

This is an oral history interview with Mr. Paul Van Nevel, Office of Communications, National Cancer Institute, NIH, Bethesda, Maryland, on 27 September 2001. The interviewer is Dr. Victoria Harden, Director, Office of NIH History.

Harden: Mr. Van Nevel, I very much appreciate your coming to interview with us today, and I would like to start by asking you to tell me a little about your upbringing, your family, and your education.

Van Nevel: I am the oldest of nine children in a big Catholic family, born and reared in a west central Wisconsin town, New Richmond, which is about 35 miles east of St. Paul-Minneapolis, Minnesota. My father was the son of immigrants from Flanders, Northern Belgium, and my mother was a fourth-generation Irish woman. I get my crabbiness from my father and the side that makes it go away from my mother.

I went through Catholic grade school, St. Mary's Grade School, in New Richmond, Wisconsin, and, in fact, one of my pro bono activities now is helping them raise \$3 million. They do not know what they are doing either. The bank president and the guy that hauls trash are the heads of the campaign.

Harden: That is an interesting combination.

Van Nevel: It really is. Then I went to New Richmond High School, which is a public school, and I graduated from there and went on to the University of Wisconsin [at Madison] and graduated from there. Then I got a job

immediately working for the University of Wisconsin Medical Center.

Harden: Let us stop at that point. I know you started working with the University of Wisconsin, but it was in health communications. My question is, why did you choose communications?

Van Nevel: I was in pre-med until my junior year, and I hated the science. I did not hate the science [itself]; I hated the laboratory part of it. So I was volunteering in the student union, in their news bureau, and the head of the news bureau took me aside one day, because she was procrastinating about going to the dentist, I think, and had a talk with me. She said, "You hate what you're doing. Why don't you stop it. You're terrific at writing. Why don't you go into journalism and combine the medicine that you already have with the journalism that you are going to get, because people like that are very hard to find." So I said, "That sounds like a good idea." I went to the journalism school and figured I would have to take two more years to finish because I did not have any credits in history, sociology, English, economics—all the subjects that you have to have as a prerequisite for getting a journalism degree. I had all these credits for a pre-med degree or whatever it was. I almost had a major in chemistry. So I did that. Then my first job was at the University of Wisconsin Medical Center as their first director of public information.

Harden: They had just set the office up?

Van Nevel: I set it up.

Harden: Did you have to talk somebody into doing this?

Van Nevel: The university had decided to do it, and they were looking for somebody to direct the office. They did not have a whole lot of money, so they hired somebody who was just graduating from college.

Harden: You were there for about six months and then you went into the military for a couple of years. Is that right?

Van Nevel: That is right. I was drafted.

Harden: And you taught journalism, apparently, according to your résumé. Tell me about your military experience.

Van Nevel: Before [we get to] that, the University of Wisconsin journalism school trained all of the military people that populated the Defense Department's public information apparatus, and there was a man that sat next to me in several of my classes named Colonel William Riley [?sp.]. I just knew him as Bill. He said, "If you ever go into the Army, give me a call." He gave me his card, and he was going to be in the Office of the Chief of Information in the Army. So I got drafted. They were sending me to Fort Sam Houston, because of my medical background, to become a medic. I contacted Bill Riley. He was in the Pentagon, and chief of something or other—I cannot remember anymore—and pretty soon my orders were changed and I was assigned to the U.S. Army Information School at Fort Slocum, New York, which is on an island just outside of New York City, in Long Island Sound. I went through the course there and I graduated

very high in the class. They then kept me on as an instructor for the rest of the time.

When I was at Fort Slocum teaching journalism, I married my wife, and we lived in New Rochelle, New York. It was an island post, and we took the ferryboat across. I took the ferryboat across and my wife taught school in White Plains, taught the second grade.

Harden: Tell me your wife's name again.

Van Nevel: Lois. It was a nice period. I formed lasting friendships with my peers. I was an enlisted man, but all the officers and enlisted men were kind of peers with each other. Enlisted men, oddly enough, turned out to be really top-notch people, and the officers all went to seed as time went by.

We had a reunion back in 1989—the enlisted guys have kept in touch—and some of them have gone on to be ABC bureau chiefs in Washington, D.C., and then in Los Angeles. And one was on the faculty of the University of Montana. Others were chief of public relations for Alcoa. They have been all over the place.

Harden: You taught them journalism, and then they wrote for the *Army Stars and Stripes*?

Van Nevel: No. These are my co-instructors I am talking about. The people that were in my classes. It was a difficult teaching assignment because they ranged in age from 18 years old, just out of high school, to people who had master's degrees from the Medill School of Journalism at Northwestern

University. Reaching the Medill guy at the same time as you reached the kid that was just out of high school was very difficult. And with the Army, everything was by the numbers. If it was a comma fault, you took three points off; if a major name was misspelled, it was an automatic flunk, 30 points off. To tell you the truth, I had to flunk all of the big-timers that came through in my classes on various papers, because they were just sloppy; it was so easy for them.

[Martin F.] Marty Nolan, who is a *Boston Globe* reporter, was one of my students, and he was a little older. He became the head of the Washington bureau of the *Boston Globe*, and then editorial page editor of the *Boston Globe*, ultimately, in his career. But he was flunked in my class because he just did not pay attention. Another man named [O. Louis] Lou Mazzatenta became the illustrations editor for *National Geographic*, and he was the same way. He had his degree from the Medill School of Journalism at Northwestern. They were very capable people. But the poor young kids, they would just struggle to get through the assignments. It really was amazing.

Harden: Where did you learn your English grammar? In high school, growing up, writing, or after you got involved in journalism?

Van Nevel: I learned it first from the nuns in my Catholic grade school, and it stuck with me ever after that. I do not know what it is. I think I just had a facility for it, too. In high school, I did not do much of that kind of stuff. I

did not take a journalism course, and I did not work on the school newspaper. When I was in college, I did not work on the college newspaper either. I went into journalism later, because it was always kind of an avocation with me. But while I was in college, I did an internship in my hometown newspaper, the *Richmond News*, and the editor of that newspaper was really my first mentor. He was very good.

Harden: And what his name?

Van Nevel: John Van Meter [?sp.].

Harden: When you came out of the Army, you went back to the University of Wisconsin.

Van Nevel: Right. They held my job for me.

Harden: They held your job?

Van Nevel: Yes.

Harden: That is very impressive. You stayed with them, then, for four years, from January 1964 until February 1968. Can you talk about what you did in those four years?

Van Nevel: I was the director of public relations. When I had been at the university the first time, in the first six months after I graduated from high school [college?], it was very political. They had hired a dean in 1955--I went there in 1961--and the dean, named John Bowers, was changing the faculty and splitting departments into two or three new departments. He split up neuropsychiatry into the department of neurology and the department of

psychiatry and he did the same thing with the department of surgery. He spun off several subsections and made them full departments, like ob-gyn, for example. So the faculty hated his guts. You would not believe how [much] they hated him because he had changed everything that they were used to. So the six months I was there were spent trying to save John Bowers's job. He had a kitchen cabinet [?group], and I was on it. We met all the time. He was fired by the regents, and it was a sad time for me. Then I got my draft notice, and I had to go to the Army in January of 1962.

When I got back, I was again the director of public information. They let me hire somebody, so I had an assistant, and that was a big transition for me, figuring out how to delegate to somebody. But once you learn how, it is the best thing that ever happened because you can extend yourself and get credit for things that you did not even do, although you try to give credit to the people who are doing it for you.

I was working at the medical center. I had one boss in the medical school, the dean, and one boss in the hospital, the director of the hospital. They did not have a cohesive, unified administration. Sometimes we would get two paychecks every [in a?] month. The hospital administrator made me the head of volunteers. He put me over the director of volunteers and over the gift shop and he made me the head of inservice training. I guess it was because he thought I was good and he wanted to give me more responsibility. He was treating me much as though I was a

management intern coming out of one of the graduate programs in hospital administration at Minnesota or Michigan, or one of those places like that. So I picked up some skills in management that I had not had before, and these were very useful as time went on.

But it was mainly a period when I was the youngest person on the staff, and there were no big issues in terms of public relations that I had to deal with in Madison at the University of Wisconsin Medical Center. There was a man that we hired to be the medical illustrator, who turned out to be an anti-vivisectionist, but I did not get into that. It was handled administratively by personnel and the dean.

Harden: Nothing related to medicine in the Vietnam War, then, came your way.

Van Nevel: Nothing. The Vietnam War was kicked off—we went into it in a big way in 1965, but we were really there in 1962 and 1963 with what they called advisors. They were young 22-year-olds running around with rifles, so they were not very much advisors, but they were there and had a presence. But it never came up at the university. We did not have any real anti-animal or antiwar stuff, and it was to create activation of the faculty, to get more of a role in governance at the institutions.

The thing that I do remember most, though, was the Dow Chemical riots in 1967. That was the first time anybody had violently resisted. They were demonstrating at the School of Business because Dow Chemical was recruiting there, and it turned into a riot when the girls took off their shoes



which had sling heels. They would take the shoes off, put a brick in the sling, and then use it on policemen. I was at the hospital, and my office was about 40 feet from the emergency room, and all these policemen were being brought in covered in spit. They were so covered with spit, you could hardly see [them]. Then they brought in these demonstrators, who were all not from Wisconsin, which everybody was remarking about. They were all from the East and had lice jumping out of their hair and they were filthy and smelled. So if you contrasted what they were doing to the policemen and the police behavior with them... I became anti-activist very quickly, which [has] lasted for the rest of my life.

Harden: Very interesting.

Van Nevel: Yes.

Harden: Now, you moved in early 1968, when I suppose most of the Vietnam protests began to peak. You came East to Johns Hopkins University, in Baltimore, and you were working essentially in the same position as director of public information.

Van Nevel: Public relations director at Hopkins.

Harden: What enticed you to move?

Van Nevel: They recruited me to come there. I had a graduate student from the school of journalism working for me named Donald Shaw, who later became a professor of journalism at the University of North Carolina. While he was working for me, we did a project in which we surveyed the medical faculty

at Wisconsin about how they got science information. And they got it from the newspaper. They would use the newspaper as an index. If they saw an article in another specialty that they wanted to know more about, they would use the article as an index to the medical literature, but they also did it in their own specialty, which was really a surprise to us. We wrote this up and got it into *Journalism Quarterly*, and it put us on the map.

So Hopkins came calling because they had lost Frank Karel, who was my predecessor at Hopkins. Frank had left and they needed somebody. They interviewed me, and I was kind of young. I was only 29 at the time. My wife did not want to move from Wisconsin. We all thought of the East as a big, dirty, concrete cavern and we could not see moving there. But once we got here, we liked it very much. We liked the looks of Baltimore, we liked the looks of the people, and we liked the hospital. I guess the hospital had sort of a paternalistic air about it. They took care of you if you were one of theirs, and it was nice. So I came East with some trepidation.

