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7. The War on Disease

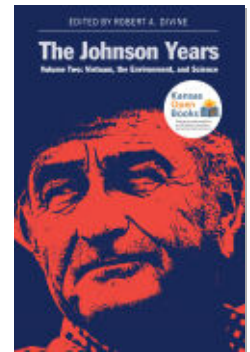
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Part 3 | Science and Public Policy

7 | The War on Disease

Clarence G. Lasby

ON APRIL 7, 1966, LYNDON JOHNSON entered the Cabinet Room to receive the Special Albert Lasker Award for leadership in health—a gold statuette of the Winged Victory of Samothrace. The Greeks had set up the statuette to honor Nike, goddess of victory; now a jury of scientists was giving it to honor a president who, to an “unparalleled degree,” had sought victory over death and disease. The citation saluted the recipient for his specific legislative achievements—bills for Medicare, research laboratories and libraries, community health centers, medical manpower, and the Regional Medical Program to combat heart disease, cancer, and stroke. “We glory in your impatience with things as they are,” the medical experts told their president, and they went on to predict new victories and greater glory: “We know that children not yet born will one day venerate the name of Lyndon Baines Johnson for leading this God-inspired crusade against needless disability and death.”¹

Years later, Lyndon Johnson was more restrained when he surveyed the health accomplishments of his presidency. In *The Vantage Point* he spent seven pages describing the legislative history of Medicare, a program of “overriding importance” because it “foreshadowed a revolutionary change in our thinking about health care.” He was obviously proud to have given Medicare top priority, and he was pleased that the nation “had begun, at long last, to recognize that good medical care is a right, not just a privilege.” But he gave most of the credit to others, in his sense that “the times had caught up with the idea” and that “the voters of America passed the law.” He did engage in one boastful flourish; he listed some other achievements: raising health expenditures from \$4 to \$14 billion; extending the fruits of medical research to more people; fighting heart disease, cancer, strokes, and mental retardation; eliminating measles as a cause of serious concern; building new hospitals and nursing homes; and training more doctors and nurses. “During my administration,” he recorded, “forty national health measures were presented to the Congress and passed by the Congress—more than in all the preceding 175 years of the Republic’s history.”²

Like the president, commentators have focused on Medicare as the great health accomplishment of his administration. As early as 1966, journalist Richard Harris set the tone when he portrayed the

long and bitter struggle for hospital insurance as a victory of reform over reaction, culminating in the grand summer of 1965. Aides of the president furthered that image. Larry O'Brien considered Medicare "one of the glories" of the Great Society, and Jack Valenti deemed it "worthy of hall-bursting applause." Scholars agreed. Eric Goldman saw the program as "monumental" and "far-reaching," and William O'Neill placed it among the best of the legislation that "established Johnson's place in history." This initial interpretation of Medicare as one of the "big three" legislative victories of the Eighty-ninth Congress persists in contemporary histories. Vaughn Bornet, for example, though sensitive to its soaring costs, pays homage to the "memorable" law. This interpretation, however, is under attack. Sociologist Paul Starr, in his prize-winning study of American medicine, stresses the limitations of Medicare-Medicaid and decries the "politics of accommodation" that give such unfortunate advantages to the hospitals and doctors. Historian Allan Matusow, in his *New American Nation Series* volume on the 1960s, is even harsher; he uses the program as a case history of failure in the Great Society. For these influential revisionists, yesterday's triumph seems tarnished.³

Much as historians continue to reflect on Medicare, they continue to ignore Lyndon Johnson's other hopes and accomplishments in the field of health. From Goldman to Bornet, the president's multifarious activities earn only passing mention, if any at all, and then are consigned to a listing of a few bills passed. Only political scientist Theodore Marmor, in a 1976 article, has touched meaningfully upon the president's "widespread effort to reach problems across all the areas of health industry." But he is quick to point out, in his two-and-one-half page summary of the administration's diverse initiatives, that all of them were starkly overshadowed, in budget terms, by Medicare and Medicaid and that none of them "dramatically altered the distribution of access to medical care services." On the rare occasion when a scholar has sought to add to the historical record, as in Paul Starr's one-page assault on the President's Commission on Heart Disease, Cancer and Stroke, the poverty of sources has led to confusion. Citing a misleading contemporary article and the preface to only the first volume of the commission's report, Starr sets forth a series of charges that are simply wrong.⁴

