

## Cancer research goes political

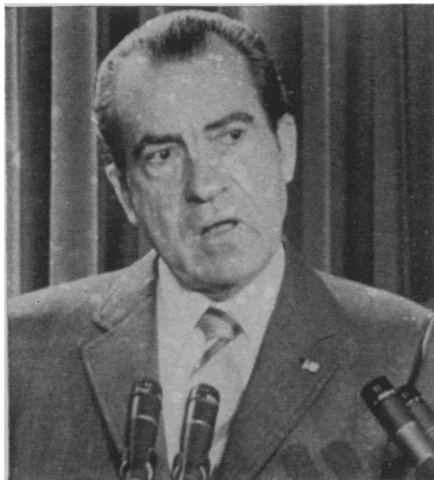
All of a sudden, everybody has a plan to lick cancer. There is a Democratic bill before the Senate, a Republican bill before the Senate, and the President has pledged his personal commitment—the most dramatic intervention of a President in science since Kennedy launched us to the moon. Even columnist Ann Landers has been encouraging readers to support an accelerated cancer thrust. When politicians meddle in medicine, and love-lornists tinker in medical politics, something has to give.

What all this hoopla will mean to cancer research, to contingent fields of medical research, and to human hopes for licking cancer, is keenly controversial. But what most everybody agrees on—politicians and cancer scientists alike—is that cancer research will never be the same again, if either of the Senate bills becomes law.

**The S. 34 bill**, introduced by Sen. Edward M. Kennedy (D-Mass.), would create a NASA-like super cancer agency to marshal all Federal cancer research funds, absorbing, or rather usurping, the present National Cancer Institute. Kennedy has dubbed his superagency the National Cancer Authority. Briefly, it would constitute a glorified NCI.

The Administration's bill, S. 1828, introduced for President Nixon by Sen. Peter H. Dominick (R-Colo.), would, on the other hand, create a super cancer agency within the National Institutes of Health. Hence NCI would continue to exist in order to maintain close relations with the other units of NIH; yet the program would be directly responsible to the President, in order to lift research funding from the bureaucratic mire of NIH. The President originally dubbed his cancer agency the Cancer Conquest Program. He has since boldly changed it to the Cancer Cure Program.

How cancer or other superagencies rank in priority in the innermost chambers of Capitol Hill is anybody's guess. But as one Capitol Hill watcher observes, "The S. 34 bill looks like somebody's preconceived idea shoved through a blue ribbon panel." Be that as it may, the Yarborough panel, whose recommendations (SN: 12/19/70, p. 459) ultimately resulted in the S. 34 bill, was in fact ordered up by Con-



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*Nixon: Push toward a cancer cure.*

gress, and consisted of a prestigious board of scientists and laymen.

A Senate subcommittee was about to vote on the S. 34 bill last week when the President ordered a White House press conference, announcing his personal commitment to a cancer program somewhat different from the S. 34 one. It worked. The subcommittee delayed action on the S. 34 bill until it could hold hearings early next month on the Administration's bill, S. 1828.

Not a few critics score the President's May 11 cancer press conference and bill introduction as a political ploy, an action calculated to take credit for a program quite similar to what the Democrats had conjured up. While Administration sources admit that the President's May 11 announcement was an attempt to stave off a Senate subcommittee vote on S. 34, the President had shown considerable previous interest in cancer research. Cancer funding received high priority in his January 1971 State of the Union message (SN: 1/30/71, p. 80).