Again, it was one of those situations where I was working for the vice president for public relations for the whole university, but I was really in charge of the medical institutions. So I had to please the hospital president, the dean of the medical school, and the dean of the School of Hygiene and Public Health. I came and was interviewed by the president

of the hospital, the administrator of the hospital, and the dean of the School of Hygiene and Public Health, and they all said, “He’s the guy.” The vice president for public relations wanted me, too, and they offered me the job at a big salary increase for the time. So I accepted.

Then the vice president for public relations called me and said, “[Thomas] Tommy Turner, the dean of medicine, didn’t get a chance to talk to you, and he’s furious.” He said, “You have to come back to Baltimore and talk to Tommy Turner.” Tommy was at the end of his [deanship]—he was a patrician gentleman, he really was unbelievable. I think he is still alive. But he was in his early seventies at the time, he was maybe 70 years old. So Tommy had me in to interview, and I came East just to see him. I came in his door. Claudia Ewell was his assistant, and she brought me in and she sat in through the interview, too. He had my résumé there, and he said, “Well, Van Nevel, you look good on paper, but it remains to be seen.”

Harden: That is so typical.

Van Nevel: Oh, gosh. But my period at Hopkins was an internal-looking period because it was a time of student uprising, and it was a time when the faculty wanted more of a role in governance. They had Vista workers... The medical institutions are located in a ghetto in East Baltimore, Maryland; 250,000 black people lived around them. A month after I got there, the Martin Luther King riots occurred. Across the street from the

main administration building of the hospital was a facility that housed interns and residents and was fenced in with a huge 12-foot chainlink fence. There was a swimming pool in there. The kids from the neighborhood would come and hang on the outside of that fence and watch the people swimming. There was a Vista headquarters place down the street, and the workers would come over and they would picket that facility. We called it the compound because it was like a military compound with a fence around it and everything; they did not want anybody to get in there. The workers picketed the facility, and they would throw rocks over the fence at the people in the swimming pool. We did not know what to do. But we learned to live with it. I had some people on my staff who were very tied into the community and were also very tied into the students and the faculty, so we always sort of had our hands on their pulse. We knew what they were going to do and were able to be the eyes and ears of the administration of the place. A lot of good it did us.

One time I looked out my window, which fronted on Broadway, and there must have been three dozen nuns out there picketing the Johns Hopkins Hospital because it did more abortions a year than it did live births. It was horrible. Somebody came down and made a documentary about the abortion issue. There was a man that headed the psychiatry department who talked about it in terms of inner space, and he sat in a darkened room. He was supposed to be on that show. When I went to find

him, I saw him [leaving]. My secretary started looking down the hallway and he was running out the back door of his office because he knew I was there and he did not want to do the show. We got Katherine Graham's brother, William Meyer [?], who was a psychiatrist on the staff there, and he did the interview. But he had just broken his neck or something. He had his neck probably in one of these great big cloth collars, his eyes were bulged out about three feet, and he came across just terribly in the television interview. I will never forget that.

Harden: Did you know any of the people in the History of Medicine at Hopkins? I spent a year there in the Institute of the History of Medicine, which was on the third floor of the Welch Library.

Van Nevel: I have been up there, but I do not remember any of them. I remember that they had a Florence Nightingale room up there, and I worked with one of her descendants because he wanted to promote the fact that her artifacts were there. Scott somebody... I cannot remember his name. But that is the closest I got to the History of Medicine people.

Harden: I remember having the same experience that you are describing of how unsettling it was with the difference in social class between the Hopkins physicians and the rest of the neighborhood.

Van Nevel: In 1969, the hospital had never had a medical student who was black; it had never had a nursing student who was black. They had one black person in the School of Hygiene and Public Health who came, I think,

from a foreign country. The neighborhood knew that, and after the Martin Luther King riots, there was a community relations problem for the Johns Hopkins Hospital. They tended to say everything was the hospital, and the medical school hated it because they were always subordinated to the hospital.

But Coretta Scott King came in 1969 and stood at the Monument Street entrance to the hospital, and campaigned for Local 1199, a union that was trying to organize the hospital workers. The union would pass out leaflets as employees came to work that were full of street talk, that is, written just the way you would talk if you were out in the street with somebody. Here we were, as an institution, putting out these stuffy-sounding, horrible statements about the hospital and we had no way of influencing the employees who were going to go to the union. Of course we lost big-time. It was just amazing.

Harden: Were you involved in having to write the internal statements for the hospital?

Van Nevel: Yes.

Harden: And press releases and those sorts of thing.

Van Nevel: That is right. What I wrote was vetted by a lot of people, and it was the vetting that turned it into a stuffy, horrible piece. But, on the other hand, I was not able to write like the union people were either. They were adept at communicating with the average guy in the street, and I wasn't. I was

adept at communicating with people that were a little more upscale.

Harden: What do you count as your biggest success at Hopkins in that period?

Van Nevel: I think the biggest success we had was that we began to move beyond public relations and tried to get into giving people information they could use to improve their health, or to stay healthy, and so we started the first medical institution-based newsletter. Everybody has them now. Harvard has one, the Mayo Clinic has one, Hopkins has one for people over 50. We called ours *Health Talk*. There was a woman on the staff named Elaine Freeman, who is now the director of public relations, and her husband was a pediatric neurologist, and she and I conceived of having a television show about this kind of thing that would be based at Hopkins. And we went around all over the place, to New York. Every week we would be up in New York looking for paid [paying?] producers, somebody that would do the show. We finally got the people that did a series for NASA called “The Promise of Space,” and they did one on medicine. We got the Westinghouse stations to agree to air the show, and all we needed was a sponsor. Then Children’s Television Workshops announced that they were going to do “Feeling Good,” and “Feeling Good” took all of the money because Children’s Television Workshop had a track record. Everybody said, “Let’s put our money over there,” and that was where it went.

At that time, I was called by the National Cancer Institute. Frank

Karel, who had been my predecessor at Johns Hopkins, had become the first associate director for communications at the Cancer Institute under the new Cancer Act, and the Cancer Act called for NCI to do all of these health communications things that would be on normal public information or public relations. Because I had been working on that at Hopkins, and because Frank knew me, he called and said, "Would you be willing to come down?" I said, "Well, I don't want to work for the post office. Is NIH like that?" He said, "No. Just come on down."

So I went, and the office was linoleum and all gray furniture and it was just yucky, and I thought, "Do I want to go there?" But Frank talked me into it because he said the opportunity was great. Little did I know that the staff was just terrible. The staff were all holdovers from before the National Cancer Act of 1971, and they were all hysterical because the White House called every day. They did not know how to handle it. There was all this pressure on them. They had all these new responsibilities that they did not know how to implement.

I was the deputy associate director for public affairs, as it was called in those days. I started on the same day that Casper Weinberger took over as the Secretary of HEW [Health, Education, and Welfare], and he was a Republican under Nixon. Everybody thought that I was his henchman because I was a Republican. So they were all scared of me. One of the things that I did was to try to get the staff to shape up a bit. We



had staff over in the Westwood Building at the time. Most of the communications staff was over there. I went there and I said, "We're going to abolish all the sections and all the branches, create teams, and really shake up this organization, start over." The chiefs of the sections and branches leapt to their feet and said, "You can't do that! You'll lose us our grades." I said, "I'm going to do it anyway." They did not challenge me. I still cannot get over that that did not happen. They let it go. So we broke it all down and then built it back up into a different kind of an organization. Then people started to leave, and we were able to hire some other people with the kind of skills that we needed to have. That was a tough time.

Harden: How long did that take? A couple of years or less?

Van Nevel: Frank left in September of 1974. I came there in March of 1973 and he had come in September of 1972. Dick [Frank Rauscher] was appointed director [of NCI] in March of 1972. I do not know if you know that story. Carl Baker had been the director of the Cancer Institute and there was a National Cancer Advisory Board meeting, the first one under the National Cancer Act of 1971. Carl Baker was pictured with the board in the morning, and [Frank] Dick Rauscher was pictured with them in the afternoon.

Harden: I knew of the change, but I did not realize that it was that dramatic.

Van Nevel: They threw Carl out because he alienated people like Mary Lasker for

seeming to be opposed to making NCI a separate organization. He was too much in the NIH role, and he really alienated [the board]. They wanted NCI to be a separate organization. And Ann Landers did that campaign. I fought that campaign when I was at Johns Hopkins on behalf of the AAMC, the Association of American Medical Colleges.

Harden: Yes. Would you say that Mary Lasker herself was the reason that the directorship changed?

Van Nevel: She was a good part of it. She and her cronies.

Harden: Interesting. Who did they lean on? Did they go to the White House? I mean, who made the decision finally to change the director?

Van Nevel: The White House.

Harden: Tell me about Frank Rauscher.

Van Nevel: All the directors had different roles because the Cancer Institute was in a different period under each of them. Rauscher was the first director under the National Cancer Act and he was a virologist and a non-M.D. He was the first non-M.D. that we have ever had as the director of the Cancer Institute. His job was to get the program up and running, to get the Cancer Control Program started, to get all these new cancer communications things going, and to expand the research activities of the institution. They were getting a lot more money for clinical trials, so clinical trials expanded greatly in this country. The apparatus and the infrastructure had to be built up.

Dick was an interesting man because he was very hands-off. He was big-picture kind of man and did not take care of the details. His secretary, Phoebe Dunn [?sp.], would monitor every one of his calls, take copious notes in shorthand, and then when the call was done, she would call people up and say, “Dick wants you to do this,” or “Dick wants you to draft a letter to so-and-so,” or “Dick wants this.” He never had to follow through. He would come to work about 9:30 or 10:00 in the morning, go out for lunch about 11:30, come back about 2:00, and then leave for home about 4:30. It was a very relaxed atmosphere. His problem was that he listened to the last person he talked to, so that if you thought you had an agreement with him and somebody else went in after you and argued against it, you lost.

But he was terrific in terms of the communications stuff because in those days—remember this was the early 1970s—the staff of the National Cancer Institute thought everything that was not basic science was soft. Cancer communications was not wanted because the people here did not want to be seen and they did not want to be heard and they did not want NCI to be visible. The program had the same problem. It was considered soft science, and it was being set up... They offered the job to somebody out in California, who turned it down after accepting it. Then Diane Fink was pulled out of the grant program to run it, and she had no experience, so everybody dumped on her. Dick Rauscher took me aside one day and

said, “You’ve got to do all these things.” He said, “I’ll give you all the money you need to do them, but just don’t let anybody notice that you’re doing it.” So I operated secretly building the apparatus until 1976.