The abundant collection of health papers in the Johnson Library—which far surpasses similar collections in the Truman, Eisenhower, and Kennedy Libraries—proves conclusively that Lyndon Johnson was more deeply committed to and achieved greater benefits for his nation's health than did any other president. The papers also

should lead scholars away from a single-minded emphasis on Medicare to a broader conception of the president's interests, although with varying results. For example, the papers do not significantly enlarge our understanding of a number of activities—such as the construction of health facilities, the education of health manpower, the establishment of community health centers—which were essentially initiatives from previous administrations but which expanded dramatically in size and scope between 1963 and 1968. These were not small accomplishments, but still they must depend for assessment on such statistical testimonials as the training of 100,000 doctors, nurses, and dentists; the treatment of 460,000 crippled children; the addition of 123,000 new and improved hospital beds; and a 13 percent decline in infant mortality.⁵

What is new in the library and what serves as the basis for this essay is a wealth of material in which Lyndon Johnson appears as a "can-do dreamer," to use a phrase of Harry C. McPherson, who was personally and politically involved in a crusade against disease. Johnson was not content merely to deliver the blessings of American medicine to every citizen; he would deliver the world from every such scourge as heart disease, cancer, stroke, malaria, and measles. Early in his administration he entered a war that he sincerely believed he could win, and for several years thereafter he summoned his people to action. Assuming the role of commander in chief, he appointed a special presidential commission to provide the strategy; he sponsored legislation of many kinds to further the cause; and he teamed with health advocate Mary Lasker in an extraordinary, almost unique, relationship to chastise the bureaucrats for their tactical errors and their lack of faith. In this war against disease the president was a visionary, a politician who spoke constantly of the miracles of modern medicine. Obviously he won no final victory, and he came to know the meaning of unfulfilled expectations. But more than any president before or since, he sought to have his people suffer less and live longer.⁶

On the Battleground against Disease

In August, 1965, President Johnson journeyed to the National Institutes of Health (NIH) in Bethesda, Maryland, to sign the Health Research Facilities Act. Dr. James Shannon was pleased; he had invited Presidents Eisenhower and Kennedy to visit, but they had shown little interest and had declined. This president, in contrast, Wilbur Cohen had told Shannon, "is very anxious to identify himself on the whole development of health." The visitor made that evident. "Here

on this quiet battleground our Nation leads a worldwide war on disease," he said to the assembled scientists. "The experience of the past 10 years assures us that war can be won." Johnson promised leadership and vision at the onset of a "staggering era for medicine," mentioned "the miracles of which today we only dream," and set forth some of his goals—the elimination of rheumatic heart disease among children, the reduction of the tragic toll of heart disease among adults, and the eradication of malaria and cholera from the entire world. He was determined "that research and discovery yield results which not only increase man's knowledge but the strength of his body and the length of his life." In the days ahead, he vowed, the government and Americans were "going to successfully conclude that war you have declared on those ancient enemies."⁷

The president's visit to Bethesda was largely symbolic; eighteen months before he had already assumed leadership in the nation's war against disease. That war had come to life out of another conflict—World War II—with its victories over infectious diseases, its triumphs of technology, and above all, the development of the atomic bomb. On the day that U.S. planes bombed Nagasaki, a United States senator asked President Truman to marshal the same stupendous scientific and engineering effort to "discover causes and cures for the deadly diseases of mankind . . . which have up to now baffled scientific effort." Harry Truman did not take the initiative, but he did respond to a group of citizens who believed American science could accomplish everything. Foremost among them was Mary Woodward Lasker, a successful businesswoman who founded Hollywood Patterns during the depression and was the wife of Albert D. Lasker, who sold his advertising firm in 1942 for a fortune that allowed them to pursue an interest in health. Mrs. Lasker was inspired by a perception of disease as an enemy—she had experienced illness as a child, had lost her parents to heart disease, and would lose her husband to cancer in 1952—and by a belief that "the human being on fire can do so much." As early as 1948, working with her close friends Anna Rosenberg, an assistant secretary for defense under Truman, and Florence Mahoney, whose husband owned the Cox newspaper chain, she convinced Congress to establish the National Heart Institute. The American people, she explained, "are assaulted by killers from within, whose victims from these diseases total twice as many persons each year as were lost by our armed services on all fronts during the last war."⁸

