NCI ORAL HISTORY PROJECT

INTERVIEW WITH

PAUL VAN NEVEL

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National Cancer Institute
Interview with Paul Van Nevel
Conducted on July 13, 1999, by Gretchen Case
At Mr. Van Nevel's Office, NCI

GC: This is Gretchen Case. I'm talking with Mr. Paul Van Nevel. Today is July 13, 1999, and we're at his office in the National Cancer Institute, Bethesda, Maryland.

The first thing I just want to ask you about is your background and what brought you to the Cancer Institute, why you came here.

PVN: Okay, my background. After I got my degree from the University of Wisconsin, I was the first director of public relations [PR] for the University of Wisconsin Medical Center in Madison, and was there for about four years, and then was recruited by the Johns Hopkins Medical Institutions in Baltimore to come out there and be their director of PR. And I went there in 1968 and stayed through 1973 doing PR for the medical school, the School of Public Health, and so on, and the hospital. And while I was there, we got—myself and a woman named Elaine Freeman—got interested in using the Hopkins aura, name, as a way of getting health information to people. And so we conceived of having a television show that would be syndicated and would take on health topics every week that would be from Johns Hopkins. And we went to New York at least once a week, and we found a production company that would do it. We were about ready to sign Westinghouse, which had a group of TV stations that would carry the show and we were talking to people that might sponsor it, you know, pay for it. And then Children's Television Workshop announced that they were going to do a show called "Feeling Good," which was the same concept. When they made their announcement then everybody wanted to see how they would do because they had a track record with "Sesame Street" and we didn't have a track record in doing that kind of thing.

But I'd gotten interested in going beyond public relations to using the same kind of a skill set to impart useful health information to people. The [National] Cancer Act had been passed in 1971 and they were getting this place set up down here to take on new kinds of things to do that included health information, health education. I was attracted by that and Frank Karel, my predecessor here, was the first Associate Director for Public Affairs, which was the title in those days, called me up and asked me if I would come down and take on the responsibility of helping the Institute meet the new mandates for getting health information out to the public. And so I was intrigued by the idea of doing that but I was worried about going to the government because my government view was of the Motor Vehicle Department and it wasn't a pleasant one.

But after several talks with Frank I came down here and took the job in February of 1973. Frank had come in October of 1972. One of the first things that happened to us was that Casper Weinberger was appointed Secretary of the Department of Health, Education, and Welfare on the same day I was appointed as the Deputy Associate Director for Public Affairs here. The whole staff thought I was Casper Weinberger's plant and so they were terrified of me. They thought I was a Republican who was coming after their job.

They were worried about it because the Nixon administration had cleaned out the NIH Information Officer about six or eight months before that and then they had put a crony of

Wilbur Mills's in the job over there, because Nixon . . . although Mills was a Democrat, they owed Wilbur Mills a favor. So I came in and people would jump when I'd say something to them.

We had a staff here that was . . . they were not tuned in to the new wave of things. Because the Cancer Act had been passed, we were a very big topic of press interest. The press activity around here became *incredible* in those years right after the Cancer Act was passed. The White House called out here all the time. People out here were not used to dealing with that level of contact and with that level of press interest. And so when Frank came, he was frustrated because everybody was trying not to do anything. Their whole history and tradition had been to stay out of the limelight, keep NCI from being known, be very quiet about things, don't make any waves. And all of a sudden we were the biggest wave in town.

So he recruited me and some other people to come in and try to fix things. My job was to put together the Health Education program, while he ran the Public Affairs side of things. NCI has had a Public Affairs apparatus since about 1947. There was a woman named Dallas Johnson who formed that first office, back in 1947. I think she's still around. Lives here in this area someplace. Has got a married name and I can't remember what it is.

Anyway, so the Press Office was well established, but we had no history or tradition of doing the health education kinds of things. So I came down and I brought Elaine Freeman with me from Hopkins. Elaine came down under an Intergovernmental Personnel Act in November of 1973 and her job was to help me put that together. She conceived the Cancer

Information Service [CIS] and her job became to put the CIS together, back in '73 and '74. She stayed here through April of 1975 and did all the preliminary work in getting the Cancer Information Service established, and the contracts were awarded in July of 1975. Now, Elaine was commuting down from Baltimore, where her husband and she lived. Her husband was a pediatric neurologist on the Hopkins faculty and she had a bunch of little kids and so it was not . . . it was very inconvenient for her to be commuting all the way down from Baltimore every day and then back, but she managed to do it for a couple of years and created the Cancer Information Service, which was a *major* accomplishment. Got buy-in from the NCI and buy-in from the NIH before she left, and so the contracts were awarded.

The first offices opened in February of '76, I think, after a year of organizational work. Beginning about 1976, we began to think about getting an apparatus here that would do proactive health promotion kinds of things and in 1977 we went through a whole process with the whole staff of our office to figure out what kind of an organization we needed.

We first thought we could turn the Press Office into a group that would do proactive things, but we ultimately decided that was impossible, because they were a victim of the press calls that came in over the transom every day. They [the press calls] had to be first priority and it never gave them a chance to do the long-range kinds of things that we had to. So in 1977 we created the Information Projects branch and we created the Information Resources branch, and then we had the other branch, which was the . . . I can't remember the name, Research and Program Reports, maybe. In it we had the Press Office, the Public Inquiries Office, and the Cancer Information Service ultimately—it wasn't there at the time.

Now the CIS was formed with us taking the lead in it. But when we formed it, we decided to have it operate out of the Division of Cancer Control and Rehabilitation because they were getting lots of money in those days and they could fund it [the CIS]. It was going to be a big, expensive item. So they [DCCR] and we operated [the CIS] jointly until 1988 or 1989, when NCI moved it lock, stock, and barrel into my office, because it was a gray area for the Division and they didn't want to spend all of their money on it. I mean, it was a kind of public service thing, and the division was more interested in [cancer] control research. So the [NCI] Director, Dr. [Vincent] DeVita, moved it into our office so that it would get support off the top from the whole Institute, rather than just from one division.

After that happened, then, we did get very, very heavy financial support from the whole division, from the whole Institute. It made a big difference in CIS and it grew rapidly from a budget of about $4 million around 1990 to over $20 million today. For a while there it was up around $24 million but, because costs were getting out of hand, Chris [Christy] Thomsen, the head of the CIS, was able to cut it back. So we formed . . . between the time I came in 1973 and 1977, we had set up the infrastructure in the office to create the Cancer Information Service and to create a branch that was responsible for doing health promotion, and in that branch we had a section on patient education and a section on health promotion. The Patient Ed group was the first in the country.

GC: Really!

PVN: Yes. And we formed it because the calls coming in to the CIS were from patients who wanted support in dealing with their chemotherapy and dealing with their radiotherapy and dealing with psychological-social issues that they faced as cancer patients. There was nobody in the country that provided that kind of help to them, including the American Cancer Society, because cancer had been long considered a death sentence, and people didn't think about the issues that cancer patients had to face in their daily life for the time that they lived and more and more, even back in 1977, people were living longer with cancer. Then the other half of the branch, the Health Promotion group, did antitobacco stuff, did breast cancer education, those kinds of things, that were all brand new for us here at NCI.

In the meantime, Casper Weinberger and Frank Carlucci, who was the Deputy Secretary, decided that the department had too much Public Affairs and so they were going to reduce Public Affairs in the department and ordered NIH to reduce the number of people and the number of dollars appropriated for it. That was back in 1973. One of the first jobs I had after I came here was to take the job descriptions of everybody in the Office of Public Affairs, which was our office, and change them into a non-Public Affairs category and then transfer them lock, stock, and barrel to a new office we created, called the Office of Cancer Communications [OCC], and then abolish the old Office of Public Affairs.

We continued to do everything as we had done before, but we had created a different organization called Cancer Communications. We had transferred the Public Affairs specialists in the Press Office, made them technical publication writers and editors, took the people in Public Inquiries and made them writers and editors—categories of people that were not considered Public Affairs—and then told the department we didn't have Public Affairs any more. And that worked! But that's how we got the name of Office of Cancer Communications, because it was a ruse to get around the requirement that [Frank] Carlucci and Weinberger were putting down on us.

GC: I had always wondered about that. It's a different name than you would expect.

PVN: Yes. Right. It is. And we really are a Public Affairs office, more than ever now. So, I came here for those reasons and that's what we did in the first five or six years, and that's been pretty much the way it has run ever since. The Cancer Information Service came into the [Press] Office in 1988 or 1989 and then left again in 1997, I guess.

We had another reorganization and Patient Education was moved out and so was the Cancer Information Service and put into a new Office of Cancer Information, Education, and Communications, and we stayed here with the Health Promotion branch, which . . . we had abolished the Information Projects branch earlier and created two branches: the Patient Education branch and the Health Promotion branch. We kept Health Promotion and the Mass Media branch, which is the Old Press Office, and Nancy Brun's group, the Information Resources group.

In our job now, more . . . and at the same time all this was going on in the 1990s, the Centers for Disease Control [CDC] were becoming more tuned in to chronic disease control and began to worry about cancer. They began to develop cancer education programs that *we* had been doing for years. That kind of coincided with the arrival of Dr. Klausner as the Director of NCI. He wanted to turn NCI more toward its root goal or mission, which was cancer research, and so he wanted us to concentrate more on being the communications office that supported the importance of cancer research—let people know what progress had been made, how it had changed and helped their lives daily, and the progress that could be made with further investment in research. Then he wanted us to also concentrate on providing communication support to NCI programs and to divisional programs, and do less in the way of health promotion kinds of things—the public health kinds of things that we had made our mark doing over time—and have CDC do that kind of thing.

So, we'd been meeting with CDC anyway and we agreed at that point that we would not do any new things. After that period CDC started a colorectal cancer education program and an education program related to melanoma and screening for melanoma and prevention of melanoma. But we maintained some of the things that we had before all this change came about, in that we kept our breast cancer education program—because politically it would have been impossible to give it up—and we kept the Five-a-Day for Better Health education program. But those became maintenance kinds of things.

Then the Health Promotion branch, which now has a name that really isn't terribly apt, became the strategic planning arm and the outreach arm for our Public Affairs apparatus.

So if we're going to launch the STAR [Study of Tamoxifen and Raloxifene] trial that compares tamoxifen and raloxifene, as we did this spring, the program or divisional objective is to do a lot of things, one of which is to recruit 22,000 women into the trial.

Then the Health Promotion branch comes along and develops a communications plan that will support that program objective with communications objectives, which would be essentially to recruit the 22,000 people in two and one-half years rather than five years. Then we'd lay out a bunch of strategies and tactics to achieve that goal, working with the cooperative group that's going to run the trial and with the Division of Cancer Prevention, which is sponsoring it here, and getting buy-in all around and then getting a plan.

The first part of the plan is executed by the Press Office, because it's to launch the press conference that we do here nationally and the satellite press conferences at 193 institutions around the country. Then the Health Promotion branch [HPB] takes over the long-range outreach support of the recruitment of people to that trial over the next two and one-half years. So *that* kind of thing they do really well in the HPB. They can plan, they can put together a strategic plan that includes what the Press Office does and what they can do in terms of long-range outreach.

Now, we created in the [Press] Office something called the OCC Forum, just in the last month. We were having trouble keeping on top of what's going on in the divisions. There seems to be a communications flow problem within the Institute at the moment, and we decided that we would have each of the writers in the Press Office assigned to a division and they would go out to the divisions and make their presence known, meet with the lab and branch chiefs, and tie our office to the divisional activities. Then they, of course, because they're out there, field requests from the divisions for support, or they notice a division needs some kind of communication support and will volunteer to provide it. If it's somewhat out of the ordinary, they bring that request back here and then we have . . . like this afternoon we'll have the OCC Forum. We'll bring that staff together with the Health Promotion staff and with Nancy Brun's group and will talk about what the divisional need is and then how is the [Press] Office going to support it: how much long-range stuff we're going to have to do and figure out what kind of resources we're going to have to put into it, how much money, all those kinds of things.

We now operate as a kind of team-based group with the branches all working together to support a divisional activity or an Institute activity or the whole cancer research establishment. And we try to have incredible relationships with the Public Affairs Directors of the Cancer Centers around the country and with other federal agencies, including CDC and FDA, Health Care Financing Administration, and so on. So that's kind of where we stand.

GC: Okay. You said that at first people were leery of you, that they thought you might be a plant. How did that ease up? Or did it ease up over the years you were here? How long did it take people to understand that you were not part of Weinberger's administration so much as . . .

PVN: It took about . . . it took probably six to eight months or a year. But during that year we were trying to focus on getting people out of their old attitude and getting a new attitude about the kinds of things we had to do. So I went to a staff meeting one day by myself—Frank didn't go—and told the staff that I was abolishing all the branches and sections and we were going to create teams that would cut across all of this and see how things would work out. All the branch chiefs and section heads leapt to their feet and screamed, "You can't do that. You're going to ruin our grades. This is against the rules." And I said, "We're doing it."

They accepted it because they were afraid that if they didn't that somehow I would be able to get them, because they had seen what happened at NIH. So that was an advantage to me for that first year, to have them *think* that I was Casper Weinberger's henchman. By the time they got wise to the fact that I really wasn't, we had gone back to the section branch chief kind of thing and the whole episode was over.

But the fact that we got away with doing that has always been an amazement to me. If I had been around the government much before that had happened—and I hadn't been—I would never have dared to try it for fear that I would have a long list of grievances thrown at me by people who could see I was doing the wrong thing and that I was really doing adverse things to them. But because I had that aura about me, they didn't do it.

Now, Frank didn't stay long. He left in . . . September 30 or September 29, 1974, was his last day. He went to the Robert Wood Johnson Foundation and I became the new

Associate Director for Cancer Communications. When he decided to leave in the summer [of 1974] I think it was July, I was on vacation out in the Midwest with my wife and two little kids. Frank called me up and said, "You'd better get back here, if you want this job." So I said, "Okay." So I left Lois and the kids in Chicago and flew back on a Sunday afternoon and met with Dick Rauscher, the Director, on Monday morning. We talked for a few minutes and he said, "Would you like the job?" And I said, "Sure."

So then Frank called the entire OCC staff together here in this room and announced that I had been chosen as the next Associate Director for Cancer Communications. Of course, this created *pandemonium* not only among our staff but across the whole NIH community. This was one of the . . . we had what we called a super-grade in those days, a GS-16 grade level thing. All the other Information Officers were only GS-14s, which was two levels below, and here Rauscher was filling this plush job without any kind of a competition. So all the other Information Officers gathered together and had a riot in some closed room someplace and then they went over to NIH and called on Storm Whaley, the Associate Director for Communications over there. Dick Rauscher ultimately had to back off and do a competition, which he did, and I was ultimately selected, but I was the Acting Associate Director for a while while that went on.

But when Frank left, the next day was September 30 and NCI was supporting the first national conference on breast cancer management with the American Cancer Society. It was being held over here in the Masur Auditorium in the Clinical Center. Coincidentally across the street at the Navy was Betty Ford, who had just had a mastectomy, and the First Lady was very open about it. The *whole* medical press corps of the United States was over there at the Navy Hospital and we were running this big breast cancer conference over here at the Clinical Center. So they'd get a report on Betty Ford and then they'd thunder across Rockville Pike to see what the science was doing.

Dr. Bernie Fisher, who did all the great work on breast cancer, was reporting at this conference, which had 600 doctors at it, about the results of his use of a compound called L-PAM. It's kind of a chemotherapeutic agent for treating breast cancer. Dr. Nathaniel Berlin, who you may have interviewed already, was the Director of the Division of Cancer Biology and Diagnosis. He was running the conference and he said he didn't want Bernie Fisher talking to the press and so hid Bernie Fisher out someplace in the bowels of the Clinical Center.

I had a branch chief in my office named Bill [William] Gray, who had been a Hodgkins' disease patient while he was a *Newsweek* reporter and had gotten into the first or second group of people that were treated in the Clinical Center when they developed a curative therapy for Hodgkins' disease, back in the late 1960s. Bill knew the Clinical Center inside and out. So he went up and found Fisher and brought him . . . because the press was driving us crazy. They had to have Fisher. We had taken over the Medical Board Room over there in the Clinical Center as a press room and as a place for the press to have press conferences. Then we had another press room aside from that.

