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# NATIONAL CANCER ACT AMENDMENTS OF 1974

MARCH 20, 1974.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Public Welfare, submitted the following

## REPORT

[To accompany S. 2893]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 2893) to amend the Public Health Service Act to improve the national cancer program and to authorize appropriations for such program for the next 3 fiscal years, having considered the same, reports favorably thereon with an amendment (in the nature of a substitute), and recommends that the bill as amended do pass.

### I. Accomplishments of the National Cancer Program

The Committee feels that since its inception a little more than two years ago, the National Cancer Program has made substantial progress. To some observers, research progress has seemed too slow, yielding few significant reductions in the overall impact of the disease. But, dramatic progress has been achieved against several types of cancer and hopefully other cancers may soon yield to new and exciting research approaches now underway. The difficulty of the cancer problem is illustrated by the fact that in spite of the progress that has been made, one of every four of our citizens will develop cancer in their lifetime. According to the present trends, 665,000 new cases and nearly 350,000 deaths from cancer are expected in 1974.

There has been little improvement in life expectancy, for example, for patients with cancers of the pancreas or lung. For patients with pancreatic cancer, survival rates have shown no improvement in the past 20 years, while incidence of the disease has risen sharply. It is now the fifth most common cause of death from cancer in the United States.

Lung cancer kills more Americans than any other type of cancer—an estimated 72,000 persons will die of the disease this year—and its incidence has more than doubled since 1947 in both men and women.

One of the most frustrating aspects of lung cancer is that cigarette consumption continues unabated despite knowledge that the toll from this disease would be sharply reduced in future years by a comparable reduction in cigarette smoking now.

Yet there have been heartening advances. Forty years ago only one out of every five cancer patients could be expected to be free of all evidence of cancer five years after treatment. By 1970 that figure was one out of three. Improvements in life expectancy for patients with acute lymphocytic leukemia and Hodgkin's disease following aggressive treatment are well documented. This past fall the National Cancer Institute reported improvements in the percentage of patients surviving three years or longer following diagnosis of cancers of the urinary bladder, brain, larynx, prostate and thyroid, as well as among patients with chronic lymphocytic leukemia, multiple myeloma or melanoma of the skin.

The National Cancer Program is gaining ground against many forms of the disease and this effort will help ensure maximum sustained progress against all forms of cancer. While strengthening the ability of NCI to mount a broader, more intensive research attack, the Act also charges the National Cancer Institute with developing and coordinating a national strategy against cancer. Furthermore, the agency is given new responsibility for ensuring that research results are quickly and systematically put into widespread use for cancer prevention, detection, diagnosis and treatment.

The development and coordination of the National Cancer Program involves, first, the development of a consensus among clinicians and laboratory scientists about the direction, content and pace of the research program. The overall program strategy involves the systematic sharing of cancer information by public and private agencies throughout this country and abroad. It requires continued assessment of resources, needs and logistical planning to meet those needs. In some cases, it necessitates the redeployment of existing facilities, the rapid evolution of new kinds and combinations of research support, the reassignment of science management responsibilities, and the development of new mechanisms of technological transfer and information retrieval and application.

*Cancer Biology*

In studies of cells in tissue culture, work is in progress to identify changes in cell metabolism that accompany malignant transformation. A number of abnormal properties of transformed cells, for example, seem to be related to their inability to accumulate a chemical compound, cyclic adenosine monophosphate, that facilitates normal processes within cells.

Research in cancer immunology has been expanded, based partly on clinical observations that patients with defects in immunity have a high incidence of cancer. Cancer cells are, in a sense, foreign to the body. And the immune system seems to recognize them and to react to them. Although the reaction usually is not sufficiently strong to destroy the tumor completely, there are ways to stimulate the immune system so that it is more effective. Studies of this system have important implications to detection and diagnosis as well as treatment of cancer, and attention has been given this past year to planning a greatly expanded, coordinated national program of immunologic research.

Other factors are also involved in malignant transformation. For example, a chemical, isolated from some cancers, induces rapid growth of blood capillaries supplying the malignant tumor. It is thought that this capillary-inducing tumor factor must be present before the tumor can grow larger than a few millimeters in size. With further study and understanding, this factor, too, may eventually be exploited for cancer prevention and treatment.

*Cause and Prevention*

The Third National Cancer Survey, still being analyzed, provides incidence and prevalence data for the years 1969 through 1971 for seven metropolitan areas, two entire states, and the Commonwealth of Puerto Rico. Making the necessary statistical adjustments and excluding common skin cancers, the Survey findings indicate that approximately 610,000 new cancers were diagnosed in this country in 1969. This figure represents an incidence of 318 new cases of cancer for each 100,000 people in the U.S. population. The incidence for blacks (338) is substantially higher than for whites (311). The difference is particularly large between black males (371) and white males (335).

A number of trends are worth noting, based on comparisons with a 1947–48 survey of ten cities:

The incidence among males increased almost 9 percent, while the incidence among females decreased 13 percent. The contrasting trend between the sexes was particularly marked among blacks.

The increase among males is due largely to a substantial increase in the incidence of cancers of the lung and prostate, and a lesser increase in the incidence of colon cancer. The combination of these increases more than counterbalances the drop in the incidence of gastric and rectal cancers.

The overall decrease among females reflects drops in the incidence of cancers of the uterine cervix (invasive), stomach and rectum. The only site with an important rise in incidence among women is the lung—the rate doubled from 6 to 12 per 100,000.

Previously, excesses of cancer incidence have been associated with occupation-related hazards of steelworkers, smelter refinery workers, asbestos workers, uranium miners, and others. In view of the importance of such exposures as a source of cancer, the national program has become more heavily involved in occupational epidemiology, in cooperation with the National Institute for Occupational Safety and Health, the Environmental Protection Agency, and other Government agencies.

Discovery of relationships between exposure to environmental chemicals and the development of cancer in man has usually been the first step toward knowledge about specific cancer causes. This provides the rationale for an extensive research effort to identify cancer-causing, or carcinogenic, chemicals in our environment.

Because almost all materials that have been demonstrated to be carcinogenic in man have also been found to be carcinogenic in animals—and because there is no ethical, sure way to test for carcinogenicity in humans—tests for carcinogenic hazards in animals have been developed and are being continuously improved. Approximately 1,000 chemicals have been found to cause cancer in animals, out of about 6,000 that have been tested.

Viruses are probably responsible for at least some human cancers. They cause many animal cancers. The possibility of finding viruses or any of the tell-tale viral proteins in human cancers has increased enormously with the development of (1) new immunological and biochemical methods of detection, (2) specific ways to activate viruses in tissues, and (3) other techniques to detect viral activities at the molecular level. One viral protein of particular importance is an enzyme called reverse transcriptase. This enzyme is found in tumor viruses of the ribonucleic acid (RNA) type and is thought to be a necessary element in the ability of these viruses to convert infected cells from normal to malignant. Once a virus is identified and its role in causing one or more types of cancer in humans is established, it may be possible to develop means to neutralize its activity. For example, it may be possible to develop chemical compounds to inhibit or block enzymes or other molecular activity of the virus in cancer cells, thereby killing the cancer cells or reverting them to normal. Identification of such viruses also could lead to ways to detect some cancers and to measure the success or failure of treatment in humans.

*Detection and Diagnosis*

At the present time, most physicians believe that early diagnosis of cancer offers the best means to reduce mortality among cancer patients. Small cancers that have not yet spread can be removed surgically with an excellent probability of cure. Even if the surgeon cannot remove all the tumor, the earlier the disease is diagnosed, the better are the results and radiation and drug treatments. This is likely to be true for some years to come, despite the increasingly productive research effort on therapy with drugs and other modalities of treatment. Further, evaluation and application of the many exciting research results in chemical and viral carcinogenesis will require still longer to reduce cancer incidence.

The science of immunology has developed rapidly in recent years. An important application of research results in this field lies in the early diagnosis of cancer. In recognition of this applicability, National Cancer Program research in immunodiagnosis has been expanded.

An increasingly important part of this program is the effort to identify cancer antigens, chemical substances associated with malignant cells and thus candidates for the development of specific immunodiagnostic tests. One such test is for the carcinoembryonic antigen (CEA) often associated with bowel cancer. Although the CEA antigen does not, as originally hoped, specifically diagnose this disease, it is very useful as a "marker" to follow the progress of patients under treatment for various cancers.

Cytologic examination, the study of the characteristics of individual cells, has been used for some 30 years in a procedure known as the Pap smear for the diagnosis of cervical cancer and precancerous conditions. This kind of examination is now being used also for cells in sputum to diagnose lung cancer.

The Pap smear is the most important means for decreasing mortality from cervical cancer in this country, which could be reduced further by regular testing of all women. However, the number of tests that

would be done would overwhelm the technicians available to do them. Automated analysis has been attempted in many laboratories and although systems being developed are not perfect, use of lasers and other new technology may reduce the number of specimens that technicians must examine, by identifying all of the clearly normal specimens.

Radiologic techniques are very important in the diagnostic localization of cancers in individual patients. Cancer of the breast can be screened by X-rays, using a conventional film technique known as mammography or the newer technique of xeroradiography. Thermography or the newere technique of xeroradiography. Thermography and ultrasound are two other techniques under study in the diagnosis of breast cancer—attempting to detect the presence of tumors by abnormalities in surface temperatures or transmission of sound, respectively.

A major advance in the clinical diagnosis of cancer has come from Japan in the development of fiberoptic examining instruments for detection of tumors by direct observation deep within body passages. These instruments employ bundles of tiny glass fibers which can be bent without distorting the image, or "picture" they convey. The devices include a fiberoptic colonoscope for visualization of the large intestine and a fiberoptic bronchoscope for probing all the major areas of the lung.

*Treatment*

The long-term objective of cancer treatment is to cure or control cancer in man. Immediate goals are to increase the number of patients responding to therapy and to prolong the period of disease-free remission and survival.

Surgery, radiation and chemotherapy, either singly or in combination, have all been shown to be effective against particular cancers. In many instances, cure is achieved through removal or destruction of localized cancer, before it has spread to other parts of the body. Surgery and radiotherapy are the two major therapeutic approaches for the eradication of localized disease. Surgery is sometimes more successful when both the tumor and the nearby involved lymph nodes are removed. Radiotherapy is used to treat cancers that cannot be removed surgically. If metastasis has occurred, chemotherapy presently offers the greatest hope.

In general, various combinations of drugs or various combinations of treatment methods have yielded better results than single-drug or single-modality cancer treatment. On this basis, further studies seek to exploit the practicality of both combination chemotherapy and combination modality therapy.

A wide variety of single drugs with different mechanisms of action have been shown capable of inducing complete remission of acute lymphocytic leukemia for varying periods in anywhere from 7 to 50 percent of the children treated, depending upon the drug used. The same agents used in various combinations have been able to induce complete remission in 76 to 97 percent of the patients, a result clearly superior to the best of single agents.

During the last decade, not only has the number of useful leukemia drugs doubled, but clinical investigators have markedly improved

their ability to control often fatal complications of the disease. Transfusions of white blood cells have been successful in combating some infections, for example, and transfusions of blood platelets are effective in controlling hemorrhage. In a few studies, relatively germ-free hospital rooms achieved through laminar air filtration systems are also significantly reducing the number of serious infections among leukemia patients. Using the best comprehensive treatment, five-year survivals have been achieved in some studies in up to 50 percent of patients with childhood leukemia.

Similarly, the prognosis of patients with Hodgkin's disease has steadily improved. Of those treated with a combination of four drugs (MOPP), between 60 and 70 percent of the patients are alive more than five years after the beginning of treatment, and more than a third of them have remained continuously free of the disease. By contrast, only 10 to 20 percent of patients treated with a single agent achieve complete remission, which usually lasts for only 10 to 30 weeks.

In breast cancer, there are six single drugs that produce a significant decrease in tumor size in 20 to 30 percent of the treated patients with advanced disease. This response is about the same as that observed with hormonal agents in cases of breast cancer without regard to stage of the disease. Combination regimens using the same six drugs can achieve significant temporary decreases in tumor size in approximately 60 percent of patients. These are not cures, but integration of combination chemotherapy with earlier treatment modalities of surgery and radiotherapy clearly offers the best hope for increasing survival rates in breast cancer and other solid tumors.

The ability of surgery and radiotherapy to increase cure rates of solid tumors is limited if small, often microscopic, traces of disease are already present at distant sites at the time of initial therapy. In such cases neither surgery nor radiotherapy of the primary tumor reaches these remote traces of disease, which can grow and ultimately result in death of the patient. Efforts to increase cure rates for solid tumors therefore are increasingly using drugs with surgery and radiation in primary treatment. In developing such regimens, new drugs and combinations are first tested against far-advanced disease. Those showing positive results are then evaluated for primary treatment of local and regional disease.

The Lung Cancer Working Group is presently developing and implementing a protocol whereby patients with high risk of recurrence are being treated utilizing various combinations of treatment methods following initial surgery, including radiotherapy and combination of drugs.

In the NCI Division of Cancer Treatment, the Brain Tumor Study Group has been established to evaluate the treatment of malignant brain tumors. Initial results indicate that the drug BCNU, a potent nitrosurea, is of value in the treatment of malignant glioma, a common type of brain tumor. A more detailed study just being concluded has evaluated the use of BCNU and X-ray therapy separately and in combination following initial surgery, and has compared findings with those from a similar group of patients receiving best conventional treatment of surgery alone. Preliminary results indicate combination therapies are superior.

The most promising new studies involving bone tumors have concerned Ewing's sarcoma, a usually fatal form of bone cancer occurring in children and young adults. A seven-year collaborative investigation indicates that intensive irradiation of the primary bone tumor can be combined with drug therapy to prevent the spread of cancer to other areas of the body. An increasing number of patients treated in this way are now living without recurrence of disease.

In addition to Ewing's sarcoma of the bone, other cancers which occur in children—Wilms' tumor, neuroblastoma, and retinoblastoma—are often cured with adequate radiation therapy given together with chemotherapy, or surgery and chemotherapy. Results of irradiation combined with chemotherapy have been encouraging in the treatment of patients with metastatic Wilms' tumor, a type of childhood cancer of the kidney. Drug treatment given before and after radiotherapy has helped arrest retinoblastoma, a cancer of the eye, and preserved useful vision in children whose prospects for sight were otherwise unfavorable. Neuroblastoma, a cancer of the sympathetic nerve tissue that usually occurs among children, is radiosensitive and often can be eradicated by combining irradiation with chemotherapy.

An emerging mode of treating cancer is immunotherapy. In this approach, stimulation of the immune mechanism provides the body with assistance in rejecting the tumor. For example, preliminary research with a tuberculosis vaccine, known as BCG (bacillus Calmette-Guerin), suggests its potential usefulness in the treatment of some cases of acute leukemia of childhood and of a malignant condition called melanoma. Results have been reported in only a small number of patients, however, and thus far are equivocal. Further studies are in progress to establish the effectiveness of this approach.