Harden: That is a classic NIH position, isn’t it?

Van Nevel: Yes.

Harden: Long before that, any time anybody wanted to do a public piece—and I have examples of scientists who wanted to write for *the Saturday Evening Post*, and they were ostracized also. Somehow, NIH was supposed to talk only to the scientific journals and not speak to the public. That is an interesting change, isn’t it, that occurred.

Van Nevel: When Frank Karel decided to leave, it was in the summer of 1974. He left at the end of September. And he called me. I was on vacation out in the Midwest. I was with my wife. We were in Chicago, actually, in the car with the kids and a dog. He called and said, “If you want this job, I’m leaving. If you want the job, you had better get out here quick. Rauscher wants to see you on Monday morning.” This was on Saturday afternoon. I said, “Okay,” and I got on a plane and flew back and left Lois with the car and the kids and the dog, and she drove back by herself. I saw Frank Rauscher on Monday morning, and he said, “Do you want the job?” and I said, “Yes, I would love it.” And he said, “Okay, you’ve got it.”

Then I went downstairs, and Frank Karel called the whole staff into his office and said, “Paul Van Nevel is the next associate director for

communications.” Well, there was an absolute riot because there had been no competition. A big group of other information officers at other institutes called on Storm Whaley, who was the head of communications at NIH.

Harden: Who was relatively new himself.

Van Nevel: Yes. He had been there since about 1970. They complained to him, but there was nothing he could do. Then Nick [?] called Guy Newell, who was the deputy director of NCI, and complained to him. So then they had to start over and they had to go through a competition. Of course, I applied. It took until February of 1976 before I was actually in the job. I had been a special expert when I came.

About 1977, my wife and kids had gone to a swimming meet on a Saturday morning, and the *Washington Star* came. I picked it up. On the front page there was a story about how the government was misusing consultants. I was reading it, and it was about the Magnuson Committee. They were holding up all these examples of people who got jobs in the government who had previously been consultants and who were just doing the same thing they had been doing before, and there I was. I said, “Oh, my God.” I did not even know the hearing was being held, and there I was on the front page of the *Washington Star*. They did not use my name, thank goodness, but they used my title and they gave my salary. It was all there.

Harden: Interesting. But by that time, you were being converted from a special expert or you had been?

Van Nevel: I had been converted; I was a 210-G. It was equivalent to a supergrade, 16 or 17 or 18. It was an appointment authority that the NIH had. Then when [President] Carter came in and formed the Senior Executive Service in 1979, I was transferred into that. I was a charter member of that.

Harden: Let us go back and talk a little about the Cancer Information Service, which you were involved with and watched develop. I was reading the monograph that you put out as the 15-year history of the CIS.

Van Nevel: I was reading that history myself.

Harden: You were talking about the architects of this service, but no names were mentioned. I wanted you to tell me a little more about that since you said that they wanted you to be quiet and not to publicize it too much, and yet that was obviously the Cancer Information Service. The point was to make contact with the public.

Van Nevel: After I came to NCI, we had a problem with having staff who were not quite what we wanted them to be. So I called Elaine Freeman, who was not happy at Johns Hopkins at the time—she was a person that I hired on my staff and she had been working with me to get the health communications stuff going in New York—and asked her to come to NIH. She came in November of 1973, about the same time that [Edward] Teddy Kennedy's son had bone cancer and Emil Frei at the Dana-Farber Institute

had just developed curative chemotherapy for osteosarcoma. Survival had been 20 percent for this cancer, but in his studies it had gone to 80 percent. So Ted Kennedy got his son under that protocol. The son was treated with that chemotherapy and he lived, and he is still alive today. We sat around, Elaine and I and others, thinking about the fact that Ted Kennedy knows how to get what he needs, but nobody else knows. So how can we get that out to everybody? Elaine Freeman conceived of the Cancer Information Service, a number for people to call that would be the place where you could go to get that kind of information, to know where to go to get the best care available for your kind of cancer, and then to have all the other questions answered too.

NCI, and I guess NIH, had always had sort of an arrogant attitude that we are it, and nobody else knows anything. But, in this case, the Cancer Information Service had to be formed using people on the outside because we had agreed that we had to go through the comprehensive cancer centers which had the responsibility under the Act to do this outreach in the regions, which we thought was a good marriage. We talked to the cancer control people and the cancer center people at NCI and the cancer communications people and got this started as a three-legged stool: cancer control, cancer centers, and communications. Cancer control decided to fund it because they were getting all this money and did not know how to spend it wisely. They could spend the money any way they

wanted to. They put about \$4 million into it the first year and then more for several years after that to get it going. Then we shared project officers on it. In about 1979, in the second round of competition, the contracts office made it a non –what do they call it? It was a single-source award to comprehensive cancer centers, and they would not let us do that. Any comer could come along under the law. But the cancer centers became architects of it, too, because they appointed staff who became partners with NCI staff in developing the way that things look, the way the evaluations would be done, the way data would be collected, so that we could figure out what was going on, who was asking what, and what they wanted to know about.

Now, the cancer centers stayed with it, primarily because it was a political benefit to them to have a Cancer Information Service there. It was the presence in the community of these huge, major academic cancer organizations with huge research establishments that in the long run made the Cancer Information Service successful. If we had gone off to Podunk hospitals, it never would have been the same. People would not have the same respect for it. That is my view, anyway. So the architects were both within and without. They were in-house and they were outside.

Harden: Of course, the Service is still quite active today and going even greater guns than before.

Van Nevel: I was reading the monograph recently because I am going to Seattle on



October 10, and I will be doing a conversation with Marian Morrow, who was one of the architects from the Yale Comprehensive Cancer Center and started the Cancer Information Service there. She and I are going to do a conversation about the early days of the CIS, because the people that are now populating it do not know that history. I was amazed [to see?] the article about how the CIS got started. I wrote part of that.

Harden: I figured.

Van Nevel: And it is a good piece.

Harden: This brings us to talking about some of your day-to-day activities. I know that an awful lot of the things that you did included writing pieces like this that do not appear with your name on it. They generally appeared over somebody else's name. Tell me about all the different kinds of writing and other activities. You were an administrator, but you also did some writing.

Van Nevel: Yes. The first writing job I had came within weeks after I got here because Casper Weinberger and Frank Carlucci, his deputy, decided to abolish public affairs across the department [HEW]. My job was to figure out what to do about that. I created a new organization called the Office of Cancer Communications, figured out what were public affairs series and what were not, and then transferred everybody in the office into non-public affairs series. We wrote everybody's job descriptions, and then we told Carlucci and Weinberger that we did not have any more public affairs. All

we were had were these program things. And they bought it!

Harden: Storm [Whaley] has talked about that effort as well.

Van Nevel: We did a lot of writing for the directors. We may have written the drafts for them, but when they bought into it, it was their document, and not our document anymore. That is how we always thought of it and how they thought of it, too, I think. We would advise them on certain things, but we wrote a lot of advisory memos: I think we should do this; this is coming down the pike; you have to worry about what the reaction will be to that kind of thing. There was a lot of what we called the stuff that comes over the transom, the incoming from the press items, the stuff that Anne Thomas loves to do, the crisis of the day. There was an awful lot of that with cancer.

We had, in the Rauscher period, this problem with the Cancer Institute becoming big with all this infusion of money, and with the new responsibility of cancer control. The basic scientists around the country thought that cancer control was taking over the world and that our whole budget was going to go to cancer control. Some of the people thought that we were freezing out the young investigators and that all the people that were getting money were the big-timers who had started putting some management out in the organ site programs, as we called them, around the country. People got worried about that. What are they doing with that, doing that for? And who is going to control the money?

We did a series of articles that appeared under Frank Rauscher's byline in *Science* magazine, trying to meet each of those criticisms that were coming in from the scientific community. In the early days we had a lot of criticism from the scientific community because they did not really understand what NCI was going to be and what it was going to do. We had a similar problem with NIH. One of the things that Dick Rauscher did that will forever be to his credit is that he kept NCI firmly in the NIH fold. So, when we got into trouble in about 1976-1977, [Donald] Don Fredrickson, I think, was the director at the time, and he came to our rescue. He wrapped his arms around us and helped us. But he would not have if NCI had asserted all of the authorities that the Act had given the director, the appointment authorities and this and that.

Harden: This, of course, is...

Van Nevel: Everyone thought we had our own definition of cancer control. That is what you want to know.

Harden: Yes. That is what I would like you to tell me. What is cancer control?

Van Nevel: I think cancer control is the translation of research findings for the benefit of people in the medical profession.

Harden: For example?

Van Nevel: The current Cancer Control Program is working on risk communication kinds of things, trying to figure out better ways to communicate the concept of risk to people so that they can put the risk of breast cancer

against that of lung cancer for women in perspective, for example, and that is not easy to do.

In the old days, back in the 1970s, when the Cancer Control Program was getting started, they tended to do a lot of demonstration programs. The Health Insurance Plan of New York had indicated that a combination of mammography and breast self-examination and probably ultrasound could reduce mortality from breast cancer in people who were over 50 years old. So the first Cancer Control Program that NCI developed was what they called the Breast Cancer Detection Demonstration Project. It recruited 270,000 women across the country who would do those kinds of things to see if they could have a better [outcome], to show doctors that this was a good way to do it and that you find more cancer this way and save lives. Unfortunately, that became very controversial because it started out as a program that was aimed at women 35 and older. Malcolm Pike [?sp.] and John Baylor [?sp.] and others fell on NCI for doing that because their claim was that we would be causing more breast cancer than we would be finding.

Harden: I have always had trouble with the distinction between cancer prevention and cancer control.

Van Nevel: They are not separate at the Cancer Institute.

Harden: I know, and that is confusing to me.

Van Nevel: Cancer prevention is probably an aspect of control, I think, but the cancer

prevention program now is looking at the preventive... It is like a research program that is looking at the preventive activities of things like vitamins and minerals such as selenium and vitamin E and vitamin A and vitamin C. They are actually doing studies, clinical trials, with people. They are doing a study of tamoxifen versus raloxifene called the STAR Trial to compare two compounds in a well high-risk population to see if it is going to have an effect on preventing cancer. So I do not know how to define the difference, either. In fact, I would have put them in the same backpack until just recently.

Harden: You mentioned a little earlier about some problems you had in the mid-1970s. This would have been under Dr. Arthur Upton's directorship. He came in as director in 1977. You were actually talking about 1976. But I am keen to hear you talk a little about the mid-1970s and what issues came to the forefront and what the involvement of the Office of Cancer Communications was.