Fisher was willing. He came down and met with the press and told them about his findings; he had already presented to the Conference. Nat Berlin found about it and then, out in the big, busy corridor by the main elevators in the Clinical Center—he was a short, little guy—reached up and grabbed me by the lapels and was trying to shake me. He was *yelling* at me. My first day on the job. He said, "The first thing you've got to learn is that *you* don't run this Institute. The Director does." He was just furious at me that we had pulled Bernie Fisher out. Fortunately, Dick Rauscher, who was the Director, backed me up and that episode went away. I told Nat Berlin later, reminded him of that episode—this was just a couple of years ago [that Van Nevel reminded Berlin], and he laughed and said he could imagine himself doing it but had no recollection that he did it.

Then we were all sitting around the press room at the same meeting and the reporters were across the street, essentially, with Betty Ford again, and this woman came in. She was dressed in real tight slacks and a real tight kind of halter top. The people in the press room were just people from my office who were kind of waiting for the reporters to come back. She said, "I'm here to have a press conference. My name is Mrs. Nathaniel Berlin." She said, "I want to tell you that it is *terrible.* This is 1974 and the top executives of the U.S. government have not had a raise since 1969 and their salaries are stuck at $36,000 a year. My husband is among them and the government is losing the best people because of that salary cap and my husband is going to be among them, because we're going to leave." Then she turned on her heel and walked out.

We all took out our pads and pretended to take notes, because we were embarrassed by it and didn't want her to think that she hadn't had a real press conference so that she'd come back later when the reporters had come back. She never found out that she didn't have a real press conference. Sure enough, Nat Berlin left within months and went to Northwestern [University], to be the Director of the Northwestern Cancer Center. Then later on he went down to Miami.

GC: Right. That's interesting you brought that up, because he told me the same story.

PVN: Oh! Did he really?

GC: He said to ask you about it.

PVN: Oh.

GC: Do you want to see?

PVN: I think I've got his transcript here someplace.

GC: He said basically that he didn't remember it, what you said, but to "ask him." He said, "Ask Paul Van Nevel. I was the one who gave him hell."

PVN: That's right.

GC: "I did not want the press there. I was fundamentally opposed to the Cancer Institute holding press conferences."

PVN: Yes.

GC: Was that a pretty standard opinion, do you think, of scientists here?

PVN: Yes. When I came in 1973, the scientists didn't want any public notice. It was a *terrible* problem for us. We had to get all these new programs going and we had resistance from the scientific community here at NCI. In the Cancer Control Division, which was formed by the Act and had to start out . . . they had no history or tradition here and they had the same kind of a problem, because they were going to start doing all these public health kinds of things, which really was not the kind of thing our scientific people thought was a good thing to do. They thought it was what they called "soft science." And what I was doing was even worse.

So Dick Rauscher said, "I'll give you all the money you need." And he funded us very well. But he said, "Just go out and do your thing and don't make a lot of notice for yourself." So we worked through 1977 or 1978 getting our infrastructure in place, getting the plans laid, getting the branches created, figuring out what we were going to do, figuring out how we were going to do it.

We began to adopt what we called social marketing techniques, which was very, very unusual for a government operation to do. That meant we were going to use the same techniques that you would use to sell Crest toothpaste to sell breast examinations and no smoking. We would go out and do consumer research and find out what the people know and believe and then develop your messages and your strategies based on the consumer and what the consumer had to say about things. That was all in place by the time people began to *ask*: What are you doing about getting the word out to the herd on this or that? And every time they asked that, we had something that was ready to pick up and go and that was because . . . but we operated silently and in secret for a number of years because the scientific community here was against doing that kind of thing.

We really never had press conferences during the 1970s either. We had no choice with the meeting in 1974, because of the press corps being across the street with Betty Ford. I mean, they just *had* to have every nugget of information about what was going on in breast cancer research and we didn't have any choice.

It was a frustrating period. It was a frustrating period not only here but I think around the country. Public relations in biomedical research at the academic medical centers was coming into its own probably about that time, and academic medical centers were having the same kind of a problem with scientific staff who *really* didn't think it was appropriate to do these kinds of media things.

At Johns Hopkins in 1968 we did the first heart transplant in this area of the East Coast and before it was done, we all had to go away and figure out our plan for how we would handle it. I had to do the public relations plan. I came back in to the big group of people who were going to be involved—including all the surgeons and the hospital administrators and the nursing department, everybody that had a role in the transplant—and when I presented my plan I had in it a press conference, and they all fell on me: "You can't have a press conference. That would be a *terrible* thing to do. We *can't* do that to the patient, we can't do that to this institution." So I went away and rewrote it. I came back and I said, "The plan now is to have a background briefing for medical reporters," and they all bought it. It was *exactly* the same thing but it had a different name.

GC: Really!

PVN: Yes. But it was a more conservative way of describing what we were going to do. They could get along with a background briefing for medical reporters, but not a press conference. That attitude changed rapidly over the last twenty-five years and now they're out there *pushing* for any publicity they can get, every place, *except here.*

GC: Really!

PVN: Yes. In doing our cancer, our program to promote cancer research, we needed help from the scientific community to go out there and sell it, to tell people what they had done, to tell people what kind of progress they had made and tell people what kind of progress they can make in the future if they continue to get support.

To find out how to get scientists involved with this, we did focus groups here on the staff and then we did them with extramural scientists at the AACR meeting, the American Association of Cancer Research. These are scientists from academic medical institutions primarily. Internally when we asked the doctors, "Will you help us do this?" they said, "We really don't want to do it. We went into science so we didn't *have* to talk to the public." But when we went to the AACR and talked to people who had jobs in the academic programs, they said it *was* their job and they wanted to do it. They see it as their job because they connect it to the money they get from foundations and private donations. They have to be visible in that community in order to get funds and to get prestige and to get promotions, they think. Whereas here they're more isolated and they don't see the connection between funds and their work and promotions and publicity, because it may be less of a deal here. So, that is an attitude that we still have to deal with internally at NCI—not with everybody, but there is a big group of people here that doesn't want any part of it.

GC: It also seems like there are a few scientists here that do handle publicity well or that do like publicity.

PVN: Yes, there are a few. There are a few who get criticized because they seem to be in the limelight too much. Steve Rosenberg has been one of them. But he is also the most cited scientist in oncology in the world; that is, more other scientists cite his papers. That just came out recently. He's a very good scientist, but he's very much . . . he's not recalcitrant when it comes to dealing with the press and he's very experienced at doing it.

GC: Is that criticism from inside the NCI?

PVN: And out.

GC: And out?

PVN: Yes. It's a little jealousy, I think, that people think that he gets too much publicity.

GC: So I guess there's such a thing as taking it too far.

PVN: Yes. Yes. But it is more like people on the outside would be. Now institutions like Hopkins have big marketing departments and they have *huge* public relations apparatuses—much bigger than it used to be in the old days. And *every* institution has PR, *every one.* When I left Hopkins, a lot of people, a lot of places did not. Now even the Cancer Centers have PR and they're down within the academic medical centers usually. So subgroups of the academic centers now have public relations.

GC: And do you work fairly closely with the Cancer Centers?

PVN: Very. Yes, very. Meet with them all the time. We do things jointly. If we have a national announcement, they're roped into it because they can ride it locally. It's very useful to us if you're doing a clinical trial and have a result coming out, we can let them know in advance that we're going to be publicizing the results, which are going to be published in the *New England Journal of Medicine*, for example, and give them our national materials in advance. Then they can arrange for the principal investigator at their local institution who participated in the trial to have a local press release and to meet with local reporters.

So you have a national story coupled with a local story and you get very prominent play in Madison, Wisconsin, or Chicago or Kansas City that you'd never get with just a national story. So it works both ways. It helps us communicate to the public that we're more than just, you know, some Washington outfit, that this is an activity that affects them at their local level.

GC: Yes. And that people in their area probably participated as well.

PVN: That's right. We found out in our consumer research with people around the country about cancer research that that is important for them to know, that that is a plus that they think the University of Wisconsin is involved in this kind of stuff and that the government is giving them money to do it.

GC: How did things change from Director to Director? Is there usually a flurry of activity right around a search for a new Director or the changing of the guard?

PVN: Well, each new Director . . . Dick Rauscher, who was the first Director [under the National Cancer Act], was a basic scientist and the only one we had as a Director. The others have all been physicians. He was a different kind of a Director, I mean, the only one . . . he *really* is different than every other one, because he would come to work at nine o'clock in the morning, go home about four or four-thirty in the afternoon; go out at eleven for lunch and come back about two; have a couple of martinis at lunch and would meet with his cronies down at a place called The Rose and Crown.

He had two OD [Office of the Director] staff meetings a week, the OD staff meeting meaning the Associate and Assistant Directors. One would be on Monday morning in his office and the other would be Wednesday noon at The Rose and Crown. Everybody would have a couple of drinks and bring out their list of things and then the rest of the afternoon nobody ever got anything done. He was a virologist and the virologists were kind of like the Mickey Mantles of cancer research, you know—they're all hard drinkers and hard smokers. *Everybody* that I knew that was a virologist smoked and drank like crazy, and Rauscher was no exception.

His secretary, Phebe Dunn, who I think you've interviewed, too, monitored every telephone call and would take notes on it. Then when he would hang up, she'd hang up, and then she would follow through. She'd call me up and say, "Dick Rauscher wants you to" blah, blah, blah, because he'd agreed in the telephone call to do something and then Phebe would do something that made it happen. It was never Dick that did it, but it was somebody else on the staff—one of the Divisions or one of the OD staff.

And then every piece of paper that came into that office got farmed out to somebody to handle, too. I mean, it was never handled up there. He had a guy named Bud [Bayard] Morrison who did the review of it when it came back upstairs. All the paperwork went to Bud and Bud would review and sign off on it for Dick. So Dick would be at one meeting after another all day and just kind of making policy, I guess, but being very kind of lax about running NCI.

The thing that he did that was good for me was he'd let me have my head and gave me resources to do that. And wisely he kept our organization [NCI] firmly entrenched as a part of the NIH, when there was a great pressure for him to exert all these new authorities he had and to kind of leave NIH behind. When we got into trouble in many ways in the later '70s, with contract scandals and other kinds of things, at that time, because we had stayed as an integral part of NIH, they kind of wrapped their arms around us and protected us and fronted for us, when we had to deal with criticism from the Department and from Congress. That was very helpful, and it was *very* astute of him to have not allowed us to wander out of that fold.

Now, he left—another victim of the cap of $36,000. The ACS hired him in 1976 to go to New York and be their vice-president for research. Guy Newell, his Deputy [Director], became the Acting Director for a long time, from, I think, October of 1976 through July of 1977, until Arthur Upton finally came on board.

Upton was a radiation carcinogenicist, with a medical degree from the University of Michigan. But he had worked at Oak Ridge [National Laboratory] and had really no experience in dealing with Congress or with the press. So he was pretty well . . . and I've always looked at the Director's job as being long-range strategic planning for the organization as a whole, public relations, and fundraising, which means congressional relations. Arthur Upton was not [experienced in] any of the above, in my opinion.

His job . . . well, we had been criticized in the late '70s by lots of quarters but particularly by the environmental community for putting too much of our money into treatment research and not enough into environmental and prevention research. I think Arthur was brought in here, actually the . . . Dick had left right at the end of the Ford administration. The Ford administration had conducted the search and they had selected Arnold Brown, a physician who was a pathologist at the Mayo Clinic, to be the next Director of NCI. He wasn't firmly in the job but was the Director-Designate by the Bush administration.

And lo and behold, Jimmy Carter won. In January of '77 he comes into office and appoints Joe Califano as the Secretary of Health, Education, and Welfare. Califano decides, "Let's put this on hold and take another look around." The environmentalists get to Califano, and, of course, Arnold Brown, whose nickname was Bud, was a rockribbed Republican.

So they find Arthur Upton, who was [attractive to] the environmental community because of his radiation carcinogenesist background. So Upton comes in and reorganizes NCI to put more emphasis on environmental carcinogenesis and cancer cause and prevention.

Removes the head of virology, John Moloney, gets rid of Jim Peters, who ran the Division of Cancer Cause and Prevention, moves Diane Fink out of the Cancer Control Division, and does all the right things. Creates teams to look at the Institute and how it operates, tries to put more money in prevention research, and so on. He does all the right things and lo and behold, he gets offered this big job of running that laboratory up at NYU in New York and departs at the end of 1979.

The last day of 1979 he goes to New York and takes over that lab, and DeVita becomes the Acting Director. So this community takes DeVita out to dinner and says, "Okay, you play along with us and you are in like Flynn." DeVita told them to take a flying leap. So DeVita was *instantly* on the outs with that environmental community. I can't remember who did it. Was it Sammy Epstein that took him out to dinner? Someone. I can't remember who any more. But DeVita was outraged. I remember him coming back and talking about it. DeVita, of course, was a treater. He was the head of the Division of Cancer Treatment and so had that baggage around his neck that made him even more of a problem to the environmental community.

But DeVita was a very directive Director and I liked him a lot. He was like my dad. His personality was like my father's and so I knew how to get along with him. He required loyalty on your part. If you told him what you were doing and kept him involved, he would buy on to what you were doing and would defend it with you—or *for* you sometimes. Whereas, with Arthur Upton, he never would buy into what you were doing. You would always be out there kind of on your own. If at the National Cancer Advisory Board meeting somebody would raise their hand and criticize Van Nevel for doing something, Arthur Upton would never defend me. He would just turn to me and say, "Do your thing" or "the platform is yours," or whatever. And we resented that.

Arthur Upton was not very good with the OD staff. At the OD staff meetings he would sit there and we would go around the table telling him the kinds of things we were doing. But he would never tell us what he wanted us to do, so we always had to guess at that. There was never much of a direction given to us. It was *very* different for us during that period. In fact, that was a period when I thought of resigning because I was very unhappy.

GC: Really!

PVN: Yes. Then he left. But he's a sweet man. I did like him very much as an individual and I felt sorry for him, because he kept getting thrown into these situations with Congress and with the press that he didn't relish and didn't like and wasn't equipped to handle well. And he had these little social things that he would do wrong. For example, a group of us would go down to a hearing and it would be over lunch and he would have brought his lunch in his briefcase. So he would take the briefcase out and set it up on an ashtray down in the halls of Congress and eat his sandwich in front of everybody.

[End Side A, Tape 1]

[Begin Side B, Tape 1]

GC: Okay. Continuing with Paul Van Nevel.

PVN: Yes. And then DeVita became the Director and he was wonderful. We had been working for a couple of years to develop a cancer prevention awareness program. It was not going to endear us to the environmentalists, who thought that a prevention program required getting every chemical out of the environment and taking big public health kinds of measures.

We began to look at a paper that had been published in 1981 by Doll and Peto from England, showing that cancer is really caused by personal factors, you know, whether you smoked or drank, the food you ate, the kind of lifestyle you lived, and that very little of it was based on environmental exposures from the standpoint of what you're getting out of the air you breathe and the chemicals in food and that kind of thing. The occupational exposures probably accounted for only about 4% of all cancers, so it wasn't very much. But the bulk of them were accounted for by smoking, diet, those kinds of things. So we began to develop a cancer prevention awareness program to show people how to take control of their own lives, in terms of preventing cancer.

During the '70s, NCI had had a bioassay program which had tested chemicals to see if they caused cancer. In those days, every time a test was completed, it was, the result was published someplace and given to the regulatory agencies, but we had to announce it in the *Federal Register*. Everything that was announced in the *Federal Register* had to have a press release go out. There had been a big backlog of these bioassays and all of a sudden the backlog began to dissipate and we were putting out a chemical a week, and virtually all of them were found to be carcinogenic because they were selected for testing because they were thought to be carcinogenic.

So every week we were putting out a news release saying that such and such had been found to cause cancer in animals under the conditions of the test. Through '77 and '78 that was a weekly event, if not twice a week, and pretty soon the popular notion in the country came up that everything causes cancer and I think it was to a large extent the result of what we were doing here at the National Cancer Institute. So our campaign was to disabuse people of that and to give them some hope that cancer could be prevented. So our theme line was, "Everything *doesn't* cause cancer." Of course, all the grammarians fell on us, because it isn't a grammatical sentence. But it worked and people understood what it was.

