

DTA purposes - personal memo, Aug. 1, 1973.

It seems that NHLI has a choice to make about whether the contractual work which is supposedly directed from DTA is going to be directed in a scientifically sound fashion or not. Prior to 1972 work was let out to contractors with monitors who were unfamiliar in the main with scientific investigational methods and who therefore permitted the generation of data and devices in a highly unscientific and extravagant fashion. Take as examples:

- 1) The VAB system
- 2) The Mediphysics oxygenator
- 3) The DCMO
- 4) The Arco engine after TECO had found the Rankine engine was not efficient enough for consideration
- 5) The T and E facilities.

Specifically, Dr. Pitzele was recruited because of his excellent physiological background and investigational expertise and accomplishment. Since his arrival in January, 1973, the following accomplishments have resounded to his credit:

- 1) The critical evaluation of the VAB and the handling of it by the T and E's - project dropped
- 2) A critical evaluation of the DCMO - project essentially dropped as at that time. A variation in the pattern may prove worth while
- 3) A substantial contribution to the evaluation of the functioning of the T and E facilities - phasing out of those facilities
- 4) Utilization of a laboratory in Bldg 28 to establish the feasibility of utilizing Persantin and similar drugs as anti-aggregational agent in connection with the various projects on mechanical handling of blood in DTA.
- 5) Subsequent to the meeting of the Panel on Energy Sources and the Panel on Pumping at the end of May and the beginning of June, establishment of precise, scientifically sound working scopes and protocols for those contractors to be continued in support. Quite apart from these protocols, these workshops with these contractors have generated patterns of approach to solutions of current problems which distinctly arose within DTA rather than with the contractors, and which are essential to solution of the problems at hand. Dr. Pitzele's participation and cooperation will be essential to satisfactory implementation of these studies.

These activities have been immensely time-consuming to Dr. P. DTA simply does not have additional staff with the investigative expertise to serve these functions beyond Dr. JP. and such time as Dr. D. has to give to the matter.

At the meeting of the Adv. Cmtee of DTA on May 30, 1973, the D/d/NHLI essentially took over that meeting with one day's notice to D/DTA to make review assignments to the two subcommittees from the Adv. Cmtee involving an amount of time and work not expressed or envisioned at the time that the members of that advisory cmtee accepted appt thereto. This was also done with respect to the fact that the Adv. Cmtee. was not apptd specifically for the purpose of expertise in these areas but rather to provide a broad section of the population so as to have inputs from all points of view. The approach to the Cmtee was bitterly resented by many members of the Adv. Cmtee and caused acute embarrassment to D/DTA.

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for that reason. The D/DTA will want assurances that there will be no repetition of that performance before he recommends further appointments to the Advisory Committee.

At the time of the assignment of the review on artificial heart valves and on circulatory supportive measures, it was the suggestion from the Dep.D/NHLI that DR.Scottserve and Mr. Altieri, Dr. P. and Dr. D. felt that neither one was qualified to serve in that capacity and that some assurance of proper completion of the job might be provided if Dr. P might be placed in an advisory capacity to both of these executive secretaries.

The reported telephone statement from Dr. Leyton to Dr. Pitzele on July 31 that he was making Dr. P fully resp. for the quality and the getting out of the report for the assist devices by Jan. 24 and for the artificial valves by Feb. 15 is very disturbing in that he stated the full responsibility would rest on Dr. P. and would establish his value to NHLI. The statement reported to me was that if Dr. JP. was not able to get Dr. Spellman, the Chmn of the Adv. Cmtee., to cooperate or be responsive in connection with the study (which he has not done), then Dr. P. would have to be the Chmn of the Cmtee and see that the work is completed.

The amount of work which Dr. P. has put in first to guiding Dr. Scott, who proved hopelessly unable to do the job, and then Mr. Altieri and Dr. Poirier in to getting the necessary library work done and properly processed through MEDLINE so that materials could be forwarded to members of the Cmtee, and the amt of work which has done in trying to get the necessary journals out of the NML & (which seems unable to produce about half of the articles required) has been astronomic and has taken up far more of his time than his proper scientific assignments can spare.

For NHLI the choice is simple. Either the scientific efficacy of the supervision of the contractual work of DTA is going to be properly, effectively, and with high productivity or we are going to concentrate on an immense amount of paper work of relatively doubtful value to the primary aim of the Division. It is readily conceded that such information as is sought from the two subcommittees is valuable information, but there is serious question in the minds of the staff at DTA about whether it would not be far better to utilize such a pattern as was used in the review of aorto-coronary bypass with Dr. Kirklin as chairman in 1972.