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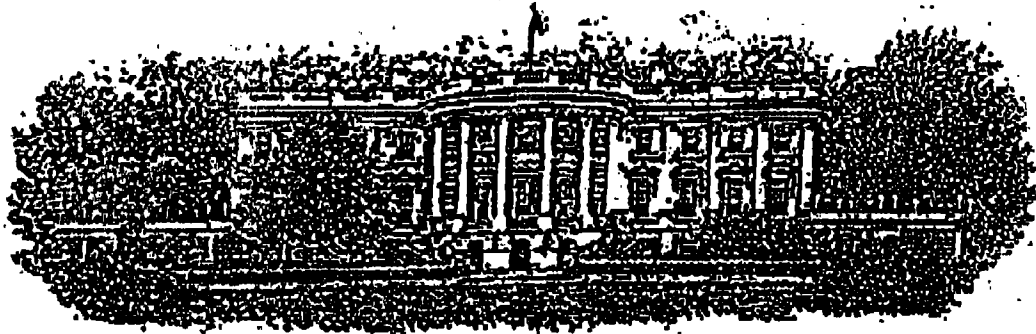
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TO: Beed Mando DATE: 11/04

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Many Weapons Against Cancer

By Vice President Al Gore

The Washington Post, October 18, 1998

For too long, cancer patients, their families and their care givers have had to fight cancer without the resources necessary to win the war. Daniel Greenberg ["Fighting Cancer in the Wrong Arena," op-ed, Oct. 12] correctly points out that focusing solely on cancer research cannot address the broad challenges of this disease. He is also right that expanded options for affordable health care coverage are a necessary resource in the battle. However, Greenberg falls into a familiar trap of false choices. We can really only win the war on cancer if we are bold enough to seize all of the opportunities now before us and wage a multi-front war against this disease.

Renewed national leadership and unprecedented efforts in research will speed the rate of discovery toward finding ways to prevent, detect, treat and one day cure cancer. It was this kind of sustained effort that enabled us to win World War II, to cure polio and to send a man to the moon. If we focus our efforts on cancer, we can succeed again.

However, just as we could not have ended our fight against polio with the development of the iron lung, we should not rest until cancer is no longer a public health challenge. Over the past 25 years, scientists have made important progress in cancer research, finally gaining the critical mass of knowledge necessary to beat this disease. We are breaking cancer's genetic code, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are on the cusp of translating these stunning advances in genetics into an explosive growth of new possibilities to fight cancer.

We are also at a crucial point where our investments have the potential to pay off more than ever. Turning today's breakthroughs into tomorrow's successful therapies is one of the toughest scientific challenges our nation has faced. Congress has passed a substantial funding increase in cancer research this year, a remarkable down payment on the president's proposed multi-year investment.

But every weapon is needed to win this war. We won't cure cancer when less than 5 percent of adult cancer patients are in clinical trials, which are among the most effective tools to advance our knowledge. Cure rates for many childhood cancers are approaching 80 percent, in part because almost all children with cancer are either enrolled in clinical trials or receiving comparable treatment. These trials enable us to get the latest discoveries to patients and answer the essential questions on what works and what doesn't.

We have taken steps at the National Cancer Institute to make it easier for patients to enroll in clinical trials, and we have asked Congress to pass a proposal I announced in January to cover Medicare beneficiaries who participate in these trials. We have also accelerated the approval of cutting-edge cancer therapies at the Food and Drug Administration without undermining quality standards.

We certainly cannot rest when so many cancer patients do not benefit from today's progress because

they lack health insurance. That is why each of the president's budgets has included proposals to make quality health care more affordable for Americans. Working with Congress, we have helped cancer patients secure health care coverage by limiting preexisting conditions, and we have made the largest investment in children's health insurance in a generation. However, Congress has not responded to many of our proposals, such as allowing Americans between the ages 55 and 65 to buy into Medicare and providing affordable coverage to workers in between jobs.

We must also make sure that our advancements and breakthroughs translate into high quality care for cancer patients. We have heard too many stories of cancer patients who could not see the specialist they needed or whose health plan delayed critical cancer treatment until it was too late. As Congress goes home without passing a Patients' Bill of Rights there is no question we are missing an important weapon in the war on cancer.

Cancer has touched many families in deep indelible ways. As millions of husbands and wives, sons and daughters and brothers and sisters whose lives cancer has affected know all too well, one weapon is not enough for this disease. We must fight it in every arena and on every front. With 40 percent of Americans expected to be diagnosed with cancer in their lifetime and 20 percent expected to die from it, we can afford to do no less.

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EVERY MINUTE COUNTS

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By Al Gore

Sunday, October 18, 1998; Page C07

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The writer is vice president of the United States.

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October 26, 1998

Vice President Al Gore
Office of the Vice President
The White House
Washington, D.C. 20501

Dear Mr. Vice President,

I want to applaud you for your timely and insightful column on the importance of cancer research published in the Washington Post last weekend. As one who is privileged to work with a group of talented researchers in the ongoing effort to unravel the difficult mysteries of this disease, I cannot begin to tell you how important your dedication in this arena has been. Like you, I have seen the devastating impact of cancer in my own family and struggle, too often unsuccessfully, to defeat it with my patients. The personal support that you and Mrs. Gore have lent to The Race for the Cure and other events has paid great dividends in increasing public awareness of the need to support cancer research.

More importantly, your leadership on a national level is vital to this effort and is deeply appreciated by those of us in the trenches. You are absolutely correct that we must encourage increased participation in clinical research trials and increase funding for basic and applied research. Additionally, we must increase incentives for patients to enter clinical trials and require that insurance companies support patients undergoing appropriate clinical research. It is also critical that we make strong efforts - as has begun at the National Cancer Institute - to encourage young physicians and other scientists to shift their careers towards translational cancer research. The high cost of medical education as well as other economic pressures too often force talented individuals who could make tremendous contributions to focus their careers away from critical laboratory and clinical studies.

This is an exciting time in cancer research. Walls that for too long had been viewed as impenetrable are starting to crack and will hopefully soon fall. This is a vital effort and one in which I'm proud to participate. I'm certain that the enlightened leadership stance that you and President Clinton have taken on this issue will ultimately be viewed as a great legacy of this administration. Your support and leadership can be instrumental in the success of this effort and once again, is deeply appreciated.

Sincerely yours,

Kevin J. Cullen, M.D.
Associate Professor of Medicine
Lombardi Cancer Center
Georgetown University

*fyi -
this is Lisa Brown's
husband. AGT sent
A response -
PJC*

EDITORIAL

COPY GORE . PED 10/18

To: Chris Lehane
From: Tim Ruane
The Washington Post
tel 334-6072

Al Gore
hed

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M E M O R A N D U M

To: Meg Greenfield, Managing Editor of the Washington Post's Editorial Page

Fr: Chris Lehane, Office of the Vice President (202 456-6420)

Re: Op Ed in response to Daniel Greenberg's October 12, 1998 essay

Date: October 14, 1998

Attached, please find an op ed from Vice President Al Gore in response to Daniel Greenberg's October 12, 1998 essay ("Fighting Cancer In the Wrong Arena").

If you have any questions, please do not hesitate to contact me at 202 456-6420.

Thank you for your time and consideration.

We Can Only Win The War On Cancer if We Wage A Multi-front Battle

Vice President Al Gore

October 14, 1998

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It is true that research advances do not advance health if individuals are denied access to appropriate care. But it is also true that if everyone today had access to the best we currently have, hundreds of thousands of Americans would still die of cancer each year because we simply lack effective therapies. [President Clinton and I are committed to addressing both sides of this coin -- supporting the discovery of new and effective weapons against cancer and making those weapons available to all Americans. We can really only win the war on cancer if we are bold enough to seize **all of** the opportunities now before us and ~~wage a multi-front war against this disease~~ **recognize that this war must be waged on many fronts.**

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However, just as we could not have ended our fight against polio with the development of the iron lung, we should not rest until cancer is no longer a public health challenge. Over the last 25 years, scientists have made important progress in cancer research, finally gaining the critical mass of knowledge necessary to beat this disease. We are breaking cancer's genetic code, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are on the cusp of translating these stunning advances in genetics into an explosive growth of new possibilities to fight cancer.

~~We are also at a crucial point where our investments have the potential to pay off more than ever.~~ Turning today's breakthroughs into tomorrow's successful therapies is one of the toughest scientific challenges our nation has faced. **It is a challenge that will not be met if we do not commit adequate resources.** The Congress has passed a substantial funding increase in cancer research this year, a remarkable downpayment on the President's proposed multi-year investment.

But every weapon is needed to win this war. We won't cure cancer when less than five percent of adult cancer patients are in clinical trials, one of our most effective tools to advance our knowledge. Cure rates for many childhood cancers are approaching 80 percent, in part because almost all children with cancer are **either** enrolled in clinical trials **or treated according to protocols developed through clinical trials.** These trials enable us to get the latest discoveries to patients, and answer the essential questions on what works and what doesn't.

We have taken steps at the National Cancer Institute to make it easier for patients to enroll in

clinical trials and we have asked Congress to pass our proposal to cover Medicare beneficiaries who participate in these trials. We have also accelerated the approval of cutting edge cancer therapies at the Food and Drug Administration without undermining quality standards.