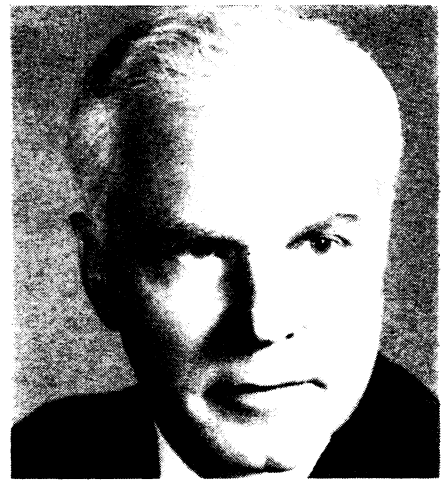
**What will these bills mean to cancer research if either becomes law?** Says a spokesman for the National Cancer Institute: "Both the Kennedy and Nixon bills are essentially the same, except Kennedy would take authority away from NCI and Nixon would keep authority in NCI, but with NCI directly responsible to him. Politics may be behind these bills, or they may not be. In any event, both bills would offer

a new approach to management of cancer research funds. In the past, NCI has farmed out 80 percent of its funds to outside research institutions. Whether this would continue under Kennedy's or Nixon's super cancer agency, we don't know. Since NCI is part of the executive branch, official NCI policy supports Nixon's bill. But not everybody walking around on this campus [NCI's] is personally in favor of it."

One principal argument for Nixon's bill, some cancer researchers feel, is that by keeping cancer research in NCI, cancer research would maintain continuity. The National Cancer Institute has been the major source of public-funded cancer research in the United States since 1937, and the overwhelming proportion of cancer research funds come from the Federal Government. Other leading cancer researchers, such as New York University's Dr. M. J. Kopac (who also serves on a committee that dispenses millions of private dollars for cancer research annually), also feel that having NCI directly responsible to the President would definitely speed up cancer funding and research. If S. 34's National Cancer Authority turned out to be a glorified replacement for an already viable NCI, "I'd call it a third-class abortion," Dr. Kopac asserts.

**Yet whether** as the NCI or a super NCI, leading cancer scientist Dr. Sol Spiegelman of Columbia's College of Physicians and Surgeons feels the cancer unit should continue to maintain close ties with the other NIH institutes, which seems to be the design under Nixon's bill. The NIH is the largest biomedical research center in the world, and there is a steady stream of cross fertilization of ideas between the various institutes. Although S. 34 as it now stands would lift a cancer agency out of NIH, two members of the Yarborough panel who originally favored a severance of cancer research from NIH have since reversed their opinions. One of the main arguments against Kennedy's bill is that if cancer separates, other institutes might want to break away too. Such pressures could lead to an explosive situation, not unlike that of the 1930's, when NIH almost fell apart when its various institutes acquired considerable autonomy.

## DuVal for Egeberg



Univ. of Ariz.

*Dr. DuVal: The job itself is on trial.*

What areas of cancer research might be given priority under either S. 34 or S. 1828? "We don't know," an NCI spokesman admits. "But by far the most exciting work at NCI now suggests that cancer is either caused by viruses, or that viruses play some role in carcinogenesis" (SN: 10/4/69, p. 308). The Yarborough panel saw virus research receiving top priority, as well as these areas: cell and tumor biology, immunology, epidemiology, cancer prevention, diagnosis, chemotherapy, radiotherapy, surgery and combinations of treatment. The introduction of carcinogenic compounds into the environment also needs attention, Dr. Robert Q. Marston, director of NIH, contends.

While NCI is the major source of public funding for cancer research in the United States, the American Cancer Society is the largest private funder. Irving Rimer, an ACS vice president, gives ACS' view of an enlarged or replicated NCI: "ACS has long supported the need for an independent cancer agency. Fifty-two million persons are destined to get cancer in our lifetime, or one out of four persons. The ACS has been on record for a number of years favoring a \$300 million budget for NCI. The Yarborough panel recommended we go to a billion dollars annually by 1976. Nixon is putting the whole thing in high gear. He is the first President to do that."

How do private foundations funding other major disease research view the preferential treatment cancer research is receiving on Capitol Hill? States Charles Bennett, director of public relations at the Arthritis Foundation: "Our feelings are comparable to those of other concerns. Nixon, I believe, promised that whatever money will be needed to cure cancer will be made available. Everybody wishes enough money could be given to lick other diseases too. The Arthritis Foundation is not criticizing cancer funding, but we are concerned about the low priority given arthritis."