Van Nevel: When the Cancer Act was being passed, members of Congress made a promise to the American people that they were going to cure cancer by the bicentennial. Well, the bicentennial came and went and there was no cure for cancer. We had hardly even made a dent in it. Mortality and the incidence of cancer was still going up, and reporters had all noted that in their books. They called around to see how we were doing, and we did not have a very good response, because they were looking for bottom-line

stuff: Are you saving lives or not? Have you cured cancer or not? At the same time, the Cancer Institute had been sponsoring a program called the Safe Cigarette Program, which was aimed at working with the tobacco industry to develop a less hazardous cigarette, but, actually, it was doing more in terms of the cancer control aspects of tobacco control, trying to move out to get people to stop smoking. There were people in our cancer control division called the Division of Cancer Control and Rehabilitation—a woman named Dorothy—I cannot remember her last name—who did some surveys and then was starting some public education programs. My office started a major communications program aimed at tobacco abatement among the population. It was through 1976 that we were facing reporters' questions about what have you done, and we were facing, as I recall, congressional inquiries about why haven't you done it as well.

Then, in 1977, all of a sudden, all over the country, these little stories started to pop up, the same kind of story in all these different communities, about the Cancer Institute not doing enough about environmental causes of cancer. They are spending too much time on tobacco. Mary Lasker later told us, and she made us promise not to tell anyone that she told us because she thought she would be murdered, that it was an activity sponsored by the tobacco industry through a big public relations firm in New York. They were placing these stories all over the country. We knew it had to be something like that because the stories

were so consistent.

At the same time, the Cancer Institute had a program—we called it the Bioassay Program—which tested chemicals to see if they caused cancer.

The chemicals were put into the program because they were thought to cause cancer, and so there were not very many that came out that did not cause cancer. But a huge backlog in the Bioassay Program developed because we did not have enough veterinary pathologists to look at the tissue samples that were coming from the animals. We had a backlog of 200-and-some chemicals, and Umberto Saffiotti, who was on the NCI staff, [had to testify before?] [Senator Edward] Kennedy's committee, because he was in charge of the Bioassay Program. He did not want to get blamed, so he blamed Dick Rauscher in a very public way on major television, in major newspapers, and in a major hearing. And ever after that, Umberto—he was the first scientist that ever called on me, and he came over because he was a self-promoter, I always figured after that, and he was trying to get me on his side. For him to do that was really terrible. But it got action, and David Obey, who was on the House Appropriations Committee at the time, started to push the Cancer Institute, every time there was an appropriations hearing. He would send queries all the time: How are you doing on the backlog? So Rauscher and others found ways to get more veterinary pathologists to increase the amount of staff in the program, removed Umberto Saffiotti, and we began to churn out reports

on these chemicals that were just coming out. There was one or two a week. In those days, every time a report came out, we had to publish it in the *Federal Register* and also put out a press release that it was in the *Federal Register*. Then we had to hand-carry copies to the regulatory agencies such as the Consumer Product Safety Commission, EPA [Environmental Protection Agency], OSHA [Occupational Safety and Health Administration], and so on. So most of the chemicals that came out caused cancer, and the press picked up on that. I think that the Cancer Institute is responsible for the feeling that became [common] throughout the population that everything causes cancer and there is nothing you can do about it, because we were putting out these reports every week and everything seemed to cause cancer. People got this fatalistic attitude, “Well, if everything does, what am I going to do about it?”

Arthur Upton later moved to NIEHS [National Institute of Environmental Health Services], and Arthur was a very boring man. At the National Cancer Advisory Board meetings, he would sit at the table and give his director’s report. By the third paragraph, everybody on the board would be sound asleep. At one board meeting, he told the board that he was transferring the Bioassay Program and \$80 million to NIEHS, and they were going to broaden the program to look at other things besides cancer, and so on. Well, nobody picked up on it. They were all tuned out. A couple of meetings later, when they realized that the Bioassay Program



was gone along with \$80 million, they had a riot. And Upton said, “But I told you.”

Harden: That is funny.

Van Nevel: Yes, it is funny. I was glad to see the program go.

Harden: You were talking about the interaction between the press and the Congress and the Cancer Institute. How intimately were you involved with preparing budget hearing statements and other things like that?

Van Nevel: Very much so.

Harden: You drafted statements?

Van Nevel: Later we did not, but in those days, in the 1970s, we did. When the Fountain Committee, which was the House Oversight Committee on Governmental Affairs, had its oversight hearing on the Cancer Institute and what it was doing in 1977, we had a strategy group trying to get Guy Newell, who was the acting director of NCI—Rauscher had left; Upton was not here yet—prepared for the hearing. We put together these briefing books that were just enormous, wrote the testimony for Newell, and then worked with Newell, giving him Q’s and A’s orally, sitting at a table with him as though it was a press conference almost, thinking up all the questions he might get asked by the committee and then later by the reporters. Guy did a terrific job at that hearing.

They found double-dipping in terms of travel by Dick Rauscher. He was in the room, and when that came up, I looked around and I just

saw his heels going out the door. He blamed it later on his secretaries, but it was a charge that was [correct? true?].

The hearing was not a pleasant one. It was about how NCI was controlled by the American Cancer Society and how most of them [the people? the staff?] were controlled by this little sector of people at the top, like Mary Lasker and Benno Schmidt. It talked about the Breast Cancer Detection Demonstration Project and things like that and how that had been shoved down our throats and how we were damaging young American women by recruiting them to go through this kind of a program. It was very, very difficult.

Donald Nickles, now a senior senator from Oklahoma, was just a young House member at the time, and he was on that committee. I remember that. We did not think he was among the stars of the committee, but he was there.

After [Dr. Vincent] DeVita took over [as Director of NCI] in 1980, Paula Hawkins—I think she was elected with the Republican Senate that came in with Reagan in 1981—had hearings in May of 1981, and we worked with Jim Mitchey [?sp.] on her staff, who was putting together the hearing for her. He would come out [to NCI] and look through files. He was very agitated by the fact that we had to let some congressional staffer come in and look at our files. But he came to me because my attitude was always, I am here to help people and not to create a barrier and not to

create a scene whereby they think I am an enemy, because I want to know what they are up to and what they are after. So I keep communications open with them.

So Mitchey glommed onto me, and he would come to my office and complain that DeVita and [Philip] Amoruso were not giving him documents. He lived nearby, about three houses off Old Georgetown Road, just south of Suburban Hospital. I cannot remember the name of the street. He called me one day and said, "I'll be home about six. Will you drop some of these documents off at my house for me?" and I said, "Sure."

On my way home that night, I took the documents over to his house and he had a great big screened-in front porch. I went up on the porch, and there was a man sitting there. He said, "Are you Jim Mitchey?" and I said, "No. I'm on Dr. DeVita's staff. I'm Paul Van Nevel." He blanched and ran from the porch. When Jim Mitchey finally came about 15 minutes later, I said, "I think I scared one of your whistle-blowers away." He said, "You probably did. But you should come on Saturday morning. They're lined up from here to Old Georgetown Road."

So we were deeply involved in those hearings and in helping DeVita write his statements. At the hearing, Paula Hawkins gave a statement that would list a deficiency in that people were dying or children were dying, and something was wrong. Then she would look at DeVita and say, "Who's to blame?" We called it her "who's-to-blame" opening

statement. Jim Mitchey came back to me after that was over and said, “I didn’t write that. I had nothing to do with that. I want you to know that. It was somebody else on the staff that did that, and I couldn’t stop it.”

Then he and I had a drink up at Pooks Hill, at the Linden Hill Hotel, after she stopped all of this. And it was horrible. He told us that [Gerald P.] Gerry Murphy, who was the head of the Roswell Park Cancer Institute in New York and then later the senior vice president for research at the American Cancer Society, and who had developed the prostate-specific antigen test, and he handed... DeVita was trying to get rid of him [?]. Mitchey told us that Murphy would call the committee all the time and say, “You’ve got to get DeVita. He’s done this, he’s done that.” So they said, “We have to get this guy down here and find out what he knows and get the specifics.” They brought Murphy down to Washington. He went into the committee room and sat at the table and they said, “Okay. What is this about DeVita?” Murphy said, “I don’t know anything,” and backed off totally.

But DeVita did not like him at all. None of us did. Although he had been on the National Cancer Advisory Board. We used to go out for martinis at lunch at the board meetings. I do not know how we ever did that, but we did.

Harden: Let me ask you about two other issues from this period. First, recombinant DNA was a big concern for NIH as a whole—I do not know if it was for the

Cancer Institute—and, second, the rising inflation in the economy and what it was going to do to the number of grants that would be awarded. Did you deal with either of those concerns in the 1970s?

Van Nevel: No, I did not. Our issues were relations with the scientific community, getting the program started, staying in the fold of NIH. Those issues were handled scientifically. They were not matters that I got into.

Harden: Okay. Tell me about the Special Virus Cancer Program. You must have at least known about it because it was started in the 1960s and it was winding down and then stopped in the mid-1970s after the Zinder Committee recommended that it be cancelled. But it turns out that even though that program was not able to link one specific virus with one specific cancer, there were all sorts of things that came out of it that were very important. For instance, the oncogene theory that [Dr.] Robert Huebner had was sort of turned on its head, but it inspired the work of [Dr.] Harold Varmus and [Dr. Michael] Mike Bishop. Then you have this production of biological reagents. There were a lot of scientists who had made a career of purifying things, apparently, and did not think you could ever do it commercially, but they showed you could. Then, of course, there was the research on animal retroviruses that eventually laid the groundwork for some AIDS work. Tell me about the Special Virus Cancer Program.

Van Nevel: The Special Virus Cancer Program was an important program from a

number of different standpoints. Scientifically, it produced a lot. It also produced a lot of leaders for the Cancer Institute. I think Carl Baker was very instrumental in the planning process for the Special Leukemia Virus Program, which is what it was called back in the 1960s. Dick Rauscher was also the head of the Special Virus Cancer Program, I believe, before he became the head of the Division of Cancer Cause and Prevention, or Cancer Etiology as it was called in those days, and he later became the director of the Cancer Institute.

It was a program that got a special appropriation and a special mandate from Congress, and it was run out of the Cancer Institute. It did well scientifically and it did well in getting people [to be organized]. What it did was it taught people how to plan science. People think planning in science is crazy, but it is not. I mean, people who go to their laboratory every day know what they are going to do, and people who are planning large programs that are attacking a certain kind of disease need to know how they are going to do that. So that is how it produced leaders.