We certainly cannot rest when so many cancer patients do not benefit from today's progress because they lack health insurance. That is why each of the President's budgets have included proposals to make quality health care more affordable for more Americans. Working with Congress, we have helped cancer patients secure their health care coverage by limiting preexisting conditions, and we have made the largest investment in children's health insurance in a generation. However, Congress has not responded to many of our proposals, such as allowing Americans ages 55 to 65 buy into Medicare and providing affordable coverage to workers in between jobs.

We must also make sure that our advancements and breakthroughs translate into high quality care for cancer patients. We have heard too many stories of cancer patients who could not see the specialist they needed or whose health plan delayed critical cancer treatment until it was too late. As the Congress goes home without passing a patients' bill of rights there is no question we are missing an important weapon in the war on cancer.

Cancer has touched my own family in a deep and indelible way. And as millions of other families whose lives it has affected know all too well, one weapon is not enough for this disease. We must fight it in every arena and on every front. With forty percent of Americans expected to be diagnosed with cancer in their lifetime and 20 percent expected to die from it, we can afford to do no less.

For too long, cancer patients, their families, and their care givers have had to fight cancer without the resources necessary to win the war. Daniel Greenberg ("Fighting Cancer In the Wrong Arena," Oct. 12) correctly points out that ~~focusing solely on cancer research cannot address the broad challenges of this disease~~ **if we focus only on research, this war will not be won.** He is ~~also~~ right that expanded options for affordable health care coverage are a necessary resource in this battle. However, ~~Greenberg's focus is still too narrow~~ **Greenberg falls into an all too common argument of false choices. Making progress against disease requires both a commitment to research and a medical and public health system that makes the fruits of that research available to all. It is true that research advances do not advance health if individuals are denied access to the best care. It is also true that if everyone today had access to the best we currently have, hundreds of thousands of Americans would still die of cancer each year because we simply lack effective therapies. We are committed to addressing both sides of this coin -- supporting the discovery of new and effective weapons against cancer and making those weapons available to all Americans. We can really only win the war on cancer if we are bold enough to seize the opportunities now before us and wage a multi-front war against this disease recognize that this war must be waged on many fronts.**

Renewed national leadership and unprecedented efforts in research will speed the rate of discovery towards finding ways to prevent, detect, treat, and one day cure cancer. It was this kind of sustained effort that enabled us to win World War II, to cure polio, and to send a man to the moon. If we focus our efforts on cancer, we can succeed again.

However, just as we could not have ended our fight against polio with the development of the iron lung, we should not rest until cancer is no longer a public health challenge. Over the last 25 years, scientists have made important progress in cancer research, finally gaining the critical mass of knowledge necessary to beat this disease. We are breaking cancer's genetic code, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are on the cusp of translating these stunning advances in genetics into an explosive growth of new possibilities to fight cancer.

~~We are also at a crucial point where our investments have the potential to pay off more than ever.~~ Turning today's breakthroughs into tomorrow's successful therapies is one of the toughest scientific challenges our nation has faced. **It is a challenge that will not be met if we do not commit adequate resources.** The Congress has passed a substantial funding increase in cancer research this year, a remarkable downpayment on the President's proposed multi-year investment.

But every weapon is needed to win this war. We won't cure cancer when less than five percent of adult cancer patients are in clinical trials, one of our most effective tools to advance our knowledge. Cure rates for many childhood cancers are approaching 80 percent, in part because almost all children with cancer are **either** enrolled in clinical trials **or treated according to protocols developed through clinical trials.** These trials enable us to get the latest discoveries to patients, and answer the essential questions on what works and what doesn't.

We have taken steps at the National Cancer Institute to make it easier for patients to enroll in

clinical trials and we have asked Congress to pass our proposal to cover Medicare beneficiaries who participate in these trials. We have also accelerated the approval of cutting edge cancer therapies at the Food and Drug Administration without undermining quality standards.

We certainly cannot rest when so many cancer patients do not benefit from today's progress because they lack health insurance. That is why each of the President's budgets have included proposals to make quality health care more affordable for more Americans. Working with Congress, we have helped cancer patients secure their health care coverage by limiting preexisting conditions, and we have made the largest investment in children's health insurance in a generation. However, Congress has not responded to many of our proposals, such as allowing Americans ages 55 to 65 buy into Medicare and providing affordable coverage to workers in between jobs.

We must also make sure that our advancements and breakthroughs translate into high quality care for cancer patients. We have heard too many stories of cancer patients who could not see the specialist they needed or whose health plan delayed critical cancer treatment until it was too late. As the Congress goes home without passing a patients' bill of rights there is no question we are missing an important weapon in the war on cancer.

Cancer has touched my own family in a deep and indelible way. And as millions of other families whose lives it has affected know all too well, one weapon is not enough for this disease. We must fight it in every arena and on every front. With forty percent of Americans expected to be diagnosed with cancer in their lifetime and 20 percent expected to die from it, we can afford to do no less.

if we focus only on research, this war will not be won.

Subject: draft

Date: Wed, 14 Oct 1998 00:11:44 -0400

From: Sarah_A_Bianchi@opd.eop.gov

To: jrmlne@mindspring.com

it will take more than research to win this fight.

For too long, cancer patients, their families, and their care givers have had to fight cancer without the resources necessary to win the war. Daniel Greenberg (?Fighting Cancer In the Wrong Arena,? Oct. 12) correctly points out that ~~focusing solely on cancer research undermines our efforts~~. He is ~~also~~ right that expanded options for affordable health care coverage are a necessary resource in this battle. However, ~~Greenberg's focus is still too narrow~~. We can really only win the war on cancer if we are bold enough to seize the opportunities now before us and ~~wage a multi-front war against this disease~~.

recognize that this war must be waged on many fronts.

Renewed national leadership and unprecedented efforts in research will speed the rate of discovery towards finding a cure. It was this kind of sustained effort that enabled us to win World War II, to cure polio, and to send a man to the moon. If we focus our efforts on cancer, we can succeed again.

Just as we could not have ended our fight against polio with the development of the iron lung, we should not rest until cancer is no longer a public health challenge. Over the last 25 years, scientists have made important progress in cancer research, finally gaining the critical mass of knowledge necessary to beat this disease. We are breaking cancer's genetic code, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are on the cusp of translating these stunning advances in genetics into an explosive growth of new possibilities to prevent, detect, diagnose, and treat cancer.

[We are also at a crucial point where our investments have the potential to pay off more than ever.] Turning today's breakthroughs into tomorrow's successful therapies may be the toughest scientific challenge our nation has faced. President Clinton and I commend the Congress for passing a substantial funding increase in cancer research this year, a remarkable downpayment on the President's proposed multi-year investment.

It is a challenge that will not be met if we do not commit adequate

But every weapon is needed to win this war. We won't cure cancer when less than five percent of adult cancer patients are in clinical trials, one of our most effective tools to advance our knowledge. Cure rates for many childhood cancers are approaching 80 percent, in part because almost all children with cancer are ^{either} enrolled in clinical trials. These trials enable us to get the latest discoveries to patients, and answer the essential questions: what works and what doesn't.

or treated according to protocols developed through clinical trials.

We have taken steps at the National Cancer Institute to make it easier for patients to enroll in clinical trials and we have asked Congress to pass our proposal to cover Medicare beneficiaries who participate in these trials. We have also accelerated the approval of cutting edge cancer therapies at the Food and Drug Administration without undermining quality standards.

We certainly should not rest when so many cancer patients cannot benefit from today's progress because they lack health insurance. That is why each of the President's budgets have included proposals to make quality health care more affordable for more Americans. Working with Congress, we have helped cancer patients secure their health care coverage by limiting preexisting conditions, and we have made the largest investment in children's health insurance in a generation. However, Congress has not responded to many of our proposals, such as allowing Americans ages 55 to 65 buy into Medicare and providing affordable coverage to workers in

between jobs.

We must also make sure that our advancements and breakthroughs translate into high quality care for cancer patients. We have heard too many stories of cancer patients who could not see the specialist they needed or whose health plan delayed critical cancer treatment until it was too late. As the Congress goes home without passing a patients' bill of rights there is no question we are missing an important weapon in the war on cancer.

Cancer has touched my own family in a deep and indelible way. And as millions of other families whose lives it has affected know all too well, one weapon is not enough for this disease. We must fight it in every arena and on every front. With forty percent of Americans expected to be diagnosed with cancer in their lifetime and 20 percent expected to die from it, we can afford to do no less.

Greenberg falls into an all too common argument of false choices. Making progress against disease requires both a commitment to research and a medical & p.h. system that makes the fruits of that research available to all. It is true that research advances do not advance health if individuals are ~~not~~ denied access to the best care. It is also true that if everyone today had access to the best we currently have, hundreds of thousands of Americans would still die ^{of cancer} each year because we simply lack effective therapies. We are committed to addressing both sides of this coin -- supporting the discovery of new & effective weapons against cancer & making those weapons available to all Americans.