We got that all organized. I mean, we brought in magazine editors, we brought in newspaper editors, we brought in every kind of imaginable people to help us put that thing together and we had it ready to go when DeVita said, "I've got to start some kind of a prevention education program." And I said to him, "Well, we've got one ready to go." Showed it to him and he loved it. And so we kicked it off. As a part of the kick-off . . . Margaret Heckler was the Secretary. She came out here and launched it at a press conference and called for the help of industry.

So shortly after the press conference, which was on March 6, 1984, we got a call from the Kellogg Company. Kellogg people wanted to find out more about what we had in mind and they wanted to come out and see what we were doing. So we brought them out. They brought themselves out, in their private jet, and talked to us about what we had in terms of a prevention program. We showed them all the market research we had done and all the preliminaries we had done and they were very impressed, because it was the same way that they sell All-Bran—the same kind of process they go through. So they said, "Let us go away and see if we can come up with something that might help you."

They came back to us a little later with a proposal that they would do the back panels of their All-Bran and maybe some other cereals on our whole dietary message and that they would put it in their electronic broadcast advertising on the evening network news and the morning shows, "Good Morning, America," "Today," and so on. Their advertising for All-Bran would include our 800-number and the dietary message of "A diet high in fiber, low in fat may reduce your risk of some kinds of cancer." So we had DeVita and Jane Henny—who is now the FDA commissioner and was his Deputy at the time—and Peter Greenwald, the head of our Division of Cancer Control, all looked at it and they all bought into it. Kellogg agreed that they would not put out any message that we hadn't approved of, because they didn't want to get out in front of the science.

It was going to be risky for them, because the Food and Drug Administration [FDA] wasn't going to like the fact that they were putting what FDA would call a "health claim" on their cereal boxes and in the broadcast ads. We knew that the FDA would be probably concerned but decided not to tell them because we looked on it as an opportunity to get what we called a health message out to the public. We didn't see it as a health claim; we saw it as a health message.

So we worked with the Kellogg Company and they were ready to launch the campaign in October. I think October 7, 1984—it was a Sunday—they were going to launch it with the print ads in "Parade Magazine" and some of the big Sunday papers, and then the broadcast ads would begin the next day. That's what happened. The week before it happened, we sent a note down to the Department to tell them it was going to happen, because this would be very highly noticed that we would be partnering with an industry. It was the kind of thing that was going to fare well in the Reagan administration. Ed Brandt was the Assistant Secretary for Health at the time and he approved what we were doing. But we got down to the Public Health Service level, where Ed Brandt was, then it went on to the department level and got kind of buy-in from all those people.

Nobody sent it over to the Food and Drug Administration, probably an oversight at that level. So when it broke on October 7 and October 8, FDA was caught by surprise and they were wild about it. They were *furious*. I got a call from a guy named John Vanderveen just yelling at me over the telephone, because I had become a spokesman for the program and I was . . . it was a very unusual thing to happen and so reporters were coming after us getting stories on it. He called and yelled at me. Then the Food and Drug Administration asked for a meeting with James Wyngaarden, the Director of NIH; Peter Greenwald; Vince DeVita; and me.

That was held in December of 1984. It took a while to get it organized. They all came out from FDA and we met in Dr. Wyngaarden's office and they had brought *everybody*. I mean, they had Sandy Miller, who was their head food guy, and John Vanderveen, and a guy named Jay Cutler, who was their lawyer—a crowd of people—and Frank Young, the commissioner. We got into the meeting and Frank Young had a blazer on and he pulled the left side of his blazer open and said, "I want to remind everybody that I've got a badge." And he said, "You have to be very careful of what you do if you interfere with any regulation of the Food and Drug Administration." And there was his badge, right on the inside of his lapel. So that started the meeting off on a real nice note.

So we look at each other and then DeVita defends the program of what we were doing. The Food and Drug Administration, their line is, after the opening by Frank Young, that we caught them by surprise, that they had been working for some time to allow these kinds of messages to go out on food packaging and they had been six months away from coming up with a way to do that, and now they were behind the eight-ball. They said one of their options was that they could regulate All-Bran as though it were a drug and make Kellogg prove that it was safe and efficacious as a cancer preventive. But they said they wouldn't survive the hee-haw factor if they did that, which is that everybody would laugh at them, so they couldn't do that. So we had effectively tied their hands and now they were going to have to move fast in order to get some kind of a regulatory decision out on the street, because everybody else was going to be wanting to do this, too. In fact, they were right about that.

We had told Kellogg up front that we weren't going to do it with them exclusively. General Mills came right behind them and created a cereal called Fiber One, and we worked with them and they did the same kind of thing with Fiber One. And I think that Quaker Oats did something, but much more minor. We went to General Foods and talked to them and they rejected us out of hand because they didn't believe that there was enough evidence that a diet high in fiber would be beneficial. Later they were bought by one of the tobacco companies, so we were glad that we hadn't hooked up with them anyway. But DeVita, Peter Greenwald, and Jane [Henny] were all very much involved with it and DeVita defended it.

We got criticized. We thought we were going to get criticized and we were, by the meat industry, to some degree, because of the low-fat thing. We got called downtown. I can't remember his name any more, the Assistant Secretary of Agriculture for Science, maybe, or for whatever, called us down to a meeting. We got there and the head of the American Meat Institute is there and the head of the National Pork Council is there and the head of the National Beef group is there—all the big meat people were there. Peter [Greenwald] and DeVita and I were there from NCI.

Essentially the Ag Department had set us up, because they were in cahoots with all these commodity people. And they had somebody there from the Food and Nutrition Service of the Department of Agriculture, who probably was behind it all, because they were very much against what we were doing because, you know, we were recommending high-fiber stuff, so we were recommending wheat bread rather than white bread, and the white bread industry was mad at us and they were taking their anger out through the Ag Department. But these meat people were yelling at us about our message and wanted us to stop the campaign. DeVita said, "If you try to stop me, I'm going to go out there and say that you're costing the American public lives by your attitude." Very strong! They just sat back in their chairs and *instantly* came around and said, "Well, then, just modify your message to indicate that meat isn't quite as fat as you might think it is today." They talked about how they had changed the production capacity for pork and for cattle and everything and that it really was changed greatly so there wasn't much fat. But we heard from them over and over again. Every time we'd misstep a little bit, meat would become synonymous with fat and they would get back on us.

But DeVita was very strong and Kellogg was *terrific*. They kept evolving their message based on the consumer research they were doing. For example, they were moving toward a message that would say all you have to do is eat two bowls of All-Bran a day and you get the amount of fiber that NCI recommends. But we were recommending getting it from a variety of sources, so we told them they couldn't do that and, of course, they didn't do it. They backed right off of it. And when they showed a bowl of cereal, they'd always show a bowl of cereal with fruit heaped in it, so that you had that message. On the back of the panels they had the whole dietary message, everything that we were recommending to people. They recommended calling the Cancer Information Service for more information. We got 70,000 calls out of that campaign.

GC: Really!

PVN: Yes. So people were getting good information. So that was a good success in the period of the '80s. And while the FDA was mad at us, the Federal Trade Commission [FTC], which regulates advertising, came out and applauded us, and that was wonderful. That was just absolutely terrific! They invited us to a meeting. They told us what a great job we were doing and what a nice thing this was for Kellogg to do. Then the fact that FTC and FDA were at odds over the issue became another part of the story. And industry loved it. Then we had a parade of people in here who we didn't want in here. I mean, there were the vitamin people that came in, BASF Corporation, and Hoffmann-LaRoche, and all of the . . . and Ponds . . .

GC: Cheseborough-Ponds.

PVN: Right. They made some kind of a compound. They all came floating through here. Wanted us to endorse beta carotene or vitamin E or any of the compounds that they were making which, of course, we couldn't do. We weren't endorsing the vitamins. We were endorsing the food products. We were endorsing categories of food, not particular brands. But there were lots of them that came through and they all went away and accepted the fact that we weren't going to do it. But some of them began big campaigns, like Hoffmann-LaRoche and BASF, both did their own campaigns without us, to try to position beta carotene as a prevention agent. Then later, of course, we found out that beta carotene not only didn't prevent but it caused more lung cancer in people who were smokers. Beta carotene has kind of gone by the boards now.

Then DeVita decided to leave—if we're still on a tack of talking about the various Directors—DeVita decided to leave and got this big job at Sloan-Kettering [Memorial Hospital] in New York. They gave him a chance to have a six-month sabbatical before he left and Al Rabson was the Acting Director during that period before . . . while he was on sabbatical. There was a search for the big Director and [Samuel] Broder was selected, I guess by the Bush administration. It was at the end of '89. He must have come on board in December of '89, was sworn in in January of 1990 probably. He came out of the clinical oncology program.

Of course, we knew him because he had been over there and kind of knew him as someone that was hard to deal with. At least I did. He used to call me at home. During the heyday of the AIDS crisis, back in the '80s, we spent a lot of time on that, because we were doing a lot of research here on AIDS, and Bob Gallo, of course, had found the virus. I could go back and talk about . . . that's a whole other episode.

But during the AIDS thing, the Department, because it was so political, controlled all press activity related to any AIDS work, any AIDS research or any AIDS health care or any AIDS public health stuff. So if we had a request from television to do an interview or had a request from the *Washington Post* or any national medium, we had to get the Department's permission before we put our staff member out to talk—even if our staff member was publishing a paper in the *New England Journal of Medicine* and there was no good reason to hide them.

Broder would call me and say, "Why do I have to get permission? I'm the scientist, I've done the work. Why don't they trust me?" was his way of doing it. And I said, "Yes, they trust you, but it's also political and they want to manage the politics of it as well." He never could understand that and would call on the phone over and over again and ask about it and talk about it and try to convince me to let him go on his own, and I couldn't do that without getting killed by the Department. He became the Director and . . . how do you describe him? Have you interviewed him?

GC: I have.

PVN: Yes. With DeVita, our OD staff meetings would be a half-hour with DeVita talking and he would give us his attitude and his take on everything, so that we would walk out of that OD staff meeting knowing where DeVita stood on everything, so that if we represented the Institute to outside organizations, to a reporter that might call me, to a Congress person that might call the Legislative Office—we knew where he stood on everything that was important. Then the last half of the meeting we would talk about the kinds of things we did or would address problems that faced the Institute so we could bring together the expertise of all the different members of the OD staff to bear on things that we had to face as an organization. It worked quite effectively.

And then Broder didn't think of the OD staff much—maybe because of his work over in the Clinical Center. He saw us as more of an impediment. I think DeVita did, too, when he first came on board. Kind of called the OD staff "The Palace Guard," who had been kind of protecting the Director. He [DeVita] saw the drinking that had been going on by some of the OD staff, who would go out every lunch, even after Dick Rauscher left, and he [DeVita] made some big changes in the OD staff. But Broder didn't make one change the whole time he was here.

GC: Did not?

PVN: No. Not one change. Didn't change one Division Director, as far as I can remember; didn't change one OD staff member but took what we had. He worked with us in a very different way. We had our OD staff meetings and sometimes he'd be very communicative and other times he wouldn't communicate at all. But the OD staff meetings tended to be more of him reacting to things that we were doing, or things that were on our mind, rather than him giving us his view of the world and his attitude toward this or that, or information about what the Department wanted NCI to do or what particular congressional thing we had going or, you know, any of that stuff was difficult to get out of him. Ultimately he stopped having the OD staff meetings. This was about . . . when did he leave? In 1995, early. He probably stopped having the OD staff meetings in 1993.

In 1993 he changed the mammography guideline, in December, I think, of 1993, against the board's advice. We had been advising that women forty and over get screened with mammography and he changed it to women fifty and over, listening to the scientists that said, you know, there's no real evidence for people forty and under. But we were out there on the street with campaigns, and NCI was ingrained with that message and identified with that message. To change it was a real political problem with lots of the advocacy groups and lots of our partners around the country, with lots of other federal agencies.

We were all down in Atlanta at a Cancer Information Service meeting that December, and he called . . . Pat Newman was alone at NCI, the head of our Press Office, and he [Broder] called her upstairs and said he wanted to announce a change in the mammography guideline. He dictated a paragraph that was kind of badly written and Pat didn't know what to do. He just said, "Put it out." And so she put it out.

We're down in Atlanta and Pat calls down frantically saying this is going on. So I try to race back. I get to the Atlanta airport. I've got an AT&T calling card and the Atlanta airport's got some other dumb system and it won't take my AT&T calling card and I can't figure out how to get to an AT&T operator to get my card to work. So I call the office collect and every time I call up here collect, the secretary says, "We cannot accept collect calls," and hangs up on me. So I can't get in—at all! Finally I have to stop trying and I get on the airplane and fly back. I get here at like four o'clock in the afternoon and it's a done deal. It's gone. It's out. And it was . . . then the shit hit the fan, as they say. It was a terrible thing.

I think there was a board member named Lawrence, from Richmond, Walter Lawrence, who tried to get Dr. Broder fired. He was working behind the scenes to get that to happen. About simultaneously with the mammography controversy, there was a scandal in the National Surgical Adjuvant Breast and Bowel Project [NSABP], the big cooperative group, where a guy in Canada had entered some women on the trial that didn't belong on the trial and there was worry that it had jeopardized the finding, which was an important finding. I think it was a lumpectomy trial. It broke in the *Chicago Tribune* on a Sunday.

None of us had even known that there was a problem there, because it . . . nobody had brought it up as an issue around here because it wasn't considered to be a problem that affected the overall result of the trial, which had been published already. So the fact that we got behind the eight-ball on that, we got into a thing that created havoc for NCI in that it had to go back and examine and review all of the patients that had been entered in that Canadian institution, in Los Angeles, in Louisiana. A lot of institutions got tarred with the feather that there was fraud involved. Dr. Broder got killed by Congress, killed by the advocacy communities, and we were just kind of racing around in despair.

At the same time Dr. Broder took it upon himself to be critical of the head of the NSABP, Dr. Bernard Fisher, the guy we talked about earlier, who was beloved. He was a *beloved* man in the scientific community. When Broder did that, it turned the bulk of the cancer establishment in the United States against him. So it was like he was not going to win any more—I mean, that was getting pretty clear—and there was nothing to do to pull him out of it at that point. We've never heard this for sure, but we think Dr. Varmus asked him to resign in the spring of 1995, and he was able to get a job down in Florida with Phil [Phillip] Frost, who had been a member of our board and had been an old friend of Dr. DeVita's.

Then they went into another search mode and found Dr. [Richard] Klausner, who came in. Dr. Klausner . . . and at the same time with the end of Broder's career, we had the Bishop-Calabresi Report, which called for a *big* reorganization of the NCI Intramural program. Dr. Klausner came in in August of '95 and really took on that job of following through on that report and did it very quickly. He had been the author of a Klausner Report a couple of years ago that looked at all of NIH and had recommended similar things be done NIH-wide, so he was very familiar with what the problems were within the whole Intramural structure here and was ready to move on solving the problems. Had done, obviously, a lot of thinking about it and was able to make some big moves very quickly.

I enjoy working for Dr. Klausner very much. He has reorganized a lot of the institution and has reorganized communications, but I think the way we've been reorganized has been very helpful. I think that we work together very well now. The CIS is not here anymore, but it could operate anywhere, and we still have the same relationship with it that we had before, when it was in our [Press] Office and before that when it was in the Division of Cancer Control. We've always worked with it closely, no matter where it was organizationally.

I think Patient Education has fallen on hard times. I don't think it's appreciated in the new location where it is, nor do I think it would fare very well if it came back here. I don't quite know where it should be. I think it has yet to find its niche within the National Cancer Institute.

GC: And why would it not do well back here?

PVN: Because it's not a Public Affairs program, per se. It's more of an outreach program to deal with the issues of cancer survivors and helping them cope with the disease and cope with their treatment, and we've gone beyond that now. I mean, that's not part of our thinking process anymore. Others can do that. Maybe they should be moved to CDC. I don't know. It's hard to tell.