But what happened was that, as directors of the Special Virus Cancer Program, Rauscher and then John Moloney after him, had too much control over what was done around the country. People in the country who did not have a piece of the pie began to complain. They caught the ear of everybody else. The Zinder Committee was appointed by the National Cancer Advisory Board, as I recall, because they were getting

so many complaints from the scientific community that this was something that NCI was controlling too much, and it should be a grant program, not a contract program. It was a contract program. So [Norton] Zinder looked into it, and I remember his report to the National Cancer Advisory Board. It was a devastating report, because it said the same thing that the scientific community had been saying. At that point they [NCI?] began to phase it back and turn it into a contract [grant?] program [? See above], and Arthur Upton pulled John Moloney out of the directorship of the Special Virus Cancer Program, made him a special assistant to the director of NCI, and brought him over to Building 31. John became a very bitter man as a result of all that and retired shortly afterwards. I think he sits over in his house on Greentree or Fernwood or whatever it is and mutters to himself all the time. I have tried to talk to him occasionally, but it has not worked at all.

Harden: And Robert Huebner, of course, was showing signs of Alzheimer's.

Van Nevel: Yes.

Harden: It was not apparent in the late 1970s, but by the time he finally retired in 1982, it was apparent. He had been one of the driving forces in that program. But, I think, by the time it was shut down, that he had lost his mental edge.

Van Nevel: Yes. I really did not know him well. He was not a major figure after I came in the early 1970s.

Harden: It is interesting that he was not, because he had been one.

Van Nevel: Yes. Some people on my staff who covered the science part of the program, like Patricia Newman, knew him well and had high respect for him.

Harden: My office is having a biography done of Huebner. He had come to NCI, of course, from NIAID. He had been a very distinguished virologist, and then he got interested in cancer and viruses and moved into the Cancer Institute. But it is very interesting that he was not as prominent by the time you came.

Van Nevel: He went to an American Cancer Society science [?]\_\_\_\_\_ seminar in one of the years in the 1970s and presented his oncogene theory, and nobody in the room understood a word he said.

Harden: Interesting.

Van Nevel: Yes. It was not apparent that he had Alzheimer's disease. I could not figure out what he was talking about. I had never heard of him before that. I was from NCI, I was in the audience, and here was this man from NCI talking about oncogenes, and I did not know what he was saying. I was really embarrassed for me. I guess I should have been embarrassed for him, too. Nobody covered his talk because they could not figure out what he was talking about.

Harden: Do you know about what year that was?

Van Nevel: No. Judy Grossberg [?sp.] could probably pull it out.



Harden: It is not that important. I am just curious because this research for his biography is being done at the moment. I recall vividly that, when I moved to Bethesda in 1981, there was a series of stories in the *Washington Post* about clinical trials.

Van Nevel: Oh, yes.

Harden: Do you remember that?

Van Nevel: Very well.

Harden: Tell me about that.

Van Nevel: The *Post* hired two investigative reporters. One was named Ted Gup, who is now in the academic world in Ohio someplace, and the other was Jonathan Neumann. They were to do four series, and each of the four was to have four parts to it. What we had in October of 1981 was the first four articles in the first part of that four-part series. They were all about Phase 1 clinical trials. They talked about how patients were dying and that we were not looking for effect. We were just looking for the safe dose and efficacy. The article talked about mitoxantrone, which is the same chemical that is used in the blue ink in ballpoint pens. It is now an effective drug in the cancer armamentarium. But it was held up as a killer. The articles started appearing on a Sunday, and they went Sunday, Monday, Tuesday, and Wednesday, and everybody was putting a full court press on Katherine Graham, Vida Blair [?sp.], everybody, to try to get this stopped because the patients were going crazy. They were skipping their

chemotherapy appointments, they were not coming in. All patients, not just Phase 1 patients, but Phase 2, Phase 3, and Phase 4 ones. The series was syndicated all over the country, so this was having an impact everywhere, but particularly in the communities where the reporters had done a lot of their research, such as Miami.

We were blindsided by it because the reporters had come in to NCI a year before the series appeared and talked to us, and they were talking like investigative reporters do about lots of things. In the middle of it was a question about this kind of thing [Phase 1 clinical trials?]. So nobody had a clue as to where they were going to end up, and all of the investigators who were doing Phase 1 trials in Miami, Colorado, and California [did not know?]. Even though the reporters were there for a long time asking lots of questions, they asked enough questions to camouflage where they were [looking at]. Then, at the end, they came in to see Dr. DeVita. I was with Dr. DeVita one night—it was after seven o'clock—up in his office, and Ted Gup kept calling. We had gotten wind from outside that this was not going to be terribly pleasant. DeVita was resisting being interviewed because he was mad at the reporter. Ted Gup called and I answered the phone, pretending to be a Spanish housekeeper or something. And Ted Gup said, “We have to talk to Dr. DeVita. It wouldn’t be fair to go out with this series without talking to him.” I said, “Well, just hang on a second.” So I told DeVita, “You have to do this. I

mean, you have to get our side of the story in here.” He said, “Okay. I’ll do it if they come up now.” So they raced up from the *Washington Post* and I disappeared, and they went in and interviewed Dr. DeVita, but it did not make any difference. The reporters had some of his comments, but they were buried in the stories. But the impact on the public was horrible.

On Sunday, after the first article appeared, I came to the office and wrote a rebuttal that gave the other side of the story about why this was important research and where it was going and why patients’ lives were at stake if we did not do this kind of research. Then I took it over to Dr. DeVita’s house, he approved it, and I raced it down to the *Post*. They got it down there about seven o’clock that night or whatever, and they ran it with the next article in the series in the morning. It was a DeVita piece. It was under his byline.

So, after that, we thought that was kind of nice, and we got a mailing list of all the people around the country who were doing clinical research. We did not have fax machines or e-mail in those days, and we sent the piece out by the fastest method we had—I cannot even remember what that was—so that investigators in Seattle and Miami and all over the country had copies of what we were saying about it. Some of them, because the series syndication was delayed, were able to use that ammunition to stop the series from appearing. We did that each day. Then the *Post* decided to abandon the rest of the series, the other three parts.

And one of the series was going to be on sex in the Cancer Institute.

Harden: Oh, my.

Van Nevel: Yes. That would have been pleasant! Anyway, nobody knew what they had. We did know that a man named Ernst Wynder used to bring Cancer Institute people up to New York and have them to his apartment for dinner. Then he would bring in these blonde beauties that he would hire from someplace to set up with the NCI guys.

Harden: My goodness!

Van Nevel: Yes. The NCI guys that told me about it said they ran, they did not stay. But you do not know how many people did. So you do not know what happened.

Harden: Yes.

Van Nevel: You do not know. This series would have revealed a lot of things that might have happened there. Ernie Wynder is dead, so that is why I am mentioning that now. He used to date Kim Novak.

Harden: My goodness!

Van Nevel: He even appeared in *Life Magazine* with her one time. He used to have a blonde beauty carrying his briefcases to all the meetings he went to. I used to stand there and look at him. Amazing!

Harden: Very interesting.

Van Nevel: Was that the question you asked?

Harden: Oh, yes. That is exactly what I wanted to hear about because I

remembered that when I was trying to find archives about that time for my NIH book, everybody was very skittish at NIH and NCI. So I knew there was something... I had this vivid memory that people were very concerned about it.

Van Nevel: Actually, Eleanor O’Neill, who worked on my staff, did a point-by-point rebuttal. She took paragraphs from each of the stories and did the real story next to it. Then we sent that to Accuracy in Media, which is kind of a watchdog for the press, and they found in favor of us and against the *Post*. And Ben Bradlee’s comment was, “That’s just the [result?] of putting on a full-court press.”

Harden: Interesting.

Van Nevel: The *Milwaukee Journal* was the only newspaper that had run the syndicated story that ran the item that Accuracy in Media had found against the *Post* and that the series was really not worth anything.

Harden: Very interesting.

Van Nevel: That document should be around someplace if you want to find out what Eleanor did.

Harden: Okay. I may.

Van Nevel: Judy Grossberg [sp.] probably has it.

Harden: The late 1970s and early 1980s—I already mentioned recombinant DNA—was the time that molecular immunology was coming to the fore. NCI and NIAID joined together to publish that little booklet, *Understanding the*

*Immune System*. I am sure you remember it. I remember it because that was the first time I ever heard of B cells and T cells. I knew that there were red cells and white cells. I was trying to figure out what this was all about, and that little booklet was extremely helpful. In fact, it went through several editions. And I had used it as a historical resource to show how the knowledge was advancing depending on what was in it. Tell me about putting that booklet out. That is the only one I recall as a joint, two-institute guide.

Van Nevel: Nancy Brun had been on the staff of NIAID, where I think the booklet was developed originally. Then NIAID ran out of money and Nancy heard about it from her friends down there. So Nancy, on her own, decided to do a joint thing with NIAID. It was never an integrated part of our communications materials. It was something that Nancy Brun had done, and then she distributed it to schools and places like that. None of us ever paid much attention to it.

Harden: Even though it became extremely important shortly thereafter, when AIDS appeared, and everybody needed to know about immunology.

Van Nevel: Even though.

Harden: It is good to have that clarified. Let us move into 1981 now, with the publication of the first paper on AIDS. I have a lot of early NCI memos relating to AIDS, and one of the first was from the summer of 1981, when [Dr. William] Bill Foege, the director of the CDC, asked Vince DeVita to

help out with a conference. You may recall, in the fall of 1981, that the Cancer Institute sponsored a conference. What I wanted to get to was where was the Communications Office in this? What were your concerns while AIDS was emerging? When did you learn about AIDS, and what were you doing in 1981 in communications?

Van Nevel:

One of my branch chiefs was Elaine Braddock [?sp.], and she had gone to the Public Health Service, where she was deputy director of public affairs. She called me one day and talked about the CDC's *Morbidity and Mortality Weekly Report*, which, I think, had the first publication. There were these few cases. They were all in homosexuals and she said that everybody was kind of tittering about it downtown. We did not think anything of it either because we thought it was just something that really did not affect us.

As time went on, we got calls from reporters who were also tittering about it because they thought it was a homosexual disease and not something that anybody in the [general] population would be vulnerable to. It was not anything that was on my radar screen because, in 1981, we were working on the Orrin Hatch hearing for that fall. We had formed a task force under Jane Henney and, again, were getting ready for a very negative hearing on all the contract problems that NCI had. That was what we were worried about. We were not worried about AIDS.

I do not know who sponsored that conference. It must have been

done in the scientific community someplace. I am sure my office must have been involved with it, but I do not have any recollection of it.

Harden: I think that [Dr.] Bruce Chabner was in charge of it, and there were people coming up from the CDC and a few people from NIAID. It was very much an intramural conference with interagency bureaucrats coming in. There might have been a few university investigators, but this was all very much the scientists themselves getting together, trying to figure out what this problem was, because it was so unusual. Of course, it had not been shown that there was a virus or anything at this time.