Subject: hereugo

Date: Tue, 13 Oct 1998 22:24:43 -0400

From: Sarah_A_Bianchi@opd.eop.gov

To: jrmlne@mindspring.com

Imagine if
we ended our
fight against
polio with the
development
of the
vaccine.

As we learned
polio taught us
the health insurance
is not enough.
We can't stop at
must continue
to our
scrutinize
my way.

For too long, cancer patients, their families, and their care givers have had to fight cancer without the resources necessary to win the war. Daniel Greenberg (?Fighting Cancer In the Wrong Arena,? Oct. 12) is right to point out that health insurance is a necessary resource in this battle. But he is dangerously wrong not to recognize that we can finally win the war on cancer if we are bold enough to seize the opportunities now before us.

Renewed national leadership will speed the rate of discovery. It was this kind of sustained effort that enabled us to win World War II, to cure polio, and to send a man to the moon. If we focus our efforts on cancer, we will succeed.

We should ~~not~~ rest until we
eradicate cancer as a public health problem.

Because of our investments in cancer research over the last 25 years, scientists have finally gained the critical mass of knowledge necessary to beat this disease. We are breaking cancer's genetic code ~~an unanticipated~~ pace, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are on the cusp of translating these stunning advances in genetics into an explosive growth of new possibilities to prevent, detect, diagnose, and treat cancer. ~~We cannot win the war against cancer until we have cancer treatments that work.~~

Turning today's scientific breakthroughs into tomorrow's successful therapies ~~will require~~ ~~hard work~~ ~~may be the~~ ~~toughest~~ ~~scientific~~ ~~challenge~~ ~~our nation~~ ~~has faced.~~
~~But research is only one part of the battle.~~ We won't cure cancer when less than five percent of adult cancer patients are in clinical trials -- one of our most effective tools scientists have to advance our knowledge. One reason that cure rates for so many childhood cancers is approaching 80 percent is that almost all children with cancer are enrolled in clinical trials. ~~These treatments~~ ^{Clinical trials} enable us to get the latest discoveries to patients, and to answer the essential questions: what works and what doesn't.

We have taken steps at the National Cancer Institute to make it easier for patients to enroll in clinical trials, and we have asked Congress to pass our proposal to cover Medicare beneficiaries who participate in ~~high~~ ^{properly designed} quality clinical trials. These are critical steps to give our patients the best treatment and to speed up discoveries. We have also accelerated the approval of cancer therapies without undermining quality standards to assure that patients can get the most cutting edge therapies.

We certainly cannot rest when so many cancer patients cannot benefit from progress that has been made because they lack health insurance. That is why each of the President's budgets have included proposals to make quality health care more affordable for more Americans. Working with Congress, we have helped cancer patients secure their health care coverage by limiting preexisting conditions, and we have made the largest investment in children's health insurance in a generation. However, Congress has not responded to many of our proposals, such as allowing Americans ages 55 to 65 buy into Medicare and providing affordable coverage to workers in between jobs.

We must also make sure that our advancements and breakthroughs translate into high quality care for cancer patients. We have heard too many stories of cancer patients who could not see the specialist they needed or whose plans delayed critical cancer treatment until it was too late. As the Congress goes home without passing a patients' bill of rights there is no question we are missing an important weapon in the war on cancer. Cancer has touched my own family in a deep and indelible way. And as millions of other families whose lives it has affected know all too well,

one weapon is not enough for this disease. We must fight it in every arena and on every front. With forty percent of Americans expected to be diagnosed with cancer in their lifetime and 20 percent expected to die from it, we can afford to do no less.

1994
Rick 301-469-5931

Clearly up front - dual principal
Two parts to a puzzle.

Use polio as c.g.

but it took medical research - insurance alone won't do it.

For too long, cancer patients, their families, and their care givers have had to fight cancer without the resources necessary to win the war. Daniel Greenberg ("Fighting Cancer In the Wrong Arena," Oct. 12) is right to point out that health insurance is one of the needed resources. But he is dangerously wrong not to recognize that we can finally win the war on cancer if we are bold enough to seize the opportunities now before us.

Despite

Renewed national leadership will speed the rate of discovery. The American people are capable of achieving anything we put our collective will toward accomplishing. We did it to ~~win World War II~~ ^{beat polio}, to send a man to the moon, and to win the Cold War. If we focus our efforts on cancer, we will succeed. Today ^{most} Americans with the best health insurance still die most of the time.

We can finally beat cancer. For more than 25 years, our nation has battled tirelessly to stop the spread of cancer. Unfortunately, we didn't have the weapons necessary to win the war -- cancer treatments that work. Because of our investments over the last 25 years, scientists have finally gained the critical mass of knowledge to beat cancer. They have broken cancer's genetic code, the equivalent of breaking the Enigma code that led to the Nazi's defeat. Scientists are ready to translate this stunning advance in our molecular understanding of cancer into an explosive growth of effective ways to prevent, detect, diagnose, and treat cancer.

The answers to the cancer war are within reach. Cure rates for many childhood cancers are approaching 80 percent. One reason for our success is that almost all children with cancer are enrolled in *clinical trials* -- careful studies of experimental treatments. Clinical trials are one of the most effective tools scientists have to advance our knowledge. They enable us to get the latest discoveries to patients, and they enable us to answer the essential questions: what works and what doesn't work.

To win the war against cancer we must speed the rate for discovering therapies that work. Less than five percent of adult cancer patients are in clinical trials. That is not enough to find the best cancer therapies. To copy the success we have had in childhood cancers to adults, more adults must participate in clinical trials. Even if every American had health insurance, we will not defeat cancer until we have ^{more} cancer treatments that work.

President Clinton and I are committed to eradicating cancer as a public health problem. For the last six years, we have helped cancer patients to keep their health coverage when they change jobs, accelerated the approval of cancer therapies without lessening our standards, and increased funding for cancer research every year. This year, we proposed the single largest increase in cancer research ever proposed -- a 65 percent increase in new cancer research over the next five years.

Like so many Americans, cancer has touched both President Clinton's my family in a deep and indelible way. And like other American families who have faced cancer, we are going to keep fighting against cancer. That is why we will

We see both sides of the coin
Rs own fund ~~Rs~~ research.

Fax
301-
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We now
have the
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The
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requiring
adequate
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It's going
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hard
work.



your
coupon



JEREMY
I LOVE YOUR STYLE



Fighting Cancer in The Wrong Arena

By Daniel S. Greenberg

Monday, October 12, 1998; Page A21

The politics of cancer is easy to rev up and perilous to resist. So Washington recently was the site of another mass rally in which cancer was denounced and promises made to invigorate the attack, particularly on the research front. Vice President Gore told thousands on the Mall that "We want to be the generation that wins the war on cancer." President Clinton promised more money for cancer research, and announced a "challenge" to researchers to develop early diagnostic techniques for all major cancers by the year 2000.

The nonsense level in these rhetorical extravaganzas is high. But the suffering inflicted by cancer gives the disease its own special enclave in American politics. President Richard Nixon, initially indifferent to demands for more money for cancer research, saw the light in 1969 when the cancer lobby ran a full-page ad in the New York Times headed: "Mr. Nixon, You Can Cure Cancer." Nixon soon was marching at the head of the war on cancer.

The real problem today in cancer, as with most other diseases, isn't a paucity of research. The problem is that more than 40 million people lack health insurance, which means they receive spotty health care, if any. Millions of others are skimpily insured. Politics has turned its back on the insurance and access problem, leaving it to the mercies of the marketplace, but with the public demanding cures, something must be done.

For politics, the easy solution is to embrace research. It glows with promise and costs relatively little, not even one percent of the nation's trillion-dollar-a-year health bill. Money for medical research is at a historic high and rising fast because politicians love medical research. It's ideologically trouble-free, as long as it stays clear of spending federal money in the religiously sensitive area of reproductive studies -- which it shuns under congressional edict.

In candid moments, knowledgeable medical researchers will concede that today, apart from that forbidden territory, almost all good ideas for research get money. That's not to be admitted to Congress, where a drive is on to double health-research spending within five years. Right now, nearly \$15 billion is appropriated to the National Institutes of Health, an 80 percent increase since 1990. In return, torrents of important therapeutic findings are pouring out of the laboratories.

Some new medical treatments reduce the cost of effective care. But most tend to raise the cost, as can be expected from a coming medical

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wonder that will bust the budget -- an implantable mechanical heart. It will benefit the patients who can afford it and make it even more difficult for the overpriced and crumbly American health care system to apply existing medical knowledge for the benefit of all. For those who can afford it, through well-padded insurance or personal wealth, state-of-the-art medical care is ready and available in many of America's hospitals and not just in the premier university-connected hospitals.

Financed by runaway health care spending, medical quality has become widely dispersed throughout the country. Knowing what's best for them, many wealthy foreigners hurry to America when they're seriously ill. In fact, tending to rich foreign patients has become a competitive specialty in upper-scale medical care. For these patients, treatment does not require the approval of a managed-care "gatekeeper," and no accountant picks over their bills to ensure that the negotiated price was charged for aspirin.

The toll of cancer on patients and their loved ones justifies their demands that government do something more. But the case they make also is applicable to many other diseases. And for most if not all of these diseases, the major shortcoming isn't in research, which by and large is well financed and productive. The big failure is in the lack of money for all patients to receive the medical wonders produced by our well-financed research enterprise.