Now, Klausner has *indeed* returned this place to its root mission, which is basic research. He has developed a board system, Boards of Scientific Counselors and Advisors, that are terrific. I mean, they're among the strongest boards that we've ever had since I've been at the National Cancer Institute in 1973, scientifically. He has created the Director's consumer liaison group, which ties NCI into that growing advocacy community out there, and it's *really* gotten big in the last several years. That was a brilliant move on his part to do that. He has elevated the office of liaison activities, which Eleanor Nealon has been running, which started out in my office kind of accidentally, because Eleanor was the branch chief for the Reports and Inquiries branch and wanted to cut back to less than full time but couldn't run the branch less than full time. So we created that kind of liaison job as just sort of a way to give her something to do and get her out of the branch job and not lose her grade. But we gave it to her because we thought it was an important thing to do. We could see the movement coming along and she wanted to do it.

Then it just happened to be that there she was, you know, kind of getting organized when Dr. Klausner saw the need to do something bigger and more visible and so he pulled her up into his own office, where she became very visible. I think they actually became the model for what all of NIH is doing now, developing the Council of Public Representatives.

So, the legacy of Klausner's administration and probably Broder's is yet to be seen. Broder's, I don't think is going to be seen quite as successfully as some of his predecessors and some of his successors. But he served during a time of great travail. I mean, it was *really* a time of terrible, hard work just to stay on top of the bad things that were happening—let alone try to do good things. He was beset by problems at every turn and I don't know that he wouldn't have had them or that any Director wouldn't have had them. Different Directors might have reacted differently to how they were handled. Dr. Broder, I think, prided himself on being very political, and I'm not sure he was very good at it though, but that remains to be seen. So, you know, Dick Rauscher was probably not the most effective Director that NCI has ever had, but in a way he was good for his time, because he made a major contribution by keeping us solidly within NIH.

Guy Newell—I should have mentioned him—he was the Acting Director for such a *long* time and it was during a period when we were getting a lot of that criticism I talked about before. And the Fountain Committee in Congress, the government oversight committee, was run by Congressman [L. H.] Fountain from North Carolina . . .

GC: That's my home state.

PVN: Is that your home state?

GC: Yes.

PVN: . . . did a hearing in the summer of 1977 that took a lot of us a lot of time. We had briefing books that were this thick for the Director, who had to testify there. And they found things like Diane Fink, who was the Director of the Division of Cancer Control and Rehabilitation, had gotten on the Board of the American Cancer Society [ACS] as a way of NCI and ACS kind of working together, and she accidentally happened to mention that to the lawyer, Dick Riseberg, I think his name was, at the time, the General Counsel for NIH who came out of the Department, the Justice Department or wherever, that she was on their board. He said, "You shouldn't have told me that. Now I have to refer you to the Justice Department, because that is a no-no. You can't serve two masters at the same time," meaning a federal employee can't be on the board of an organization like the American Cancer Society. So he referred her to the Justice Department for possible prosecution. She had to hire her own attorney and spend thousands of dollars, and the Fountain Committee got into that as an issue. That was one issue.

They got into the Breast Cancer Detection Demonstration Project, which was a big thing that we had done in the '70s to demonstrate that mammography, ultrasound, and breast self-examination when used together were beneficial in detecting cancer early and so on. It was not a study. It was a demonstration project and we did it at the behest of the American Cancer Society. That was pretty clear in the minutes of several committees that had met early in the '70s, and so the Fountain Committee began to attack us as creatures of the ACS—that we were doing nothing more than just following orders from them, from a shadow governing body. That came out at the hearing, too.

And Dick Rauscher, the Director of NCI, had gone the previous October to the American Cancer Society and he had traveled a lot. You know, he'd go to ACS meetings here and there, and it came out that he had somehow double-billed NCI and the American Cancer Society for the same trip while he was NCI Director. We didn't know that was coming out. That came out at the hearing. Dick was at the hearing and they pulled out these vouchers and how Dick had double-billed for cab rides to his house and double-billed for this and that. We looked around and the reporters in . . . the room was full of reporters and everybody looked . . .

Dick had been there all day and, as that was announced, Dick ran from the room and fled. We never saw him again. He went back to a plane and went back to New York. So he wasn't available for anybody to ask him about it, but apparently it was true. He later said that it was a mistake that his secretary had made and that it should never have been done and that he hadn't noticed it. He just signs whatever she puts in front of him, that kind of a thing. But the damage was done.

And Diane Fink and her lawyer were there and the whole . . . it was a mess at the hearing. It was horrible. Guy [Newell] did a masterful job, contrite, explained what had to be explained, talked about what we were doing to prevent future problems from occurring. The Committee was very impressed that he didn't come in as an argumentative witness, I think. He had been well prepped and he did a *terrific* job. He really did a terrific job.

And then after Arthur [Upton] came to NCI, he [Newell] left to become the vice president or something or deputy vice president for Prevention at M. D. Anderson [Hospital] down in Texas. He later died. Dick Rauscher, bless his heart, died of a massive heart attack while driving across the Tappan Zee Bridge on the afternoon of New Year's Eve on his way to see his family down in Pennsylvania.

GC: Really?

PVN: Yes.

GC: I had heard that he died of a heart attack. I didn't realize the circumstances.

PVN: His wife was able to reach over and grab the wheel and get the car up against the railing, and scrape along it until it stopped.

GC: Oh, my gosh.

PVN: But he was dead on arrival at the hospital, so apparently a massive heart attack.

GC: I wanted to go back for just a minute to Robert Gallo and how . . . were you involved in . . .

PVN: Yes. Very. Very involved with that. Gallo was very plugged in to our office. Pat Newman, the woman that stuck her head in the door here, covered his division, or his program, for years and she knew him well. He was doing very important research over a long period of time and was very plugged in with Dr. DeVita, who was the Director of NCI, and with Peter Fischinger, who was the Deputy Director about that time, too. Back during the early '80s . . . you know, Bob had been doing research on leukemia. He found a leukemia virus. Well, back in the '70s sometime he found a virus he thought was a leukemia virus. It was announced in the papers and we participated in that. It's one of the things where we thought everybody would get scared by it, that a virus causes leukemia, therefore, everybody is real vulnerable to it.

So we took pains, as an office, to work with Bob. We brought in a reporter from the *New York Times* and a reporter from the *Washington Star* and gave them the story first, because we knew that we could count on them to get it right—in a way that wouldn't frighten people—but didn't give it to . . . and then we thought all the other press would key off of those two reports, and darned if that didn't happen.

But the Associated Press guy came across it and he was so mad. He called up and he said to us that he had never seen something so badly mishandled, that he wouldn't think a little community hospital would do something as badly as we had done it. I never dared admit to him that we did it deliberately, just so people like him would follow along to the example set, I think, by Judy Randel and somebody else that we pulled in to do the story for. I think it was the *Washington Star*, I can't remember. That was an embarrassing moment related to Bob Gallo.

But we got the virus reported properly. Then it later turned out that it couldn't be replicated and that kind of went by the boards. Then he found the HTLV-1 virus in the early, would it be the early '80s? That got lots of notice and lots of support from our [Press] Office and then he did HTLV-2 coming along.

Then in '83—I think, was it 1983?—no, there was a group of important papers published in 1983 in May, including a Gallo paper and one by Luc Montagnier. The Montagnier paper, which . . . Montagnier had no idea, as far as I could tell, that he had anything. Bob Gallo, I think, actually talked *Science* magazine into publishing it with a group of four other papers. But it would be the paper that everybody would then point back to that Montagnier had the virus first. I remember working in the Office over that weekend before the papers were published—it was the week before the papers were published—getting the press materials ready and we were trying to figure out how to characterize the Montagnier paper. So Pat and I were in here and we were talking to Gallo on the phone and Gallo was trying to be helpful to Montagnier by, you know, characterizing it as an important finding, that we needed to mention it in our press release, which we did.

Then a year later, maybe not quite a year later, but sometime in the winter of '83-'84, a reporter from the *New Scientist* came through and talked to Gallo about what he was doing. At this point he was pretty sure he had HTLV-3 or -4, whatever it was, that he thought was the AIDS virus. He gave this reporter from the *New Scientist* all the information and the *New Scientist* went with it early, before it was published, although he had promised Gallo that he would hold it until we were ready to make the announcement, until it was published in *Science* magazine, or wherever it was going to be published. So, we didn't know quite what to do. It was creating a big stir.

At the same time there was a camp that was working closely with Luc Montagnier and that included people from CDC. So the government seemed to be divided on who had what here. Gallo was publishing his paper in *Science* magazine—I think it was *Science* magazine—but there was going to be a press conference on . . . maybe *Science* was going to let it go early because the embargo was being broken the week before. I think that's what happened: The embargo got broken on the paper that was being published in *Science* magazine.

So, the press conference was held on Monday, April 24, 1984, down at the Department. Secretary Heckler was making the announcement, and she had the head of CDC come up and be on the podium, because over the previous week and weekend it seemed like NIH and CDC were at odds over who really had the virus—whether it was Luc Montagnier or Bob Gallo. That was the biggest press conference, I think, that we've ever had. We had thirty-six camera crews there, all in the auditorium down at the HHS Department. Margaret Heckler got up and announced that we had the virus and then Bob Gallo got up and described it. CDC got up and said something, and there was a stampede of coverage. It was *amazing* how much coverage we got out of that.

Then later the French began to moan and cry that they hadn't gotten enough credit here. Then later on there was a committee formed and later on they were deemed to be the codiscoverers of the AIDS virus—Montagnier and Gallo—and there was a committee named that renamed it HIV, so it wasn't named . . . Luc Montagnier had something else [LAV] for a name and Gallo had the HTLV designation, and they ended up compromising by going to HIV.

But, yes, we were deeply involved in that and Gallo did a lot on his own, though. I mean, a lot of reporters would call in and be able to get right through and he would talk to them. There was a lot of unexpected coverage that we didn't anticipate, that came out of his laboratory as well.

GC: I need to change the tape. How are you doing on time?

PVN: It's fine. I've got until eleven.

[End Side B, Tape 1]

[Begin Side A, Tape 2]

GC: We were talking about Bob Gallo.

PVN: Gallo was a lightning rod for a lot of animosity because of the publicity he got, I think. The stories I heard were that he was always prevented from getting into the National Academy of Sciences because even though he may have deserved it, he created too many enemies and that he was always black-balled at some point. I heard that from pretty high-level people who might have known. But I have no proof that that's the case. And then he left and went to Maryland and has been less visible up there than he used to be when he was down here. He had a big laboratory, spent lots of money and that was a kind of a lightning rod for people too. I mean, because he had such a big laboratory and had access to so many resources—there was a lot of jealousy, I think. He was scientifically admired by a lot of people, though, and a lot of people that I knew here at the highest level of NCI through a lot of different administrations. You can never dismiss him as being scientifically behind times. I don't know what else to tell you about him.

GC: Okay. Kind of a related topic there is this whole new [Special] Virus Cancer Program got very controversial. I guess that's what you're talking about in terms of contracts problems. Were you active at all in dealing with some because I've heard a lot of different things about the Virus Cancer Program and that a lot of good work came out of it but that it also became a kind of target for people who were saying this is big government, this is too much spending.

PVN: When the Cancer Act was passed we had that huge infusion of money and NCI did a number of things and one of the big areas of research was going to be the Virus Cancer Program, which had started out as a special congressional initiative I think in 1965 or '66 as the Special Leukemia Virus Program or something like that, and a group of people who later became the leaders of NCI worked in that program. Lou Carrese became the Associate Director for Planning; Carl Baker, who was the head of the Division of Etiology or Cancer-

Cause and Prevention, or whatever it was called in those days, later became the Director of NCI. Dick Rauscher was a young scientist at the time. He got involved in it. He and Lou Carrese got exposed to each other and Lou became a *very* big influence on Dick's approach to everything and his approach to planning stuff.

Lou Carrese had this great big kind of targeted round circle that laid out the goal in the middle and all the approaches that you would take to get there, and that became the National Cancer Plan. That was controversial unto itself, but I mean, Dick Rauscher kept things moving along toward it.

Because we were getting a lot of money very quickly and we didn't have the infrastructure administratively to fund a lot of things, we set up what we called Organ Site Programs. We had one on bladder, one on breast, one on prostate, I believe, and one other, I can't remember, and they were administered out around the country. We had one at Roswell Park—the prostate program went up there, I think. Another one down at M. D. Anderson, and so on.

Later those became controversial because they were spending a lot of money and they seemed to be dominated by people who were advocates for that particular kind of research. DeVita, I think, in the 1980s, when he was Director, pulled them back in, pulled the last one back in. It was a controversial area with the Board.

Another thing that happened after the Cancer Act was passed was the virus program began to expand as an area of great scientific opportunity and, in fact, it expanded probably, in retrospect, the wrong way. I wasn't involved in the beginnings of that expansion, but it expanded with the leadership here. First Dick Rauscher had done it, then he became the Director of the Division of Cancer Etiology, and then John Moloney took over the Virus Cancer Program and they had teams of virologists that would come together and plan the scientific approach they were going to take to doing everything. Then they would award contracts out of the Virus Cancer Program to have the scientists do those kinds of things. So it was a very directed effort, aimed at focusing the scientific community that was appropriate on the problem, as it was seen by the collective minds of all these experts in virology rather than running it by funding grants that would come in willy-nilly.

Later on that became viewed—it was very early on after the Cancer Program was passed, I think probably around 1974 or 1975 at the latest—the Virus Cancer Program became a subject of great criticism from the scientific community because it was all contract-oriented and not grant-oriented. Therefore, the government employees who were controlling the contracts and running them like contracts—which is where the government has total control, the contractor doesn't have much—meant that we were putting too much control in the hands of too few and we needed to get more input into it from the scientific community.

There was the Zinder Committee that was formed by the National Cancer Advisory Board to look into it and that came back in as a report in the middle '70s sometime. It may have been as early as '74, and recommended that the program be restructured so that it was less oriented toward contracts and more toward grants. I think the Institute began to move in that direction. At the same time, after Zinder made his report to the board, John Moloney got up and talked about the accomplishments of the Virus Cancer Program and ultimately the accomplishments of that program were apparently fantastic.

Dr. DeVita, after he became the Director in the early '80s, gave a talk on it at the Cold Spring Harbor Laboratory, where he outlined how that Virus Cancer Program had seeded all of the kinds of things that were going on in the early 1980s in terms of oncogene research, for example. Then John Moloney, by the end of the '70s, when Arthur Upton came on in '77, had essentially become damaged goods, I think you might want to say.

GC: Being associated with . . .

PVN: Yes, and because he had run it [the SVCP] and the scientific community didn't like the way he had run it. Arthur Upton moved him out of that program and brought him up into the Office of the Director as a Special Assistant of some kind, or Assistant Director for this or that, and then John left shortly after that. I mean, it was kind of like a move on the way out.

The other thing that happened after the Cancer Act was passed was . . . and the early controversies were different from the later controversies, in that there was widespread misunderstanding in the scientific community about what this new national Cancer Program was going to be. And because we had this Cancer Control Program, people in the scientific community thought that all of the money was going to be eaten up in these foolish, soft science cancer control programs and that money wasn't going to be left for the real scientific research. So a *lot* of effort had to be spent by my office and by the Institute in trying to combat that attitude.

There was a lot of concern out there in the community that the grants that we were going to let were going to favor the older, established investigators and that we were leaving the new investigators, investigators just entering the field, out of it. That became a big problem and concern. And, of course, you had the prevention versus treatment thing going on as well. That really came to the fore a little bit later. And then you had the other [constituents of other] diseases, like arthritis and allergies, yelling that we were getting all the money and they weren't getting enough.

So all of this noise out there made it, made Congress kind of look at us like well, what's going on? Like yellow lights went on. "Let's slow down here and see what's really happening." There was criticism from a lot of different quarters from people who didn't understand.

There's a woman named Norma Golumbic who worked here in our [Press] Office. She was the speechwriter for the Director at the time. Actually, he didn't use written speeches, so she actually wrote big documents for him and did a series of reports by Rauscher that appeared in *Science* magazine explaining various aspects of the Program, to try to counteract some of these concerns that were emerging in the scientific community—not just the cancer scientific community but the entire scientific community—about the direction this program was taking and where it was leading and whether it was going to damage the National Institutes of Health: whether it was going to be done at the expense of research on other diseases, whether we were going to disenfranchise the new investigators, whether Cancer Control was going to take over the world.