*Rehabilitation*

Prior to the National Cancer Act of 1971, no national program existed for rehabilitation of the cancer patient. Some State and voluntary agencies do provide excellent rehabilitation services to limited numbers of cancer patients. However, only a few institutions in the country are capable of providing a full range of rehabilitation services to cancer patients.

During the past year, a comprehensive planning effort was initiated to develop a national rehabilitation program specifically for cancer patients. More than 100 rehabilitation experts, social service professionals and former cancer patients cooperated with NCI in defining specific rehabilitation research and demonstration projects.

Research and demonstration efforts will be directed toward changing pessimistic and fatalistic attitudes on the part of the medical profession and the public toward the cancer patient. Rehabilitation facilities, techniques, and educational programs for rehabilitation professionals will be developed. And projects will be supported to provide rehabilitation services to cancer patients in remote areas of the country, as well as in major cancer centers.

*Delivering Research Accomplishments to the People*

Parallel in importance to research is the task of placing all usable information and skills in the hands of medical practitioners. The National Cancer Act of 1971 underscored this effort in providing for

additional ways of expanding and expediting the translation of research results into effective clinical practice. Specifically, the Act authorizes the development of new comprehensive research and demonstration centers and the expansion of a specially identified cancer control program.

*Cancer Centers Program*

The present centers program, which began in 1961, supports a broad range of specialized preclinical and clinical research activities in 47 institutions. Because the 1971 Act provides for 15 new clinical research and demonstration centers, the National Cancer Institute, in conjunction with the National Cancer Advisory Board, defined two major categories of cancer centers: comprehensive national research and demonstration centers, also called Comprehensive Cancer Centers, and specialized cancer centers.

By means of community outreach activities, Comprehensive Cancer Centers will provide coordination and leadership within their geographic regions to assure the availability of complete care for inpatients and outpatients with cancer. They will be responsible for coordinating multiple sources of support for educational, clinical, and research activities to produce a broad attack upon the complex problems of detection, diagnosis and treatment. Through a constant flow of scientific information, progress made in these Centers will benefit cancer patients throughout the country.

*Cancer Control Program*

To close the gap between cancer research and the practical application of research findings, in and out of centers, the National Cancer Act of 1971 authorizes a Cancer Control Program. This new program encompasses projects of cancer prevention, detection and diagnosis, and treatment and rehabilitation. Most activities will be aimed at controlling the occurrence and impact of the ten leading causes of cancer deaths in this country: cancers of the lung, colon, breast, pancreas, prostate, stomach, ovary and rectum, plus the leukemias and lymphomas. Toward these ends, provisions will be made for the education of health professionals and the public, demonstrations to the public and medical community, the development of model systems for the treatment and management of cancer patients, and research seeking more effective means to utilize present knowledge about cancer.

The new Act provides discrete program recognition, separate funding, and specific, expanded responsibilities and authorities for these activities. The Cancer Control Program was established in 1972 within the Office of the Director of the National Cancer Institute, and began operations with the guidance of appropriate advisory committees composed of professional experts and public leaders.

The Cancer Control Program has begun to define other projects that can be started rapidly and have an impact in bringing proven research findings directly to the benefit of cancer patients. These include demonstration projects in rehabilitation; telephone consultations linking physicians in practice with cancer specialists; and the coordination of a geographic area's medical facilites to provde comprehensive cancer detection services for the population. Parallel efforts are being launched to identify and establish cooperative linkages with cancer control activities operated by other agencies—Federal, State and local—and by voluntary and professional groups.

*Cooperative Programs*

During the years since the passage of P.L. 92–218, an unparalleled level of activity tied together the work and mission of the National Cancer Institute with those of numerous Federal, State and local governmental agencies and with many private voluntary and professional organizations. In addition, again following the mandate of the National Cancer Act of 1971, NCI has expanded its cooperative efforts in the international sphere.

*NIH*

As a part of the largest biomedical research and development agency of the Federal Government, the National Cancer Institute continues to cooperate with the other elements that comprise the National Institutes of Health. There is a sharing of scientific knowledge as well as common concerns.

Activities in other institutes that provide the basis for close relationships and common interests among NCI scientists and their colleagues include:

Brain tumor research at the National Institute of Neurological Diseases and Stroke

Research on hormonal relationships to cancer at the National Institute of Child Health and Human Development

Cancer-related viral and immunologic studies at the National Institute of Allergy and Infectious Diseases

Oral cancer studies at the National Institute of Dental Research

In addition, cancer research has been furthered by the broad programs of the National Institute of General Medical Sciences and the other Institutes in support of research in the basic biomedical sciences. The multitude of approaches to the control of cancer have benefited and will continue to benefit from fundamental studies in many fields of science.

*Interagency Activities*

As indicated in foregoing sections of this report, substantial progress has already been made in coordinating cancer research and control activities conducted by Federal agencies as well as those of voluntary organizations.

Other specific arrangements made since the passage of Public Law 92–218 include a collaborative program for information exchange and cooperation in research areas focusing on environmental chemicals that cause cancer. In addition to NCI, the agencies involved are the Food and Drug Administration, the Environmental Protection Agency, the National Institute of Environmental Health Sciences, the National Institute of Occupational Safety and Health, and the National Center for Toxicological Research. Also, the Atomic Energy Commission, the Department of the Army, the Occupational Safety and Health Administration of the Department of Labor, the Department of Agriculture, and others.

Cooperation in a variety of other activities is also in effect with the Veterans Administration, Health Services and Mental Health Administration, and the Office of Naval Research. NCI, for example, provided funds to the U.S. Naval Research Laboratory in Washington, D.C., to make appropriate modifications of a cyclotron and associated facilities for preclinical research with fast neutrons.

*State and Local Agencies*

NCI has utilized much of the material and data that have been provided through cancer registry programs of several states. This information has provided valuable assistance in epidemiological studies conducted through the NCI, including the Third National Cancer Survey.

Cooperative activities with State and local health agencies, for screening and diagnosis, are now ongoing. The educational role that these agencies play in informing the public of the necessity of early detection of cancer symptoms is vital to the mission of the Cancer Control Program.

*Voluntary Groups*

There are a number of important private organizations, such as the American Cancer Society, the Leukemia Society of America, the Damon Runyon Cancer Foundation, the Candlelighters, and a large number of local and regional groups, each of which supplements and complements Federal cancer programs in effective and important ways. Through these organizations millions of Americans raise funds and do voluntary service in support of cancer research, professional and public education about cancer, and patient services.

The American Cancer Society is a unique organization because of its size, and because it so successfully bridges the lay and professional communities to conduct extensive and comprehensive programs ranging from public education about cancer, to support of scientific research. Its programs reach into cities and towns across America, thereby adding a dynamic and crucial dimension to the National Cancer Program. Although NCI has collaborated with the American Cancer Society and other voluntary organizations for many years, the National Cancer Act of 1971 calls for a new level of coordinated endeavors. Toward this end, NCI and the American Cancer Society have planned and are cofunding a network of projects for breast cancer detection as part of the NCI's Cancer Control Program.

*International Activities*

International activities of the National Cancer Institute have been specially highlighted since the passage of P.L. 92–218 by an important new program of cooperation between the United States and the Soviet Union. As a result of the President's summit meeting in Moscow early in 1972, a U.S.–U.S.S.R. health agreement was signed. This agreement called for sharing results from cancer, heart disease and environmental studies. The Institute has followed through on this initiative, and specific joint activities are under way in chemotherapy, virology, immunology and genetics of tumor cells. These include:

Exchange of specialists, including short-term visits of senior scientific investigators of corresponding institutes for the development of concrete plans for cooperative research and for familiarization with results of ongoing research; and long-term visits by young specialists for detailed study of particular problems.

Exchange of antitumor agents for preclinical and clinical study and materials such as viruses, reagents, and biological specimens for basic research.

Joint meetings for discussion of specific questions of the chemotherapy and viral origins of diverse types of cancer.

Joint publications on cancer virus research and chemotherapy.
Exchange of information on chemotherapy and virology.

The International Union Against Cancer, with headquarters in Geneva, Switzerland, and the International Agency for Research on Cancer (IARC), with new facilities in Lyon, France, are receiving financial support from NCI. So, too, is the European Organization for Research on Treatment of Cancer. During the past year, for example, in collaboration with the Union and the World Health Organization, NCI sponsored a conference on childhood cancers. Major recommendations from that conference will be implemented by some 80 countries throughout the world and are expected to have considerable impact on the course of childhood cancer research.

## II. Need for Legislation—Hearings

The National Cancer Act of 1971 expires June 30, 1974. On January 24, 1974, Senators Kennedy and Javits introduced S. 2893, the National Cancer Act of 1974, designed to extend and improve the expiring authority for an additional three years.

Hearings were conducted by the Senate Health Subcommittee on January 30, 1974, on S. 2893. Testimony in support of the legislation was received from the following witnesses:

1. The Administration.
2. The President's Cancer Panel.
3. The Candlelighters.
4. A panel of cancer center directors including:
   Dr. Emil Frei III, Director, Children's Cancer Research Foundation, Boston, Massachusetts.
   John Durant, M.D., Director, Comprehensive Cancer Center, University of Alabama, Birmingham, Alabama.
   Dr. Jesse L. Steinfeld, Chairman, Department of Oncology, Mayo Clinic, Rochester, Minnesota.
5. The Association of American Medical Colleges.
6. American Cancer Society.

## III. Description of the Committee's Bill

The provisions of S. 2893, as introduced, included the recommendations of the National Cancer Advisory Board and the President's Cancer Panel.

Basically, the National Cancer Advisory Board and the President's Cancer Panel recommended that the program be extended for an additional three years with increased funding levels (See section V); that the current limitation in the Act for 15 comprehensive cancer centers throughout the nation be removed; that the Act be clarified to assure its continuation of Federal support for the training of cancer researchers of the future; that the authority in the Act respecting construction assistance be clarified so as to explicitly permit the construction of basic research facilities; that the authority of the Director of the National Cancer Institute to employ expert consultants be increased from 50 to 100 such experts; and that the authority of the Director of the National Cancer Institute be streamlined in order to permit the awarding of grants which do not exceed $35,000 in direct costs.

In executive session the Committee further amended the bill by including a number of provisions which were suggested by one or more of the witnesses who testified January 30, 1974. The Committee amendments are as follows:

1. The Committee has extended the authority of the National Institutes of Health to let research contracts which expires June 30, 1974. The Committee has permanently extended this authority.

2. The Committee has amended section 407(b) of the Act by including where appropriate data respecting nutritional programs for persons under treatment for cancer.

3. In order to assure an adequate number of competent personnel to administer the national cancer program, the Committee has amended section 407(b) of the Act by including the number and types of personnel necessary to carry out the program in the submission of the annual budget estimate for the program to the President.

4. The Committee has also amended section 410A(a) to assure that contracts be subjected to the peer review process.

5. The Committee has amended section 407(b) by including authority which requires the Director of the National Cancer Institute to conduct and contract for programs to disseminate and interpret information respecting cancer.

6. The Committee has amended section 454 of the Act to require the Senate to advise and consent in respect to the appointment of future directors of the National Institutes of Health.

7. The Committee has included an amendment which would permanently extend the expiring section 601 of Public Law 91-296 respecting the availability of appropriations for the Public Health Service Act and the Mental Retardation Facilities and Community Mental Health Centers Act of 1963.

8. Finally, the Committee has amended Title IV of the Public Health Service Act by establishing new authority which proposes to establish the President's Biomedical Research Panel to be composed of the chairman of the President's Cancer Panel and 4 members appointed by the President who are exceptionally qualified to appraise the biomedical research program of the National Institutes of Health (including the research program of the National Institute of Mental Health). It further requires that at least three members of the President's Biomedical Research Panel shall be distinguished scientists or physicians. The panel shall monitor the development and execution of the biomedical research programs of NIH and shall report directly to the President. Any delays or blockages in the rapid execution of the NIH research program shall immediately be brought to the attention of the President and the Congress. At the request of the President, the panel shall submit for his consideration a list of names of persons for consideration for appointment as Director of the National Institutes of Health.

## IV. Committee Views

### A. *President's Biomedical Research Panel*

The Committee is alarmed that the integrity and vitality of this Nation's biomedical research program conducted largely by the National Institutes of Health is now threatened. The Committee believes

that the Administration's budgets of the last several years, now seriously call into question this Nation's leadership in the quest for new knowledge upon which the medical sciences are based.

In enacting the National Cancer Act of 1971 the Committee intended to maximize the benefits of additional research opportunities respecting cancer. The Committee did not intend that increases for cancer research be funded at the expense of equally meritorious other biomedical research. Regrettably though, this Administration has chosen to consistently pursue such an ill-advised and short-sighted policy.

Based upon testimony which the Committee received at its hearings on S. 2893, and based upon subsequent communications the Committee has received (see No. IX—Appendix), the Committee believes decisive action is necessary to legislatively remedy this situation.

Accordingly, on February 19, 1974, Senator Kennedy, along with Senators Beall, Javits, and Schweicker, introduced S. 3023, a bill to to establish a President's Biomedical Research Panel to oversee and monitor the biomedical research program of the National Institutes of Health (including the research programs of the National Institute of Mental Health). This panel is directly modelled after the existing President's Cancer Panel and includes the chairman of the President's Cancer Panel as one of its 5 members.

The Committee believes that the President's Biomedical Research Panel will be as effective as the President's Cancer Panel has been under the remarkable leadership of its Chairman, Mr. Benno C. Schmidt.

In testimony before the Committee, the Association of American Medical Colleges indicated:

> The Association expressed its concern about the possible adverse impact that the singling out of one institute for special status and authority would have upon the other institutes and divisions at the National Institutes of Health. During the past few years, budget requests of staff positions for the National Cancer Institute have increased dramatically, while the total budget request and staffing for the remaining research components of the NIH have been reduced. The full meaning of this situation is not clear, but the Association is nonetheless deeply concerned about its implications because of the Association's concern for the welfare of all of the NIH research programs. In order for the cancer program to be effective, it must have imput from the other bioscience disciplines. If these activities are not adequately staffed and funded, the effectiveness of the cancer program must necessarily be impaired.
>
> The Association and its membership are in agreement that extensive biomedical research efforts are essential if medical science is to discover the causes and to develop cures and treatment for this complex of killer diseases.
>
> The Association has repeatedly stressed that the basic causes and nature of the cancerous process are unknown. The nature of cancer is deeply embedded in the most elemental

life processes and is an obscure and complex part of the life cycle. Major further progress in the conquest of cancer is, in the final analysis, dependent upon greater understanding of the intricate working of the basic life cell and its responses to both internal and external forces.