In the land of medical miracles, we've developed a huge and growing population of medical outcasts. Not wanting to deal with that problem, politicians trumpet the wonders of research.

The writer is a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

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October 12, 1998

**REMARKS BY THE PRESIDENT AT THE G & P CHARITABLE
FOUNDATION FOR CANCER RESEARCH FIRST ANNUAL GALA BENEFIT**

THE WHITE HOUSE

Office of the Press Secretary
(New York, New York)

For Immediate Release

October 12, 1998

REMARKS BY THE PRESIDENT
AT THE G & P CHARITABLE FOUNDATION FOR CANCER RESEARCH
FIRST ANNUAL GALA BENEFIT

Sheraton New York Hotel and Towers
New York, New York

9:15 P.M. EDT

THE PRESIDENT: Thank you. Well, when I told Denise I would do this for her in the memory of her daughter, I didn't know that an added bonus was I would be introduced by Bill Cosby -- (applause) -- a man who -- I mean, his net worth was 500 times mine before I met all those lawyers in Washington. (Laughter and applause.) But I thank you, Bill. I thank you and Camille for your friendship, the letters you sent me, the words of wisdom in the last several months, and for being here tonight.

I want to thank my wonderful friend, Denise Rich, for so many things, but for remembering her daughter in this magnificent and far-sighted and humane way. Hillary would like to have been here with me tonight, but she is in Prague on a trip for our ct. But we love you, Denise, and we thank you for what you're doing. (Applause.)

I want to thank Les Moonves for his work in making this evening a success. And I want to say I am delighted that you're honoring Milton Berle. (Applause.) Thank you.

You know, when you're President, you can speak off the cuff a little bit, but you have all these wonderful people who work for you and they dig up interesting facts. Now, here are the facts they dug up for me to say about Milton Berle. (Laughter.) Oh, no, it gets better. Sit down. He's been in show business for 85 years. He's performed in drag more than any other entertainer except the road show cast of La Cage Aux Folles. (Laughter.) And, most important, he holds the Guinness Book of World Records for the most charity benefit performances of any entertainer in history. Thank you, Milton Berle. (Applause.)

I'd like to ask you to take just a couple of minutes to seriously consider the purpose for which you have come tonight. Twenty-five years ago, America declared war on cancer. Twenty-five years from now, I hope we will have won the war. I hope the war on cancer will have about as much meaning to

schoolchildren as the War of 1812. Twenty-five years from now, I hope schoolchildren don't even know what the word chemotherapy means.

The progress now being made against cancer is stunning. We are closing in on the genetic causes of breast cancer, colon cancer and prostate cancer; testing medicines actually to prevent these cancers. New tools for screening and diagnosis are returning to many patients the promise of a long and healthy life. From 1991 to 1995, cancer death rates actually dropped for the first time in history.

For the last six years we have worked hard to fight this dreaded disease, helping cancer patients to keep their health coverage when they change jobs, accelerating the approval of cancer drugs while maintaining safe standards, continually every year increasing funding for cancer research.

In the last few weeks, four critical steps have been taken. First of all, in spite of all the fights we've been having in Washington, we did succeed in getting from Congress on a bipartisan basis the largest single increase in funding for cancer and other medical research in history as part of our gift to the 21st century. (Applause.)

Second, I directed the National Cancer Institute to expedite a new computer system to give tens of thousands of cancer patients across our country access to clinical trials on the kinds of new cancer treatments that can save their lives.

Third, I have taken steps to ensure that by next year cancer patients and advocates will have a seat at the table when we set the medical research agenda in government, because those who suffer from cancer know truths about these diseases that even the experts do not understand.

And, fourth, we've made \$15 million available to study the long-term effects of cancer treatment and how to prevent cancer recurrence.

And I know, Denise, these grants have special significance to you because Gabriella, herself, succumbed as a result of the treatment she received from Hodgkin's Disease. So we give these grants with you and your family in mind. (Applause.)

Oh, we've still got a lot to do, all right, in this battle for victory over cancer. We have to convince the next Congress to finish the unfinished agenda of this one to pass a patients' bill of rights to ensure cancer patients high-quality care -- (applause) -- to help Medicare beneficiaries with cancer be a part of these clinical trials, to convince the next Congress to confirm the first oncologist ever nominated to be head of the FDA, Dr. Jane Henney; and finally to take strong action to

protect our children against America's number one cancer threat, the sales of tobacco products illegally to our children.

(Applause.)

But I came here to say to you two things. First of all, our country is moving in the right direction. And with all the partisanship in Washington, this is one area where we have pretty much moved together, hand in hand across party lines.

Secondly, I want you to know that there is so much to be done that, in spite of increasing and unprecedented government efforts, it's not enough. We need the kind of effort that you're making here tonight. You never know how many lives you'll save, how many children you'll give a future to, and it's really worth doing.

Let me just say one final thing. The fight against cancer is really a fight for life, a fight for the elemental proposition that all of us are bound to seek, not just for ourselves, but for all others, the chance to live out our dreams for as long and as well as we can. And whenever that chance is cut short, we are all diminished. I'm thinking about it in another context today because, like so many of you, I was heartbroken this morning to learn that young Matthew Shepard, who was beaten so viciously in Wyoming, succumbed to his injuries.

And I say that to remind you, when we come here tonight you feel good about it, you feel good about yourselves. You're contributing money to help people you'll never know live lives you'll never be a part of. And that is in the best tradition of humanity. You do it because you know in some profound and almost indescribable way we share a common mission in these brief lives we live on Earth. And when someone else takes a life -- as this young man was apparently beaten to death and, apparently, only because he was gay -- and that taking is done out of blind hatred and maybe even fear, like cancer, it violates every sense of how we think life ought to be.

So I say to you tonight, when you go home and you ask yourselves what happened tonight -- besides the fact that you all look beautiful and you saw a lot of interesting people, and you had to put up with a speech from the President, and you marveled at Milton Berle, and Bill Cosby made you laugh -- you can say, I stood for life. Not my life, but someone else's. Not someone I know, but someone I don't. Not someone whose life I will share, but someone whose life I hope will be wonderful.

And it is the recognition of how we are all bound together across all the lines that superficially divide us that makes this a very great country. When we violate that, we diminish our own lives. When we honor it, we lift our lives. And I thank you for how you have honored it tonight.

God bless you. (Applause.)

END

9:28 P.M. EDT

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2ND STORY of Level 1 printed in FULL format.

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September 30, 1998, Wednesday, Final Edition

SECTION: OP-ED; Pg. A17

LENGTH: 718 words

HEADLINE: Churning Out PhDs

BYLINE: Daniel S. Greenberg

BODY:

News of progress: Serious thinkers in science have cautiously conceded the possibility that universities are glutting the job market with swarms of unneeded PhDs in biology and related fields. The solution they recommend is restraint on further expansion of the biomedical PhD mills, which traditionally aim to produce even more professors.

Huh? Overproduction in many fields of science is a well-known story, long epitomized by blizzards of applications for university jobs and tales of nomadic PhDs subsisting on low-wage, short contracts. The acknowledgment of the long-known surplus is noteworthy only because of its origin, the venerable National Academy of Sciences, the high temple of science, which tends to be slow in coming to judgments.

The distinguished committee that produced the finding was drawn mainly from academe, where ancient folklore says it's easier to move a cemetery than it is to change a curriculum. In 1995, when PhD joblessness was also high, another Academy committee looked at the glut issue, and found "no basis for recommending across-the-board limits on enrollments." It even urged measures to encourage more American students to pursue PhDs in science. While acknowledging a job shortage, it suggested that with supplementary courses, scientists could prosper in other fields, just as law degree holders find employment in other fields.

The new study "Trends in the Early Careers of Life Scientists" gently arrives at different conclusions. It reports that the annual output of PhDs in the "life sciences" has risen 42 percent since the late 1980s, to a total of 7,696, and that the current production is about 2 1/2 times the number needed to fill the jobs in universities -- traditionally the biggest employer of scientists; the numbers also exceed the needs of industry and government, the committee reported. On top of that, at least 20,000 PhDs hold short-term appointments as post-doctoral fellows. Traditionally, post-docs are supposed to be receiving a final polish on their advanced training. But in today's academic market, many of them are migratory workers, employed by tenured professors for low wages and no benefits, and generally prohibited by universities from seeking the liberation of research grants of their own.

The report dismissed salvation through alternative careers, noting that job competition is stiff in many of them and that the hard-won and costly PhD represents educational overkill. A master's degree will usually suffice, the report says.

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Even so, the PhD machine grinds on, sustained by government funds, the appeal of a scientific career and youthful hopes, mainly to the benefit of the sovereign professors who harness the enthusiasm of graduate students for the conduct of their own research projects. Given the glut and the personal bitterness, disappointments and high financial costs it engenders, why doesn't the system "constrain growth," as the report delicately puts it?

The answer is that the graduate training slots and money are controlled at the university department level and, the report explains, "Some might argue that this solution is expecting unreasonably altruistic behavior on the part of established investigators and training program directors."