All those things, you know, had to be dealt with. That was a big part of the activity early on. And, of course, people here were just bewildered that people out there would think that. So it's hard to get the internal mindset turned around to address even the problems.

GC: What did you think about the claims that cancer would be cured by '76? This was the new moonshot . . .

PVN: That was all before my time here. I had been at Hopkins when the Act was passed and during the period before—when all the rhetoric was going on to get Congress to pass the Act and the President to sign it, which probably occurred in 1970 and 1971, and there was a move afoot to move NCI out of NIH and make it a separate thing. The Association of American Medical Colleges opposed that and so they enlisted all of us in the Medical Schools around the country, like at Hopkins, to generate editorials in our local newspapers against having that happen. So my job at Hopkins was to countermand the move to have NCI moved out of NIH and to countermand some of these other things that were going on that people in the academic medical center community thought would be damaging to the NIH.

So, I came in with the strong belief that those promises were just *wildly* crazy and they should *never* have been made, that they just got *way* out of line doing it. And, in fact, it came back to haunt us, because in 1976 when we had the bicentennial, they started asking, "You know, you promised that you were going to have a cure by the bicentennial. Where the hell is it?" And then it was the crescendo that began to build about "You're spending all that money on the wrong thing. You should have been doing it on prevention, and then you would have been someplace."

GC: Were those questions coming from Congress or from the public or . . .

PVN: They started with reporters and, to some degree, we were puzzled by it to begin with. The criticisms were coming up all over the country and they seemed to be bubbling up simultaneously like a bunch of bubbles in a boiling pot, you know. Just all of a sudden they were coming up from every place and we couldn't figure out why. Of course, the ammunition was there—the promises that had been made six years before.

Then a senior person who had been on the National Cancer Advisory Board, a lay member on the board, told us that the tobacco industry had hired Ruder-Finn [Inc.], the big New York agency, and that Ruder-Finn, with millions of dollars behind it, was creating this move from all these communities around the country simultaneously bubbling up that we weren't doing enough on environmental carcinogenesis because we were spending too much on treatment. The board member actually said it to somebody and indicated that that person was afraid for that person's life if it became known that that person had mentioned this. It was that serious. I don't know whether to believe that or not, but that's what we were told. But it made sense that the tobacco industry would be doing that.

And then it distracted everybody here from doing a lot of things. And we were always on the defensive, and so our antitobacco programs, you know, getting the public health antitobacco programs going, were delayed or minimized because energies were spent and the effort then became to show people that we really had an intention of doing something about environmental carcinogenesis. We began to do more in that area, which meant there were fewer staff and resources to do something against the tobacco problem.

I can't prove that that happened, but as a public relations person, to see that kind of grassroots consistency meant that something was going on behind it, somebody was generating it. It just wouldn't happen simultaneously and as well orchestrated as it seemed to be without something going on behind the scenes.

GC: So it was very clear it wasn't spreading from place to place through the media or something like that.

PVN: Right. No. Well, they had the national media doing things, too. Dave Zinman from *Newsday*, for example, was one of them. He's long since gone. But other people picked up on it. There was a long article in the *Washington Post*, the Sunday *Post*, about that time, by Judy Randel and Dan Greenberg. It went on for pages about how NCI was dominated by the American Cancer Society, and it talked about this world above, of Benno Schmidt and

Mary Lasker and other people like that who were up there above pulling strings like everybody down below is a puppet, including the American Cancer Society and NCI, but that NCI essentially did everything that they couldn't get the American Cancer Society to do. And it went *deeply* into the environmental carcinogenesis problem, deeply into that.

It was kind of a . . . it was a leftover of the Watergate investigative reporting kind of fad that went on and some medical reporters got into it. Judy Randel was one of the big ones who got into it, and now, bless her heart, she's a freelance writer for me for the *JNCI News* and I deal with her all the time.

GC: Oh, really!

PVN: Yes.

GC: So you get along good?

PVN: Yes. I never made enemies of these people. I mean, they had their job to do and they did things as they saw they had to do them, and I did things my way, but we always managed to be civil to each other and to work together. And I think they appreciated it. I think reporters appreciated the fact that Dan Greenberg and Judy, for example, could come in here. I knew what they were doing, but I didn't try to throw roadblocks in their way. If they asked for information, I gave it to them, and they didn't have to be concerned about asking a question. We try, I have always tried, since I've been around, to be the motherhouse of cancer information, because if you give . . . we want to be the people that give the straight scoop out. And so when they come and ask a question, if you don't answer it, you aren't getting a chance to influence what they do. But the problem was that they were digging up . . . there were documents there that were damaging, that we couldn't get around. There were promises that were made and there were things that were done with the American Cancer Society that shouldn't have been done with the American Cancer Society. There were people of influence who were allowed to have too much influence, and all that stuff came out. It always comes out.

GC: You brought up Mary Lasker and Benno Schmidt. Did you ever work with them personally?

PVN: Yes. I did. Benno was an interesting guy. He kind of ran the . . . he testified at the Fountain hearing, too. They asked him "How much time do you spend on this program?" He said half time. He was the managing partner at J. H. Whitney, you know, the big venture capitalist firm, and he spent half time. And when he came in, everybody quaked. I mean, you know, Benno was the boss, I mean, more than the Director was the boss.

He came down here and had his board meetings, his President's Cancer Panel meetings monthly, very frequently. I remember them as monthly, but maybe they weren't so frequent. He didn't look at great big national issues. He looked at how NCI was developing its programs and he had people come in and talk about doing this and that and what they were doing, and did program reviews at the board meeting, at the panel meetings.

He would take our . . . and he was *very* connected to the Nixon White House and was playing golf with Ford the weekend before Nixon resigned, so he was very connected with Ford as well. He then was able, as a result of those connections, to go to the White House and get action when we needed it. One time he did that with asking for full-time equivalent positions and was able to get a passel of them for NCI. He was good.

Then Mary Lasker was amazing. She was an amazing woman, who had been around a *long* time. I mean, she had taken over the American Cancer Society back in the '40s and had been instrumental in getting the . . . if you've ever read Richard Reddig's book *Cancer Crusade*, her story is very well told in that book—about everything she did. She tended to operate above my level. She had myself and Frank Karel up to her . . . she had this *huge* mansion on the East River in New York, back in the early '70s, and she had Frank and me up for lunch. She wanted to know what our plans were for communications at NCI. She was very interested in that. We had lunch with her and she had somebody there from the Lasker Foundation as well. I can't remember the name of the person, the PR person there.

Later in—I can't remember when it was—the *New England Journal of Medicine* was going to do a story on some treatment advance and Tom Frei, who was at Dana-Farber, was doing an editorial on it for *NEJM*. I think it was in 1974-1975, and the NCI . . . Dick Rauscher called me up and said Mary wants some help on this. She wants to get a lot of publicity for it. And he said that the problem is that the people in our Division of Cancer Treatment don't think it's that big of a deal. He says, "So give Mary all the help you can without anybody kind of noticing what you're doing." It must have been in '74 or '75, because Dick was still here. So I had this Press Office that was dancing to the tune of our Division of Cancer Treatment.

So I went to New York and . . . Mary Lasker had called me first, though, and she said . . . and I'll never forget the conversation, because she started out saying, "Mr. Van Nevel, you're *so* good-looking, but I need you to do me a favor." She wanted me to get publicity for this paper that was coming out, because she thought it was so great. Tom Frei was one of her boys and he was doing the editorial and he thought it was great. He may have misled her a little bit. I don't know. So I go up there and Ruth somebody, her PR person, who has me over to her house, which is a great big New York townhouse, with a maid and somebody serving us dinner, and we sit there and talk about what we're going to do. She and I put together this big PR package and then Ruth takes it around to all the big times in New York City: *Time* Magazine, *Newsweek*, all the magazines, the *New York Times*, all the media.

And lo and behold, the paper is published in the *New England Journal of Medicine* and my Press Office is trying to put the kibosh on any coverage of it, because our Division of Cancer Treatment doesn't think it's worth much and there is an *explosion* of publicity, thanks to all the work that Ruth is doing in New York. To this day I have never told the people down the hall that I was involved in that, from that standpoint.

But that's how Mary worked. I mean, she got people and enlisted them and got them to do her will. That's probably how she got those promises made back in 1970 or 1971. I knew I was caught up in it but I didn't know quite how to get out of it, because my boss wanted me to do it, too.

GC: Right. There was a lot of, I guess, hesitation about whether people like Mary Lasker and Benno Schmidt and other lobbyists were getting too involved in the science at the time, too. Were there any kind of repercussions of that feeling by the time you got here? That was a big deal right around the time the Act was being passed with scientists: "Was this becoming too political? Was science becoming just another political game?" Do you think that's still . . .

PVN: If it still pertains today?

GC: Yes. And if it was still pertaining by the time you got here, if there were still this kind of worry about outside influences on science.

PVN: Yes. Well, scientists have a tough time accepting the fact that disease research is very political and that there's always going to be public interest in it. It's a lower-case political interest; it's not Democratic or Republican. It's everybody who's interested in it, because they want something done about it. I think the scientific staff would prefer to operate by and for themselves and not have to listen to the citizens of the country or the politicians of the country who have something to say about where the priorities are.

If you look at how priorities in biomedical research are set, they're set at one level by the people in the way that they ask Congress to support cancer research, AIDS, Alzheimer's, or what-have-you. And what they don't ask it to support. Then Congress makes a societal decision or a political decision that we're going to put that much into cancer and that much into AIDS and that much into this. Then once it gets down here, there are decisions, other decisions, are made at the sublevel and then there's all of the decisions that are made by the peer review committees that are looking at the quality of applications that have come in.

But there is a political necessity for . . . there's not a necessity but a political aspect to everything that's done and we can't ignore the fact that there are groups out there now—Friends of Cancer Research, FASEB [Federation of American Societies for Experimental Biology], AAMC [Association of American Medical Colleges], other groups—that are out there lobbying Congress like crazy to increase the budget for biomedical research. That's always going to go on and it always will go on, and the scientific community has to accept that that is happening.

In fact, the scientific community is participating in it more than ever, I think, because they're participating as equals with the lay people. In fact, they need the lay people to bring a different kind of expertise to it—a way of getting things done. And they can help organize the private sector, too, like, you know, Sherry Lansing, for example, has organized Hollywood. All that can happen that couldn't happen with just scientists. They have to enlist other people to do it.

I think the resentment of the scientific community in the old days was greater than it is today. I don't see it as much anymore, unless it happens to get into an area that they don't want to go into. I think it's very healthy, really, and I think Mary Lasker . . . when she reorganized the American Cancer Society, it had been an organization dominated by the professionals: the doctors and the scientific people. She insisted that the businessmen be brought into it and that it was half and half, that it was run half by the scientists and the other half by the businessmen. They set up a structure whereby the president of ACS would always be a doctor, a professional scientist, and the Chairman of the Board would always be a lay person. And that's continued to this day.

GC: And now it's known as much more accessible, I think, to the public. The ACS is very accessible now, but that wasn't true in the past.

PVN: I don't know. I don't know. The ACS has been, is a very changed organization in the time I've spent with it. They're much more of a market-driven organization. They do marketing like Crest toothpaste does, and what they do is driven by what they think people want. People want them to become an information organization? That's what they're going to become. In 1993, they spent $102 million on cancer research. In 1997, they spent $96 million, maybe. So their investment in research is going down but their investment in other things is going up as they see what the public wants them or expects from them.

GC: Yes. That's interesting.

PVN: And in the '70s, and before, they were able to capture two to three million women volunteers to go out door-to-door every April, knock on doors and collect money and distribute brochures. But in the intervening time, the women of America had gone to work and they're not available to do that anymore, and so they've lost their volunteer corps. I don't know what the long-term impact is going to be on the organization, but they're not there anymore. And nowadays if you get a solicitation from ACS it's more likely to come as a direct mail thing than it is for somebody to come knocking on your door.

Another problem with the old volunteer—it probably is still a problem with ACS—is that the volunteers were middle- and upper-class Americans and they never got into the ghettoes, and they never got into the minority populations. They [minority populations] were never given the brochures, they were never asked for money, and probably their marketing wouldn't take them there today. Although they give some program support to that area, I don't know how well-connected they are, actually.

GC: How does the NCI address those kind of under-served communities now? Is that a focus?

PVN: Yes. And we've got our Office of Special Populations Research under Otis Brawley, which does a *lot* of program coordination related to that population. They do inventories of everything NCI is doing and encourage good programs to do more and try to help programs that are faring badly to shore up and do well.

Now, in terms of communication, the Cancer Information Service is partly telephone answering and partly outreach to the community. The telephone answering part of it is the most visible part of it, in that people think of it as *the* Cancer Information Service, but it really is only one aspect of it.

The other part of it, the outreach part of it, is totally devoted to people who don't use the telephone to get cancer information. They are minority and under-served ethnic populations. Our health promotion program, the breast cancer education program, for example, of our Health Promotion branch is a major program for the CIS to carry out in its outreach activity. They have 4,500 partners nationally with all the local offices, and all those partners are reaching out into minority populations. For example, in the breast cancer population, the breast cancer program will reach out to whites, African-Americans, Hispanic-Americans, Native Americans, older Americans, and people of low literacy, so there are at least six different populations. And now they've begun to develop materials and products that are aimed at Koreans, Chinese, and Vietnamese. So it's *very* oriented toward the minority population.

But the other parts of the breast cancer education program are oriented toward the general population. They do a lot of media outreach, for example, in women's magazines and other places that reach out to them. And we've distributed about 3.5 million publications since 1997, when we started our new program, and a lot of those have gone to minority populations, but not all of them. Five-a-Day For Better Health—our other big program—is not at all oriented toward minorities, because of the industry influence. Five fruits and vegetables a day would be an expensive habit to have and the market . . . and the goal of the program is to move people who are eating three fruits and vegetables a day up to five. That's the simple goal. And that crowd tends to be in the white population. So the Five-a-Day Program is aimed primarily at white people.

GC: Interesting. And what kind of media outlets use that . . . that's mainly through?

PVN: Oh! That's our most expensive program. Five-a-Day is $500,000 a year just in PR support and national media. We refresh the national media messages four times a year and we have a Five-a-Day week in September, where we have a big, *big* explosion of stuff. We're working now, or probably before now, they've worked to get stories about Five-a-Day placed in magazines. Magazines generally are working five to six months out from their publication date.

GC: How do you measure the success of something like that?

PVN: Based on . . . we do surveys, public awareness surveys, to find out if our . . . remember I told you Nelvis Castro's group does communications planning with measurable objectives, target audiences, messages, strategies, and tactics.

We're always going back to those measurable objectives and what we're trying to do is measure, in our communications program, public awareness of the Five-a-Day messages. We survey the public periodically to find out how we're doing, and the awareness has gone up like this. On a different level, you're also measuring the number of people who consume fruits and vegetables, but that's dependent on more than just communications It's an overall program goal, so we have to factor in what we're doing, what a bunch of other people are doing, what industry is doing, what they're doing in the grocery stores around the country by, you know, promoting stuff, what the grocery ads do every weekend. But our goal is to increase awareness and we've shown marked increase in awareness there.

We show . . . in the breast cancer arena, we've been focusing a lot on people who are sixty-five and older and we've had a 55 percent increase in the number of women sixty-five and older who know that you should have a mammogram every one or two years. That was since 1992, so that's a *good* increase.

It's amazing to us . . . we took some . . . developed these new products for Koreans, Chinese, and Vietnamese, and took them in to new immigrant communities recently to find out if they were going to be okay. We pre-test our materials to make sure that they're okay with the target audiences, that they're not offensive, that the population understands the main message, that they communicate well.

We found out our materials for these populations would have to be thrown away, because we couldn't . . . they weren't going to work. They were much more knowledgeable than we thought they were about breast cancer and breast cancer screening, and all the issues related to it. They're getting *terrific* information from their community groups and from their church groups. So, some of the information we had in the materials we were developing was a little too basic for them.

