NEW WORLD

Rogers Campaign Conquers Congress

by our Washington Correspondent

AFTER nearly a year of debate, with some of the most intensive lobbying ever devoted to scientific research, Congress has finally decided on a plan for organizing cancer research in the United States. President Nixon is said to be happy with the legislation and ready to sign it into law, thereby putting an end to a remarkable series of policy reversals by the Administration and making available $1,600 million for cancer research in the next three years.

One of the most remarkable aspects of the affair is that the debate has been almost exclusively concerned with the organization of cancer research. Throughout the long debate, it has been tacitly assumed that any amount of money can be spent wisely, and that there are many good ideas crying out for money to be put into effect.

The legislation now passed is substantially the same as the bill introduced into the House of Representatives by Congressman Paul G. Rogers in September, for whom the outcome of the debate is a great personal victory. As recently as July, it seemed that the support of Senator Edward M. Kennedy and President Nixon for a bill designed to make cancer research virtually independent of the National Institutes of Health would be strong enough to carry the bill through the House of Representatives. Only during the hearings held by Rogers's subcommittee was the biomedical community able to voice its fears about the dangers of such a measure.

Rogers's bill gained considerable congressional support in spite of powerful lobbying for the Senate bill by the American Cancer Society and by lobbyists connected with Mrs Mary Lasker, a New York millionairess and philanthropist who has in the past been instrumental in persuading Congress to increase appropriations for health research. The bill has survived his committee and the House of Representatives with only a few minor changes. More important, Mr Rogers has managed to keep nearly all his proposals in a conference committee set to iron out the differences in House and Senate passed bills.

As reported out of the conference committee and passed by Congress last week, the chief elements of the legislation are as follows.

The National Cancer Institute will coordinate all of the activities of NIH related to cancer, and it will remain functionally a part of the NIH. The Senate bill would have established a Conquest of Cancer Agency virtually independent of NIH.

The National Cancer Institute's budget will each year be submitted directly to the President, with opportunity for comment by the chairman of the National Cancer Advisory Board and by the Director of the National Institutes of Health. This measure, which is the same as that contained in the House bill, will give the National Cancer Institute some autonomy, and should ensure that its budget is kept at a high level.

A three man board will be set up to monitor the progress of cancer research, and to keep the President informed of any delays or blockages in funding or other bureaucratic difficulties that hold up research. The panel will be composed of three people who "by virtue of their training, experience and background are exceptionally qualified to appraise the National Cancer Program". Rogers managed to resist efforts in the conference committee to restrict the membership of the panel to the Director of NIH, the chairman of the National Cancer Board and the Director of the National Cancer Institute, although there seems to be some disagreement about whether those individuals would still be eligible to be members of the panel. If so, that would put them in the peculiar position of monitoring a programme for which they are responsible.

The legislation sets up fifteen new cancer research centres funded by block grants from the National Cancer Institute. Existing centres would also be able to receive block grants for research, and individual grants of less than $35,000 could be awarded by the Director of the National Cancer Institute on the basis of peer review, without first seeking the approval of the National Cancer Advisory Board.

A national Cancer Advisory Board will replace the present National Cancer Advisory Council. This is the only major provision contained in the Senate bill that survived the conference committee, and its effect will be to make the advisory body slightly more political. As at present constituted, the National Cancer Advisory Council consists chiefly of scientists and physicians appointed by the Secretary of Health, Education and Welfare, but the new legislation sets up a board consisting of twenty-three members appointed by the President. *Ex-officio* members would be the Secretary of Health, Education and Welfare, the Director of the Office of Science and Technology, the Director of NIH, the chief medical officer of the Veterans Administration and a medical officer designated by the Secretary of Defense, and the remainder of the places would be divided among scientists and laymen in the ratio of two to one. Apart from advising on overall policy for the National Cancer Program, the board will provide a report for the President and Congress each year on the progress of the programme.

One interesting aspect of the workings of the new bill will be the interplay between the National Cancer Advisory Board and the President's Cancer Panel, both of which are charged with the task of overseeing the cancer programme and both of which are essentially political bodies. Their relationship to each other is at present unclear, but there is bound to be some overlap.

SICKLE CELL ANAEMIA

Senate Prescription

by our Washington Correspondent

HAVING decided how to organize cancer research, Congress is now turning its attention to sickle cell anaemia—another disease ripe for an injection of Federal funds. Last week, the Senate decided to give $142 million over the next three years to programmes designed to combat the debilitating effects of the disease through research, and treatment, and to genetic screening and counselling aimed at cutting down the frequency with which it occurs. The Senate's deliberations on the legislation were marked by uncharacteristic alacrity, for the bill was passed only two months after it was first introduced by Senator John V. Tunney of California (see *Nature*, **233**, 517; 1971).

The disease is believed to afflict some 50,000 Americans, almost all of them black. Sickle-cell anaemia is the product of a recessive gene, which means that only homozygotes are frankly affected. Carriers of the sickle-cell trait, heterozygotes, are, however, partly protected against malaria, which explains the frequency of the gene among the descendants of the West African negroes in the United States. Some 2.5 million people carry the recessive sickle cell

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