While tiptoeing into the forbidden territory of glut acknowledgment, the academy savants reserved a line of retreat by conceding the possibility that a miraculous event -- such as an "unanticipated discovery" in the life sciences, or a surge of federal money -- might sop up surplus scientific labor.

But with no rescue in sight or expected, the committee came out against "further expansion" of the PhD programs. How is this to be achieved when federal funds continue to pour into the science departments -- to the relief of those non-altruistic professors? Having gone so far, the report doesn't say.

To understand the silence, it is useful to recall the words of Donald Kennedy, ex-president of Stanford. The academic culture, he explained, nurtures "a set of policies and practices that favor the present state of affairs over any possible future. It is a portrait of conservatism, perhaps even of senescence."

The writer is a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

LANGUAGE: ENGLISH

LOAD-DATE: September 30, 1998

7TH STORY of Level 1 printed in FULL format.

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July 15, 1998, Wednesday, Final Edition

SECTION: OP-ED; Pg. A17

LENGTH: 710 words

HEADLINE: More Science, Less Spin

BYLINE: Daniel S. Greenberg

BODY:

Congress wanted to know how spending decisions are made at America's favorite government agency, the disease-fighting National Institutes of Health. The organization to which it assigned the question last year has now provided predictably mushy and soothing answers that NIH can easily accept: Everything is okay at NIH but would be even better if the NIH public-relations operation were revved up considerably.

In fact, much is far from okay at NIH. And the difficulties wouldn't be eased by that prescription, which calls for greater "outreach" and a bigger role for "the public" in decision-making at NIH headquarters. Those are the central recommendations by the Institute of Medicine, the health-policy arm of the National Academy of Sciences, long ago chartered by Congress as science adviser to the government.

"The public" in the recommendations translates into organizations -- usually run by lobbyists for hire -- demanding bigger budgets for their diseases, whether or not it makes scientific and medical sense to spend money to their liking. "Outreach" means press releases and meetings concerning the world's biggest bankroll for medical research and training in universities and hospitals, plus a small share for NIH's own laboratories. The NIH budget, now \$ 13.6 billion and en route to at least a \$ 1 billion increase next year, accounts for 37 percent of all federal research spending for civilian purposes.

The problem at NIH is not lack of public input, which comes in torrents that NIH wisely tries to ignore as narrow-minded and ill-advised. Contrary to the complaints of biomedical-researchers, the problem is an excess of public money pumped into an aged institution beholden to old retainers past their scientific prime.

The postwar rise of federal science spending has produced a nationwide network of medical research institutions that are economically important to their surrounding communities, politically well connected to Washington and financially dependent on NIH's largess -- regardless of their scientific productivity. Critical questions about NIH funding promptly evoke a barrage of rejoinders from one of the smoothest and best-financed lobbies in Washington, the Association of American Medical Colleges. Though several independent inquiries have concluded that the nation is producing too many physicians, the association staunchly defends the survival of all 125 of its medical-school members -- and the continuation and growth of NIH support for their

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laboratories and staff researchers.

The NIH management contends that its research money is awarded to the best through intensive review and competition. But there never has been a thorough inquiry into the quality of NIH decision-making. With colossal sums at its command, it has compiled a lustrous record of having financed innumerable great discoveries and nearly 100 Nobel Prize winners. But, as might be expected, biomedical research now and then produces a scientific blockbuster that got the cold shoulder from NIH. A case in point is the discovery 20 years ago of an amino acid in the blood, homocysteine, that is now considered to be a major source of heart disease, perhaps on a par with cholesterol. But, as described in the New York Times Magazine last year, the discoverer, Dr. Kilmer McCully, was consigned to scientific oblivion because his findings conflicted with NIH's reigning dogma of cholesterol as the culprit in heart disease.

A frequently heard criticism is that the aging NIH system is infested with scientific conservatism and that grant applicants prudently hold back novel proposals that might raise doubts among the scientifically orthodox.

More money won't solve that problem. Since the public and politics demand more medical research, serious consideration should be given to capping the present NIH at its current size and deploying future growth in government medical-research spending to a new organization. Call it NIH II. Plant it far from the present NIH, and let it begin with a clean slate.

The issue isn't bureaucratic pride. It's the prevention, alleviation and cure of disease.

The writer is a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

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9TH STORY of Level 1 printed in FULL format.

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June 30, 1998, Tuesday, Final Edition

SECTION: OP-ED; Pg. A15

LENGTH: 691 words

HEADLINE: Between Science And the Poor

BYLINE: Daniel S. Greenberg

BODY:

If enthusiastic rhetoric can move politics and budgets, science is en route to another golden era, propelled by the joint support of that self-described "techno-nut," Speaker Newt Gingrich, and President Clinton, the avowed champion of America's high-tech future.

But don't count on a fast financial surge for science, even though politicians recognize that the public is gung-ho for research, and no one ever lost an election for voting against cancer or for a close-up look at distant planets.

The little-recognized but durable difficulty of American science is that, short of a national crisis on the grand scale of Sputnik or AIDS, there's no sure way to set its priorities and budgets. Instead of a national science budget, there are many science budgets, based in some two-dozen government departments and agencies, ranging from the Pentagon, with \$ 45 billion for research and development, to the National Science Foundation, with \$ 3.5 billion.

The authority for providing funds for these agencies is spread among a flock of congressional subcommittees that are hard pressed for money and not primarily concerned with research. In addition, Washington remains ideologically split on the appropriate government role in science and technology of commercial value. Clinton and congressional Democrats favor research linked to industry; Gingrich and company oppose it as "corporate welfare," and favor concentrating on basic research in universities.

In a competition of promises, but with few specifics, the speaker and the president both have come out for major increases in federal support of research, with Gingrich currently in front with a pledge to double the federal money over eight years. That can be done, he acknowledges, only by cutting back on education, housing, heating assistance for the poor and other social programs. Clinton, on the other hand, based his big boost for science on the misguided expectation of money from a tobacco settlement, rather than a raid on social welfare.

The Clinton approach reflects the fact that, from long-ago divisions of authority on Capitol Hill, the government's various research agencies must share pots of money with politically popular social programs. And in recent years, Congress has held down the amounts going into those pots, thus intensifying a

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little-known competition in Washington -- between science and poor people. For example, in the appropriations process, the National Science Foundation, which supports university-based science, is bunched with two Cabinet-level departments that serve powerful constituencies, Housing and Urban Development and Veterans Affairs. With a politically inert constituency of scientists, who shun elective politics as unseemly for their profession, the foundation ends up with the leftovers.

The political vows of big increases for science are fed by complaints of neglect from the scientific community, which saw its receipts boom during the Reagan administration and then slow down when deficit reduction took hold. But even in recent hard times, strong growth has continued in one sector -- medical research, intensely popular with the public and never restrained in its lobbying for greater appropriations. Meanwhile, space, energy, agriculture and the physical sciences have held steady or lost government support.

The Clinton-Gingrich pledges of major increases for science have cheered the scientific community and do no harm to the public images of these political leaders and others who have joined the pro-science chorus.

The political realities of government spending on science are in conflict with those pledges, however. A useful first step toward sensible support of research would be a realignment of congressional committee jurisdictions to end the conflict between science and help for the poor.

But voluntary surrender of power does not occur easily in Washington. A big shakeup on Capitol Hill is necessary to get that doubling of science money in eight years. Don't count on it.

The writer is a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

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June 08, 1998, Monday, Final Edition

SECTION: OP-ED; Pg. A23

LENGTH: 604 words

HEADLINE: Progress Reports

BYLINE: Daniel S. Greenberg

BODY:

Professor: Class will come to order. Today we will discuss reporting news of medical progress. Why is this type of news popular and important?

Student: People are afraid of being sick and want good news.

Professor: Correct. But it's not only ordinary people who like good news about medical progress. Who else?

Students: (In unison) Investors.

Professor: Of course. But what I had in mind was that scientists and doctors like good news too. It shows they're helping people. That's why they let us know whenever they make progress. But new cures are actually very rare. Sometimes doctors and scientists go for years without finding a new cure for disease. For long stretches, there are no cures to report. So what do you do?

(Silence).

Professor: Think hard. What do you do?

Student: Make up that there's a cure?

Professor: No. For the hundredth time. You'll get caught if you make it up, and you might lose your job. What do you do?

(Silence).

Professor: You write about a step that might possibly lead to a cure. A step. There are few cures, but in the medical journals, there are many reports of steps.

Student: But if it's only a step, you can't be sure that it's leading to a cure. It could end up as nothing.

Professor: Right. And that happens lots of the time. That's why you don't report that it's leading to a cure. That would be unethical, because you don't know. You report progress.

Student: So, what do you write?

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Professor: You write that there's a promising development and that researchers and doctors are excited. That clues people into knowing that something important is going on. Otherwise, the researchers and doctors wouldn't be excited. Also, that doctors are besieged by desperate patients and their families pleading for the new treatment. You might even call it an unprecedented clamor.

Student: For the cure?

Professor: That's what the patients want. But you have to point out that there is no cure, no treatment, no drug. There's nothing. Just a promising development in mice or maybe some bugs. That's all. As a medical communicator, it's your responsibility to make that clear.

Student: How do you do that?