Another thing they didn't like was the fact that we were referring people to the Cancer Information Service for more information and, even though many of them spoke some English, we don't have Korean, Chinese, and Vietnamese people, or people who speak those languages, answering the telephone at the CIS, so that was absolutely no way to use the CIS, because you can't get anybody that speaks those languages.

And the garb that we put on the people in the materials was kind of ethnic and related what you might see a recent immigrant Chinese in. People around here thought we were stereotyping people, but when we got out there into the community, they didn't think we'd gone far enough. They wanted to see even more traditional garb used in the materials that we had.

So, you can never trust people around here and their reactions to things, even though they're very definitive about saying "You can't do that," because they're not the target audience. So you always have to go to the target audience and figure out what *they* want to have and what *they* think.

One person around here said, when looking at the material for the Chinese people, that it was stereotyped because it had a vase in it, like a Ming vase. He said to the person who was showing it to him, who was Hispanic, "If you were doing a Hispanic audience, would you put somebody on a burro and put a sombrero on their head?" That was the kind of reaction that came out of him. And, of course, the Hispanic person was totally insulted by it. But *he* was stereotyping, not knowing anything about the target audience and what would make them offended and what would not make them offended.

It's interesting to deal with these kinds of issues. It's not just because they're scientists—it's just anybody. I mean, I'm tempted sometimes to make a judgment. Nancy Brun is *extremely* tempted to make judgments, based on just what she thinks. So it's a common habit.

GC: We're at 11:20.

PVN: Oh, we are. I can see. Is there any other question you had?

GC: I have one question. It's kind of a basic question, but could you tell me about what a typical day is like for you, so I get an idea what your daily routine is, if you have one.

PVN: That depends on what day of the week it is. Well, I start early, start about seven o'clock and I use the first hour and a half to catch up on paperwork and to, well, catch up on paperwork, do any kind of background reading I have to do.

Then by eight-thirty usually John Burklow, who is my Deputy, comes in and we talk about, for a half an hour at least, what the day is going to be like, what we've got to deal with, what issues are on our platter that have to be dealt with, and we've got some long-range things and we've got some short-range things that are going to happen this week that have to be dealt with. Then he'll do some things and I'll do some things, and we'll talk and bring people in for meetings about this or that, depending on what the issue happens to be. Quite a few meetings during the day, a lot of them here in my office, a lot of them pulling together the various groups of people that we need to work together on a common project.

Part of my job is running the [Press] Office and part of my job is advising the Institute on communications. So some of my time every day is spent talking to the boss, talking to other leaders of NCI about what's going on, providing advice, looking at things they're doing to see if it makes sense, whether people tend to be getting off base. But, you know, saying, "This might not be the right thing to do. Come back this way."

On Mondays I have a meeting in our office at ten o'clock, where I bring together staff from my place, staff from the Ethics Office, staff from the Legislative Office, staff from the Liaison Office, and staff from the Web page, and we talk. The meeting is called "This Week at NCI," and we talk about what do we have to face this week. What's going to come out in all the journals that we have to deal with reporters about? The Cancer Information Service is here, too, because whatever comes up in the news, they have to be prepared to handle on the telephones.

GC: They're going to get calls about it.

PVN: So they have to know all that stuff, too. After we decide what's coming up, Pat Newman's group will often write a press release, a background statement, something. The Cancer

Information Service will take it and turn it into a cancer fact sheet that's written more for a lay audience that goes out to all their counselors around the country. It gets distributed to the Public Affairs network of the Cancer Centers, it goes up on the Web page, and the Legislative Office decides whether it's going to go out to members of Congress as well. It depends what the issue is, you see. The Liaison Office will decide whether they need to take something, get it out to their advocacy organizations.

All of that is decided at this Monday morning meeting. So we talk about all of the issues coming up. If Rosenberg is going to be on "Dateline" on Thursday night, we talk about that and what he's going to say, if he's going to say anything that's going to create a stir in the public that will cause calls to come in to the CIS. Dotty Foellner also tells us what she's going to be dealing with on the Hill, because often that has ramifications for what comes back in over the transom here. If there's a hearing on the Hill, it could create a press do of some sort. I call it "press do," d-o, that's what the press "do," they get excited. The Ethics Office, who also runs the Cancer Panel, tells us anything they have going on that people need to be aware of that might create a change in the way we might handle something. You know, there might be conflict of interest or an ethical situation or a regulation that we might want to know about. But it works very well.

As we leave the meeting, we're all very, very tuned in to what we have to do that week and where we go with it. But the primary responsibility for follow-through doesn't rest with me. It rests with the Mass Media branch and the CIS, Office of Liaison Activities, Office of Legislative Activities, and so on.

On Tuesday afternoons, we alternate between a policy board, when the OCC branch chiefs get together and talk about business kinds of things for the office. On alternate Tuesdays we have our forum, where we get together and have the Mass Media branch bring in what they're getting from the divisions. We talk as a group about how we're going to advise them on what to do, how we're going to help them do what they need to do in terms of communications.

Twice a month we have a meeting of the *JNCI* news team. I'm also the editor of the news section of the *Journal of the National Cancer Institute.* All of the reporters from that gather for a meeting here in my office and we talk about the schedule, the upcoming issues and what we're going to do, and finalize the next issue, so that everybody knows that they actually have an assignment that has to come in, we're counting on them to turn it in, and whatever . . .

[End Side A, Tape 2]

[Begin Side B, Tape 2]

PVN: On Thursday mornings we have a meeting with . . . I meet with the OD staff, talking about Institute kinds of problems and finding out what other people are doing. The rest of the time is spent kind of overseeing a lot of stuff that we do in the office. Like if we're going to do the STAR trial, we meet with them, we have conference calls.

We're getting ready now to do this massive education program on radiation fallout and we're planning this morning about the next steps on that. We've got a contractor . . . we had a meeting last week and the contractor is ready to organize the meeting and we're going to have a conference call with CDC next week. We're talking about finalizing the people that will attend our September working group meeting, which are community activists, essentially, from around the country. All that, all those . . . I meet with the people that are doing the hands-on planning of all that stuff. Last Friday I went downtown and presented our breast cancer education program to the National Action Plan and Breast Cancer Steering Committee at the Health and Human Services Department.

Some weeks, like three weeks ago, I worked a *lot* with Vice President Gore's staff, because he was giving a big talk on June 28th in Philadelphia on cancer. They're all over you. They want information galore. You have to provide it and you have to field questions and you coordinate with what's going on here. That turned out to be a campaign speech; we thought it was going to be an official event rather than a campaign event. After the event, the Department called me in, concerned that we hadn't talked to them about it. They want to be involved any time we're dealing with the White House. I got a guidance talk on the difference between "official" and "campaign" and how I have to be careful I don't violate the Hatch Act when we're dealing with that kind of stuff.

GC: In terms of making it seem like the NCI is endorsing one candidate?

PVN: Yes. Yes. Or giving the campaign special help that we wouldn't give anybody else, you know. I appreciated that call, but the bottom line was every time I get a call from the White House now I *have* to call the Department. They did not know he was giving a cancer-related talk; they thought he was giving a health talk. So that kind of thing happens, too.

And at times more often . . . this administration, more than any other administration probably, and it's been mainly with Hillary [Clinton] and her involvement with breast cancer, going back even to the first [Clinton] administration, and more recently Vice President Gore, who wants to take on cancer as an issue. The Bushes were kind of involved, but not much. Reagan, Ronald Reagan had cancer in July of '85 and I was deeply involved in that because we were, we interacted with the White House staff. Steve Rosenberg was the surgeon. We got a lot of press activity. In fact, we had enough press activity that, I dealt with the White House Press Office enough—Marlin Fitzwater was the Press Secretary at the time—that I got a pair of Reagan cuff links with just the seal of the U.S.A. and "Ronald Reagan" on the back of them.

GC: Is that right?

PVN: Yes.

GC: How about that!

PVN: Yes. And then Nancy [Reagan], but he . . . they didn't really want to dwell on the cancer, so that went away very quickly. It was a very short-lived kind of thing. They said "I had cancer." It wasn't "I have cancer." When Nancy got a breast cancer and had a mastectomy, there was an issue related to that, because some reporters thought she should have had a lumpectomy plus radiation, which would have been an equivalent treatment. But she decided herself that she wanted a mastectomy and that's perfectly within her right to do that. If she had had a followup . . . if she had the lumpectomy, she would have had to have six weeks of radiation therapy, and that's not easy. She may have decided . . . I don't know what caused her to make the decision, but she decided not to do it. And they didn't dwell on that either. They put that behind them.

The Nixon administration was very involved, because he had pledged that we were going to do something about it. Ford was comfortable. The Carter administration just kind of kissed us off. All of his brothers and sisters and mother went off to complementary and alternative medicine people around the world. And Billy, the brew-swilling redneck from Georgia, he gets cancer after Jimmy Carter leaves office and he gets into a clinical trial over at the Clinical Center, which . . . isn't that interesting!

And Hodding, was it Hodding Carter? No, not Hodding Carter but Hamilton Jordan, who was the Chief of Staff for Carter, who spit Amaretto down the blouse of a woman in a bar downtown while he was Chief of Staff and got all kinds of notoriety, notorious coverage in the *Post*, because of it.

GC: I don't know that story!

PVN: Do you?

GC: No, I don't.

PVN: Oh. But he got Hodgkins, non-Hodgkins disease or Hodgkins disease and was treated over here in clinical trial, too.

GC: Okay. Interesting. Do you like your job?

PVN: Yes. Yes, very much.

GC: Do you feel like it's changed a lot since you've been here?

PVN: Oh, very much, yes. Yes, it's really changed an awful lot. On the other hand, it's changed in many ways. You know, we've got different kinds of communication technologies today than we ever had before. When I first came in to business, everybody had a typewriter. Even when I first came here, everybody had a typewriter. In 1984, when we did the Bob Gallo stuff on the AIDS virus, we had three word processors in the whole office. We all had to go to a central room to use them.

GC: There was a typing room, a word processing room, that you went to.

PVN: Right, right. Then later on we became much more computerized. Now, of course, we've got the Web, which has revolutionized how everything is done. But you still have to remember that a lot of people don't have access to the Web and you have to do things in a more traditional kind of a way, too. So, that's been one big change. The establishment of an infrastructure around the country that's really concerned about this is another big change. The attitude toward public relations on behalf of biomedical research is another big change, because with it has come better support and more open support for the kinds of things that we do.

I'm becoming increasingly concerned about and . . . it's hard to articulate it, but press coverage of cancer topics tends to be so biased and uneven and bent and distorted. It's because the press report on episodes. And, you know, they'll report one episode today, like Gina Kolata reported on the Judah Folkman thing, forgetting that somebody else had reported on it six months before, forgetting that there had been a publication in a scientific journal some time before. So everything comes out as though it's new and different, and everything comes out as though it doesn't have any body of knowledge surrounding it, so it's always out of perspective and always a little bit out of whack.

The thing that bothers me most, I think, is that no matter what kind of study is reported, but mainly prevention studies that are looking at risk, people won't accept the results if the results do not conform to a preconceived notion. For example, the CDC and Fred Hutchinson [Hospital in Seattle] came out with a study that showed that there wasn't any adverse health impact from a radiation release at the Hanford Nuclear Facility. Well, the people wouldn't accept it, because it didn't fit with their . . . some people wouldn't accept because it didn't fit with their preconceived notions.

So the reporters pick up on that, to have controversy, and so the story is presented always as one or the other. The studies showed this, but then a woman is quoted as saying, "Don't believe those numbers. My husband had thyroid cancer and is dying from it." She's rejecting the study because it didn't fit her preconceived notion, but the reporter picks it up and gives it the same weight as the study result, which I think is crazy! When the breast implant study came out recently from IOM [Institute of Medicine], showing that breast implants really hadn't caused any of these long-term chronic diseases, the same thing! People came up and said, "Don't believe those numbers. I know somebody who had dah, dah, dah." And, again, they're picked up by the press and given equal weight with everything else. You get distorted coverage.

We had the bone marrow transplant thing for breast cancer as a treatment issue come up recently. That had been out in the community; people had forced insurance companies to pay for it by suing them. It showed that bone marrow transplantation with high-dose chemotherapy for breast cancer wasn't more effective than intermediate-dose chemotherapy. And people said, "We don't believe those numbers. I had a bone marrow transplant and high-dose chemotherapy. I'm saved! I'm here!"

We call it "only in America" around here. That's the kind of thing that happens, maybe not only in America but it seems to. Where you've always got some preconceived notion, that will make it onto the front page along with a very solid scientific finding and will then create confusion among the readers. So I think that seems to have become more pronounced, and I don't know quite why. I think I may sit back and do a study about it some day, figure it out.

And the media have changed so greatly, too. I mean, medical news coverage has been driven often by embargoes of journals, and now that probably is going to change before I retire even. I mean, the plethora of new media—cable TV, for one; the Internet for another. I mean, news is on a 24-hour cycle. It's not just, you know, the deadline for evening newspapers and for morning newspapers. Now it's all day long. People have different things. Even journals have been changing their embargo times to coincide better with news cycles in other parts of the world.

Yes. And I expect the journals ultimately will not have embargoes anymore, because it will be impossible. I don't quite know how it's all going to work out yet. Embargoes have been done for the convenience of reporters, who have a lot of time to prepare their story and get a good perspective, theoretically. It allows the journal to control the release of the information so the readers have a fighting chance to get the information before it's in the newspaper. It allows the institution, say Hopkins, that is, the institution of the investigator, to do some kind of an announcement to get themselves in the news. Everybody benefits, kind of, from it.

But now that there is pressure from cable—like, CNN [Cable News Network] goes to press all day long. I mean, they don't have any . . . they want to have the news whenever they want to do it. I don't know how that's going to all work out. We'll see. And I think we're having more frequent embargo breaks as a result of that changing scenery, too. So those are the big things that have changed, I think.

The other thing that gets coverage out of perspective is the change that we see in institutions around the country, whereby distortion can occur in news coverage because the reporter doesn't have enough time to cover it. The reporter interviews somebody who has a different perspective and gives that somebody equal weight. I've seen this happen, too. It can also occur because an investigator is trying to make the research seem more important than it really is and so gives an interview to a reporter that distorts the research from the very get-go. An institution, like Hopkins—not to, I used to be there—may also find it in its institutional interest to make the story more important than it is. Therefore, its PR staff are driven to just, you know, use a different adjective, or couch it slightly differently and get the investigator to go along with that, because it may fit the investigator's wishes as well. *That* kind of thing happens, too. Remember me and Mary Lasker.

So you never know where the message is going to get distorted. And it may be . . . and the scientist may actually have a hand in it, whereas in the old days the scientist wouldn't be caught dead—or at least most of them wouldn't be caught deader—doing that, because it would have been their ruin professionally. Now, this article that came out the other day about this CT scanning for lung cancer screening. Well, I mean, I've heard people around here talking about the investigator that was interviewed in the *New York Times*, on the front page of the *New York Times.* I mean, that investigator appeared to really distort and make the research seem much more definitive than it really was.

GC: Really?!

PVN: Yes. There's no real proof that there was mortality benefit and there's no real proof that the survival increased markedly, but the investigator is saying with this technique we can improve lung cancer survival from 12 to 80 percent. And that was not shown in the trial.

GC: That's *very* interesting.

PVN: Yes. The other thing that happens in medical news coverage is that it becomes very human-interest oriented, so that you have . . . it often rises out of a human condition or a human story. The human story is often necessary to bring something to life, and that, too, can distort it. And you've got these humanitarian, like, you know, the thing down in the South Pole recently with that medical drop to that woman that's got breast cancer down there at the South Pole. Have you been following that?

GC: No, I hadn't heard about it.

PVN: I won't get into it on the tape, because it really isn't terribly relevant. It's a fascinating human-interest piece.

GC: Okay. But the idea being that one person's particular struggle with the disease is focused on.

PVN: Yes.

GC: As opposed to [a more general experience].

PVN: Right. And that person's experience may be very abnormal or very unusual, and not the typical. In fact, often atypical tends to be more interesting. See, again, you can distort, you know, the kinds of things you're communicating.

GC: What are you proudest of? Or what do you, what pleases you most about your time here?