Van Nevel: AIDS was a very political kind of a thing very quickly, and so the Department of Health and Human Services took control over who did what on it. It assigned responsibilities to the various agencies, and the CDC got responsibility for doing all the information and education about AIDS.

Harden: Yes.

Van Nevel: Our job was limited to talking about what our scientists did in the research laboratory. We could talk about what [Dr. Robert] Bob Gallo was doing and we could talk about what [Dr. Samuel] Sam Broder was doing, but we could not go beyond that. We had no information or education programs related to AIDS at all.

I became a consultant. They set up an Office of AIDS Education and Information at the CDC, and they had a woman running it named



Paula Van Ness. Her initials are PVN, and so are mine, and we called her the other PVN. I went down there and I was part of an advisory group that she had setting her office up and getting that ready, but I was not a part of what they were doing because they had let a contract to Ogilvy Mather, which is a big public relations firm, and they had just been awarded the contract.

Harden: So the NCI Communications Office never did get into any public education efforts on AIDS.

Van Nevel: No. We were instructed by the department that if we ever got a press inquiry about anything our scientific staff were doing, we were not allowed to have that scientific staff member talk to the press. We had to first get clearance from the department, which in turn got clearance from the White House. It was very carefully controlled.

Harden: That was the next question I was going to ask you. What kinds of press and also public calls were you getting?

Van Nevel: We were the Cancer Institute, so we did not get AIDS calls. We did not get public calls on AIDS.

Harden: Even though NCI was so prominent early on in the research. Let me back up. Much of the early work on AIDS was done in Bethesda because the scientists here could drop the projects they were working on and move faster to new ones than the money could get out in grants. There was [Dr. William] Bill Blattner and his group, [Dr. James] Jim Goedert, [Dr.

Edward] Ed Gelman, Bob Gallo and all of these folks in the Cancer Institute intramurally were working on AIDS. I know that Randy Shilts's book, *And the Band Played On*, for example, talks a lot about NCI, and so I did not know whether you were getting public calls.

Van Nevel: No. I think we really didn't. If we got public calls, we referred them to the CDC. People that ran the Cancer Information Service, for example, helped the CDC set up their hotline. They had an AIDS hotline to take questions and we had to help them with the kinds of questions they got from the public and how to handle them.

Harden: What about the press?

Van Nevel: The press would call, and if they were calls about the research going on at the Cancer Institute, we would take them if we got permission from the department, and if we did not, we would not deal with them. For any information about how to prevent AIDS or how to deal with it once you got it, all that went to the CDC. We referred the reporters to them and told them that was the place to go.

Harden: What was the relationship with NIAID?

Van Nevel: They did their thing. I mean, we did some things cooperatively. I remember that Marjorie Baxter [?sp.] called me at home a couple of times about some issues of research. They were all research issues. You should interview her, incidentally. She is at Pharmacia now. But I think it was a situation where they did their thing on their research and we did our thing

on our research. There has never been a lot of interaction between and among the information shops within NIH. There were the biweekly information officers' meetings. I [almost] never went to them. When I did go, I was bored. They were very parochial kind of meetings. Also, when I did go, I would tend to stir the pot. I would ask questions that I knew would get everybody stirred up, just to see the fireworks. So there was not a whole lot of relationship with NIAID. I think scientifically there was. But in the communications shop, there was none.

Harden: You will recall, I am sure, that famous television interview with Bob Gallo where Sam Donaldson jumped out of the bushes essentially.

Van Nevel: That was an ABC program. What was it? Was it "Dateline"?

Harden: I am not sure..

Van Nevel: Because he [Gallo?] never worked for the CDC.

Harden: Sam Donaldson, then. Yes, it was too.

Van Nevel: Sam jumped out of the bushes and caught him, and as Gallo was running into the building, he turned and said to Donaldson, "You asshole!"

Harden: Yes, that is right, and everybody was so relieved that he did not put an adjective before that. But how did you get involved, did the information shop get involved in trying to describe the interaction between the press and Dr. Gallo, or mediate it?

Van Nevel: Yes, we tried, and it never worked because Dr. Gallo always had his favorite reporters and he liked to talk to people. If somebody would call

from *Science* magazine, he would talk to them. We mostly got involved with Gallo as promoters of all those wonderful things he had done, like the interleukin research that he did back in the 1970s, his HTLV-1 and -2, and then HTLV-3, which changed later to HIV when that committee got a hold of it. We got involved with the press conference back in 1984 when Margaret Heckler announced that we had the AIDS virus.

Harden: Tell me some more about that press conference.

Van Nevel: We should step back to 1983. In May of 1983, five papers are published in *Science* magazine about AIDS.

Harden: Nineteen eighty-four, I think.

Van Nevel: No, it was 1983, the year before. One of the papers was by Luc Montagnier and it was about LAV. Bob Gallo had one paper, maybe two, in the series of five, and it was the first inkling that somebody was looking at the virus that might be behind it. Luc Montagnier, Gallo thought, had this LAV thing, but he did not have any idea of what it was. So over there on the 10th floor of Building 31, I was with our press group—Pat Newman ran it—and we were working on a statement to cover the papers that were going to be in *Science* from the National Cancer Institute. Bob Gallo called Pat and said, “I want you to do me a personal favor,” and he included in our press release something about the Montagnier paper, because he said, “I’ve been collaborating with him, so include that in the paper.” So we did. We had that in the press release that we put out in

May of 1983.

I remember Christine Russell from the *Washington Post* called me in the office that weekend—it was a Saturday or Sunday—and grilled me about the research, and she knew more about it than I did. I could not get over this. She was really into it, and she had sources that were beyond belief. She is also the best interviewer I have ever talked to in my life because she can worm stuff out of you that nobody else in their right mind could get out of you.

But we worked then. Then a year later, sometime in the winter of 1983-84, a reporter from *The New Scientist* magazine came to NCI and stopped to see Bob Gallo, and Bob was talking about how his research with the virus was going. Bob showed him a preliminary copy of the manuscript of the paper that was going to appear in *Science* magazine on 27 April 1984, and this man, with Bob's permission, took a copy back. When he broke it in *The New Scientist* in April—not in April but in March or whatever—I remember we were furious when we heard that *The New Scientist* was going to break the embargo on this paper that was going to appear in *Science*. If that happened the paper did not get accepted by *Science*. I remember Gallo was furious about it, but he had done it to himself in a sense and we were trying to correct it. I got DeVita to call *The New Scientist*, which is headquartered in London, to beg them not to run the story because the paper had obviously been stolen by the freelance

writer. They were the ones who said, “No, it wasn’t stolen, it was given to us. We figured out that if he’s giving it to us and he’s giving it to other people, then we are going to go with it,” and they did. I have never read *The New Scientist* magazine on general principles ever since 1984. I am sure all of those people are gone now, but, still, I have not read it since then.

Then we got into this shoving contest with the French, with Montagnier. Some of the people were taking his side, and some of the people taking it up were within the government. [Dr. James] Jim Mason, who was then the head of the CDC, and his staff down there were saying that the French really have the virus, and you don’t.

Harden: Why do you think that was? Was it just Gallo’s personality?

Van Nevel: I think that had a lot to do with it because he alienated people. I mean, if he did not like you, he would tell you, and he would tell you in no uncertain terms.

Harden: Yes. I have never found anybody who was wishy-washy in their opinion of Dr. Gallo. They either loved him dearly or they did not care for him at all.

Van Nevel: [Dr.] Peter Fischinger was then the deputy director of the Cancer Institute, and DeVita had put him in charge of the AIDS program. One of his assignments was to control Gallo, because DeVita was getting very impatient with Gallo and the way he was kind of running amok over there,

letting stuff out when he should not let it out and so on. But Fischinger was one of those secret operators. He never let anybody know exactly what was going on. It turns out that Peter had been working with the Department [HHS] for a long time before the paper was published in *Science* in April of 1984 to get the patents in place. And he was afraid that *Science* was going to beat him. If *Science* came out and he did not have the patents in place, he was afraid he was not going to get them there. This all came out in the wash later on.

Then they got Margaret Heckler to buy in, and she had this press conference, and I went to it. It was the biggest press conference the Department of Health and Human Services had ever had. There were 36 television crews there. They were lined up all around that auditorium, in the first floor of the room...

Harden: In the Clinical Center building.

Van Nevel: Yes, the first floor auditorium, which has since been remodeled, so it does not look the same as it did then. The public affairs staff in the Department came through the auditorium looking for PR people like me who were taking up seats because they had so many reporters that wanted to get in. I put the program up over my face and pretended to be reading it so I did not have to go because I wanted to hear the conference. Margaret Heckler came on and announced that we had the virus, and I think she did say that within two years we were going to have [a cure? a vaccine?]...

Harden: She did?

Van Nevel: Yes. And that we had the blood test because Gallo had developed a blood test. It was patented and it could be rolled out. I think that patent resulted in huge income for the National Cancer Institute over the next few years. Maybe it still does. Income for Gallo, income for Gallo's laboratory, and income for the Cancer Institute. So Peter was doing the right thing, getting those patents in place.

Harden: I remember that was two years before the Technology Transfer Act that made it more or less automatic...

Van Nevel: That was in 1986.

Harden: ...so somebody had to do that.

Van Nevel: There was a man at the Department named Lowell Harmison, who was working with Peter on all this stuff. I know Lowell but I do not know what his role was. He has since left the government, but he used to appear in my shop up there even as late as 1999, cruising through the press office looking at stuff and picking it up. Jim Mason came to the press conference and got up and said a few words. I cannot remember what he said anymore, but he said a few words. Bob Gallo said a few words and everything looked good, and we got a lot of press.

But then the press became about the controversy, and the scientific community jumped into the controversy, and they were divided on who really had the virus. But there seemed to be a lot of sentiment that Luc



Montagnier should be protected somehow.

Then there was that committee that looked at nomenclature and came up with the name HIV for human immunodeficiency syndrome, and, by this time, those of us at the Cancer Institute were firmly in Gallo's camp, and we were outraged that it was not HTLV. We just could not believe that they would not pick HTLV because we all thought that Luc Montagnier had no idea of what he had had and that Gallo had really characterized the virus. Even if it had been a contamination, it was still Gallo's stuff. Then later he had all the controversy over the plates that were read at Frederick, maybe. I cannot remember what there was...

Harden: It got very complicated in terms of the issues, very detailed and technical.

Van Nevel: But each of the issues then became a round of press reports. As difficult to understand as they were, they still became rounds of press reports because they became characterized as the battle between the United States and the French.

Harden: Also, John Crewdson helped all that along in a sense with his long article in the *Chicago Tribune* that more or less tried and convicted Dr. Gallo.

Van Nevel: That did not occur till 1989, though, did it?