Professor: With absolute honesty. You write that there's a development and that researchers are excited about it. You find a researcher who will give you a meaningful quote, along the lines of: "In 35 years of working on this problem, I've never seen anything like this." You should also point out that the new step was published in a peer-reviewed journal. Most people have no idea what that means, but it's a plus. But having set the stage, you now need to guard yourself and your readers.

Student: Against what?

Professor: Against undue optimism that a cure is coming.

Student: How do you do that?

Professor: You write that on many previous occasions, reports of promising developments have not panned out, and that it may be years before a drug is available just for human testing -- if ever. Also that drugs sometimes work in rats but have no effect on people, or maybe even harmful effects. Look for a researcher in the field who will give you a skeptical quote, something like, "This development, if it stands up to verification, is interesting, but a great deal of work remains to be done to determine what, if anything, it means."

Student: So, it's not so hard to write about medical progress that can lead to cures even if it doesn't.

Professor: Not at all. It happens all the time.

The writer is a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

GRAPHIC: Illustration, john overmyer

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May 05, 1998, Tuesday, Final Edition

SECTION: OP-ED; Pg. A23

LENGTH: 717 words

HEADLINE: When Scientists Rumble

BYLINE: Daniel S. Greenberg

BODY:

For purposes of public decorum, the savants of the house of science customarily employ silencers and padded truncheons in conducting their internal disputes.

But lately, sounds of strife are reaching the outside. The change is due to a shift of political sentiment that has affected a core factor for the advancement of science and associated careers -- the allocation of government research money. Medical science is on a multibillion-dollar roll, while other major fields are sinking or just holding their own. The wizards are stirring.

The most audible conflict originates in the decline of physics and the simultaneous rise of the health sciences and their principal government bankroll, the National Institutes of Health. Long enthroned at the intersection of science and politics because of their achievements with the bomb and radar during and after World War II, the physicists easily won support for their nonmilitary research.

But with the end of the Cold War, their brand of expertise lost market in Washington. When deficit reduction became a political passion, the once-reigning physicists were unable to save their dream machine, the Superconducting Super Collider.

As their budgets declined, prosperity accelerated in the health sciences, always popular with a public nurtured on press reports of wondrous cures to come. Through the worst of recent budget-cutting rampages, NIH received hefty budget increases, in the range of 6 to 7 percent. NIH now provides nearly 60 percent of all the money Washington spends on research in universities. That share is poised to grow, as influential legislators, egged on by the disease lobbies, have proclaimed a goal of doubling the NIH budget within five years.

After requesting a string of only modest raises for NIH, Bill Clinton saw political pay dirt in health research and has joined in, proposing a \$ 1.1 billion boost for NIH. In Clinton's plan, that would be a first step toward a 50 percent budget increase over five years that would bring the NIH total to about \$ 20 billion.

Meanwhile, federal spending on space has steadily declined, and physics and the other mainstream sciences have generally experienced lean budgets. The emphasis on the health sciences has been observed, if not endorsed, by the

The Washington Post, May 05, 1998

president, who said last year that after 50 years of "an age of physics and an age of space exploration," the next 50 years "will very likely be characterized as an age of biology and the exploration of the human organism."

Outside the health sciences, Clinton's remarks were viewed as ominous. Noting the contributions of physics to medical technology, Nobel physicist Murray Gell-Man has publicly warned against shrinking physics in favor of the health sciences. The establishment rings with privately stated distress. Rep. George Brown (D-Calif.), known as "Mr. Science" on Capitol Hill, has publicly expressed fears that the high-tech side of the health sciences has been growing too rapidly, to the neglect of other fields, including behavioral research aimed at lifestyle changes for improving health.

Concern about scientific imbalance has even been expressed by NIH Director Harold Varmus, who has urged Congress to recognize that health research depends on progress in physics, chemistry, mathematics and many other fields of research.

Perhaps the most poignant event in the shifting balance of scientific power is a minor row within the 42,000-member American Physical Society, which recently adopted a new "mission statement" aimed at putting a friendlier face on physics: "In the firm belief that an understanding of the nature of the physical universe will be of benefit to all humanity," the statement declares, "the objective of the Society shall be the advancement and diffusion of the knowledge of physics."

The language was futilely denounced by Prof. Charles Schwartz of the University of California, Berkeley, as an unsubstantiated expression of "fanatical belief" in the undiluted goodness of science.

He was backed by a few fellow physicists, including one who said the statement "seemed kind of cheeky from the folks that invented the H-bomb."

Daniel S. Greenberg is a a visiting scholar in the history of science, medicine and technology at Johns Hopkins University.

LANGUAGE: ENGLISH

LOAD-DATE: May 05, 1998

October 20, 1997

MEMORANDUM FOR THE VICE PRESIDENT

THROUGH: Don Gips
FROM: Jerry Mande
CC: Ron Klain
SUBJECT: Cancer Initiative

I. SUMMARY

We are at a pivotal point in the fight against cancer. Your leadership would result in significant progress in this battle. Several factors have emerged to provide this opening. First, the current "war on cancer" has fallen short of public expectations. Second, the science has advanced to a point where additional investments in cancer research would likely result in important improvements in patient outcomes. Third, there is a renewed, visible, public interest in fighting cancer.

There is every reason to be confident of future success in the battle against cancer. Cancer is not one disease but many. Progress to date indicates we will eventually prevent or cure most cancers. We already have cures for childhood cancers, Hodgkin's lymphoma, and testicular cancers. But we have made only limited progress in the fight against most adult cancers, and we must take advantage of emerging science to do better.

To seize the opportunity, we need money. Specifically, we need \$714 million more in FY99 than was in the President's last request (\$2.442 billion for FY98) and a \$3.5 billion increase over 3 years. As outlined below, this investment would: 1) protect millions of people at risk of developing cancer; 2) greatly improve early detection and diagnoses of cancer; 3) speed the discovery and development of new cancer drugs and devices; 4) dramatically increase adult participation in clinical trials; and 5) provide all cancer patients and their care givers with easy access to the latest information on treating their disease.

Given budget constraints, you would need to begin now establishing support for such a program. You could signal your interest by giving a major policy speech this fall, and advocating for an increase in the FY99 budget request. Comprehensive tobacco legislation may one day provide substantial new funds for cancer research. However, a cancer initiative funded through tobacco legislation rather than the FY99 budget would be poorly received by the cancer community. The tobacco bill's fate is just too uncertain.

II. BACKGROUND

The “war on cancer” began in 1971, when President Nixon and the Congress enacted the *National Cancer Act* (NCI was established by FDR in 1937). While significant advances have been made over the past 25 years, especially in treating cancer in children, many experts and much of the public are troubled by the lack of progress. Children’s cure rates have approached 70-80%. Progress treating adult cancers, however, has been incremental and frustratingly slow. The science is thriving, but there is a sense that the nation does not have an effective national cancer program.

Each year, NCI publicly identifies key research opportunities and priority investments in its so-called “bypass budget.” The 1971 Act authorizes NCI’s director to submit an annual budget estimate directly to Congress after review “but without change” by the Secretary, the Director of NIH, and the National Cancer Advisory Board. The bypass budget is the holy grail of the cancer community.

III. PROPOSED VICE PRESIDENTIAL CANCER INITIATIVE

In his bypass budget for FY99, NCI Director Richard Klausner will request \$750 million more than the President’s FY98 request. I suggest you push for \$714 million of this increase to achieve the five outcomes outlined below (with projected first year/three year cost of each outcome).

A. Enhance cancer prevention research, protecting millions of people at risk of developing cancer. (\$121M/\$559M)

Clinical trials for evaluating cancer preventive strategies (such as drugs, vaccines, better diet, more exercise, reduced environmental exposures) involve large numbers of subjects and take years to complete. There is currently a waiting list of interventions that merit testing. More resources would enable researchers to test promising interventions, leading to the prevention of millions of cases of cancer.

With the additional funds, NCI hopes to invest in the following new clinical trials:

- 22,000 women in a trial to test selective estrogen-response modulators to prevent breast cancer.
- 20,000 men in a trial to test vitamin E and selenium to prevent prostate cancer.
- 5,000 subjects in a trial to test cyclooxygenase Type 2 inhibitors, and 5,000 subjects in a trial to test aspirin, calcium, and selenium, to prevent colorectal cancer.

B. Improve early detection and diagnosis to make cancers more treatable. (\$20M/\$176M)

It is well known that early detection and effective screening can save lives because cancers caught early are more treatable. There are currently a number of innovative detection and screening technologies waiting to be explored. Added resources would provide the means to explore these technologies and ready more technologies for the field.

With the additional funds, we hope to:

- develop blood tests for detecting breast, lung, prostate, and colon cancer;
- develop new breast, lung, and bowel imaging technologies to detect cancers at more curable stages.

C. Speed the rate of discovery of new interventions related to all phases of the fight against cancer. (\$220M/\$1,376M)

We need to expand our understanding of the basic cellular pathways involved in making a cell cancerous, and apply this understanding to cancer interventions. NCI can currently fund only 25% of the grant applications it receives. This level of funding slows the engine of discovery and in turn slows progress against cancer. Funding 40% of grants would significantly speed the discovery of new interventions while maintaining competition for funding that drives excellence.