Yet there is no doubt that an assault on cancer could lead to spinoff in other areas of research. Arthritis, for example, could profit from cancer immunity research. A latent virus is suspect in both rheumatoid arthritis and cancer. Something sets body machinery off the wrong way so the immune system works against the body instead of for it.

The larger question, it seems, is why was cancer singled out in the first place, since heart disease is the number one killer in this country? "It's my guess," asserts Bennett, "that cancer has created a built-in fear in people. I can see why the most-feared disease would be picked first." This is undoubtedly true, yet one can't help

questioning whether the current cancer urgency smacks of the pervasive human fetish about stalling death. Perhaps research monies might be more wisely channeled toward making our already lengthy lifespan more enjoyable. How about the pressing need to conquer birth defects, improve health care in the ghetto, or cure chronic diseases that inflict older people, before increasing our lifespan still further and intensifying the population problem? True, cancer can be a dreadfully prolonged and excruciatingly painful disease. True, these other problems are also getting stepped-up Federal funding. Yet not a few scientists fear that a crash cancer effort, regardless of political color, might raise false hopes among the public.

As one cancer researcher points out, "With both the atom splitting and the moon landing, we were applying principles already laid down. But with cancer we don't have any principles, since we don't know how the disease works at the cell level. Cancer research has been ongoing for 200 years. We might find answers in a decade, or in a century, or never. For when we're dealing with cancer, we may be dealing with the mystery of life itself."

And unfortunately there is substantial evidence of Americans getting unduly exercised about the pending crash cancer thrusts. Sen. Robert Dole (R-Kan.) has received 8,000 letters, nearly all supporting a cancer program. Not a few of these letters, a spokesman from his office admits, were generated by Ann Landers' column. Explains a staff assistant of Sen. J. Glenn Beall Jr. (R-Md.): "We too have received a flood of mail. People are for cancer research, more often than not for keenly personal, immediate reasons. Very few of them seem to understand the purport of the bills."

Storm Whaley, associate director for communication, NIH, puts the problems succinctly:

"Cancer is such a personal matter for many people. It's almost cruel to create unrealistic expectations. Still, additional efforts might produce results." And this is precisely why the President, apart from his bill for a super cancer program, has asked Congress to approve \$100 million for cancer research in fiscal 1972 in addition to the \$232 million originally requested. The \$100 million increment has already been approved by the House Appropriations Committee.

"I'm all for raising the visibility and urgency of cancer research," asserts Columbia's Spiegelman. "Increasing the effort and money will certainly catalyze the information required to control the disease. Even if we gain half a year, it would help thousands of people." □

Last week President Nixon nominated Dr. Merlin K. DuVal Jr. to the nation's top health post—Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education and Welfare. If the nomination is approved by Congress Dr. DuVal will succeed Dr. Roger O. Egeberg who has publicly stated his dissatisfaction with the position. Dr. Egeberg will become a Presidential consultant.

Political and philosophical squabbles, a six-month vacancy in 1969 and Government policy shifts have taken much of the power and political prestige out of the HEW position. It has degenerated to an administrative post in a weighty bureaucracy struggling in the past few years against slow-downs in Federal health and science spending. Some of the original policy- and decision-making aspects of the job have been taken over by other Administration advisory positions. For example, Dr. Edward E. David, director of the Office of Science and Technology and President Nixon's top science adviser, moved into the health arena by helping promote Mr. Nixon's cancer attack.

In an effort to put some strength and responsibility back into the job, the White House announced that "Dr. DuVal will be responsible for the development of health programs and providing executive leadership and direction to the programs and activities conducted within HEW and health agencies. His responsibilities will also include developing health policy, determining priorities and guiding program implementation."

This is the type of backing that induced Dr. DuVal to take the job after he and at least two other physicians had turned it down. "The job itself is on trial," says Dr. DuVal, "and it needs filling." He feels that he can