It is important to realize that the new leads which seem to offer promise for advances in cancer have emerged in scientific fields which at the same time were far removed from the mainstream of scientific effort in cancer. These new efforts are derived from, and are dependent upon, scientific achievements in the fields of virology, immunology, genetics, and cell biology. No one can predict with certainty the fields from which will come the findings that will provide further insights into the nature of cancer. All bioscientists, however, will agree that real progress in understanding cancer can only come through greater understanding of the fundamental life processes of which it is a part.

The national attack upon cancer cannot be fought exclusively with programs sponsored by the National Cancer Institute. Cancer research is also dependent, in part, upon advances in the various biosciences which are sponsored by the other institutes at the NIH—particularly the general basic research programs of the National Institute of General Medical Sciences.

The Administration's failure to perceive the importance of the other NIH disciplines in the national attack against cancer is evident not only in the lowered budgets of these institutes, but also in the distribution of staff positions within the NIH. Over the past several years, the NIH as a whole has suffered an outright loss of approximately 600 permanent fulltime staff positions. In addition, over 350 more positions have been transferred from the other institutes of the NIH to the NCI and the National Heart and Lung Institute. The net result has been a loss of approximately 950 staff positions within the other institutes of the NIH—a loss which has seriously compromised the ability of the NIH staff to administer the programs under its direction.

The impact of the Administration's decisions on the morale and effectiveness of NIH administrators is clear. The national biomedical research program established by the Congress has been stymied by administrative fiat. The repeated attempts to terminate research training programs, abolish peer review, and reorganize staffing patterns indicate all too clearly that biomedical research and the nation's health do not hold a high priority within this Administration. Such an attitude cannot be allowed to stand unchallenged.

The Secretary of Health, Education and Welfare, the Honorable Caspar W. Weinberger, also testified in respect to the need to maintain the integrity of biomedical research when he stated:

> NCI operations are only one of the avenues of approach. The understanding of the abnormal growth and spread of

cancer is inextricably linked to the biology of normal cells. The National Cancer Act recognized that, "the present state of our understanding of cancer is a consequence of broad advances across the full scope of the biomedical sciences." This ranges from the molecular biology of genetic control to the biochemistry of cell membranes, metabolism, and immunology. The National Institute of General Medical Sciences, the National Institute of Allergy and Infectious Diseases, the National Institute of Arthritis, Metabolism, and Digestive Diseases, along with the National Cancer Institute and the other Institutes, are responsible for exploring these fundamental life processes through support of basic research. These processes are still far from being fully understood.

Mr. Benno C. Schmidt, Chairman of the President's Cancer Panel, also testified in respect to this problem area when he indicated:

> We have also been deeply concerned about the cuts which have occurred in the budgets of General Medical Sciences, Allergy and Infectious Diseases, Arthritis and Metabolic Diseases, and the other Institutes. Neither the cancer program nor biomedical research in general can thrive if these Institutes are not healthy. At the time we were urging on the Congress and the Administration a greater effort in cancer, we were very explicit in the position that the increased cancer effort should not be at the expense of other biomedical research. I am not sure that the cancer effort has been the cause of these other Institutes receiving less, but it is difficult to prove the contrary when the cuts have in fact taken place. Also, regardless of what would have been the case in other circumstances, the fact is that this country cannot afford to reduce the research efforts of these other Institutes at this time. Therefore, we have urged the Office of Management and Budget to give the highest priority to budget increases for these Institutes. I am hopeful that the Budget for 1975 will include increased appropriations for these Institutes.

The most recent example of the effectiveness of the President's Cancer Panel can be found in a letter from President Nixon to Secretary Weinberger on January 29, 1974, (the day before the Committee's hearings on S. 2893) which states in part:

> I have followed progress on the attack on cancer carefully. In addition, I have met with Benno Schmidt and other members of the President's Cancer Panel and have reviewed their report and the report of the National Cancer Advisory Board with great interest. It is my feeling that considerable progress has been made in the attack on cancer in recent years and that there is much hope for additional knowledge that can be developed in the future.
>
> That is why I plan to ask for an additional $100 million above last year's request of $500 million for the expanded attack on cancer in the budget that I will be submitting to the Congress next Monday. I realize that this will result in spending over $415 million more for this effort next fiscal

year than was available the year I took office, but I think the dual goals of an expanded research effort to find the causes of cancer along with more intensive demonstration and education programs to help prevent and control cancer warrant this support.

The genesis of the authority for the President's Cancer Panel dates back to the actions of the Committee on Interstate and Foreign Commerce of the House of Representatives in its bill to authorize the establishment of the National Cancer Program of 1971. In its report, 92-659, to accompany H.R. 11302, the House Committee stated:

> The bill provides for a three-man President's Cancer Attack Panel, whose duty it will be to monitor the development of the national cancer attack program and report directly to the President. The Committee recognizes the fact that the President of the United States has many responsibilities and although the attack on cancer is a significant one, it would be impossible for him to follow its progress on a day-by-day basis. Therefore, direct oversight of the program will be accomplished through this panel of highly qualified individuals, who will meet at least twelve times a year, to evaluate the program and make suggestions for improvements, as well as to report directly to the President on any delays or blockages in rapid execution of the program.
>
> The House Committee also went on to comment:
>
> The Committee recognizes that cancer, while it is the number one health concern of the American people, is not the only or even the major killer disease. Many eminent scientists have testified that promising leads now existing in cancer research are paralleled in other areas of biomedical research. The strengthening of cancer research should in no way diminish research efforts in other areas of biomedical research.

Biomedical research conducted and supported by the National Institutes of Health has long been recognized as an outstanding American contribution to the worldwide effort against the physical and mental diseases and impairments of man. Recently a number of factors have emerged which threaten the continued excellence of the NIH. Establishment of the President's Biomedical Research Panel is designed to correct those factors.

Within the NIH, problems have arisen in attempts to make effective decisions regarding allocations of resources. Judgments have had to be made for achieving optimum balance within finite resources. Choices have had to be made between individual projects versus multifaceted program projects and centers, between research versus training, between basic research versus applied research and development, between investigator-initiated research versus targeted or NIH-directed programs, between grants versus contracts, between scientific disciplines versus disease categories. In addition, the NIH programs of research have faced increasing difficulties due to such factors as rapidly escalating costs of research and training efforts, in-

creased competition for available funding due to increased numbers of institutions but limited increases in funds, differences of opinion regarding selection of the most appropriate national goals for health, bases for new targeted or directed programs questioned by various sectors of the scientific community, needs for investigators to improve definition and explanation of their work to the satisfaction of broader audiences, and implications of government control inherent in the trend toward forward planning and direction of programs.

The coming together of these problems has resulted in intense pressures on the NIH. These pressures have been aggravated by singling out two of the 12 research institutes and divisions for special national emphasis because of their work with major killer diseases: cancer and heart disease. Targeting special attention on segments of biomedical research—while highly appealing in one sense—disregards the interrelationship of research generally and of advances in knowledge of specific diseases. An example of this is research on diabetes. While the principal NIH Institute responsible for investigating diabetes is the National Institute of Arthritis, Metabolism and Digestive Diseases, numerous other NIH Institutes also conduct and support research directly or generally related to diabetes. Moreover, a key scientific breakthrough in diabetes may come in research totally unrelated to the disease. Thus, a decision to increase funds and staff for the NIAMDD in order to advance a national attack against diabetes might in fact have exactly the opposite effect. The effect might be to set back diabetes research. This is particularly likely if funds and staff for other research institutes and divisions are sacrificed to increase the resources available to the NIAMDD.

The complex set of interconnecting relationships among various fields of biomedical research was perhaps best described by a former NIH Director, Dr. James A. Shannon:

> The inescapable fact is that biomedical science is a complex, interrelated, n-dimensional universe. One can wish it were not, but it is. True, there are within it some large confluences of great density, such as cancer, but even this is inseparable from other large islands such as aging, human development, etc., which in turn relate to arteriosclerosis and stroke. To look at any isolated fragment, no matter how large, apart from its innumerable major and minor connections in the vast network of relationships, would be at best naive and at worst selfdefeating. This reality animates the processes that the scientific community has institutionalized in the NIH, to view biomedical sciences, to the extent possible, holistically and thereby to assess opportunities not in isolation but in the context of the past state of the art and recent changes in contiguous domains of science.

Since enactment of the National Cancer Act of 1971 and of the National Heart, Blood Vessel, Lung and Blood Act of 1972, there has been a measurable shift in the NIH research effort. Instead of advances over the broad front of NIH research activities, the NIH generally has stood still, while the National Cancer Institute and the National Heart and Lung Institute have surged ahead. Comparisons of fiscal 1972 ap-

propriations and the fiscal 1975 budget requests illustrate the point. Funding for the National Cancer Institute is up 61 percent. Funding for the National Heart and Lung Institute is up 37 percent. Funding for all other research institutes and divisions is down $2.3 million. NIH staffing levels tell a similar tale. Over the past several years the NIH as a whole has been forced to cut back some 600 permanent full-time staff positions. In addition, more than 350 additional positions have been transferred from other institutes and divisions to the NCI and the NHLI. The net result has been a loss of approximately 950 staff positions within the other institutes of the NIH—a loss which has seriously compromised the ability of the NIH staff to administer the programs under its direction. These decisions have been ordered and approved by the Office of Management and Budget, despite its lack of staff experts in biomedical research. The OMB professional staff does not include a single physician or PhD in the biological sciences.

The President's Biomedical Research Panel is designed to deal with these problems before they further disrupt the nation's biomedical research effort. The Panal is to monitor the complete range of research activities of the NIH. Recognizing the indivisible, unitary nature of biomedical research, the Panel is to assess the research programs of the various institutes and divisions in light of the available resources and of the scientific opportunities across the whole front of biomedical science. The Panel is to have direct access to the President and is to identify for his consideration and possible action any problems that threaten the coherent development and prosecution of an effective biomedical research effort. The Panel is to be particularly mindful of presently identified problems and is to be alert to, and shall be responsible for identifying as rapidly as possible, the development of new problems which threaten or may threaten the continued excellence of the National Institutes of Health.

The Committee recommends that the President, in selecting the appointed members of the President's Biomedical Research Panel, solicit the names of appropriate candidates from groups of experts in the scientific and biomedical fields, such as the National Academy of Sciences.

The Committee's recommendation for establishment of a President's Biomedical Research Panel stems in part from experience under the National Cancer Act, since the growth of the cancer program has clearly been at the expense of other NIH research activities. More importantly, however, it represents the Committee's concern that the present Administration does not understand the importance of a balanced, stable biomedical research program, and that the consequences of this misunderstanding will be far reaching and difficult to remedy.

The Panel of Consultants on the Conquest of Cancer emphasized in its initial report to this Committee that while a national cancer program would demand additional resources, "It is of utmost importance that the financing of this program not result in cutbacks in other health programs." Yet the present Administration has in effect reduced the resources available to other NIH Institutes (except the National Heart and Lung Institute). A major task of the new panel will be to call to the President's attention the consequences of such

shortsighted policies, and to inform the Congress—and the public—of obstacles to continued progress across the broad spectrum of biomedical research for which NIH is responsible.

A broader issue to which this provision is addressed is the unavailability of scientific expertise and advice to those Administration officials who make the ultimate decisions about funding and program emphasis in health research. The dissolution of the White House science advisory apparatus has left a major gap in the chain of advice and command affecting NIH programs. The Committee feels that the decisions affecting the level and direction of NIH efforts are far too complex to be treated simply as part of "health," "HEW," or even "human resources" budgets. What is needed is a strengthening of the *interpretive* process, through which the demands of scientific inquiry and management of the nation's resources are melded into responsible public policy. At present the "health" dimension of NIH activities is reviewed at higher levels in reasonably responsible fashion, but there is no voice for the underlying and essential science dimension, as may be seen by an examination of NIH budget and staffing patterns over the last five years.

No responsible scientific investigator, at NIH or elsewhere, would deny that the ultimate goal of publicly supported biomedical research is to improve the health of our citizens. The Administration and the Congress have become increasingly concerned—and properly so—with the quality and availability of health services. The Committee notes with regret, however, that the Department appears to be ignoring the warning of the NIH that service needs ". . . should not be viewed as competitive with those of the research programs which have made them possible. . . . The goose and the golden egg—medical research and health services—are not alternatives. They are a continuing sequence essential to the progress and well-being of man." (*The Advancement of Knowledge for the Nation's Health: A Report to the President on the Research Programs of the National Institutes of Health*, 1967).

Despite this warning, the various HEW organizational arrangements have traditionally lumped together all "health" programs, so that research in effect does compete with service programs, and the first level of Departmental analysis involves budget trade-offs that are inherently exchanges of non-commensurable quantities. Even more disturbing is the fact that NIH funds constitute a highly visible and substantial proportion of the shrinking HEW "controllable" budget, so that biomedical research has become increasingly vulnerable.

The point to be made is not that other HEW programs are not meritorious, but that level of the nation's biomedical research effort is measured not by a single year's budget, but by the quality of the institutions and individuals performing the research. The Committee believes that this Administration, in its laudable concern for reexamination of the proper Federal role in many areas of national life, has overlooked the importance of stable support and reasonable program growth in the maintenance of a pool of excellent institutions and talented investigators. The Committee hopes that the panel will be able to articulate the importance of maintaining and strengthening the nation's biomedical resources.

It is significant that the initiative for Federal medical research—beginning with establishment of the NCI in 1937—has traditionally come from the Congress, as has the concern for the long-range well-being of the biomedical research enterprise. The Committee intends that the panel will strengthen the Executive's capacity to assess the long-term needs of biomedical research. Certainly both Branches will have an even greater need for the long view as they continue to work to resolve the related—but fundamentally different-issues of the financing and organization of health care.

The panel's specific task is to appraise the biomedical research program of the NIH. However, the Committee believes that the panel could play a number of additional, useful roles. For example, it could add its advice to the process by which NIH identifies areas of scientific inquiry suitable for increased emphasis. It could also serve to promote coordination of related research by NIH and other agencies. Certainly the Committee intends that its evaluation of NIH research take place in the context of all Federally supported biomedical research.

The Committee is aware that performance of the panel's task will require considerable staff support. The Committee expects that the Director of NIH, will provide the needed support and that sufficient *new* positions will be made available to him for this purpose.