With the additional funds, we hope to:

- ensure that 20 additional drugs per year will enter the clinic for the initial phases of human testing;
- triple the number of clinical trials of new approaches to prevent, diagnose, and treat cancer.

D. Improve patient outcomes through increasing patient participation in clinical trials. (\$335M/\$1,221M)

We could make an immediate difference in patient outcomes by increasing patient participation in NCI experimental treatment protocols or clinical trials. Today, 90% of children are treated according to an NCI experimental protocol, 70% participate in an NCI sponsored clinical trial, and the cure rate is 70-80%. In contrast, only 2% of adult patients are enrolled in NCI sponsored clinical trials. By increasing the percent of adults enrolled in clinical trials from 2% to 10%, we could develop five times as many effective treatment, detection, and prevention strategies each year.

With the additional funds, we hope to:

- increase from 20,000 to 100,000 the number of new patients enrolled in NCI-sponsored trials;
- create new training programs in cancer clinical research in each of 10 NCI cancer centers.

E. Increase the access of the American people to state-of-the-art information about cancer and cancer interventions. (\$18M/\$116M)

Patients and doctors often do not have the most up-to-date information on treatment protocols. Many experts believe that if all adults were treated with the optimal protocol mortality would drop 10-20%. The extensive use of personal computers and the success of the World Wide Web provide a powerful new means to make the latest discoveries widely known. With additional resources we could place state-of-the-art information at the finger tips of cancer care providers and families, increasing the percentage of patients receiving optimal care and decreasing mortality.

With the additional funds, we hope to:

- create a Cancer Informatics Infrastructure;
- create patient-friendly clinical trials website for comprehensive information about state-of-the-art treatments and the availability of clinical trials;
- develop the next generation of informatics tools that will provide tailored messages to specific patients relevant to their own particular circumstances.

IV. SPENDING BREAKDOWN

We need to invest in six key, underlying and interdependent areas to build the needed infrastructure to achieve these five outcomes.

FY99 Spending	3yr. Spending	Description
\$286 million	\$1.218 billion	Enhance the clinical trials network including prevention initiatives. (Outcomes A, D)
\$75 million	\$200 million	Increase support of clinical investigators. (Outcomes A, D)
\$20 million	\$75 million	Improve the informatics associated with clinical trials and with dissemination of information about clinical trials. (Outcomes A, D, E)
\$40 million	\$195 million	Increase training and education of new clinical investigators including minority initiatives. (Outcomes A, D)
\$93 million	\$560 million	Increase the number of NCI-sponsored cancer centers. (Outcomes A-E)
\$200 million	\$1.2 billion	Increase funding of investigator-initiated research. (Outcome C)
\$714 million	\$3.448 billion	TOTAL

V. CONCLUSION

In this budget climate I had hoped to be able to recommend to you a cancer initiative that costs little or no money, but I am convinced such an approach would not be credible. Cancer control advocates have observed the tactics of the AIDS activists and are seeking to replicate their successes. Cancer advocates are now pursuing a "show me the money" strategy. The Administration has already acted on low-cost opportunities like speeding FDA approval of cancer drugs. The top priorities for the cancer advocacy community -- increasing biomedical research and assuring that research findings are rapidly translated into the clinic -- involve a significant investment of funds.

There are several paths you could take to author a credible Vice Presidential cancer initiative. Which path we take will be determined by the amount of money we can include in the FY99 budget.

Option 1-- You could advocate a comprehensive cancer initiative as part of the FY99 budget. The price tag is substantial -- \$714 million or a 30 percent increase in NCI's budget over the President's FY98 request -- but these funds will buy significant progress in preventing, detecting, diagnosing, and treating cancer, and it will essentially implement the FY99 bypass budget which will guarantee widespread support from the cancer community.

Option 2 -- The second path is a more modest, "lite" version of the first path. You could seek a \$425 million increase in NCI's budget. This would buy a credible but scaled down version of the outcomes described in this memo. It would pay for the "NCI Challenge" portion of the bypass budget, which focuses on translating scientific discovery into better patient care. This approach is a very credible initiative, will still generate widespread support, but Rick Klausner and prominent members of Congress will be calling for more.

Option 3 -- The third path is more modest still. You could seek less than \$425 million but enough to have a credible initiative -- probably at least \$250 million. A \$250 million investment would increase NCI's budget 10%. A 10% increase should compare favorably to the Administration's FY98 request (a 2% increase) and Congress's expected FY98 appropriation (a 7% increase). Under this approach, we would fund one or more of the outcomes. In addition, we could shore up this approach by linking it to other initiatives the Administration is already pursuing. For example, if OMB approves, you could announce support for having Medicare cover the costs of its beneficiaries participating in clinical trials. This change, a priority of the cancer community, would substantially increase adult participation in NCI-sponsored clinical trials. You could also take ownership of the sharp increase in biomedical research that the President has said must be part of comprehensive tobacco legislation.

Finally, whichever path you choose the next step is the same. We must begin an immediate and public dialogue with the cancer community so that they have an opportunity to shape the final plan within the budget level you choose. Their participation and support will be critical to achieving our goals. You will have an important opportunity to begin building that support on October 27, when you are scheduled to meet with the Friends of Cancer Research, the leading cancer research advocacy group.

VI. DECISION

_____ OPTION 1

Seek \$714 million in the FY99 budget to fund all five outcomes of the cancer initiative outlined above, and NCI's FY99 bypass budget.

_____ OPTION 2

Seek \$425 million in the FY99 budget to fund a "lite" version of the five outcomes and the "NCI Challenge" portion of the bypass budget.

_____ OPTION 3

Seek between \$250 million and \$425 million to fund a more modest cancer initiative, by championing one or more of the specific outcomes outlined above.

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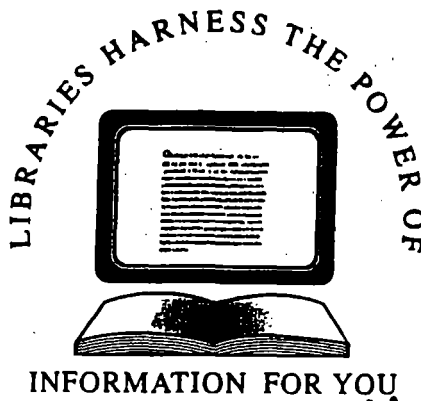
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TO: Jerry Mande
OVP

FROM: Karen Kaufmann

NUMBER OF PAGES: 6
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COMMENTS:



Ref.
D740
P64
1991
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WORLD WAR II

AMERICA AT WAR
1941-1945



tions—an impressive eight defensive guns. The crew normally numbered ten.

End Run

Code name for Allied task force for Operation Galahad survivors used in drive on Myitkyina, Burma.

England (DE 635)

The highest scoring antisubmarine ship of any navy in the war. The USS *England*, a DESTROYER ESCORT, was commissioned on Dec. 10, 1943, under the command of Comdr. W. B. Pendleton.

In May 1944, in anticipation of a U.S. Navy-Marine thrust into the Western Pacific, the Japanese naval command stationed thirteen submarines east and north of the ADMIRALTY ISLANDS and off the northern coast of NEW GUINEA. These submarines were to provide early warning of an American approach to the Admiralty Islands or the Philippines. U.S. intelligence intercepted and decrypted the Japanese communications about the operation and three U.S. destroyer escorts were vectored to the Japanese patrol line. The escorts were armed with HEDGEHOGS and DEPTH CHARGES.

On May 19, the three escorts found, and the *England* sank, the submarine *I-16*, which had just departed TRUK with a cargo of supplies to be taken to BOUGAINVILLE.

The antisubmarine ships began to overrun the Japanese picket line on May 22. That day the *England* sank the submarine *RO-106* and the next day the *RO-104*. The three escorts were encountering Japanese submarines at roughly 30-mile intervals. The trio missed the next boat in line, but the *England* sank the *RO-116* on May 24 and the *RO-108* on May 26. On May 31 the two other escorts located and attacked the *RO-105*, but not until the *England* joined the attack was that submarine sunk.

The U.S. ships reported their successes, and some of those messages, reportedly intercepted and decoded by the Japanese, caused the other submarines on the Admiralty picket line to change positions and escape the trio of submarine hunters.

By sinking six submarines (in twelve days) the *England* became the top-scoring antisubmarine ship of any navy in either world war.

Near the end of the war the *England* was con-

verted to a high-speed troop transport (redesignated APD 41).

The *England*, launched on Sept. 26, 1943, had a standard displacement of 1,400 tons and had a length of 306 feet. Turbo-electric drive could propel the ship at 24 knots. In addition to antisubmarine weapons, the *England* had three single 3-inch (76-mm) guns plus light antiaircraft guns and three large, 21-inch (533-mm) TORPEDO tubes. Her crew numbered about 200.

The *England* was named for a Navy ensign killed on the BATTLESHIP *Oklahoma* (BB 37) during the Japanese air attack on PEARL HARBOR.

Enigma

Complex code machine used by the German armed forces and ministries during the war. The Allies were able to decipher many of the Enigma codes during the war through an effort generally known (incorrectly) as ULTRA. The ability to read German, Japanese, and Italian military and diplomatic codes was a major cause of several Allied successes.