PVN: Well, I think I'm proudest of having created the new information programs that came as a result of the mandates of the Cancer Act—which include the creation of the Patient Education Program, the Cancer Information Service, and all the health promotion things that we're doing—and kind of leading the way in bringing social marketing tactics and techniques to cancer communications.

I mean, we really were on the forefront of doing that kind of thing. And having an evaluation component to everything that we do. I mean, we've done that since the '70s, and we've tried to help the field do the same thing. We publish what we call the pink book, which is "Making Health Communications Work," which builds on the techniques that we've developed here, and the findings of our research to show people who are maybe [working] in an alcohol clinic in New Hampshire deal with, you know, rehabbing alcoholic patients. Or an anti-smoking person in a clinic in North Carolina do the same thing. They can take the techniques we've developed here and apply them locally. We've tried to get that kind of information out to them.

So we've done some pioneering in communications techniques and we've created an infrastructure around the country that has been instrumental in getting cancer information to patients and to the public who needs it in order to prevent cancer.

And I think, I don't want to not say it, but I'm kind of, at times I've been proud—not always—but at times I've been proud of knowing I've had an impact on the direction of NCI. When you can talk to the Director about something or to other people about something and see your advice taken, where if you hadn't spoken up it might not have been. My biggest professional embarrassments have also been related to my lack of impact on the direction of the National Cancer Institute.

GC: Really!

PVN: Yes. I think the mammography guideline change in '93 is one of those. I mean, I was *horrified* that I had so little influence. I wasn't able to get that thought through a little bit better before that was done. It still rankles me. I thought, "Everybody around the country is going to think I'm the biggest stupe there is," and I bet they did! "Van Nevel must not be any good." We've had very few Communications Directors at NCI, too.

GC: Is that right?

PVN: Yes. Dallas Johnson was from '47 to, I think, '52, and then Jim, James Kieley [phonetic] was from 1952 to 1972. And then Frank Karel was from late '72 to, almost two years exactly, to late '74. And then me from '74 to whenever.

GC: That's pretty amazing, actually.

PVN: Yes. Isn't it, though?

GC: Yes.

PVN: Yes.

GC: Yes, thinking about the turnover in other divisions and branches at NCI.

PVN: Yes. I've been in this very room since September 30, 1974.

GC: This was your original office almost? You came in July?

PVN: I came in February, in '73, and I sat next door, in the office that John's [Burklow] in. Yes.

GC: That's kind of nice.

PVN: Yes. I don't know what . . . if I didn't have this office to come to, I don't know, I'd probably end up here anyway.

GC: [Chuckles] Walk in by accident.

PVN: Yes. I've done that before. When I was at a different job, I mean, after being in one office for a couple of years, my office changed, and I kept going back to the old office, just kind of automatically walking in every morning. It's easy to do. And the view [here] is terrific!

GC: Oh, it's fabulous. It's great.

PVN: Now a lot of these buildings up on the Pike have gone in since I've been here, and the Mormon Tabernacle went in over here since I've been here.

GC: Can you see it?

PVN: Yes. You have to get closer to the window, but you can see it. Yes. And those buildings over here at Montgomery Mall have gone in since then, too.

GC: Yes. Well, Bethesda in general has changed immensely.

PVN: Yes. Right. But right out here it hasn't changed at all.

GC: Really!

PVN: I mean, my view is identical to the way it was when I came. FASEB [Federation of American Societies for Experimental Biology] headquarters up there, you can just see the lump in the trees, below all those big pines . . . has become less visible as the trees have gotten bigger up there. I think that's the old Woodward Mansion, The Woodward and Lothrop Woodward. They lived up there. And Mrs. [Luke] Wilson, who lived in the big house over here, was sister to Mrs. Woodward.

GC: Oh, I didn't put that together. The Wilsons donated this property.

PVN: Yes. Right.

GC: I never knew that.

PVN: Yes. Cal Baldwin, who was the Associate Director for Administration when I came here—his father had been a crony of Eleanor Roosevelt's.

GC: Right.

PVN: Did you know that?

GC: I interviewed Mr. Baldwin.

PVN: Oh, you did? Good. And so he knew the Wilson . . . the Wilsons were all hooked up with the Roosevelts, too, and he knew the Wilsons. And there was a little guy named Charlie Flato, who was all crippled and full of birth defects and he walked . . . he must have been, when he walked, about as tall as this table. All hunched over, like a hunchback, and grotesque deformities. And he drove this tiny little car and he drove it like a maniac. He had glasses like Mr. Magoo.

He had worked as Franklin Roosevelt's speechwriter. He would come here to visit the Wilsons. Then Cal Baldwin introduced him to me and then they'd call me over there on an afternoon. I'd go down there and Charlie Flato would be sitting on a windowsill, drinking from a bottle of Scotch and a glass, drinking Scotch, and telling these stories about the old days.

When Franklin Roosevelt gave a talk, Charlie would be stationed under the table, because he was short. Roosevelt had a gap between his top two front teeth that whistled when he talked. He had a little dental device that he would slide up between his two front teeth when he talked so that the whistle wouldn't be there. And he'd always drop it on the floor before inserting it, accidentally, but it was a common occurrence that he'd "accidentally" drop it. So Charlie's job was to retrieve the dental device and hand it back up there to Roosevelt so that he could do it.

GC: [Laughter]

PVN: Isn't that interesting?

GC: [Laughs] Yes, it is.

PVN: I commissioned Charlie to go around the country at one point . . . I put him on a professional services contract and paid his gas mileage to call on Cancer Centers back in 1973-1974 to find out what kinds of things they wanted us to do nationally. So he would roll into town, careen into town in that little car of his and screech to a halt at every Cancer Center and go in and interview everybody, and then came back with a *beautiful* report on what everybody . . . everybody was really nice to him. But nobody could get over him. I mean, he was really just the talk of the town by the time he left. I think he has long since died. But did Cal tell you that Mrs. Wilson died at his house?

GC: No.

PVN: The surviving Mrs. Wilson. Went over for Thanksgiving a couple of years ago and after dinner went to the bathroom and accidentally opened the basement door and fell down the stairs and died. It was a tragic accident. And now their house is all torn down. It was over there on the other side of the big house. They've [Wilsons] moved around and down the hill into the servants' quarters. That's where Charlie Flato used to hang out, too.

GC: He [Baldwin] didn't, well, I'm sure he didn't want to bring that up. He didn't mention that.

PVN: No.

GC: Oh, my gosh.

PVN: That's too bad.

GC: Yes.

PVN: Is there anything that you haven't asked?

GC: You've gone through a lot of my questions about how people in the [Press] Office worked together, what a typical day was like for you. We went through the different Directors, how the culture changed. I wanted to ask you about Nathaniel Berlin, because he told me to ask you about giving him hell.

The only question I didn't ask you is if you came into the NCI with goals—specific goals about where you wanted to get during your career here.

PVN: Well, I came in to NCI thinking I was going to stay two years. That was my goal: To get in, get out, and to get the Institute started in meeting those mandates of the Cancer Act, you know, which were associated with getting the word out to the people. That's where I was focused on.

GC: So you had a two-year time frame set for yourself.

PVN: Yes. And then I just got caught up in it. Within two years I was the boss of the . . . yes, and so that changed. If Frank Karel had stayed, I'm sure I would have left, because I didn't like being the Deputy [Director]. I mean, he had . . . he was the Director of the place and I had a lot of responsibility but no, you know, I really didn't have a control over what I was doing.

GC: Have you always had a Deputy since then? Your own Deputy?

PVN: No. No. In fact, for years I did not, because I didn't like the experience I had had. John [Burklow] was like the first one I've ever had. He's really like, an alter-ego. And he's not in charge of people under us, like I was. He's more of a facilitator. Makes things go. Takes on special projects. But he's able to talk to me about everything that we're doing and everything that we need to do and make sure that it goes on track. Whether he gets me to do it or he sees another way to do it.

And he's a sounding board for the staff. People sometimes are reluctant to come and talk to me, because they're afraid I'm just going to brush them aside or give them an angry retort or yell at them because they screwed up, whereas they can go in to talk to John and he's very unthreatening and they can unload on him everything that's a problem or everything they think or what's going on among the staff that we need to be worried about. And then John is able to figure out, you know, what's important enough to bring around or that if it was just important to let the vent and it doesn't need to go any further. Some of them come in and talk about personal relationships, they can talk about "somebody's always thwarting what I'm doing," they can talk about a problem they have with the division. I mean, there are any number of things they can talk to John about, and he can either advise them how to deal with it or he can deal with it for them.

GC: So it sounds like a very different description of Deputy Director than when you were there.

PVN: It's very different. Yes. Yes. When I was Deputy, it was a line. I mean, Director, Deputy Director, and then I was . . . they all reported to me. And Frank Karel, my predecessor, tended to be, he focused on . . . the Institute was getting *so* differently organized in those days that Frank was much more active in advising the Director. And the Director was much more of a, than more recent ones have been, more anxious to surround himself with people that would advise him on everything that was going on, because I think that the Institute was cutting new ground in these days. It was going in a different direction, it was getting large, it was getting prominent, and everybody had to be very careful about how it went. So there was more of a group pulling together to forge the direction NCI was going to go in to.

Frank was caught up in that more than he was into the operation down here, in the OCC. He gave me responsibility for developing the new programs and, because the Director would get involved in the actual day-to-day press kinds of stuff, Frank tended to oversee the operation of that more than I did. But I got into that, too, particularly any longer-range kinds of things.

GC: So there really was a kind of "Palace Guard" for a while.

PVN: I think so. Yes. I mean, the OD staff had a much more prominent role in the early days of the program than we do now. We were all on the Executive Committee. I remember at one Executive Committee [Meeting], Palmer Saunders, who ran the Division of Cancer Grants, had a program in Cancer Rehabilitation which was a grant program, and the issue came up: Shouldn't rehabilitation really be in the Division of Cancer Control? Everybody talked about it and they figured rehabilitation really is a control activity more than it is a deep scientific research activity.

So there was a vote on the Executive Committee and the vote was to move Rehabilitation into the Division of Cancer Control and to rename the division the "Division of Cancer Control and Rehabilitation." Palmer Saunders went crazy! He just blew, because he counted the votes and realized that the OD staff could out-vote the Division Directors. I think there were four divisions at the time. He started yelling, "You can out-vote us any time you want to!" Which was true. The Executive Committee, in the early days of the program, was chaired by Gordon Zubrod who, I think, you got on tape before he died, right?

GC: I did twice, luckily.

PVN: Oh, good. Gordon and the Director sat to his right and didn't participate. It met every Tuesday morning from nine to eleven and every Thursday morning from nine to eleven.

Every document of any, that anybody was doing, got reviewed by the Executive Committee. They'd pore over these documents that, you know . . . this is a document. Let's read the focus group report on older Americans and then react to it. They were horrible meetings!

And Jim Peters, who later became the Director of the Division of Cancer Cause and Prevention . . . that was an interesting story. Frank Karel was out of town. The old . . . Dick had been the Director of that division, Dick Rauscher, and so on, and Jim Peters, who is this kind of country boy from Florida who'd say things like, "He's happier than a shit-eating shark in a cess pool." Those were the kinds of things he'd say. Everybody would just be wide-eyed.

Peters was Acting Director when I came here and Dick [Rauscher] called—Frank was out of town—Dick called me upstairs one time. He said, "I'm thinking of appointing Jim Peters as the Director of the Division of Cancer Cause and Prevention, but I'm not sure I want to do it." He said, "Go down there and write a press release announcing his appointment and let me see what it looks like on paper." So I go down and write the press release and after he sees it, then he decides to appoint Jim Peters.

So Jim Peters becomes the Division Director. He sits around at the Executive Committee and he has a pad like this, a long one, yellow. He takes out sheets of paper and he folds them up and he strips them out into long sheets and then he makes rolls of the paper and then he folds them into circles and makes these long chains of yellow lined paper, chain links that go into each other like that, as a way of passing the time of day.

At precisely ten o'clock at the Executive Committee, there would be a slight knock on the door, the door would open, and Nat Berlin's secretary would come in with his Maalox. He would drink his Maalox and then he'd have a little white mustache on his upper lip for the rest of the meeting. Then somebody else, I think Palmer Saunders, used to play Solitaire all the time. It was a bizarre meeting. And everybody smoked cigarettes, except Dr. DeVita. Everybody smoked cigarettes.

GC: Wow!

PVN: Dr. Rauscher used to sit in his office and he'd have an ashtray in his desk drawer. He'd be smoking and if a visitor would come, he'd put the cigarette out in the ashtray in the desk drawer and then shut the drawer! If he was trying to hide it, I don't know, because the office would be full of smoke, and his secretary, Phebe Dunn, would sit out there with her cigarette in a long holder, smoking very publicly. Diane Fink, the Director of the Division of Cancer Control smoked; I smoked; Jim Peters smoked, I believe. [T. J.] Chalma smoked; Bud Morrison smoked. Lou Carrese did not. Lou Carrese was a solid guy. It's too bad he's gone. He would have been a good interview. He was a *major* influence on this place back in the '70s. A *very major* influence.

GC: In terms of planning?

PVN: Yes. He was just a strong man. He was this big man, but he had a strong intellect. People would listen to him. He had been influential in the very, very highly effective planning of the chemotherapy cancer, national cancer program. Later on it was the Special Virus Leukemia Program, and later the Virus Cancer Program, and then later the development of the National Cancer Plan. And he always was very influential with Dick Rauscher and, I think, with Carl Baker before Dick. He [Carrese] died of prostate cancer in 1986, and his loss was a big void.

Dr. DeVita never liked planning as much as his predecessors did, though, and so Lou's position had been downgraded to some degree. But Lou would sit up there and Bud Morrison had offices up there in a suite right next door to the Director's office. They had a door in between their offices, and they would keep it open and would chat back and forth all day long. They were very close. I'm sure Bud must have talked about that with you.

GC: Yes, he did.

PVN: Then Lou moved down to the tenth floor, when Bud fell out of favor. Dr. DeVita said to Bud, "I don't know what you do." He considered Bud to be an old guard kind of a guy, a "palace guard." He said, "I don't know what you do or what you can do for me, but I'll give you a year to show me what you can do for me and then after that we'll talk about what your role will be." He asked Lou to look over Bud, to make sure that Bud functioned properly. And I don't know . . . Bud has got a bullheaded streak in him, but he never would take the bull by the horns and show DeVita that he had some talent or some job or something that he could do that would contribute to the Institute and to DeVita's administration.

As a result, after a year, Dr. DeVita decided that he didn't want him around anymore, and so he moved him under Iris Schneider, who was like an Assistant Director for Correspondence, or something, up there. Iris was the kind of person who you would say, "Dr. DeVita is going to . . . " I would say to somebody "Dr. DeVita won't fire you, Iris will." She would always be the person sent out to do the dirty work. They put Bud under her. Then they put Bud in an office over here, in Nancy's room, a little cubicle, and he was assigned to write a history, I think, of the program. It was found to be unacceptable when he got done.

But during that period his wife had Alzheimer's disease, early onset, and she would call over here in a panic because she couldn't remember how to turn off the TV set. That was going on, too. Poor Bud. I felt so badly for him.

And Chalma, who was another member of the old palace guard—he was really one of Guy Newell's cronies—and they would go out and drink *every* day. Chalma got sent over to the B wing and he was put in a little cubicle, like where that TV set is there, with a chair facing the wall and he went downhill fast. He was a vet and he was in the Public Health [Service] Commissioned Corps and he had to wait until he got twenty years before he could retire, but he *really* had been put out to pasture because he really wasn't very effective. But he put up with that until he got his twenty years in and then he retired to North Carolina. I think he's from North Carolina. But he had a bad pension, because a veterinarian doesn't get much of a pension. In only twenty years, it wouldn't be much either.

So, it's hard, you know, everybody's role changes. Someday that might have all happened to me. But I've seen it happen over and over again—not just in one administration but in many administrations. Somebody, like John Moloney, when Arthur Upton . . . and Diane Fink, same thing happened to her. You've out-lived your usefulness, you're not with the current program, your methods are old-fashioned, you're not contributing in the way we want you to, so let's see if we can fix it. If we can't, off you go.