At the time the Committee met in executive session to take final action on S. 2893, the Acting Secretary of the Department of HEW, the Honorable Frank Carlucci, wrote to the Committee expressing the Department's objections to S. 2893. Specifically with respect to the President's Biomedical Research Panel, he stated:

> Dear Mr. Chairman: It is our understanding that the full Labor and Public Welfare Committee will hold an executive session in the near future on several bills which are of considerable interest to the Department. Many features of these bills are desirable and have our support. But we strongly oppose certain provisions which have been included by the Health Subcommittee or are expected to be considered in the full Committee. This letter will explain briefly our opposition to certain undesirable features of these bills.
>
> *S. 2893—Extension of Cancer Research Authority*
>
> The Administration supports extension of the authority for the expanded cancer research effort, and we so testified before the Senate Health Subcommittee on January 31, 1974. However, the bill which has been reported to the full Committee includes the provisions of a separate bill, S. 3023, raising entirely new issues. S. 3023 would establish a three-member Presidentially appointed panel (the President's Biomedical Research Panel) to oversee the biomedical research activities carried on by the National Institutes of Health (including the National Cancer Institute). The Panel would report directly to the President and could bring to the attention of the Congress directly any "delays or blockages in rapid execution of the biomedical research programs of the National Institutes of Health."

> I believe that the National Institutes of Health are well-run and well-managed, and that their programs are easily accessible to Congressional oversight and review. I do not believe that the establishment of a Presidentially appointed Panel would either enhance Congressional control or aid in the administration of the health programs of HEW. To the contrary, it would make program administration more complicated and inefficient. Moreover, the proposed dual reporting relationship cannot but result in undermining the responsibilities of the HEW Secretary and the Assistant Secretary for Health.
>
> For these reasons, I strongly oppose the creation of such a Presidential Panel. I would feel constrained if S. 2893 is sent to the President with provisions for such a Panel to recommend to the President that he veto that bill, in spite of our strong support for an extension of the cancer research authority.

In recognition of this serious challenge by the administration the Committee voted on the question and in a roll call vote unanimously endorsed the inclusion of the authority for the President's Biomedical Research Panel as Title II of S. 2893.

The Committee believes that it is in the Nation's interest for this panel to come into existence as quickly as possible. The Committee does not believe it is in the Nation's interest, if the President were to veto the National Cancer Act of 1974.

B. *Availability of Funds*

The Medical Facilities Construction and Modernization Amendment of 1970 (the 1970 Hill-Burton amendment) contained a provision designed to assure the availability and expenditure of appropriated health funds. This provision, unless amended, would expire on the first of July, 1974. S. 2893 would permanently extend it. The Committee has felt it appropriate to do this in view of the recent Administration record of impoundment of funds and the Administration's express desire to terminate many health programs prior to Congressional review of them.

The provision which requires obligation and expenditure of the appropriated funds is Section 601 of the Medical Facilities Construction and Modernization Amendments of 1970 (P.L. 91–296), 42 U.S.C.A. §§ 201 note and 2661 note ("Section 601"). Section 601 reads as follows:

> Notwithstanding any other provision of law, unless enacted after the enactment of this Act expressly in limitation of the provisions of this section, funds appropriated for any fiscal year ending prior to July 1, 1973, to carry out any program for which appropriations are authorized by the Public Health Service Act (Public Law 410, Seventy-eighth Congress, as amended) or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (Public Law 88–164, as amended) shall remian available for obligation and expenditure until the end of such fiscal year.

Section 601 has been understood by the Congress, as preventing any withholding of appropriated funds. The Section was initially inserted into the bill which became the Medical Facilities Construction and Modernization Amendments of 1970 by the Senate. Although there was no comment regarding Section 601 when passed by the Senate, the subsequent Conference Report stated as follows:

AVAILABILITY OF APPROPRIATIONS

> The Senate amendment would have provided that funds appropriated for any fiscal year to carry out any program under the Public Health Service Act, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, certain acts relating to Indian health programs, the Vocational Rehabilitation Act, the Clean Air Act, the Solid Waste Disposal Act, and Title V of the Social Security Act would remain available for obligation and expenditure until the end of the fiscal year for which appropriated.
>
> The conference substitute is the same as the Senate amendment, except that it is limited to funds appropriated for fiscal years ending before July 1, 1973, and applies only to funds appropriated to carry out programs under the Public Health Service Act or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. The purpose of the amendment is to prevent administration imposed freezes, reductions and rollbacks from applying to health programs authorized under these Acts. Where a program authorizes availability of appropriations for more than one fiscal year, the conferees intend that the amendment shall apply to the entire period covered by the appropriations.

After passage of the bill, it was vetoed by the President on June 22, 1970. He stated in his veto message:

> One of the most unacceptable provisions of the bill is in Section 601. Here, the Congress insists that funds appropriated for any fiscal year through 1973 to carry out the programs involved must be spent. In addition to restricting flexibility in management of federal expenditures, this provision would interfere with my ability to comply with the limitation on total 1971 spending that has already passed the House of Representatives and has been reported by the Senate Appropriations Committee. The amount of money involved is large; Section 601 would affect $2.5 billion of my budget request for the Department of Health, Education and Welfare for 1971. This kind of provision puts the Congress in the position of withdrawing with one hand the authority necessary to do what it requires with the other. I ask the Congress to eliminate Section 601.

With this common understanding as basis for action, the House and Senate each overrode the Presidential veto on June 25 and 30, 1970, respectively.

Section 601 was then scheduled to expire June 30, 1973. Last year the Congress extended the authority for an additional year as a part of the Public Health Service Extension Act of 1973, Public Law 93–45.

In summary, it is unarguable that, assuming there have been public moneys validly appropriated, Section 601 mandates that such funds must be obligated and expended.

There was no general appropriation act enacted by Congress for fiscal year 1973 for the programs administered by the Department of Health, Education and Welfare; although Congress on two occasions passed fiscal year 1973 appropriations acts for DHEW (H.R. 15417, H.R. 16654, 92nd Cong., 2d Sess. (1972), both were vetoed by the President. Thus the Congress enacted (and the President signed) a continuing resolution appropriating funds for such agencies, H.J. Res. 1234, 92nd Cong., 2d Sess. (1972), Public Law 92–334, which was extended four times to cover the entire fiscal year 1973.

Although Congress appropriated funds for the DHEW health programs for fiscal year 1973 and under Section 601 mandated the obligation and expenditure of all of such funds, the Secretary refused to obligate and expend the entirety of such funds, claiming that the need to control federal spending in order to curtail the rate of inflation and eliminate the need for a tax increase requires cutbacks in these particular programs, which he has characterized as either ineffective or nonessential. As a result, a number of legal actions were instituted, relying on the authority of Section 601, to force the release of the impounded health funds for obligation and expenditure. The legal actions were uniformly successful, and on December 19, 1973, President Nixon announced the release of all impounded funds, whether subject to legal actions or not. Section 601 clearly served an important function in this series of actions.

A summary of the legal actions brought under Section 601 is listed below:

*National League for Nursing* v. *Ash* (D.D.C., C.A. No. 1316–73). Preliminary injunction entered July 10, 1973, requiring HEW to record as a Fiscal Year 1973 obligation the $21.7 million balance of the $38.5 million appropriated for grants to nursing schools. Final order entered November 19, 1973, requiring obligation and expenditure of funds.

*American Association of Colleges of Podiatric Medicine* v. *Ash* (D.D.C., C.A. No. 1139–73), consolidated with:

*American Association of Colleges of Pharmacy* v. *Ash* (D.D.C., C.A. No. 1244–73). (Association of Schools and Colleges of Optometry permitted to intervene as plaintiff.) Preliminary injunction entered June 27, 1973, requiring HEW to record as an obligation for Fiscal Year 1973 the unallotted balance of funds appropriated from grants to Schools of Podiatry, Pharmacy, and Optometry. On October 26, 1973, the court granted plaintiffs' motion for summary judgment requiring the allotment of $9,914,327.

*Eastern Virginia Medical School* v. *Weinberger* (E.D. Va., C.A. No. 73–315–N). Plaintiff seeks the allotment of $240,000 for Fiscal Year 1973 and $180,000 for Fiscal Year 1974. The

statute involved is 42 U.S.C. 295f–1(a), concerning start-up assistance to schools of medicine, osteopathy, and dentistry. Plaintiff moved for summary judgment on November 1, 1973. Defendants answered on October 8, 1973.

*Association of American Medical Colleges* v. *Weinberger* (D.D.C., C.A. No. 1794–73 and 1830–73, consolidated). No. 1794–73 involves special project grants to medical schools under 42 U.S.C. 295f–2 (approximately $28.6 million at issue). No. 1830–73 concerns research grants, research training grants and fellowships to medical schools under 42 U.S.C. 241 and 242f (approximately $112.5 million is involved). On October 26, 1973, the court granted plaintiffs' motion for a preliminary injunction and granted a final judgment in favor of plaintiffs.

*National Council of Community Mental Health Centers, Inc.* v. *Weinberger* (D.D.C., C.A. No. 1223–73). Plaintiff's motion for summary judgment granted on August 3, 1973, requiring the obligation of approximately $50 million.

*National Association for Mental Health, Inc.* v. *Weinberger* (D.D.C., C.A. No. 1812–73). Plaintiff's motion for TRO denied on September 28, 1973.

*National Association of Regional Medical Programs, et. al.* v. *Weinberger* (D.D.C., C.A. No. 1807–73).

The Committee continues to strongly believe that the continuation of Section 601 is essential to assure the allocation, obligation, and expenditure of funds appropriated pursuant to the authorities of the Public Health Service Act and the Mental Retardation Facilities and Community Mental Health Centers Act of 1963.

C. *Need for Additional Comprehensive Cancer Centers*

The Committee, as well as the vast majority of witnesses who testified before it, believes that to effectively implement Section 408(a), provision must be made to permit the designation of more than the 15 new Comprehensive Cancer Centers stipulated in the National Cancer Act of 1971. The question has been, how many Comprehensive Centers are needed to reach the greatest number of Americans without wasting valuable resources. Testimony delivered before the Committee indicates that based on population studies which have been carried out to determine the potential impact of Comprehensive Centers based on geographic distribution, a total of 35 would provide access to 75 percent of the population without requiring an overnight stay. Additional centers beyond this number would not substantially increase the potential access to Comprehensive Center programs. The Committee believes that no American should be denied first class cancer care simply because of where he may live. Equity demands that this limitation on the number of high quality cancer centers be removed.

D. *Need to Facilitate Administrative Management*

The Director of the National Cancer Program must be able to plan, manage, organize and assess the activities of the program with sufficient flexibility to maximize the program's efforts. The Commit-

tee is aware that a program the size and scope of the National Cancer Program will inherently have administrative requirements that, despite the soundness of the managerial theories involved, will create delays in implementation. Therefore, the Committee recommends the following changes in the law to allow the Director, NCI, additional latitude in the management of the program.

(1) The inclusion of indirect costs in the computation of $35,000 grants that the Director, NCI, can award without review and recommendation of the National Cancer Advisory Board. In fiscal 1973, as an example, the number of proposals eligible for funding under this provision would have been 258 instead of 179, permitting the Director to award those additional 79 prior to NCAB recommendation. This would save as much as two months from the usual time required in making an award.

(2) The striking out of the phrase "where appropriate" in Section 407(b)(7) to assure the continued supply of high quality cancer researchers.

(3) The inclusion of a provision to permit the NCI Director to award grants for new construction as well as alterations and renovations for improvement of basic research laboratory facilities, including those related to biohazard control.

(4) The increase of the number of consultant/expert appointments available to the NCI from 50 to 100 with specific recommendation to exclude these appointments from the regular position ceilings assigned to the NCI by the DHEW and NIH.

E. *Information Services*

The Committee is concerned about the loss of the independent authorities of the Director, NCI, to conduct a full range of communications, information and public affairs activities in support of the National Cancer Program. These authorities are important to the effective implementation of the Act, and are not to be subject to regulation or modification within the DHEW. Testimony before the Committee indicates such regulations, guidelines and rules do exist and therefore the Committee's bill offers new provisions to provide independence for the Director in this regard.

Although no specific changes in the law are included concerning Section 407(b)(4), the establishment of an International Cancer Research Data Bank, the Committee believes its information services amendment strengthens the ability of the NCI Director to fully implement this program and will watch the development of the program carefully over the three-year extension of the National Cancer Act.

Concern was expressed by the Committee as to the implementation of Section 407(b)(4), the establishment of an International Cancer Research Data Bank, and the development of a system for making its contents available to researchers from all nations.

The Committee was not satisfied with the Administration's testimony in this respect. The intent of Congress in this section was to establish a central system by which the Cancer research effort would be substantially assisted through the systematic storage of all Cancer research data, including information on past and present, successful and unsuccessful research projects.

Because the ICRDB would fully integrate information from all sources, it would facilitate and promote the exchange of Cancer research information among scientists and clinicians on a world wide basis. To date, the primary activities of the ICRDB project have been limited only to the identification of specific gaps in the existing information services systems throughout the world, and to the tentative development of products and services to fill these gaps.

While these tasks are properly part of the eventual building process, the Committee firmly believes that a concentrated and redirected effort must be made to bring together under a single roof the information in these scattered resource repositories, and to make their relevant contents fully and quickly retrievable with a single inquiry.

The Committee expects the National Cancer Institute to redirect its efforts and to make substantive progress to implement the clear directive of Section 407(b)(4) but with understanding and appreciation for prudent fiscal management.

## V. Cost Estimates Pursuant to Section 252 of the Legislative Reorganization Act of 1970

In accordance with Section 252(a) of the Legislative Reorganization Act of 1970 (Public Law 91-510, 91st Congress) the Committee estimates that the cost which would be incurred in carrying out this bill is as follows:

NEW OBLIGATIONAL AUTHORITY FOR FISCAL YEARS 1975, 1976, AND 1977 UNDER S. 2893

[In millions of dollars]

| | Fiscal year— | | |
|---|---|---|---|
| | 1975 | 1976 | 1977 |
| National cancer program | 750 | 830 | 985 |
| Cancer control program | 50 | 65 | 85 |
| Total | 800 | 895 | 1,070 |

## VI. Tabulation of Votes Cast in Committee

Pursuant to section 133(b) of the Legislative Reorganization Act of 1949, as amended, the following is a tabulation of votes in Committee:

Motion to lay on the table the motion to delete Title II of the bill, thereby retaining the proposed authority respecting the establishment of a Presidential Biomedical Research Panel.

| YEAS—16 | NAYS—0 |
|---|---|
| Senator Williams | |
| Senator Randolph | |
| Senator Pell | |
| Senator Kennedy | |
| Senator Nelson | |
| Senator Mondale | |
| Senator Eagleton | |
| Senator Cranston | |
| Senator Hughes | |
| Senator Hathaway | |
| Senator Javits | |
| Senator Dominick | |
| Senator Schweiker | |
| Senator Taft | |
| Senator Beall | |
| Senator Stafford | |

Motion to favorably report the bill to the Senate carried unanimously by voice vote.