Harden: It may not have. But he was investigating, and the thing that has always interested me about this—there have been historical feuds over priority forever in science—is that it got to be such a public and dramatic sort of thing. For instance, the television movie “And the Band Played On” from

the Shilts book goes whole-hog in casting Gallo as the cold, heartless scientist who wants nothing but fame and cares not at all about people, and it casts the French in soft focus as being the good guys. That it is an emotional appeal is the point, and the whole notion of rational discussion gives way to this great ax-grinding—that is the only way I can say it—crusade against Gallo.

Van Nevel: Ultimately, yes.

Harden: I was curious about how this was all playing out in communications.

Van Nevel: It ultimately became a huge intergovernmental issue.

Harden: Yes, it certainly did. The French ended up with a lot more income from the patent, and people concluded this meant that Gallo was admitting that he had stolen the virus. I do not think he ever admitted anything.

Van Nevel: No, I do not think he did either. But, as I recall, it was decided by somebody—it was Gallo's and Luc Montagnier's concurrence that they were co-discoverers.

Harden: Yes, that is correct.

Van Nevel: That was kind of a good decision because after that the controversy calmed down and people went about their business.

Harden: But there was also the question of scientific misconduct. What was the acronym for the office that was in Building 1, Suzanne Hadley and that group that got involved...

Van Nevel: Office of Protection from Research Risk?

Harden: No, it was a different one. It was the Office of Scientific Integrity. That was the whole point. But the office did leave here and go to the Department because there was the question not only of Gallo, but also they were involved in other things, too, the David Baltimore case and so on.

Van Nevel: Yes.

Harden: But it focused attention at this time on the whole issue of scientists needing to be Dr. Welbys, who wanted to hold people's hands, as opposed to scientists who had an interest in winning a war, who had an interest in priority or other things like this, and that somehow these people were not supposed to be interested in the normal human endeavors. At least, this was one of the ways I looked at it. I do not know whether you were getting any of this kind of discussion or not.

Van Nevel: I think that kind of thing was coming in from a lot of quarters before. Our scientists would be more like the human doctor that was on the television program.

Harden: That is exactly right.

Van Nevel: We were not like that at all. Even the doctors who were doing clinical trials were not like that. They were looking at their data, not at the people. Now, Crewdson's investigation was paralyzing Bob Gallo's laboratory because of the Freedom of Information requests that came in, and Joanne Belk, bless her heart, earned this terrible reputation at the Cancer Institute in those years because of the way she was dealing with the requests.

Harden: She was the Freedom of Information officer for the Office of the Director.

Van Nevel: But I hired Alton Blakeslee, who had been the science writer for the Associated Press for years. He had retired by then. He came down and I wanted him to do a real positive piece on all the accomplishments that Bob Gallo had made over his career because we were getting ready to do something about the Crewdson article when it came out. Ultimately, we never did because the Crewdson piece did not capture the attention. It was much too long and much too boring, and I do not recall that it ever got picked up on. It was a whole section in the newspaper.

Harden: Yes, I have a copy. It is interesting for me to hear you say this because I am looking at it as a historian wanting to read it and analyze it as opposed to a communications person who is seeing if it is being picked up.

Van Nevel: Yes. In fact, I never read the Crewdson piece because I thought that I did not need to spend time on this kind of thing. I was waiting to see what the public reaction was going to be and if anybody was going to take it seriously. As I recall, not many people did.

Harden: What I was looking at was his choice of words, which were heavily loaded.

Van Nevel: I know. I got into it with John Crewdson on the NSABP [clinical] trial which that fellow in Canada put six people on illegitimately. One morning I was sitting in my office at a quarter to seven, and Crewdson had a front-page article in the *Chicago Tribune* about the trial, and it had loaded

words. The telephone rang, and I picked it up and they said, “Hello, this is WGN and you’re on the air.” What a surprise!

Harden: One of the requirements, I would think, for doing your job and dealing with the press and all its various manifestations is the ability to cope at a quarter of seven in the morning when they tell you that you are on the air and need to talk about whatever they happen to want to talk about.

Van Nevel: That is right. You get used to dealing with that kind of thing. What I did was I defused the call right away. He said, “How are you?” and I said, “I’m great.” Then I said, “My second granddaughter was just born yesterday.” He said, “Oh, my God, you’re a grandparent,” and I said, “Yes, I am really thrilled about it.” We talked about that for a minute and the man said he was a grandparent, too. Then he said, “There is this article in the *Chicago Tribune* today,” and he quoted some of it for me, and I gave him what was our party line because we had talked about this very issue the day before, for some reason, so I knew what everybody’s attitude was.

Harden: I think that is an important talent. Let us shift from talking about Dr. Gallo and all of those issues with the discovery of the AIDS virus to Sam Broder and his laboratory’s work on AZT, which was, of course, being sought by the activist community, who wanted something, anything, to treat AIDS. Then it was great disappointment when it was not a cure. Did you get involved in any of the AZT controversies?

Van Nevel:

Yes, I did. AZT had controversies at different levels. It was controversial working with Dr. Broder when he was the clinical director doing the AZT work in the Clinical Center because he would get calls from reporters, probably set up by activists, about his work with AZT. Because he knew the drill, he would call us to find out whether he could talk to that reporter, and we would say, "We have to get it cleared." Then, invariably, he would call me at home at night and say, "Don't they trust me at the Department? Why do they have to get me cleared? They know they can trust me to say the right things." I would say, "I know they trust you, Dr. Broder, but we still have to get the clearance. Otherwise heads will roll."

At one point Steven Gindel from Channel 9, who is one of the best medical reporters on television that I have ever encountered, came out and did a piece on the work in Broder's laboratory. It went on the air on Channel 9. But, in the process of doing the piece, he had gotten permission from a patient to film that patient getting treated, and that patient was seen on the air that night. The patient thought he was giving permission for one use only. Somehow the footage got into the Channel 9 bank of footage that became stock footage, and so every time Channel 9 did an AIDS thing, up came this guy. The man was from Florida. His parents were in town one weekend and they turned on the television set, and there was their son, who had been dead now for three years or so. Broder got hugely exercised about this because the parents called him. So

then we instituted a policy at the NCI, which I think became an NIH-wide policy, that no patient would ever be allowed to be used as a prop again. It was not fair to the patient because there was no way of controlling the footage once it got into the station, even if the patient had made a stipulation of one-time use only.

But the tragedy of this is that Channel 9 could never find the footage in its stock footage. How it came up every time they did an AIDS thing is beyond me, but they could never get rid of it.

Harden: Are they still using it?

Van Nevel: I have not seen it in a long time. That was an issue back in the 1980s. Then AZT was an issue with Glaxo-Wellcome. Glaxo-Wellcome must have had a big PR firm on the payroll or on contract or something because they were moving heads to get AZT into their bailiwick down there. As I recall, the issue was that the government had been involved in AZT's development; therefore, the government should have some...

Harden: Some portion of the patent.

Van Nevel: Right, and some say in the pricing, probably, as well.

Harden: Right.

Van Nevel: I remember that *Fortune* magazine, at some point during Broder's regime, called and wanted to interview Broder for a big piece they were doing on AZT and the patent. They had interviewed this fellow at Glaxo-Wellcome, whose name I cannot remember anymore. Broder asked me to

sit in on the interview, and I sat in his office and listened on the phone. He wanted me to take notes on the questions that were asked and what he said so that he would have some proof, if they went off the deep end on his comments, because he was worried, I think, that he was going to get sued or something, I cannot remember what, at the time. But then the article appeared in *Fortune* magazine and it was not a good article for us. They did not use much of the Broder interview as far as I can remember. But they took the Wellcome attitude toward the whole thing.

Harden: Did you get involved at all in the period with Roy Cohn, who was in the Clinical Center. He was on a Cancer Institute protocol, I believe. Nancy Reagan had called and gotten him in. Dale Van Atta was in my office the other day working on another project, and he mentioned that he had written an article about this.

Van Nevel: Dale Van Atta? How do I know that name? He took over from Jack Anderson?

Harden: Jack Anderson, yes.

Van Nevel: Of course, Jack Anderson's predecessor exposed the McCarthy hearings, too.

Harden: I am just wondering if you remember that incident.

Van Nevel: I remember it very well because Roy Cohn was considered to be a problem patient in that he got in for political reasons and that he was suffering, I think, from dementia, a side effect of the AIDS, and so was doing things



over there that were not right. We would get sucked into those kinds of things, thinking that it might become a public issue. I do not think it ever did. It might have.

Harden: I think the Clinical Center does not give out names of patients. It cannot under the Privacy Act. This article was published, but I do not think it was published until almost the time that Roy Cohn died, and so it became moot at that point.

Van Nevel: I do remember that AIDS people, like Broder, for one, when they would go to these big annual AIDS conferences that were being held worldwide, would be worried that somebody with AIDS who had dementia would stand up in the audience and shoot them dead.

Harden: That is very interesting. I have asked a number of them about security risks.

Van Nevel: Yes. But Broder and I talked about that one time, and he was one of the people that was worried about it because he knew the course of the AIDS disease and what it would do to various organs in the body. He knew what it could do to the brain and he knew that some people out there might be unhappy with the way NCI was conducting research. It was too slow and not enough, blah, blah, and he was afraid that he would be a target.

Harden: Were you involved with the activist community?

Van Nevel: No, not on AIDS. They tended to circle more around the CDC, as I recall. I do not remember them as being a problem for me.

Harden: They complained about [Anthony] Tony Fauci at NIAID a lot, and they were targeting the FDA and the clinical trials and [James] Jim Curran at the CDC. Once it was clear that AIDS was an infectious disease, I think they shifted away from the Cancer Institute, except for Dr. Gallo and Dr. Broder, who were specifically involved.

Van Nevel: Yes. I think that what we said was that we were the National Cancer Institute. Our job is cancer research. But we had in place these virus cancer programs that were such that they could turn to the AIDS problem immediately, and we had in place a drug-development program that could be turned to help the AIDS problem immediately, and we did that out of the goodness of our hearts. That was kind of the stance that we took, except that through the DeVita regime in the 1980s, we would go to these retreats for the senior staff, and Congress was appropriating money for AIDS, and the staff would sit around and say, "How are we going to get some of that money?" So they would say, "Well, this research that I'm doing could have an AIDS application. Let's classify it as AIDS." All of a sudden, a lot of our budget was AIDS, and it really was not, it was cancer research, but people were calling it AIDS in order to get some of that money.

Harden: This happened throughout NIH and in the intramural program especially. I saw it when I was working on my Rocky Mountain spotted fever book. I was monitoring the extramural rickettsial diseases research and they all

started putting AIDS, the key word, in their proposals because, of course, early on they did not know if insects might transmit things. So there was a reason, but I think that happened across the scientific community.