Enigma encryptions, when the machines were used properly and there were no other compromises, were unbreakable. For example, the German naval ciphers given the Allied code names Barracuda and Pike, among others, were never once broken during the war.

The Enigma machine was about the size of a portable typewriter with a standard typewriter-style keyboard; it provided electro-mechanical enciphering through nonrepeating ciphers. Three (later four and five) interchangeable rotors and numerous plug connectors provided up to 200 quintillion permutations. The rotor settings could be rapidly changed—up to several times per day.

The machine was invented by the German engineers Arthur Scherhuis and Boris Hagelin for use by commercial firms to keep business secrets in their communications. The machine was first exhibited in 1923. Enigma was the manufacturer's name for the machine, reportedly based on the intricate Enigma Variations of Sir Edward Elgar, composer of "Pomp and Circumstance."

Enigma machines were simple to operate and suitable for field and shipboard use. The German Navy began using the Enigma machines in 1926,



A major factor in several Allied victories in the war was the Anglo-American ability to read coded messages processed through the German Enigma system. At left can be seen the Enigma machine in the command vehicle of armored warfare expert Hans Guderian during his highly successful operations in France in June 1940. (*German Army via Imperial War Museum*)

followed by the Army in 1928, and the Air Force in 1933. By 1939 there were more than 20,000 machines of different models in German military and diplomatic use. The Japanese began using an Enigma variant in 1934.

In the 1930s the Polish and French intelligence services began to attack the Enigma codes, the latter with the clandestine aid of Hans-Thilo Schmidt who worked for the German Cryptographic Agency. Several Enigma machines, constructed by Polish technicians who had worked in the Enigma factory, were provided to France and Britain in 1939 (and subsequently to the United States). Because of the rapid cipher changes possible with the Enigma—and periodic changes to the machine's rotors and plug arrangement—simply having the machines was not enough for code-breaking. Mere

possession of the machine did not provide continuous access to the messages being transmitted (which first had to be "captured" by radio intercept).

Before the fall of Poland in 1939, the Poles also built the BOMBE, an electromechanical device that could rapidly move through rotor permutations to find a "key" within a reasonable amount of time. After the fall of Poland (1939) and France (1940), the British were able to improve their reading of Enigma messages through the use of refined Bombe devices, the work of thousands of mathematicians and cryptologists at BLETCHLEY PARK, and carelessness by German radio operators. The salvage of a sunken German U-BOAT, and the capture of several German weather reporting trawlers and the submarines *U-110* and *U-505*, the latter by the U.S. Navy, provided the Allies with Enigma machines, rotors, and settings. (The German high command believed that even if an Enigma machine was captured, the myriad of possible settings made the possession of a machine of no value; the German leaders did not realize the depth of the cryptographic activity in Britain and the United States.)

Toward the end of the war against Germany the Enigma was of limited value, especially in the battle of the BULGE because the Germans were using more secure land-lines for communications.

Eniwetok

Atoll in the northwestern segment of the MARSHALL ISLANDS and one of the objectives of Operation Granite in the U.S. CENTRAL PACIFIC CAMPAIGN. A combined force of U.S. Marines and U.S. Army soldiers made AMPHIBIOUS LANDINGS on Feb. 18, 1944, moving inland behind carefully orchestrated aircraft strikes, ARTILLERY barrages, and naval gunfire. BATTLESHIPS came within 1,500 yards of the beach to blast Japanese defenses.

The atoll was secured by Feb. 23. Most of the 3,500 Japanese defenders were killed, as were 348 U.S. soldiers and Marines.

From the former Japanese airfield at Engebi on Eniwetok and from airfields taken elsewhere in the Marshalls, Marine aircraft bombed Japanese outposts on other atolls, making further landings unnecessary.

In 1947 Eniwetok (now Enewetak) became a testing ground for nuclear weapons; in 1952 the

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ENIGMA

Intelligence Committee (see UK, 8) had concluded that penetration of the Dutch network had probably occurred and further communications with it were forbidden. On 1 April 1944 Giskes and Schreieder themselves broke off communication with a final mocking message. Although *Englandspiel* had been a great tactical success for them it had not produced the great strategic secret they had been seeking: the date and place of the Allied invasion of France (see *OVERLORD*).

Englandspiel not only cost the lives of 54 agents—most of whom suffered terrible deaths in *concentration camps—but those of a number of other Dutch civilians and about 50 RAF personnel. It also caused havoc in two French resistance networks when, through information received by the *Funkspiel*, Giskes was able to penetrate their organizations. As a result at least 132 people lost their lives and many others were arrested.

After the war there was a Dutch parliamentary commission of investigation, but it discovered neither treachery nor duplicity.

ENIGMA, codename for the cipher machine, developed from a design patented by a Dutchman, H. A. Koch, in 1919 from which *ULTRA intelligence was derived. Dr Arthur Scherbius, a Berlin engineer, marketed it in 1923; by 1929 he had been bought out by the German Army and Navy, which used different versions of it. So, in turn, did the Luftwaffe, the *SS, the *Abwehr, and the Reichsbahn (German state railways). The machine seemed to the Germans wholly unbreakable: even in its simplest form, for every letter it sent there were hundreds of millions of possible solutions. They forgot how few letters there are in the alphabet; they forgot that no letter could stand for itself; and they forgot that the machine had no number-keys, so that figures had to be spelled out. These gave their potential opponents toe-holds enough. The Poles were reading some ENIGMA traffic as early as 1932, the French in 1938, the British in 1940; with startling results.

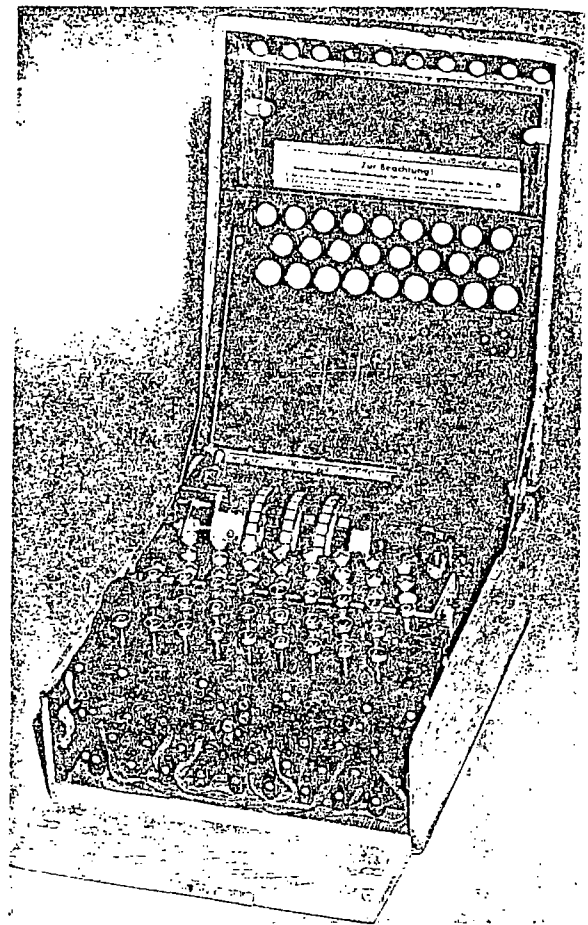
M. R. D. FOOT

Bloch, G., *Enigma avant Ultra* (Paris, 1988).

Kozaczuk, W., *Enigma* (tr. C. Kasperek, London, 1984).

Eniwetok Atoll. Five US Army and Marine battalions landed on this Pacific atoll, part of the *Marshall Islands, on 17 February 1944 after the main US objectives in the Marshalls had been seized. The three main islands, Engebi, Parry, and Eniwetok, were defended by about 3,500 Japanese. They were attacked in quick succession, while aircraft of *Spruance's US Fifth Fleet raided *Truk to prevent any Japanese retaliation from the air. All resistance ceased six days later.

The capture of Eniwetok ended any hope Japan had of reinforcing *Wake Island or the bypassed atolls in the Marshalls. It also brought US aircraft within range of the Caroline Islands, and gave the US Navy a vast anchorage and an ideal staging base for further *amphibious operations in the *Pacific war.



An early three-rotor **ENIGMA** cipher machine belonging to the Imperial War Museum, London.

ENSA (Entertainments National Service Association), the British organization for entertaining members of the armed forces wherever they happened to be. Its American equivalent was the United Services Organization.

Eremenko, General Andrey (1892–1970), Red Army officer who was part of the top Soviet command echelon when the Germans invaded the USSR in June 1941 (see *BARBAROSSA*) and remained there to the finish. Stalin never deemed him worthy of a marshal's star, and he did not receive one until 1955, two years after Stalin died. Nevertheless, his career during the *German–Soviet war was more representative of Soviet command performance than *Zhukov's, for instance.

He lost the greater part of his first *front* (army group), *Briansk front*, in October 1941 (see *BRIANSK-VYAZMA*). After recovering from wounds he took over the Fourth Shock Army in early 1942, made a deep thrust behind German Army Group Centre, but did not reach his objective, the main German supply line. Recovered again