## VII. Section by Section Analysis of S. 2893

Section 2 of the bill amends Section 301(h) of the Public Health Service Act so as to permanently extend the expiring authority of the National Institutes of Health to let research contracts.

Section 3 amends Section 402(b) of the Public Health Service Act to require that only direct costs be included in the determination respecting whether National Cancer Institute grants are in excess of $35,000, thereby requiring peer review.

Section 4 amends Section 407(b) of the Act in the following ways:

1. By requiring the use of training stipends, fellowships, and career awards in the training of manpower in fundamental sciences and clinical disciplines respecting cancer.

2. By including where appropriate nutritional programs for persons under treatment for cancer in the National Cancer Institute's data systems, and

3. By requiring the inclusion of the number and types of personnel necessary to carry out the National Cancer Program in the submission of the annual budget estimate for the Program to the President.

4. By including a new paragraph 10 which requires the Director of the National Cancer Institute to conduct or contract for programs to disseminate and interpret information respecting cancer.

Section 5 amends Section 408(a) by removing the limitation respecting the establishment of new centers for clinical research, training and demonstration of advanced diagnostic and treatment methods relating to cancer.

Section 6 amends Section 409(b) by extending the authorization for the Cancer Prevention and Control Program through 1977 as follows:

1975—$50 million.
1976—$65 million.
1977—$85 million.

Section 7 amends Section 410 by—

1. Increasing the number of consultants the Director of the National Cancer Institute may call upon from 50 to 100, and
2. Including authorization to award grants for new construction as well as alterations and renovations for improvement of basic research laboratory facilities, including those related to biohazard control.

Section 8 amends Section 410A(a) by subjecting contracts to peer review.

Section 9 amends Section 410C of the Public Health Service Act to extend the authorization for appropriations for the National Cancer Program for an additional three years through 1977 as follows:

1975—$750 million.
1976—$830 million.
1977—$985 million.

Section 10 amends Part A of Title IV of the Public Health Service Act by adding at the end thereof a new Section 410D which permanently extends the expiring Section 601 of PL 91-296 respecting the availability of appropriations.

Section 11 amends Section 454 of the Public Health Service Act to require the advice and consent of the Senate respecting the appointment of the Director of the National Institutes of Health.

Section 201 amends Title IV of the Public Health Service Act by adding at the end thereof new Section 455 which establishes the President's Biomedical Research Panel to be composed of the Chairman of the President's Cancer Panel and four members appointed by the President who are exceptionally qualified to appraise the biomedical research program of the National Institutes of Health (including the research program of the National Institute of Mental Health). At least three members of the Panel shall be distinguished scientists or physicians. The Panel shall monitor the development and execution of the biomedical research programs of the National Institutes of Health and shall report directly to the President. Any delays or blockages in the rapid execution of the biomedical research programs of the National Institutes of Health shall immediately be brought to the attention of the President and the Congress. At the request of the President, the Panel shall submit for his consideration a list of names of persons for consideration for appointment as Director of the National Institutes of Health.

## VIII. Changes in Existing Law

In compliance with subsection (4) of Rule XXIX of the Standing Rules of the Senate, changes in existing law made by the bill as

repeated are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

## PUBLIC HEALTH SERVICE ACT

* * * * * * *

## TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

### PART A—RESEARCH AND INVESTIGATION

* * * * * * *

(h) Enter into contracts [during the fiscal year ending June 30, 1966, and each of the eight succeeding fiscal years,] including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare; and

* * * * * * *

(b) Under procedures approved by the Director of the National Institutes of Health, the Director of the National Cancer Institute may approve grants under this Act for cancer research or training—

(1) [in amounts not to exceed $35,000] *if the direct costs of such research and training do not exceed $35,000, but only* after appropriate review for scientific merit but without the review and recommendation by the National Cancer Advisory Board prescribed by section 403(c), and

(2) [in amounts exceeding $35,000] *if the direct costs of such research and training exceed $35,000, but only* after appropriate review for scientific merit and recommendation for approval by such Board as prescribed by section 403(c).

* * * * * * *

#### NATIONAL CANCER PROGRAM

SEC. 407. (a) The Director of the National Cancer Institute shall coordinate all of the activities of the National Institutes of Health relating to cancer with the National Cancer Program.

(b) In carrying out the National Cancer Program, the Director of the National Cancer Institute shall:

(1) With the advice of the National Cancer Advisory Board, plan and develop an expanded, intensified, and coordinated cancer research program encompassing the programs of the National Cancer Institute, related programs of the other research institutes, and other Federal and non-Federal programs.

(2) Expeditiously utilize existing research facilities and personnel of the National Institutes of Health for accelerated exploration of opportunities in areas of special promise.

(3) Encourage and coordinate cancer research by industrial concerns where such concerns evidence a particular capability for such research.

(4) Collect, analyze, and disseminate all data (*including where appropriate nutritional programs for persons under treatment for cancer*) useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog, store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country.

(5) Establish or support the large-scale production or distribution of specialized biological materials and other therapeutic substances for research and set standards of safety and care for persons using such materials.

(6) Support research in the cancer field outside the United States by highly qualified foreign nationals which research can be expected to inure to the benefit of the American people; support collaborative research involving American and foreign participants; and support the training of American scientists abroad and foreign scientists in the United States.

(7) Support appropriate manpower programs of training in fundamental sciences and clinical disciplines to provide an expanded and continuing manpower base from which to select investigators, physicians, and allied health professions personnel, for participation in clinical and basic research and treatment programs relating to cancer, including [where appropriate] the use of training stipends, fellowships, and career awards.

(8) Call special meetings of the National Cancer Advisory Board at such times and in such places as the Director deems necessary in order to consult with, obtain advice from, or to secure the approval of projects, programs, or other actions to be undertaken without delay in order to gain maximum benefit from a new scientific or technical finding.

(9) (A) Prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate for the National Cancer Program, *including the number and types of personnel necessary to carry out such program*, after reasonable opportunity for comment (but without change) by the Secretary; the Director of the National Institutes of Health, and the National Cancer Advisory Board; and (B) receive from the President and the Office of Management and Budget directly all funds appropriated by Congress for obligation and expenditure by the National Cancer Institute, *and the allocation of personnel requested to carry out the National Cancer Program.*

*(10) The Director of the National Cancer Institute shall conduct or contract for programs to disseminate and interpret on a current basis for practitioners and other health professionals, scientists, and the general public, scientific and other information respecting the cause, prevention, diagnosis and treatment of the disease or other health problem to which the activities of the Institute are directed. The Director of the National Cancer Institute shall issue such regulations as are necessary to carry out this activity.*

(c) (1) There is established the President's Cancer Panel (hereinafter in this section referred to as the "Panel") which shall be com-

posed of three persons appointed by the President, who by virtue of their training, experience, and background are exceptionally qualified to appraise the National Cancer Program. At least two of the members of the Panel shall be distinguished scientists or physicians.

(2)(A) Members of the Panel shall be appointed for three-year terms, except that (i) in the case of two of the members first appointed, one shall be appointed for a term of one year and one shall be appointed for a term of two years, as designated by the President at the time of appointment, and (ii) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term.

(B) The President shall designate one of the members to serve as Chairman for a term of one year.

(C) Members of the Panel shall each be entitled to receive the daily equivalent of the annual rate of basic pay in effect for grade GS–18 of the General Schedule for each day (including traveltime) during which they are engaged in the actual performance of duties vested in the Panel, and shall be allowed travel expenses (including a per diem allowance) under section 5703(b) of title 5, United States Code.

(3) The Panel shall meet at the call of the Chairman, but not less often than twelve times a year. A transcript shall be kept of the proceedings of each meeting of the Panel, and the Chairman shall make such transcript available to the public.

(4) The Panel shall monitor the development and execution of the National Cancer Program under this section, and shall report directly to the President. Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President. The Panel shall submit to the President periodic progress reports on the Program and annually an evaluation of the efficacy of the Program and suggestions for improvements, and shall submit such other reports as the President shall direct. At the request of the President, it shall submit for his consideration a list of names of persons for consideration for appointment as Director of the National Cancer Institute.

NATIONAL CANCER RESEARCH AND DEMONSTRATION CENTERS

SEC. 408. (a) The Director of the National Cancer Institute is authorized to provide for the establishment of [fifteen] new centers for clinical research, training, and demonstration of advanced diagnostic and treatment methods relating to cancer. Such centers may be supported under subsection (b) or under any other applicable provision of law.

(b) The Director of the National Cancer Institute, under policies established by the Director of the National Institutes of Health and after consultation with the National Cancer Advisory Board, is authorized to enter into cooperative agreements with public or private nonprofit agencies or institutions to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for existing or new centers (including, but not limited to, centers established under subsection (a)) for clinical research, training, and demonstration of advanced diagnostic and treatment methods

relating to cancer. Federal payments under this subsection in support of such cooperative agreements may be used for (1) construction (notwithstanding any limitation under section 405), (2) staffing and other basic operating costs, including such patient care costs as are required for research, (3) training (including training for allied health professions personnel), ad (4) demonstration purposes; but support under this subsection (other than support for construction) shall not exceed $5,000,000 per year per center. Support of a center under this section may be for a period of not to exceed three years and may be extended by the Director of the National Cancer Institute for additional periods of not more than three years each, after review of the operations of such centers by an appropriate scientific review group established by the Director of the National Cancer Institute.

CANCER CONTROL PROGRAMS

SEC. 409. (a) The Director of the National Cancer Institute shall establish programs as necessary for cooperation with State and other health agencies in the diagnosis, prevention, and treatment of cancer.

(b) There are authorized to be appropriated to carry out this section $20,000,000 for the fiscal year ending June 30, 1972, $30,000,000 for the fiscal year ending June 30, 1973, [and] $40,000,000 for the fiscal year ending June 30, 1974, *$50,000,000 for the fiscal year ending June 30, 1975, $65,000,000 for the fiscal year ending June 30, 1976, and $85,000,000 for the fiscal year ending June 30, 1977.*

AUTHORITY OF DIRECTOR

SEC. 410. The Director of the National Cancer Institute (after consultation with the National Cancer Advisory Board), in carrying out his functions in administering the National Cancer Program and without regard to any other provision of this Act, is authorized—

(1) if authorized by the National Cancer Advisory Board, to obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of such service) the services of not more than [fifty] *one hundred* experts or consultants who have scientific or professional qualifications;

(2) to acquire, construct, improve, repair, operate, and maintain cancer centers, laboratories, research, and other necessary facilities and equipment, and related accommodations as may be necessary, and such other real or personal property (including patents) as the Director deems necessary; to acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34), by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the National Cancer Institute for a period not to exceed ten years;

(3) to appoint one or more advisory committees composed of such private citizens and officials of Federal, State, and local governments as he deems desirable to advise him with respect to his functions;

(4) to utilize, with their consent, the services, equipment, personnel, information, and facilities of other Federal, State, or local public agencies, with or without reimbursement therefor;

(5) to accept voluntary and uncompensated services;

(6) to accept unconditional gifts, or donations of services, money, or property, real, personal, or mixed, tangible or intangible;

(7) to enter into such contracts, leases, cooperative agreements, or other transactions, without regard to sections 3648 and 3709 of the Revised Statutes of the United States (31 U.S.C. 529, 41 U.S.C. 5), as may be necessary in the conduct of his functions, with any public agency, or with any person, firm, association, corporation, or educational institutions; [and]

(8) to take necessary action to insure that all channels for the dissemination and exchange of scientific knowledge and ininformation are maintained between the National Cancer Institute and the other scientific, medical, and biomedical disciplines and organizations nationally and internationally [.] *; and to award grants for new construction as well as alterations and renovations for improvement of basic research laboratory facilities, including those related to biohazard control, as deemed necessary for the National Cancer Program.*

SCIENTIFIC REVIEW; REPORTS

SEC. 410A. (a) The Director of the National Cancer Institute shall, by regulation, provide for proper scientific review of all research grants, *contracts*, and programs over which he has authority (1) by utilizing, to the maximum extent possible, appropriate peer review groups established within the National Institutes of Health and composed principally of non-Federal scientists and other experts in the scientific and disease fields, and (2) when appropriate, by establishing, with the approval of the National Cancer Advisory Board and the Director of the National Institutes of Health, other formal peer review groups as may be required.

(b) The Director of the National Cancer Institute shall, as soon as practicable after the end of each calendar year, prepare in consultation with the National Cancer Advisory Board and submit to the President for transmittal to the Congress a report on the activities, progress, and accomplishments under the National Cancer Program during the preceding calendar year and a plan for the Program during the next five years.

NATIONAL CANCER ADVISORY BOARD

SEC. 410B. (a) There is established in the National Cancer Institute a National Cancer Advisory Board (hereinafter in this section referred to as the "Board") to be composed of twenty-three members as follows:

(1) The Secretary, the Director of the Office of Science and Technology, the Director of the National Institutes of Health, the chief medical officer of the Veterans' Administration (or his

designee), and a medical officer designated by the Secretary of Defense shall be ex officio members of the Board.

(2) Eighteen members appointed by the President. Not more than twelve of the appointed members of the Board shall be scientists or physicians and not more than eight of the appointed members shall be representatives from the general public. The scientists and physicians appointed to the Board shall be appointed from persons who are among the leading scientific or medical authorities outstanding in the study, diagnosis, or treatment of cancer or in fields related thereto. Each appointed member of the Board shall be appointed from among persons who by virtue of their training, experience, and background are especially qualified to appraise the programs of the National Cancer Institute.

(b) (1) Appointed members shall be appointed for six-year terms, except that of the members first appointed six shall be appointed for a term of two years, and six shall be appointed for a term of four years, as designated by the President at the time of Appointment.

(2) Any member appointed to fill a vacancy occurring prior to expiration of the term for which his predecessor was appointed shall serve only for the remainder of such term. Appointed members shall be eligible for reappointment and may serve after the expiration of their terms until their successors have taken office.

(3) A vacancy in the Board shall not affect its activities, and twelve members thereof shall constitute a quorum.

(4) The Board shall supersede the existing National Advisory Cancer Council, and the appointed members of the Council serving on the effective date of this section shall serve as additional members of the Board for the duration of their terms then existing or, for such shorter time as the President may prescribe.

(c) The President shall designate one of the appointed members to serve as Chairman for a term of two years.

(d) The Board shall meet at the call of the Director of the National Cancer Institute or the Chairman, but not less often than four times a year and shall advise and assist the Director of the National Cancer Institute with respect to the National Cancer Program.

(e) The Director of the National Cancer Institute shall designate a member of the staff of the the Institute to act as Executive Secretary of the Board.

(f) The Board may hold such hearings, take such testimony, and sit and act at such times and places as the Board deems advisable to investigate programs and activities of the National Cancer Program.