Van Nevel: I think Sam Broder is the one that ended it.

Harden: Really?

Van Nevel: Yes.

Harden: Tell me about Dr. Broder's directorship, anything that you recall about AIDS or anything else that you would like to comment on.

Van Nevel: Well, he was a trivia expert in pop music! What can I tell you on the record? He was an interesting man. I used to organize myself in how I dealt with other people, including the press and the world, and how I oriented my staff, by knowing the director very well and knowing what his attitudes and his positions were on things, as much as I oriented myself to knowing what the science was behind it, because I had people on the staff that were oriented toward the science. Broder was difficult to figure out. He had OD [Office of the Director] staff meetings weekly, as every other director had, too. DeVita used the staff meetings—not that I think that DeVita was the best director I ever worked for, because a lot of them were very good and they were all different for their time. But one of DeVita's good qualities was that he would get the staff to know what he thought about things and what his position was, and he would talk about it with us before he came to his final decision. Then we would all have the line that

we were going to use so that was what we did. I would do the communications apparatus, the legislative people would do the legislative apparatus, and all the other people would do their thing too.

But Broder was different, and Upton was, too. They would have the OD staff meeting and they would go around the table and ask us to tell them what we were doing, but they would never tell us what they thought about issues. Occasionally, Broder would do it, but not very often. You never knew what kind of a mood he was going to be in. If he was in a bad mood, he would just light into you, I guess is the word. At the OD staff meeting, we made Sue Hubbard our penguin. In the Antarctic, the penguins all gather on the ice shelf, and when they want to feed, they do not know if there is going to be a sea leopard down there that is going to eat them, so they shove one of their members off into the water. If that penguin survives, then they will all go in. Sue Hubbard always sat to Broder's immediate left, and she always had something to say, so we would watch Sue, and if he attacked her, then the rest of us would say nothing and we would be out of there in ten minutes. But if he was nice to Sue, we would go around the table and we would have a great discussion. At the end—now, he does not know any of this. I am probably going to have to take it out in editing—his administration got so dysfunctional that we stopped having the OD staff meetings and we began to have them in my office. They became sessions where we would vent with each other. It

was kind of like psychotherapy in a way. But then we would figure out that here was an Institute problem, and that we needed to deal with it in the staff. Why don't we develop recommendations and then give them to Dr. Broder. So we did that. We did problem-solving with an outcome that we hoped would help the Institute. Edward Sondik, who was his deputy, would come to the meetings. We told Dr. Broder that we were going to meet with each other but not with him, and that he was welcome to come any time he wanted, but he never came.

Harden: That is interesting. You have told me about Dr. Broder's directorship. Tell me about any special communications initiatives that you recall during Dr. Richard Klausner's directorship before you retired.

Van Nevel: Dr. Klausner, although a physician, tends to be a basic scientist. After he took over as the Cancer Institute director, he wanted to turn the institute more toward science and a little more away from the public health kinds of things. I think my office, in terms of its outreach communications, made its reputation in public health things like breast cancer education, tobacco education, five-a-day [fruits and vegetables?] for better health, and so on.

He came down one day and we talked about it. He expressed concern, for example, that on five-a-day, the science really was not there, that he did not see it was there for the whole program, and that he knew that it was not at our instigation that was coming out of our division of cancer prevention and cancer control, but he intimated that he might stop

the program. But, at the same time, he said, “It would be better if you turned the talents of your office toward cancer research and away from public health, and let’s let the CDC do the public health stuff.” So we began programs—we did a lot of market research on it—to let people know that cancer research has made a big difference in their lives and that cancer research is continuing today and it will do that same thing, and that there are tremendous opportunities in the future if the research just continues to get support.

We went out and did lots of surveys and focus group reports and things like that to find out where people were coming from and where doctors were coming from, what they thought of clinical trials, what kind of language they used when they talked about science. We talked to the CDC and let them have all the new starts on stuff so that they started an education program in their Division of Cancer Control and Rehabilitation on colon cancer, and they started one on melanoma. But for political reasons, we could not get rid of breast cancer education. The Cancer Institute just cannot get rid of breast cancer education. Nor, because of the alliances we had with industry, could we get rid of five-a-day, although I think that may happen in the next year or two. The communications aspects of it may go to the CDC. But we did begin to turn our apparatus more toward support, the public attitude, practice, and knowledge of the importance of cancer research. That made some sense to me because I had

been worried for some time that we had not given enough attention to that, and you could see, at that point, that when we started this back in 1995 or 1996, the Congress's interest in us was not that great.

Dick Arney took over as Speaker of the House. When was that?

That was in the late 1980s?

Harden: Nineteen-ninety to 1995.

Van Nevel: Somewhere in there. He said, "Why do we need NIH anyway, when all the breakthroughs are taking place up at Johns Hopkins?" Nobody had ever explained what we were doing.

So I was over at NIH talking till I am blue in the face to get them to do something that cuts across all the institutes, and they did not want to do it. They could do animals in research, they could do clinical trials. There were a whole host of things they could do.

In fact, in 1995, after the [NIH?] communications conference, I was in charge of doing a strategic communications plan for NIH. We pulled out the strategic plan of NIH and saw what it was and then looked for how communications could support it. I had information officers from other institutes come and join me in my office every Tuesday afternoon at four and we would spend an hour on it. I had a young woman on my staff, Melissa Taylor, who was a good strategic thinker, and she and I ended up doing it all because the other officers just did not get engaged. Then we turned it over to Anne Thomas, who never did anything with it.

So when John Burklow went over there—I was the head of the [second] search committee to get Storm Whaley’s replacement. The first was aborted because Bernadine Healy picked Johanna Schneider. After Varmus was appointed, they did another search committee, and I was the chair of this one. Donald Lindberg was the chair of the first one. Anne Thomas was one of the finalists we put through on that, and Varmus selected her. We had asked him, frankly, up front, if she were preselected, and he said, “No, but she’s the one to beat because she’s got the job and we think she’s doing a pretty good job of it.” Then he pointed to a couple of other instances where the person to beat had been beaten, like Sandy Shambley [?sp.], for example.

So we went on with that search committee, and the search committee was troubled by the operation of the NIH Communications Office—Yvonne Maddox was on the committee, actually—because it seemed to be a firefighting outfit with no outreach activity, and it was not taking any strategic message out to the public that would support what NIH was trying to do. We decided that the leader of the office could either be somebody who was strategically involved or it could be somebody who did the crisis kinds of management, the press stuff that would come in every day, the legislative stuff, holding the hands of the director in terms of crises and things like that, but that the person who was selected should pick the opposite type to be the deputy. When John Burklow was selected,



we thought, “Hooray!” because John was the strategic thinker and he would be able to start some of these programs. I went in there after I retired and started talking with John about all the things that he could do and the kind of strategic plan he could develop for NIH. But Anne does not let him do it. She has him running around doing the same kinds of things that she is doing, and so they do not have anything. It is a tragedy.

This is something that sticks in the craw of a lot of people at NCI. I think the other institutes do not give two twits about it. If you go to the information officers with an idea, they will say no because they think it will be more work.

Harden: You retired in 1999.

Van Nevel: On December 31.

Harden: Tell me what you have done since then, and whether you have had any AIDS involvement with your clients.

Van Nevel: I have not had AIDS involvement. I have tended to stay in cancer and do a little bit of mental health. One of my clients is the National Institute of Mental Health and the [Community?] Center for Mental Health at Columbia University. I do not know how I got those. I know nothing about mental health. But the issues are all the same. It is just the diseases that are different.

I worked for the National Dialogue on Cancer. I have consulting agreements with a lot of public relations firms. I do work for the CDC

Foundation. I have worked with Amy McGuire [?sp.] and Constance Battle here on the campus [NIH Foundation?], but they seem much farther behind and much more understaffed than they are at the CDC, for some reason. CDC has more of a strategic vision about where they want to go. In fact, they hired McKinsey [?sp.], a huge consulting firm, the best in America, to help them recently, and I was helping them with communications planning. So life has been kind of fun.

Harden: That is what I was about to say. It sounds as though you are having fun.

Van Nevel: I continue to edit the *Journal of the National Cancer Institute's* news section. I will do that until December 31, 2001. I continue to have an assignment with NCI, helping them with their radiation-fallout project, the fallout that came from the atomic bomb testing in Nevada in the 1950s and early 1960s. I do not think that NCI has any institutional memory about that anymore. It is too bad. So that is what I have been doing.

Harden: One final question. How are you coming along on that book that you were going to write.

Van Nevel: I have not started it.

Harden: You are still planning to write it?

Van Nevel: I am still planning to, yes. The editor at the University Press of Kentucky keeps bugging me to get going on it. What I need is somebody like you to sit down with and talk about it.

Harden: Any time. I am here.

Van Nevel: I have talked to Dotty Fulmer [?sp.] a number of times. She is the legislative person at NCI, and she is very good at thinking things through. She would also be good as an interview for the AIDS project because she was involved in some of it.

Harden: Before I say thank you, is there anything that I have missed in these questions, especially related to AIDS, that you think that we ought to get on the record?

Van Nevel: I looked at the questions earlier and I did not see anything to bring up. Richard Klausner did not have any AIDS communications initiatives.

Harden: None at all?

Van Nevel: No. Nobody at NCI did. The Department had decreed that it was going to be the CDC that did all that stuff, and so we gave them our support. You asked about the interactions with the communications community within NCI and then with the CDC and with FDA, PHS, and DHHS. The one that I did not talk about was the FDA, and there was absolutely none that I can recall.

Harden: No interactions with them?

Van Nevel: Yes. I think we have covered it all. I do not remember anything else. Although AIDS was an issue, there were lots of other issues all the time, too, and so AIDS never occupied my life.

Harden: That is important to know.

Van Nevel: As it did other people's lives, as it did some of the scientific staff of the

Cancer Institute, as it did Peter Fischinger while he was working on the patents.

Harden: He is somebody that I would like to interview. Maybe you can help me locate him at some point.

Van Nevel: Isn't he at Frederick now?

Harden: I think so, but we have never been able to link up with him.

Van Nevel: Dotty Fulmer [sp.], the legislative person should be able to help you. He would be good, but he is going to be a difficult interview because he is so secretive. He does not want to tell anybody anything. His grandfather was a Supreme Court judge in Yugoslavia. And he is very wealthy. He and his wife have salons at their big house and somebody comes in and plays the piano.

Harden: Very interesting.

Van Nevel: He is an interesting man and he was a good scientist. I liked him a lot. But his modus operandi was so different from mine He was bottled up, and I am just letting it all go.

Harden: I want to stop at this point and say thank you very much for doing this interview.

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