I don't know if that happens in industry that way. I think it's probably much more clean in industry. You'd say, "Okay. I want you to clean out your desk and be gone by five." Around here it's more heartless, but people get to keep their salary for a while. So I've seen some good and some bad. Well, I can't think of anything else to say.

GC: I think you've covered most everything and we're at the end of a tape, so that's probably a good place to stop.

[End Side B, Tape 2]

[Begin Side A, Tape 3]

GC: You were talking about Dr. DeVita

PVN: I was just thinking about Dr. DeVita—I didn't mention when we were talking about Dr. DeVita—a man who I greatly respect—who became the Director right around January

1, 1980, I think right after Arthur Upton left. And he became the Acting Director and served as Acting Director, I think into the summer. The Carter administration was in power at the time and a woman was the head of HHS; her name was Patricia somebody. I can't remember her last name anymore. [Patricia Roberts Harris]

Anyway, they were doing a search for the NCI Director. Dr. DeVita was convinced that he was going to get it but was getting frustrated toward July that no announcement had been made and that no call to him had been made. I told him that I . . . one day I was up there in his office and he was complaining about it. Because I was close to him, we were talking and I said that maybe just because . . . you know, the Carter administration is not the most efficient administration that we've ever seen around here and it may be that they just haven't taken the time to make the announcement. I said, "Why don't I call down to the White House Press Office and find out if they're planning to make the announcement soon." And so he said, "Okay."

So I called right there from his office and I got the Press Office on the phone and I said, "Do you know if you're going to announce the new Director of the National Cancer Institute in the next few days?" And they said, "The Director of the National Cancer Institute?" They said, "We announced him three days ago." And I said, "Oh, really. Who did you announce?" And they said, "Vincent T. DeVita." So I said, "Okay. Can you send us a copy of your release?" And I said, "I'm at the National Cancer Institute and I didn't know this." So they agreed to send it out and then I hung up and told Dr. DeVita "they announced you three days ago." *Then* he was really mad, because they hadn't even had the courtesy to give him a call to say that they've done that.

So, lo and behold, that's the summer of 1980, and the Secretary comes out and swears in Dr. DeVita. It was a *very* sad ceremony. I got tears in my eyes because his son Teddy had died not too long before that, over here in the Clinical Center, and Dr. DeVita, in his remarks that he made at the swearing-in ceremony, said at the end that he hoped that he could be the man that his son had been. It was a *very* emotional kind of moment for everybody in the room. It was really a very moving ceremony.

But shortly after that, of course, there was the convention and the presidential race was on and then Ronald Reagan beat Jimmy Carter in the election that fall and so Reagan came to power in January of 1981. With Reagan came this whole wave of Republican senators and, all of a sudden, for the first time in moons, we had a Republican-dominated Senate and so all the chairs of the committees changed over to Republicans. Orrin Hatch from Utah, who hadn't been a Senator for very long—it may have even been one of his first terms—took over the committee that had been chaired for so long by Ted [Edward M.] Kennedy and somehow became convinced that Dr. DeVita had to go.

So there was this whole movement by Orrin Hatch to get rid of Dr. DeVita that we couldn't figure out. The President's Cancer Panel got into this in a big way. There was a guy named Harold Amos, a scientist from Harvard University, who was on the President's Cancer Panel at the time, and in early 1980 it may have been still Joshua Lederberg who was the Chair of the President's Cancer Panel. Harold Amos took a big role in working with members of the Senate and with the community around the country to get the word in to Hatch and others that DeVita should be kept on as the Director of the National Cancer Institute. After all, it's not supposed to be a political appointment; it's supposed to be based on your scientific accomplishments and your leadership ability.

And there was a man named Charles Smart, who was active in the American College of Surgeons who was a cousin of Hatch's and from Utah, and Dr. Smart was enlisted on the Utah end to bring pressure to bear on Hatch. Now, the next thing I'm going to tell you I think is true that in the end the only thing that saved Dr. DeVita from being replaced was that he was able to send down to Hatch a copy of his Republican party registration in Montgomery County, Maryland. Then when Hatch realized that we had a Republican here, he was content to let him stay.

But on that committee there was another senator from Florida named Paula Hawkins. I don't know if she's still around but, I mean, she wasn't the world's brightest person. She headed up a subcommittee of that Hatch committee and she started to do an investigation of NCI and how our clinical trials report adverse actions and I think that . . . they held a hearing. She hired a guy named Jim Michie to be her staff investigator. Michie was brought in from, I can't remember, it was some other Senate committee, whose member, where the Senator had lost his election.

She held a hearing in May—I think it was in May of '82. It must have been May of '81. This was another one of those big hearings, like the Fountain hearing, where we worked day and night to get a briefing package together. There were a lot of disgruntled people on the NCI staff who would take material to Michie that would, they thought, show that NCI was a terrible place, that DeVita was a terrible guy. He lived over here, Jim Michie lived over here on the street just south of Suburban Hospital, and in [down the street] about seven houses.

One day he called me and asked me if I'd bring him over some documents from NCI. I said, "Yes." They were documents, official documents. And I said, "Sure, I'll bring them over." It's on my way home, and I stopped in front of his house and walked up. He had a front porch and I go onto the front porch and there's nobody there except one man. I said, "Oh, are you Jim Michie?" And he said, "No, I'm so and so." And I said, "Oh. I'm Paul Van Nevel from Dr. DeVita's staff." The guy turns white and runs out the door. So I sit down on the porch waiting for Michie to come. I've obviously interrupted some kind of a whistle blower here. And so a few minutes later Michie comes home and I say, "I think I've just screwed you up, because there was a whistle blower waiting on your porch and I told him who I was and he ran out the door and down the street." He said, "Don't worry about that." He said, "On Saturday mornings they're lined up from here to Old Georgetown Road."

[Laughter]

Paula Hawkins was *really* vindictive and she wanted to get blood here. She got information on clinical trials. They had their people poring over files all over the Institute. I think one of her big concerns was that when we had an adverse action or reaction from the patient in a clinical trial to a drug, that they weren't being properly reported to the Food and Drug Administration. And because they weren't properly reported to the Food and Drug Administration, other patients in the same trial, taking the same drug, might then suffer the same adverse reaction.

And so at the hearing, Dr. DeVita comes in. He's on the panel [of witnesses]. She [Hawkins] opens with her statement, and Jim Michie comes down to me. He sees me sitting there. He and I actually became friends during this whole thing, even though we were on opposite sides of the fence, because we worked so closely together, because he thought she was a little crazy, I think. But Michie came down and talked to me and he said that he had nothing to do with the speech that she was about to give, her opening remarks.

It was her famous "who's to blame" talk. She'd say such and such happened and then she'd look at Dr. DeVita and say "who's to blame?" And this happened and then she'd look at him and say "and who's to blame?" And then "children died," she'd say, and "who's to blame." This went on for page after page. All of us were just about ready to die. But we came through the hearing all right and managed to get by it.

Then Orrin Hatch had another hearing that fall on contract irregularities. There were many of those that had popped up under previous administrations as the Cancer Institute was getting on its feet after the Cancer Act was passed in the '70s. People were doing things fast and loose. There was a woman, who's still around, who worked in the Immunology Program. Her name is Judy Whalen now; it was something else in the old days. But now she works at the NICHD [National Institute of Child Health and Human Development]. Judy was running a string of 120 contracts. A contract is a very directed effort and the project officer has to be on top of everything going on in that contract and you don't let the contractor to do what it wants. But she was running 120 contracts, so she was in an impossibility, essentially, because she was running them like a bunch of grants.

So the committee was after her, after NCI, because they [NCI researchers supposedly] allowed contracts to be run like grants, which is very loosely and letting the investigators have too much authority and not taking the lead in deciding how the money was being spent, and so on.

Because that Hatch hearing was getting into so many areas at NCI, Dr. DeVita appointed Jane Henny, who was his Deputy and had the big office up here on the left side of Building 31, on the eleventh floor, to oversee a committee that met every morning to prepare for the hearing. In other words, we would have people coming in from all of the areas under investigation. We'd talk about what the issues were, pull together what our side of the story was, get the ammunition we would need to brief Dr. DeVita, who was going to have to do the hearing.

He did the hearing, and just before the hearing . . . the hearing room was packed. We got down there and Senator [Edward M.] Kennedy came out. Hatch was up there and Kennedy came out on to the dias and then came around and down into the well and then down into the audience and gave Dr. DeVita a great big handshake and a clap on the shoulder and talked to him for a few minutes. It was like the Italians giving you the kiss of death, you know. It was just right. How can you do that when he knew Hatch had this kind of party line thing anyway?

The hearing was, in fact, brutal. DeVita did a *terrific* job. Don Fredrickson was the Director of NIH at the time and he came along as a supporter of us. But they pulled out a lot of stuff that was kind of irregular and DeVita became paranoid about cleaning up the contract operation around the NCI. That drove him, I think, a lot over the next several years. He wanted . . . nobody could . . . everything had to be squeaky clean. I think that was his comment. And he set into place provisions that would make sure that every contract let was a sound contract, both business-wise and scientifically. He instituted a dual level of review for contracts, which they had never had before. The first level had to be a concept review and then the second level had to be a technical review. The concept review was done by an outside board, so that the staff could not decide themselves they wanted to do a contract. The outside board had to decide whether *this* was the thing that the NCI should be doing under contract.

GC: Interesting. And the scientific review was inside?

PVN: It was by peer review panel, right. Actually, I think it was more by outside people that were brought in to review—expertise that you gathered from here and there. And the people that were going to oversee the contract had *no* role in that review. They could not participate in it, because they could not influence it in any way. I mean, he really revolutionized contract administration at the National Cancer Institute. That was one of his big legacies, I think, and I should have mentioned that before. I don't know if he mentioned it when he did it for you.

GC: He talked a little bit about it.

PVN: Did he?

GC: My interview with him was fairly brief.

PVN: Oh, was it?

GC: He didn't have a lot of time.

PVN: Well, so we got over those kinds of things and he was able to keep his job and kept it until he decided that he wanted to go back, late into the Reagan administration. I had forgotten all about the contract stuff. I think the staff generally hated the contract stuff, because it elongated the process, because you had to go through these different levels of review, and staff kind of liked the idea that they could influence who got a contract. I mean, they kind of had an idea who they wanted and now you just couldn't [choose whomever you wanted]. It was frustrating for many all of a sudden not to be able to have any influence at all on who we were going to have a contract with. Of course, the outside people loved it.

GC: Right. Because it was more fair.

PVN: Yes. And after that, we'd be called in to do contract reviews in other Institutes and we *couldn't* get over how loose it was. I mean, God, they could do anything.

GC: In other Institutes within NIH?

PVN: Yes! Yes. It was *amazing*! We were so tight here and they were so loose. And you could see them in action, you know, manipulating the review panels and manipulating which way they wanted things to go.

GC: Really! How much interaction do you have with the other Institutes? The other comparable offices like yours in the other Institutes?

PVN: Well, I deal frequently with Anne Thomas, my counterpart at the NIH, and some with . . . Pat Newman on my staff, who runs the Mass Media branch, is really like the equivalent of the IO's and most of the other Institutes have Information Officers as their top person. So Pat goes every two weeks to an Information Officers' meeting and stays in touch with them and is on list serve with all of them. My interactions tend to be more with Terry Long at

Heart, Lung, and Blood; Judy Stein at the Eye Institute; Clarissa Wittenberg at the NIMH [National Institute of Mental Health], and Clarissa, really, because she and I are old buddies (she worked in our [Press] Office for a long time). Terry Long has been around for a long time and she's very good. Judy Stein used to be at NCI, too. But we don't deal as much with her.

GC: I've actually talked to her before.

PVN: Have you? Yes. She worked in the CIS for a while. So, I don't have that much interaction with them. I've been . . . actually I have more interaction with the Department than with across the street or the other Institutes. It's kind of too bad, too. One of the issues we face as an organization is that we're better known than the National Institutes of Health. All of our research shows us that and I guess that's okay. But if I had the NIH job, I would be concerned about it, I think, just because I would want NIH to be better known than it is. I think it's understandable why cancer would be better known, because people are worried about the disease, not about the Institutes of Health. We're beginning what we're calling a branding campaign.

GC: Branding campaign?

PVN: Yes. And that branding campaign is essentially to set the identity of the organization in which you work so that everybody's got an identity. It involves logo work, but also common messages and a tag line. We're developing a new logo, we're going to have a tag line that will say something like "Cancer research: Because lives depend on it." You know Nike?

GC: Yes.

PVN: They have a logo. "Swoosh," they call it. And they used to have the swoosh with Nike on the top of it. Now they can just put the swoosh on it. They've got that on everything they do. They've got it on bags, they've got it on shoes, they've got it on tee shirts, they've got it on everything. Around here we've got at least thirty-five different logos at the National Cancer Institute, and to have thirty-five different logos means you don't have any. We've got one for the Liaison Office, for crying out loud. We've got one for the Surveillance Program. All the Divisions have them. I mean, it's just *amazing*. And they're all out there trying to promote themselves, at the expense of promoting the National Cancer Institute. We're hiring an agency that will help us do this, to get it started, at least, that has a very prominent . . . they've done IBM, AT&T, BMW, General Motors, the American Hospital Association, and we expect they'll be able to help us. But this whole . . . the effect of all of this is going to make NCI more visible and more . . . because it's going to make the *Institute* the more prominent thing, rather than the parts of it. Some divisions around here are not going to like that, because they're going to want their own identity. And NIH may not like it. NIH knows nothing about it at this point, because it may tend to submerge them even more than they are. Now, our advantage though is that we're the National Cancer Institute. If we had the name like the National Institute of Environmental Health Sciences, that would be a totally different matter, because when they get into the news, which isn't very often, they're couched as a unit of the National Institutes of Health, because it's too much of a mouth-full for the reporters to put in a story. Even the National Heart, Lung, and Blood Institute is hard. So the National Eye Institute, the National Cancer Institute—they're very clear to people.

GC: And Heart, Lung, and Blood always gets called Heart anyway.

PVN: Yes.

GC: People never remember the last two.

PVN: That's right. Yes. And I've told Anne Thomas that my policy around here is *always* when we have good news to say, "The National Cancer Institute today discovered" blah, blah, blah. And if we have bad news it is the "National Institutes of Health had a contract mishap today." So that we get the good and not the bad. And as long as I can get away with it, I do that.

GC: What does she think of that?

PVN: Well, she's not really yelled at me about it. But I was surprised when we did the focus groups with the scientists around here that the scientists on the Intramural staff at NCI don't feel the same way about NCI as I do. They feel more strongly about the NIH connection. They see it [the NIH] as like Harvard [University], whereas NCI is a part of it. And they think all of their recognition, all of how people see them, comes because they're NIH not because they're NCI. That was a revelation to me to see that attitude come out of the scientific staff, because it is different than my own.

GC: I wonder if that's because of the NIH's prominence in academic communities . . .

PVN: Probably, yes.

GC: . . . because of grants and fellowships.

PVN: Probably. Yes. So we have to be careful that we don't alienate the scientific staff while we do this, too. Now, I don't think that attitude is reflected at the higher leadership levels, the Division Director level, and even at the Lab and Branch Chief level. It's down below that level, I think, to some degree.

GC: So you think higher up it's more focused on the NCI in particular.

PVN: Or on their own programs. They all want people to know *I'm* here. When we're putting together a document for Congress, I sit here editing them and taking out all these lower-level organizational units, because down at Congress they don't care about whether it's the Laboratory of Molecular Biology. They care about the National Cancer Institute. And I talk about the National Cancer Institute's toll-free telephone number, 1-800-4-CANCER, rather than talk about the CIS's toll-free telephone number. Or the National Cancer Institute's breast cancer education program, not the OCC education program. You have to *think* about how the public looks at you and to a degree, it's probably a losing battle to try to get NCI imaged with the general public, because they don't care about us. What they care about is cancer research, and if they want more for cancer research, they'll tell Congress and then Congress will give the money to us. So, we have to be careful how we do this, because we have to tie it to a promotion of the research aspect, or tie it to a promotion of the importance of research, or to the findings of research, or something. I've got to stop.

GC: Okay.

[End of Interview]

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