(g) The Board shall submit a report to the President for transmittal to the Congress not later than January 31 of each year on the progress of the National Cancer Program toward the accomplishment of its objectives.

(h) Members of the Board who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the duties of the Board compensation at rates

not to exceed the daily equivalent of the annual rate in effect for GS–18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703, title 5, United States Code, for person in the Government service employed intermittently.

(i) The Director of the National Cancer Institute shall make available to the Board such staff, information, and other assistance as it may require to carry out its activities.

AUTHORIZATION OF APPROPRIATIONS

SEC. 410C. For the purpose of carrying out this part (other than section 409), there are authorized to be appropriated $400,000,000 for the fiscal year ending June 30, 1972; $500,000,000 for the fiscal year ending June 30, 1973; [and] $600,000,000 for the fiscal year ending June 30, 1974; *$750,000,000 for the fiscal year ending June 30, 1975; $830,000,000 for the fiscal year ending June 30, 1976; and $985,000,000 for the fiscal year ending June 30, 1977.*

*AVAILABILITY OF APPROPRIATIONS*

*SEC. 410D. Notwithstanding any other provision of law, unless enacted after the date of enactment of this section expressly in limitation of the provisions of this section, funds appropriated for any fiscal year to carry out any program for which appropriations are authorized by the Public Health Service Act (42 U.S.C. 201) or the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 (42 U.S.C. 2661) shall remain available for obligation and expenditure until the end of such fiscal year.*

* * * * * * *

PART G—ADMINISTRATIVE PROVISIONS

DIRECTORS OF INSTITUTES

[SEC. 454. The Director of the National Institutes of Health and the Director of the National Cancer Institute shall be appointed by the President. Except as provided in section 407(b)(9), the Director of the National Cancer Institute shall report directly to the Director of the National Institutes of Health.]

*SEC. 454. (a) The Director of the National Institutes of Health shall be appointed by the President by and with the advice and consent of the Senate. Appointees shall be eligible for reappointment.*

*(b) The Director of the National Cancer Institute shall be appointed by the President. Except as provided in section 407(b)(9), the Director of the National Cancer Institute shall report directly to the Director of the National Institutes of Health.*

*SEC. 455. (a) There is established the President's Biomedical Research Panel (hereinafter in this section referred to as the 'Panel') which shall be composed of (1) the Chairman of the President's Cancer Panel; and (2) four members appointed by the President, who by*

*virtue of their training, experience, and background are exceptionally qualified to appraise the biomedical research program of the National Institutes of Health (including the research program of the National Institute of Mental Health). At least three of the members of the Panel shall be distinguished scientists or physicians.*

*(b)(1) Appointed members of the Panel who are appointed pursuant to clause (2) of subsection (a), shall be appointed for three-year terms, except that (i) in the case of the four members first appointed after the date on which this section becomes effective, two shall be appointed for a term of one year and two shall be appointed for a term of two years, as designated by the President at the time of appointment, and (ii) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term.*

*(2) The President shall designate one of the appointed members to serve as Chairman of the Panel for a term of one year.*

*(c) Appointed members of the Panel shall each be entitled to receive the daily equivalent of the annual rate of basic pay in effect for grade GS-18 of the General Schedule for each day (including traveltime) during which they are engaged in the actual performance of duties vested in the Panel, and shall be allowed travel expenses (including a per diem allowance) under section 5703(b) of title 5, United States Code.*

*(d) The Panel shall meet at the call of the Chairman, but not less often than twelve times a year. A transcript shall be kept of the proceedings of each meeting of the Panel, and the Chairman shall make such transcript available to the public.*

*(e) The Panel shall monitor the development and execution of the biomedical research programs of the National Institutes of Health (including the research program of the National Institute of Mental Health) under this section, and shall report directly to the President. Any delays or blockages in rapid execution of the biomedical research programs of the National Institutes of Health (including the research program of the National Institute of Mental Health) shall immediately be brounght to the attention of the President and the Senate Committee on Labor and Public Welfare, the House Committee on Interstate and Foreign Commerce, the Senate Committee on Appropriations and the House Committee on Appropriations. The Panel shall submit to the President periodic progress reports on the biomedical research programs of the National Institutes of Health (including the research program of the National Institute of Mental Health) and annually a evaluation of the efficacy of the biomedical research programs of the National Institutes of Health (including the research program of the National Institute of Mental Health) and suggestions for improvements, and shall submit such other reports as the President shall direct. At the request of the President, it shall submit for his consideration a list of names of persons for consideration for appointment as Director of the National Institutes of Health.*

## IX Appendix

The following are communications which the Committee has received thus far in respect to the President's Biomedical Research Panel. All but one endorses the need for such a Panel.

AMERICAN DENTAL ASSOCIATION,
*Washington, D.C., March 5, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Committee on Labor and Public Welfare, U.S. Senate, Washington, D.C.*

DEAR SENATOR KENNEDY: The American Dental Association is pleased to have this opportunity to present its views on S. 3023. The sponsors of this bill are to be commended for their efforts to strengthen the research programs of the National Institutes of Health.

In recent years, an increased emphasis on certain areas of research such as cancer and heart disease has created a competitive climate in which other important research activities have suffered. In the case of dentistry, the National Institutes of Dental Research is the third oldest of the research institutes, yet it is still one of the smallest of any of the N.I.H. basic research components. The outstanding contributions made by this Institute, and the international recognition it has achieved, is in large measure the product of its dedicated scientists and administrators.

The American Dental Association is deeply concerned that ill-judged actions to economize in some research areas in order to accelerate the progress of other, more visible, research programs will exact a heavy payment on our future research efforts. For this reason, the Association endorses the concept of a Biomedical Research Panel to monitor the "development and execution" of all the biomedical research programs of the National Institutes of Health.

It is recommended, however, that in addition to the Chairman of the President's Cancer Panel, the membership of the Biomedical Research Panel be increased to a minimum of four other members. This would permit the appointment of a broader and more representative cross-section of the scientific community. In keeping with this, it is also recommended that membership on the panel be determined on the basis of scientific achievement in the health field. To accomplish this, line 7 on page 2 of the bill should be amended to read "of the panel shall be distinguished health scientists."

The American Dental Association will greatly appreciate your consideration of these comments and respectfully requests the inclusion of this letter in the hearing record.

Sincerely,

PAUL W. KUNKEL,
*Chairman, Council on Legislation.*

[TELEGRAMS]

BALTIMORE, MD.

Senator EDWARD KENNEDY,
*Russell Senate Office Building,*
*Capitol Hill, D.C.:*

The American Gastroenterological Association urges you to support the new proposal for a Presidential Bio-Medical Research Panel. The emphasis on cancer research in the past, although desirable, has been at the expense of general support of NIH and all other biomedical research.

ALBERT I. MENDELOFF, M.D.,
*President, American Gastro Association.*

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NEW YORK, N.Y.

Senator EDWARD M. KENNEDY,
*Capitol Hill, D.C.:*

The American Heart Association supports the basic purpose of S. 3023, to establish a Presidential Biomedical Research Panel. There is a critical need for overview of the biomedical research program of the National Institutes of Health. While we are convinced of the necessity for increased Federal funding for cardio vascular research, we believe that this should not be accomplished at the expense of funding for other meritorious research projects.

To achieve the purpose of the legislation, however, it is absolutely essential that the panel be completely impartial. In addition, we in biomedical research hope that a mechanism can be found so that persons with the highest qualifications in the scientific community are appointed. We believe it would be unwise to impose any other specific conditions on membership.

RICHARD S. ROSS, M.D.,
*President, American Heart Association.*

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AMERICAN NURSES' ASSOCIATION,
*Kansas City, Mo., March 5, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Senate Subcommittee on Health, Committee on Labor and Public Relations, New Senate Office Building, Washington, D.C.*

DEAR SENATOR KENNEDY: The American Nurses' Association would like to express its support for provisions of S. 2893 to extend the National Cancer Act for three additional years.

It is imperative that this law be extended. Failure to do so would retard continued progress in the war on cancer and dissipate some of the potential benefits of knowledge already gained. Despite advances made in the treatment and management of this disease, great numbers of people still are affected. It continues to be one of the major causes of death in this country.

Nurses are acutely aware of the impact of cancer on both victims and their families. We want to emphasize the importance not only of continued and intensified research, but of the early application of research findings to bring the benefits as quickly as possible to patients and to potential victims of the disease.

In the final analysis, the justification for any such program lies in the progress it achieves toward conquest and cure. As nurses, we are constantly made aware of the human suffering caused by the various types of cancer.

Federal support for cancer research should, of course, in no way minimize the importance of other research programs. There are other diseases afflicting large numbers of people which require maximum attention of the federal government. Support of cancer research should not be at the expense of support for needed research in other areas.

We ask that this letter be made a part of the record.

Sincerely yours,

ROSAMOND C. GABRIELSON, M.A., R.N.,
*President.*

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[MAILGRAM]

CHARLOTTESVILLE, VA.

Senator EDWARD KENNEDY,
*Senate Office Building,*
*Washington, D.C.:*

I think bill S. 3023 is an important step in assuring continued progress of national bio-medical research efforts.

K. R. CHRISPELL, MD.,
*Member Association for Academic Health Centers.*

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ASSOCIATION FOR ACADEMIC HEALTH CENTERS,
*Washington, D.C., February 28, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Senate Subcommittee on Health, Old Senate Office Building, Washington, D.C.*

DEAR SENATOR KENNEDY: On behalf of the members and Board of Directors of the Association for Academic Health Centers (AAHC), I wish to communicate to you the strong endorsement of our membership for passage of this bill S. 3023, the Biomedical Research Act of 1974. Inasmuch as this bill favors the establishment of a biomedical panel at the National Institutes of Health, similar to the Cancer Advisory Panel, we believe the integrity and creative productivity of research will be greatly enhanced by this measure.

To provide you with a better background of the nature of our support, I believe a brief description of our membership is in order. Membership in the Association is on an institutional basis. Only one person from each institution is qualified to participate in the AAHC. This person is the chief executive health officer of the institution with senior responsibility for *all* of the health educational programs of the institution.

In addition to the above membership category, persons responsible for state-wide systems of health education are also members. We have representation from 84 health sciences centers (an institution with a school of medicine, a teaching hospital and at least one other health school) in the United States.

The objective of the AAHC is to represent nationally the collective efforts of higher education devoted to producing the knowledge and

skills necessary to meet the health needs of the people. Within this framework of commitment, we believe the establishment of a President's Biomedical Research Panel is most appropriate and essential to the continuing progress of national biomedical research efforts.

With best regards.

Sincerely yours,

EDMUND D. PELLEGRINO, M.D.,
*President, AAHC,*
*Chancellor, University of Tennessee Medical Units.*

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES,
*Washington, D.C., March 1, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Senate Labor and Public Welfare Committee, Washington, D.C.*

DEAR MR. CHAIRMAN: The Association of American Medical Colleges supports the intent of legislation you recently introduced to establish a Presidential Biomedical Research Panel to monitor the progress of all National Institutes of Health and National Institutes of Mental Health research programs.

The Nation's biomedical research scientists have been disturbed by recent appointments to the NIH and NIMH Councils. In order to ensure that the Presidential Biomedical Research Panel is composed of individuals of stature, respected by the scientific community, we suggest the following changes to strengthen this legislation.

1. Appointment to the panel should be subject to the advice and consent of the Senate.

2. The legislation should require the President to solicit recommendations from the National Academy of Sciences for individuals to serve on this panel. This mechanism would ensure that the three scientific members of the panel will be individuals of stature within the scientific community.

3. The Association recommends that the activities of this panel should be subject to review by the Congress three years following enactment of the legislation.

The Association appreciates the opportunity to comment on this legislation.

Sincerely yours,

JOHN A. D. COOPER, M.D.

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THE ASSOCIATION OF STATE
AND TERRITORIAL HEALTH OFFICIALS,
*Washington, D.C., February 6, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Committee on Labor and Public Welfare, U.S. Senate, Washington, D.C.*

DEAR MR. CHAIRMAN: I am writing on behalf of the Association of State and Territorial Health Officials to express support for the enactment of the National Cancer Act of 1974, S. 2893, that you introduced on January 24, 1974.

This Association strongly endorses the increases proposed under section 5 of the bill that would increase the authorizations for appropriations for cancer control programs to $50 million in 1975, $65 million in 1976 and $85 million in 1977. Such funds are essential to our national effort to reduce the toll of cancer through prevention and early detection programs.

Let me take this opportunity to commend the National Cancer Institute for its effective leadership in the implementation of cancer control programs as authorized by the National Cancer Act. This Association is working very closely with the Institute in this endeavor.

With kindest regards, I am

Sincerely,

MAURICE S. REIZEN, M.D., *President.*

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[TELEGRAM]

HOUSTON, TEX.

Senator TED KENNEDY,
*Capitol Hill, D.C.:*

S. 3024 is a very important step to assure continued progress in national biomedical research efforts I urge its adoption.

JOE MERRILL,
*Executive Vice-President Baylor College of Medicine.*

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[MAILGRAM]

BOSTON, MASS.

Senator EDWARD KENNEDY,
*Capitol Hill,*
*Washington, D.C.:*

I support your bill, the Biomedical Research Act of 1974, because it is important to the continued progress of national biomedical research efforts.

RICHARD H. EGDAHL,
*Director Boston University Medical Center.*

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COLLEGE OF PHYSICIANS AND SURGEONS
OF COLUMBIA UNIVERSITY,
*New York, N.Y., March 1, 1974.*

Hon. EDWARD M. KENNEDY,
*Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to support S. 3023 to establish a Bio-medical Research panel. Currently there is a lack of communication between the Executive Branch and the Bio-medical Research area.

Your bill will go a long way in establishing such communications.

Sincerely,

LOWELL M. GREENBAUM, Ph.D., *Professor.*

CORNELL UNIVERSITY,
*Ithaca, N.Y., March 7, 1974.*

Senator EDWARD M. KENNEDY,
*Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to urge passage of bill S. 3023 which your committee has introduced to establish a President's Bioresearch Panel. As proposed, this panel would include the chairman of the President's Cancer Panel, and two additional members who are distinguished scientists or physicians. They would monitor developments and execution of biomedical research programs of NIH and report directly to the President. Such a panel is essential for preventing delays or blockades in execution of biomedical programs of NIH which need to be brought to the attention of the President and the Senate Labor and Public Welfare and House Interstate and Foreign Commerce Committees. Essential research programs in health must have assurance of continuous support and immediate action from the administration. The bill is an excellent idea and one we have needed for a long time.

Sincerely yours,

WILLARD J. VISEK, Ph.D., M.D.,
*Professor of Nutrition and Comparative Metabolism.*

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[MAILGRAM]

DURHAM, N.C.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

We support the new amendment to the cancer bill, specifically we believe that a national presidential Biomedical Research Panel is necessary to provide emphasis on the many important areas of Biomedical research. Although the recent emphasis on cancer research was necessary, we should recognize the need for a similar thrust in other areas of biomedical research which have an equal import to the Nation's health.

