the years, this infrastructure has developed with both in-house components and a large external grants and contracts program. The biomedical research being done in the DOD in the area of infectious diseases, which supported Dr. McSweegan in his work at NMRI, is funded by the Army as the lead agency (Department of Defense Appropriations Bill, 1982, Report 97-333, page 247). This work is carefully reviewed at a senior eschelon and is conducted specifically so that it does not overlap but is complementary. We take great pains to be certain that Walter Reed Army Institute of Research (WRAIR) and NMRI are not in fact "...doing essentially the same..." work.

3. NMRI is conducting militarily relevant research on major worldwide diseases. These infectious diseases are well recognized global threats to millions of residents in the Third World and to U.S. military personnel deployed in these areas. For instance, we are working toward a vaccine(s) for malaria as are several other groups. The military has a well recognized, long standing concern with treating and/or preventing malaria in its deployed forces. The needs of the military in this case may be significantly different from those of the Ministries of Health in the Third World. Therefore, NMRI's malaria vaccine research differs somewhat from the approach being taken by others. It could be argued that a broad-based approaches to solving large, important problems is more cost effective than having a few laboratories doing the work. A recent example of this philosophy is the massive increase in

congressionally-mandated funding for the Acquired Immune Deficiency Syndrome (AIDS) research program.

4. Now to turn to some of the specific items brought up by Dr. McSweegan.

a. An independent WRAIR AIDS program: WRAIR is not currently involved in AIDS research. Congress granted approximately 40 million dollars to the DOD to support research in AIDS as it applies to the military. So far this has involved a small in-house program mostly at the Walter Reed Army Institute of Research, support for a seroepidemiologic surveillance program through the overseas laboratories, and a contract/grant program, all of which is reviewed by a peer review panel composed of non-DOD scientists.

b. Gas: The natural gas supply to WRAIR was turned off by order of the fire department because of an aging delivery system. All the investigators adapted to this by ordering propane sources, using plastic bacterial loops, and so forth.

c. Autoclaves: The steam sterilizers used at WRAIR are actively tested to verify their effectiveness. If an instrument is found not to meet specifications it is not used and a work request is submitted to repair it. During Dr. McSweegan's tenure at WRAIR there were working autoclaves available at all times.

d. The biological safety hood: The hood Dr. McSweegan apparently refers to was ordered before he came to WRAIR. When the hood was delivered, he was reluctant to have it installed so it was put aside to be installed after the upcoming renovation of the Enterics Branch spaces.

e. Computer capability: There are about 24 computers/terminals on the third floor. They are not all the same brand for several reasons. Some are dedicated to particular instruments. For others, different requirements and software availability dictate a range of computer configuration and manufacture. For instance, the several Apple Macintosh Computers in the Infectious Diseases Program Center (IDPC) were selected because of their compatability with the same computers which are used by our collaborators at WRAIR in the Malaria vaccine development program. The IBM compatible unit used by the Medical Geographer was chosen because of the required graphics software which is available only for IBM Computers. It turns out that computer games, in fact, have been played on some of the machines, usually during lunch. Steps will be taken to terminate this practice. Spreadsheets are routinely used by a number of investigators for displaying and handling data. The DNA sequencing program is vital software for our DNA researchers and has been used for the design of oligonucleotide probes, homology comparisons, and restriction map analysis.

f. The fermenter: The fermenter is used to make large batches of materials that are not commercially available at any price (flagella, toxins). Dr. McSweegan was unaware of the fact that the fermenter has been used on a nearly continuous basis for one 5 month period and has had multiple users since its installation. The local steam supply will sterilize it.

g. The nucleic acid analyzer has been used by two groups of investigators (enteric diseases and biotechnology).

h. The ordering of disks for computers: This is puzzling since disks are available on a Blanket Purchase Agreement (BPA) which usually takes less than two weeks from placing the order to filling it.

i. Corpsman Technicians: It is a Command, and Navy-wide, decision to utilize enlisted Hospital Corpsmen for multiple tasks. Some of these individuals are outstanding as technical support staff and are much sought after by investigators. Civilians are also asked to cleanup, mail packages, run errands, and do tasks that might be considered menial, but have to be done. The spirit is to get the job done.

j. Publications: According to IDPC records Dr. McSweegan submitted 3 items for Command clearance - one abstract was submitted on 28 Dec 84 and cleared by the CO on 9 Jan 85, one manuscript was submitted on 8 Oct 85 and cleared by the CO on 9 Oct 85. The other manuscript was submitted on 23 May 86 and cleared on 3 Jun 86. It should be noted that Dr. McSweegan circumvented a NMRI instruction by submitting his manuscript to a journal before it was cleared.

k. Concerning the comment "That's why we are a third rate research institute": This comment was taken entirely out of context by Dr. McSweegan. The Commander was referring to the supply and ordering system not to the quality of science performed at the Institute.

l. NMRI Administrative personnel have made consistent efforts to better the working environment here: Improved purchasing, public works support, personnel staffing and recruitment have all been vigorously pursued.