Dr. M. P. TYORCHIEF,
*Gastroenterology Department of Medicine Duke University.*

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[TELEGRAMS]

NEW YORK, N.Y.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

DEAR SENATOR KENNEDY: Committee on National Medical Policy of the American Society for Clinical Investigation, wholeheartedly endorses S. 3023 providing for a President's Biomedical Research Panel. We deeply appreciate your supportive comments and constructive action.

NEAL S. BRICKER M.D.,
*Chairman, Albert Einstein College of Medicine.*

BRONX, N.Y.

Senator EDWARD M. KENNEDY,
*Old Senate Office Building,*
*Washington, D.C.:*

I would like to urge you to support S. 3023 to establish a Presidential Biomedical Research Panel. Such a prestigious group would serve to insure the continued growth and development of American biomedical research and training in all areas for the future benefits of mankind.

ERNST R. JAFFE, M.D.,
*Acting Dean, Albert Einstein College of Medicine.*

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PHILADELPHIA, PA.

Hon. EDWARD KENNEDY,
*Senator of Commonwealth of Massachusetts, Senate Office Building,*
*Washington, D.C.:*

The Board of Trustees and Administration of Hahnemann Medical College and Hospital unanimously endorses your proposed Bio-Medical Research Act of 1974 (S. 3023) calling for the establishments of a President Bio-Medical Research Panel, similar to the Cancer Advisory Panel. We believe this bill will assure continued progress and integrity of America's bio-medical efforts in research.

WHARTON SHOBER,
*President and Chief Executive Officer,*
*Hahnemann Medical College and Hospital.*

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PHILADELPHIA, PA.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

The proposed biomedical research bill is of extreme importance to the advancement of medicine in the U.S. I give it my full support.

PETER A. HERBUT, M.D.,
*President, Thomas Jefferson University.*

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[MAILGRAM]

PHILADELPHIA, PA.

Senator EDWARD KENNEDY,
*Senate Office Building,*
*Washington, D.C.:*

Biomedical Research Act 1974 (S. 3023) important step in assuring viability and continued progress in U.S. biomedical research.

THOMAS W. LANGFITT M.D.,
*Acting Vice President for Health Affairs.*

LOMA LINDA UNIVERSITY,
*Loma Linda, Calif., March 5, 1974.*

Hon. EDWARD M. KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SIR: It has come to my attention that you have introduced a bill (S. 3023) to establish a Presidential Biomedical Research Panel in an endeavour to strengthen the program of the National Institutes of Health. May I indicate the support of our faculty here in this department of Loma Linda University for this bill and encourage you in your efforts to improve the support for the NIH programs.

As you are well aware, the NIH budget in recent years has been inadequate to fund many valuable research projects under way in the medical schools and other research institutions of this country. In our own department, funds for significant research in areas such as the safety of new carbamate pesticides, the problem of drug-induced anemia and the effects of chronic methadone administration on the physiology of the brain have been severely cut or eliminated even when approved by the NIH advisory committees. Congressional action to alleviate this unfortunate situation is most urgently needed.

Your concern for and interest in these problems is much appreciated.

Sincerely yours,

IAN M. FRASER, Ph. D.
*Chairman and Professor.*

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LOMA LINDA UNIVERSITY,
*Loma Linda, Calif., March 1, 1974.*

Senator EDWARD M. KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to support your bill S. 3023 to establish a Presidential Biomedical Research Panel.

I am also urging my State Senators, Alan Cranston and John V. Tunney to support your bill.

Thank you.

Sincerely yours,

LAWRENCE D. LONGO, M.D.

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LOMA LINDA UNIVERSITY,
*Loma Linda, Calif., March 6, 1974.*

Senator EDWARD M. KENNEDY,
*Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: As a biomedical scientist and cancer researcher, I am extremely concerned about some of the changes in the approaches to solving the cancer problem which have taken place recently. The cancer problem is not an engineering problem, and therefore cannot be approached successfully with the same methods used to put man on the moon. To limit funds for cancer research to a few large institutions seems, to me, to be very short-sighted.

Bill S. 3023 establishing a Presidential Biomedical Research Panel has recently come to my attention. I want to go on record as supporting this bill. It should expedite the execution of biomedical research programs of the NIH. It would seem advisable to have five rather than three panel members.

Thank you for your interest in helping to find a solution to the cancer problem.

Sincerely,

ROBERT L. NUTTER, Ph.D., *Professor.*

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[TELEGRAMS]

TOLEDO, OHIO.

Senator TED KENNEDY,
*Capitol Hill, D.C.:*

S. 3023 represents an important move towards establishing integrity and continued medical research.

M. C. ANDERSON, M.D.
*President Medical College of Ohio.*

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NASHVILLE, TENN.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

This telegram is sent to you in my support for your amendment to the national cancer bill (S. 3023) which I understand will come up for vote soon. I totally endorse it as well as many other persons in this academic and scientific community.

EDWARD G. HIGH,
*Professor and Chairman,*
*Mehrry Medical College.*

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RICHMOND, VA.

Senator EDWARD KENNEDY,
*Senate Office Building,*
*Capitol Hill, D.C.:*

I think your Biomedical Research Act of 1974 (S. 3023) is an important step in assuring integrity and continued progress of national biomedical efforts.

M. PINSON NEAL, JR., M.D.,
*Medical College of Virginia.*

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WASHINGTON, D.C.

Senator EDWARD M. KENNEDY,
*Capitol Hill, D.C.:*

As former associate director for clinical care at NIH I greatly appreciate the importance of program balance at NIH and urge you agree to amendment to Cancer Act which provides for a President's biomedical research panel.

THOMAS CHALMER, M.D.
*President, Mount Sinai Medical Center, New York City.*

NEW YORK, N.Y.

Hon. EDWARD KENNEDY,
*Labor and Public Welfare Committee, Dirksen New Senate Office Building, Capitol Hill, D.C.:*

The National Hemophilia Foundation strongly supports the amendment to the Cancer Act which would provide for the creation of a Presidential Biomedical Research Panel while the President's Cancer Panel has been proven effective, it has created a distortion in funding at the National Institutes of Health. What is needed is a panel to determine the overall direction and priority for all of the institutes which will be provided for by this amendment.

ROY S. HEAVNER, *President.*

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NORTHWESTERN UNIVERSITY,
*Chicago, Ill., March 1, 1974.*

Senator EDWARD KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I wish to express my support for the amendment to the Cancer Bill sponsored by Senators Javits, Schweiker, Beall and yourself.

The appointment of a policy-making panel for The National Institutes of Health will give direction and stability to biomedical investigation in this country. Both of these characteristics have been sadly lacking of late.

Once again, may I express my enthusiastic support for this amendment.

Sincerely yours,

MURRAY L. LEVIN, M.D.,
*Associate Professor of Medicine.*

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OAK RIDGE NATIONAL LABORATORY,
*Oak Ridge, Tenn., March 1, 1974.*

DEAR SENATOR KENNEDY: I and my colleagues support your move, with Senator Schweiker, Javits, and Beall, to create a special panel to oversee the National Institutes of Health. Whether this remains as S–3023 or is attached to another bill is immaterial.

I am informing my two Senators, Howard Baker and Bill Brock, of my interest (and that of essentially every scientists here) and am urging their support of the bill.

Sincerely,

WALDO E. COHN,
*Senior biochemist, Biology Division.*

ROCHE INSTITUTE OF MOLECULAR BIOLOGY,
*Nutley, N.J., March 6, 1974.*

Senator EDWARD KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to indicate my support of your bill (S3023) to establish a Biomedical Research panel. This bill should do much to shorten the lag between scientific discovery and application to human medical care.

Yours sincerely,

B. L. HORECKER, *Professor.*

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[TELEGRAM]

BOYNTON BEACH, FLA.

Senator EDWARD M. KENNEDY,
*Capitol Hill, D.C.:*

Although I favor stronger support for many areas of basic biomedical research and will for the reasons set forth in my testimony do all in my power to obtain such support, I have very serious reservations about the proposed legislation which would create a President's Biomedical Research Panel for the following reasons:

1. The Cancer Panel is a very unusual and unorthodox organizational arrangement that will only work effectively if it is reserved for unusual circumstances of extraordinary and specific priority as cancer research was felt to be. The Secretary of HEW could not be expected to accept this organizational anomaly for substantially increased areas of his basic responsibility;

2. The Cancer Panel has been an effective tool because the President has genuinely shared the priority it was designed to implement and the President has made his support of the Panel clear to all concerned. As an instrument to proposed the President's priorities the Panel would not in my opinion be effective. The Panel could easily be rendered ineffective without the President's strong and well publicized support;

3. By trying to extend the special emphasis that the Panel has helped to achieve for cancer to all areas of biomedical research we are more likely to lose the cancer priority to gain the same priority for a vastly extended area;

4. The effective discharge of the duties as Chairman of the President's Cancer Panel requires a very substantial portion of the time of the occupants of that position. The added duties envisaged by the proposed bill would make this a full-time job. Such a full-time person attempting to function outside the regular organizational set-up would be likely to become a nuisance who would soon lose his effectiveness;

5. In my opinion there is a better prospect of achieving the desired ends with the present set-up and a much better chance of continuing a vital and effective cancer program;

6. I made these views known to Lee Goldman and Jay Cutler before my departure. I assumed they will come as no surprise to you;

7. I am highly hopeful that with a little more time we can obtain the desired priorities with respect to other biomedical research with the present organization without risking the loss of the momentum in the cancer program by changing the set-up in mid-stream. I hope these views will be helpful in your deliberations.

Warm regards,

BENNO SCHMIDT.

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SCRIPPS CLINIC AND RESEARCH FOUNDATION,
*La Jolla, Calif., March 6, 1974.*

Senator EDWARD M. KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: The establishment of a Presidential Biomedical Panel (S. 3023) deserves considerable support. It is important to bring to the attention of the executive branch of the government solid information on the merits of biomedical research. Careful monitoring of the programs of the NIH will surely accomplish such a goal. Much of the painstaking efforts of the Congress to understand the benefits of research and the needs and problems currently facing the biomedical research community would hopefully through such a committee be transmitted to those in the administrative branch who are expert in methods of budget but not science. I would favor a panel consisting of five scientists rather than three, as is called for in the bill, which would be necessary to bring to the panel greater representation of so complex a body of information.

Sincerely,

CHARLES G. COCHRANE, M.D.

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[TELEGRAMS]

STANFORD, CALIF.

Hon. EDWARD M. KENNEDY,
*Old Senate Office Building,*
*Capitol Hill, D.C.:*

DEAR SENATOR KENNEDY: I support provisions of S–3023 for a biomedical research panel and for other measures in support of a vigorous biomedical research program for this Nation.

CLAYTON RICH, M.D.,
*Vice President for Medical Affairs,*
*Stanford University School of Medicine.*

ALBANY, N.Y.

Sen. EDWARD KENNEDY,
*Capitol Hill, D.C.:*

Regarding the Biomedical Act of 1974, I think this bill is an important step in assuring integrity and continued progress of national bio-medical research efforts.

THOMAS W. MOU, M.D.,
*Provost for the Health Science,*
*State University of New York.*

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PHILADELPHIA, PA.

Hon. EDWARD M. KENNEDY,
*Senate,*
*Capitol Hill, D.C.:*

Recent history underlines the importance of monitoring the execution of NIH research programs. The panel envisioned in your S–3023 would be an important step toward accomplishing that purpose.

PAUL TOKIN, M.D.,
*Vice President and Provost Health Sciences Center,*
*Temple University.*

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[MAILGRAM]

NEW ORLEANS, LA.

Senator EDWARD M. KENNEDY,
*Subcommittee on Health,*
*Washington, D.C.:*

Please pardon the terseness of this communication but I only learned of the urgency of the following today. I wish to lend strong support to your move (Bills HR 12314 and S2893) to provide for a panel of five non-Federal representatives from the scientific community to review priorities and foster implementation of monetary support for bio-medical projects under Federal purvey.

JOHN H. PHILLIPS, M.D.,
*Professor of Medicine, Tulane University.*

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[TELEGRAM]

BIRMINGHAM, ALA.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

S–3023 establishing a Biomedical Research Panel would move toward continued effective national biomedical research. Urge support of this measure.

S. RICHARDSON HILL,
*Junior Md/University of Alabama.*

UNIVERSITY OF CALIFORNIA,
DEPARTMENT OF MOLECULAR BIOLOGY AND BIOCHEMISTRY,
SCHOOL OF BIOLOGICAL SCIENCES,
*Irvine, Calif., March 6, 1974.*

Hon. EDWARD M. KENNEDY,
*Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to you with regard to the formation of a Presidential Biomedical Research Panel, whose purpose would be to monitor the development and execution of biomedical research programs of the National Institutes of Health.

I am writing to you to indicate my support for the formation of this committee. I feel that it will expedite the movement of funds appropriated by the Congress to the NIH. I also feel it will expedite the proposed research programs, and will allow a more direct communication line on matters of the budget from the NIH, through the committee, to the President on a different vein than perhaps the head of the NIH, who is a Presidential appointee who may favor Presidential programs. This committee, I feel, would provide a second voice, which would help prevent manipulation of the National Institutes of Health and our own health care programs for political reasons.

Sincerely yours,

G. A. GRANGER,
*Professor of Immunology and Microbiology.*

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UNIVERSITY OF CALIFORNIA,
SCRIPPS INSTITUTION OF OCEANOGRAPHY,
*La Jolla, Calif., March 8, 1974.*

Senator EDWARD M. KENNEDY,
*Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing in appreciation of your efforts with regard to the introduction of Bill S3023, along with Senators Beall, Javits, and Schweiker, to establish a Presidential Biomedical Research Panel. For some time we in the biomedical research community have been concerned about the disproportionate influence exercised by the Executive, as compared with the Legislative, branch on Federal biomedical research programs. The Executive influence is wielded chiefly through the Office of Management and Budget, an agency with little if any of the scientific expertise needed to evaluate the programs over which it holds such power. Creation of a Biomedical Research Panel, as embodied in your bill, will ensure that informed scientific input is received both by the President and by appropriate Congressional committees. Although I would prefer to see a panel of five members, rather than the three mentioned in your bill, I very much hope that S3023 will pass and be implemented.

By copy of this letter I am conveying my sentiments to your cosponsors and to my own Senators.