5. Dr. McSweegan is opposed to the military doing research that civilian agencies can perform. NMRI is not doing the same research as WRAIR and NIH. We are collaborating toward common goals. The malaria vaccine development program is a particularly good example of this in which the collaboration is borne out by the submitted and published articles done by multiple authors from WRAIR, NIH, Smith, Kline and Beckman, and NMRI and by the patent for one of the potential Malaria vaccine molecules (P. vivax) for which the application is a joint NIH/NMRI venture. Competition will improve rather than hinder the achievement of research goals.

6. Because New York University (not the Rockefeller) is doing promising work in malaria vaccine development does not mean that the DOD should stop its own work. The NYU group, in fact, is using a malaria substance for its vaccine trial that is different from the DOD formulation. This competition is spurring each group to achieve its maximal potential. Similar arguments hold for other diseases.

7. NMRI's biotechnology group was formed to focus on "high tech" approaches to various problems of rapid diagnosis. Similar needs have also been evident in other organizations and by large corporations and venture capital groups. The fact that this new area has such a broad application should in no way preclude DOD involvement. The DOD needs in this area are often of considerably less interest to U.S. biotechnology companies than to the DOD.

such problems as malaria, and some of the exotic viral diseases, do not exist in the States and therefore there is essentially no market for diagnostic kits for them. If U.S. biotechnology companies develop diagnostics that are of interest to us (Campylobacter for instance) we make use of them.

8. Finally, there are two measures by which the quality of work and the people at NMRI can be judged. The large number of NMRI publications in peer reviewed, quality journals is one. The second is the number of NMRI personnel who have been asked to join industry, academia, and other Federal institutions in positions of seniority and responsibility. If NMRI were to disappear it certainly would be noticed.

K. SORENSEN

29 October 1986

MEMORANDUM

From: Head, IDD
To: All Investigators

Subj: LABORATORY REVIEW

Encl: (1) Agenda
(2) Dr. McSweegan ltr to Senator Goldwater of 13 August 1986
(3) CO NMRI ltr 6000 Ser IDI/8133 of September 1986

1. Next week on the 5th and 6th there will be a review of NMRI by the Naval Research Advisory Committee (NRAC). This is a very high level group whose Executive Secretary, RADM Mooney, reports directly through the Assistant Secretary of the Navy to the Secretary of the Navy. An agenda of the review is included (enclosure (1)) for your information. We have been asked to be here, working, these two days. At this time we do not know what areas they would like to visit or who they want to talk to. The review team is tasked with assessing the following 10 areas but they are free to delve into whatever they feel is appropriate for their evaluation.

a. Quality of the technical program
b. Resources available
c. Stability of funding
d. Quality of personnel
e. Ability to recruit
f. Assessment of laboratory priorities
g. Long range planning
h. Program focus on the laboratory's mission
i. Performance of the laboratory as an engineering and scientific activity
j. Problems and key issues facing the laboratory

3. It is my understanding that they have been given a copy of the now well known letter by Dr. McSweegan to Senator Goldwater. Since they may formulate some of their questions based on this somewhat biased and incomplete evaluation of what we do here I have included a copy of the letter itself (enclosure (2)) and the reply (enclosure (3)) that we put together. This will be background information for you.

S. White for
R. MISTAR

He did the same thing recently at the NIH. Everyone hates this guy.

AGENDA FOR 5 & 6 NOVEMBER 1986 MEETING

Review of Navy Biomedical Laboratories

5 Nov 1986

0800 - 0930 Executive Session-Panel Members
0930 - 1000 Break
1000 - 1200 Senior Administrative Briefing
(Resource Sponsors)
(Office of the Director, Naval Medicine (OP-093); Naval Medical Command (NAVMEDCOM, Code 02), Commanding Officer, Naval Medical Research and Development Command (Code NMRDC)

1200 - 1330 Lunch

1330 - 1700 Naval Laboratory Briefs
Technical Director - Overview of Technology Programs
1630 Reception and Dinner, Officer's Club, Naval Medical Center Bethesda, Maryland

6 Nov 1986

0830 - 0900 Executive Session
0900 - 0915 Break
0915 - 1030 Naval Medical Research Institute (NMRI) Overview
1030 - 1230 Site Visit - NMRI

1230 - 1330 Lunch

1330 - 1500 Interviews with NMRI Staff
(Senior and Junior Civilian Staff Scientists)
(Junior Naval Staff Scientists)

1500 - 1630 Executive Session
Discussion of Presentations
Outline of Assignments for Final Report
Visits to Specific Labs; Naval Submarine Medical Research Laboratory (NSMRL), Naval Aerospace Medical Research Laboratory (NAMRL)
Composition of Teams
Next Meeting and Agenda

ENCL (1)