Yours sincerely,

CHRISTOPHER K. MATHEWS,
*Visiting Professor.*

[MAILGRAM]

UNIVERSITY OF COLORADO MEDICAL CENTER,
*Denver, Colo.*

Senator EDWARD KENNEDY,
*Senate Office Building,*
*Washington, D.C.:*

Senate bill 3023 has strong support from the faculty and administration of the University of Colorado Medical Center, having served as the first director of the National Institute of Child Health and Human Development during your late brother's administration I have viewed with grave pain the decline of the National Biomedical effort. It is time to reestablish a strong bipartisan biomedical research policy.

Your bill can do this.

With best wishes for success,

ROBERT A. ALDRICH, M.D.,
*Vice President for Health Affairs.*

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UNIVERSITY OF COLORADO MEDICAL CENTER,
*Denver, Colo.*

Senator EDWARD KENNEDY,
*Senate Office Building,*
*Washington, D.C.:*

We support the proposed amendment to the Cancer Act which would provide for the President's Biomedical Research Panel. The cancer program has expanded greatly as a result of the Concer Act but as a biomedical researcher we are concerned that this progress have been at the expense of other research programs. We need such a panel to provide a balanced view of the research needs and opportunities available to the NIH.

F. KERN, JR., M.D.
F. SIMON, M.D.,
H. CLAMAN, M.D.,
V. OSTROWER, M.D.
W. BROWN, M.D.

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UNIVERSITY OF SOUTHERN CALIFORNIA,
*Los Angeles,, Calif., March 8, 1974.*

Hon. EDWARD M. KENNEDY,
*United States Senate,*
*Washington, D.C.*

MY DEAR SENATOR KENNEDY: This letter is in support of your Bill S. 3023 to establish a Presidential Biomedical Research Panel. The development and execution of biomedical research programs have been substantially arrested. This stems, in part, from the low priority assigned to this human enterprise by the present administration. We believe it essential that the influence of the Office of Management and

Budget be counterbalanced by a panel of the type provided for in your bill.

Sincerely yours,

MAX HARRY WEIL, M.D.,
*Director and Clinical Professor,*
*Medicine and Biomedical Engineering.*

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[TELEGRAM]

UNIVERSITY OF FLORIDA,
*Gainesville, Fla.*

Senator EDWARD M. KENNEDY,
*Capitol Hill,*
*Washington, D.C.:*

Continued effort in biomedical research is necessary in the quest for treatment and cures. We support bill S. 3023 as an approach to progressive legislation for research.

EDMUND ACKELL,
*Vice-President for Health Affairs.*

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J. HILLIS MILLER HEALTH CENTER,
UNIVERSITY OF FLORIDA,
*Gainesville, Fla., March 6, 1974.*

Senator EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Old Senate Office Building,*
*Washington, D.C.*

DEAR MR. KENNEDY: This letter is written in support of S. 3023 to establish a President's biomedical research panel. I think the scientific and health community is eager to best utilize funds made available to them for biomedical research. Every indication which we have received is that such a panel is needed and would expedite the efficient utilization of available funds.

Sincerely yours,

DON L. ALLEN, D.D.S., M.S.,
*Interim Dean.*

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DIVISION OF SPONSORED RESEARCH,
UNIVERSITY OF FLORIDA,
*Gainesville, Fla., February 28, 1974.*

Senator EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Old Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: One of the severest frustrations that has faced those of us attempting to develop answers to pressing health problems has been the constrant stream of road blocks to biomedical research stemming from OMB actions. I interpret these as reflecting Administration attitude since actions speak louder than words.

The introduction of S. 3023 by Senators Kennedy, Beall, Javits, and Schweiker to provide a mechanism for monitoring the development and execution of biomedical research programs provides a way to develop a rational approach to the problem of maintaining factual input for presidential and congressional decisions. The present, almost capricious decision-making with regard to biomedical research could then be ended or exposed for what it is.

Your efforts in introducing and supporting this action are welcomed and appreciated.

Sincerely yours,

GEORGE K. DAVIS,
*Director, Division of Sponsored Research.*

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C. V. WHITNEY LABORATORY,
UNIVERSITY OF FLORIDA,
*St. Augustine, Fla., March 7, 1974.*

Senator EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Old Senate Office Building, Washington, D.C.*

DEAR SENATOR KENNEDY: This is to express my support for S. 3023 which you have introduced. American biomedical science leads the world, and it would be a dreadful step backward if our forward thrust were to be blunted. Even though the advances in biomedical science have been spectacular over the past 20 years, it is only the tip of the iceberg that has been revealed. A number of quantum jumps in our knowledge of living processes are discernable—for example membrane phenomena, the three-dimensional structure and activity of huge macromolecules, neurobiological advances and their significance for understanding cell and organ behavior. We need this kind of information for better understanding of human disease.

I hope your efforts will be successful, for it will be tragic if support for fundamental research falters as it has been doing for the past few years.

Sincerely,

SAMUEL GURIN,
*Director, Professor of Biochemistry.*

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J. HILLIS MILLER HEALTH CENTER,
UNIVERSITY OF FLORIDA,
*Gainesville, Fla., March 1, 1974.*

Hon. EDWARD M. KENNEDY,
*Chairman, Subcommittee on Health, Old Senate Office Building, Washington, D.C.*

DEAR SENATOR KENNEDY: This is to applaud your introduction of S. 3023, and to express the wholehearted support of our faculty and administration for this bill. It would do much to insure the orderely implementation of legislative intent, with respect to biomedical research programs of the NIH. Naturally, it is the extramural portion of the NIH program that concerns us most, and I know that you are

fully aware of the distressing cutbacks, slowdowns and phase-outs in research and research training programs in our medical schools that have been occasioned by impoundment and other administrative delaying tactics in recent years. Such delays can only be detrimental to the public health, as they postpone development of new knowledge necessary to control or prevent disease.

We strongly urge passage of the bill, and express our thanks to you for your initiative in this matter.

Sincerely yours,

CHANDLER A. SETSON, M.D., *Dean.*

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UNIVERSITY OF ILLINOIS,
*Urbana-Champaign, March 1, 1974.*

To: Senators Kennedy, Beall, Javits and Schweiker.

From: F. A. Kummerow, Director, The Burnsides Research Laboratory.

Subject: Senate Bill S–3023. The Establishment of a President's Biomedical Research Panel.

I would like to express my support for S–3023. The research community is dedicated to the solution of health problems in the U.S.A. However, it cannot operate in a vacuum. I know from my own participation in volunteer health organizations, such as the Illinois Heart Association, that the general public understands the need for a continued and steady funding of research programs. This understanding at the grass roots level will support carefully thought-out decisions at the national level. The Office of the President needs the support that a distinguished panel of scientists can provide. The present dependence on the Office of Management and Budget for such guidance has not provided for an optimum research effort. S–3023 will be of benefit to the Congress, the Office of the President and the scientific community. We must all work in harmony in order to provide for maximum value from the funds that are provided for research programs.

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UNIVERSITY OF KENTUCKY,
*Lexington, Ky., February 28, 1974.*

Senator EDWARD M. KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing in behalf of the Public Affairs Committee of the Federation of American Societies for Experimental Biology (FASEB) to support Senate Bill S. 3023. It has been apparent for a number of years that one of the impediments to the efficient use of the federal dollar in biomedical research has been poor communication among the administration, certain key Congressional committees, and the NIH. Objectives and motives are sometimes misunderstood, and, in the resulting confusion, time and money are wasted. The proposed President's Biomedical Research Panel would serve as a high-level coordinating body that would substantially

reduce these kinds of waste. I therefore strongly endorse your efforts in behalf of S. 3023.

Sincerely,

HENRY R. HIRSCH,
*Associate Professor.*

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[TELEGRAM]

WORCESTER, MASS.

Senator EDWARD KENNEDY,
*Capitol Hill D.C.:*

I urge your support of Senate bill Number 3023 at the subcommittee on health meeting on March 6th. The need for a President of Biomedical Research Panel and continuing support of basic research is clear and urgent. This will have direct effects on the health of the Nation.

R. W. BUTCHER, Ph. D.,
*University of Massachusetts Medical School.*

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UNIVERSITY OF MIAMI,
*Miami, Fla., February 28, 1974.*

Senator EDWARD KENNEDY,
*Subcommittee on Health,*
*Dirksen Senate Office Building,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: As a member of the American Federation for Clinical Research and a councillor of its Southern subsection, I urge your support of the current cancer legislation. Academicians consider passage of this bill which provides for independent scientific control immune from Federal (Presidential) influence for fund distribution as critical.

Thank you very much.

Sincerely,

GERALD S. LEVEY, M.D.,
*Professor of Medicine.*

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[TELEGRAMS]

CHAPEL HILL, N.C.

Senator EDWARD KENNEDY,
*Capitol Hill D.C.:*

Senate 3025 constitutes an important forward step to protect and support national biomedical research efforts. I only hope it could be even stronger.

CECIL G. SHEPS, M.D.,
*Vice Chancellor, Health Science,*
*University of North Carolina.*

PITTSBURGH, PA.

Hon. EDWARD KENNEDY,
*U.S. Senate, Senate Office Building,*
*Washington, D.C.:*

I support your statesmanlike efforts to establish a President's Biomedical Research Panel which would provide real leadership for the Nation's biomedical research efforts.

F. S. CHEEVER,
*Vice Chancellor Health Professions,*
*University of Pittsburgh.*

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DALLAS, TEX.

Hon. EDWARD KENNEDY,
*U.S. Senate,*
*Washington, D.C.:*

Your bill entitled Biomedical Research Act of 1974 is vitally important to the preservation of a vigorous national biomedical research effort. Such a national effort is absolutely essential if this country is going to continue as a world leader in the health field.

CHARLES C. SPRAGUE, M.D.,
*President, The University of Texas Health Science Center at Dallas.*

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THE UNIVERSITY OF TEXAS MEDICAL BRANCH,
*Galveston, Tex.*

DEAR SIR: I was just informed about bill S. 3023 and I want you to know that I consider this of extreme importance for the continuation of biomedical research. This is exactly what is needed and what is of utmost urgency now so many good projects get approved but not funded. My own project was for instance approved last November with an excellent critique but it has not been funded yet. In the mean time research was reduced due to the loss of technical help. My own future is in jeopardy since also my salary is paid from this grant. We do not know anymore where we stand due to these delays in funding. Action is indeed necessary.

Sincerely yours,

LUDDO B. NANNINGA,
*Research Professor,*
*Department of Physiology and Biophysics.*

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[TELEGRAMS]

SYRACUSE N.Y.

Senator EDWARD M. KENNEDY,
*Capitol Hill D.C.:*

I support the Biomedical Research Act of 1974 (S-3023) as a means of strengthening integrity and further accomplishment in biomedical research.

LEWIS W. BLUEMLE, Jr., M.D.,
*President, Upstate Medical Center.*

NASHVILLE TENN.

Senator EDWARD M. KENNEDY,
*Capitol Hill D.C.:*

I strongly support the national cancer bill S. 3023.

Dr. ALLAN D. BASS,
*Professor of Pharmacology, Vanderbilt Medical School.*

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NASHVILLE TENN.

Senator EDWARD M. KENNEDY,
*Capitol Hill D.C.:*

I firmly urge the passage of an amendment to the NCB S. 3023 to include the appointment of a Biomedical Review Panel to monitor this bill.

HARRY P. BROQUIST,
*Professor Biochemistry, Vanderbilt University.*

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VANDERBILT UNIVERSITY,
*Nashville, Tenn., March 1, 1974.*

Hon. EDWARD M. KENNEDY,
*Subcommittee on Health, U.S. Senate, New Dirksen Senate Office Building, Washington, D.C.*

DEAR SENATOR KENNEDY: I am writing to indicate the importance I attach to the amendment I understand you plan to introduce on the Senate floor next week to the Bill to Extend and Amend The National Cancer Act of 1971 (S. 3023). The amendment, as I understand it, will create a panel of several individuals, drawn in large part from the scientific community, to review and oversee the overall funding of health science programs of the N.C.I., N.I.H., and N.I.M.H. This panel would report to both the President and the Congress and would be charged with maintaining balance and scientific diversity among the various programs. It would, therefore, be in a position to modulate significantly the increasing effort of the Executive Branch to politicize science. I want to commend you for introducing this legislation and to encourage you and your fellow Senators to resist what I suspect are strong efforts by the White House to defeat it on the Senate floor. I have talked to Mr. Dalrimple on Congressman Paul Rogers' staff, and he indicated that there would be little chance of further modifying their bill (H.R. 13053) in the full committee, but that he felt that, should your amendment pass, there would be little difficulty in incorporating it in conference.

Let me offer my appreciation for your continuing efforts on behalf of biomedical science and the health professions, and my best regards.

Sincerely,

DAVID N. ORTH, M.D.,
*Director, Cancer Research Center.*

[TELEGRAM]

NASHVILLE, TENN.

Senator EDWARD KENNEDY,
*Capitol Hill, D.C.:*

Strongly support your amendment to national cancer bill S. 3023, to establish Biomedical Research Panel to report to Congress and the President on NIH funding.

DR. OSCAR TOUSTER,
*Professor and Chairman,*
*Department of Molecular Biology, Vanderbilt University.*

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UNIVERSITY OF WISCONSIN MEDICAL CENTER,
*Madison, Wis., February 27, 1974.*

Hon. EDWARD M. KENNEDY,
*U.S. Senate,*
*Washington, D.C.*

DEAR SENATOR KENNEDY: As a biomedical scientist who has been increasingly concerned about the fate of health research in the U.S.A., as well as in Latin America (see enclosed), I am most pleased to learn that you along with Senators Javits, Schweiker and Beall have introduced S. 3023, an amendment to the Public Health Service Act to strengthen the research programs on the National Institutes of Health. I have written to Senator Gaylord Nelson in this connection. Your amendment will be widely supported and applauded by the community of biomedical scientists as it represents a major step in insuring the integrity and renewed vigor of the National Institutes of Health which has been able until recently to foster an internationally renowned program of health research.

The partial separation of the Cancer Institute and the threats to further disintegration of the National Institutes of Health by the efforts to separate the Heart and Lung and Neurological Diseases Institutes have served to dishearten the biomedical community. Your amendment will go a considerable way in helping to reestablish the confidence of the biomedical scientists in the justifiable belief that their collective research efforts, if adequately supported, will contribute the basic knowledge, urgently needed for more effective diagnosis, treatment and prevention of not only cancer, and heart disease but also of arthritis, diabetes, and the many other ills of our citizens.

The enclosed report on Health Research in Latin America may be of interest to you. It reveals the difficulties which our sister nations in this hemisphere are facing in meeting their health research needs. The integrity and reinvigoration by more adequate financial support of the National Institutes of Health in their intra- and extramural research programs are essential not only to meet the needs and expectations of our own citizens, but also to serve as a model—and even as a source of support—for other countries, and in particular, Latin America.

Respectfully yours,

PHILIP P. COHEN,
*Professor of Physiological Chemistry.*

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