During the 1950s, Mary Lasker had mobilized a remarkable group of allies who were passionately committed to the war against disease

and were eminently successful in winning ever-increasing budgets for medical research. She hired, as her lobbyist, a crusading journalist, Mike Gorman, one of the most proficient ever to serve in Washington; she worked closely with Congressman John Fogarty of Rhode Island, whose heart attack in 1953 had enhanced his concern about dread diseases; she became a very close friend of Senator Lister Hill, who controlled Senate health appropriations; and she benefited from the support of Dr. James Shannon, who served as director of the National Institutes of Health (NIH) after 1955 and who could always make a case for more money. She also organized a number of "citizen witnesses" to appear before Congress—Dr. Howard Rusk, who was famous for his work in rehabilitation; Dr. Sidney Farber, an authority on cancer; and Dr. Michael DeBakey, the nation's leading heart surgeon. Each year these or other experts testified before congressional committees as to progress in their fields and opportunities for the future.⁹

The health lobby had a grand design, adorned in the analogue of war. As the director of the National Heart Institute explained, "The campaign must be carried on patiently, must consist of actions, skirmishes, attritions, as scientific knowledge encompasses first new conceptions, later practical applications on a modest scale, and finally total victory." Mary Lasker coordinated that campaign with consummate skill. She used her financial resources to support responsive congressmen of both parties; she used the Albert Lasker Medical Research Awards to honor scientific excellence; she published annual "fact sheets" through her National Health Education Committee to inform politicians and the public about the realities of the conflict; and she served for eighteen years on citizen advisory committees for the National Heart and Cancer Institutes. The crusade was so effective as to raise expectations dramatically. As early as 1956 the science editor of the *New York Times*, Pulitzer Prize recipient William Laurence, predicted that heart disease, cancer, and polio would be conquered within a decade. "Ten years from now," he assured his readers, "we will be 10 or even 20 years younger."¹⁰

Lyndon Johnson enlisted in the war against disease even before he became president. "Perhaps there is no more important problem facing us," he wrote to a constituent in 1959, "than finding the solution to the dread diseases." He always supported increased funds for medical research, and he explained why to a friend in Fort Worth: "I have a personal interest in research on the problem of heart disease, of course, and the death by cancer of Senator Taft a few years ago and former Secretary of State Dulles this week, should certainly dramatize

these needs." He had also become an ally of Mary Lasker. In 1948, Albert Lasker had contributed \$500 to the Johnson campaign (along with a message that he would soon be sending recommendations in the field of health), but it was not until the mid 1950s that Mrs. Lasker met the senator. Within a few years they were on a first-name basis, and in June, 1959, in the midst of a struggle with President Eisenhower, who told his cabinet that "money alone isn't going to keep him or anyone else from having a heart attack," Mary Lasker approached Johnson: "I know you can get anything done that *you* want. . . . I am convinced that in the area of medical research we are pre-eminent in the world, and we must stay pre-eminent. We seem to be lagging in other areas of science as compared with the Russians. More breakthroughs in medical research will give us the energy, as a Nation, to go forward and stay ahead in the other scientific fields!"¹¹

Soon thereafter the majority leader responded with a powerful speech, written in large part by Mike Gorman, denouncing Eisenhower's position. The nation should not try to balance the budget at the expense of medical research, which had saved 1.8 million lives since World War II, thereby providing the federal government with \$623 million in taxes every year. Disease was still cutting into our economic system at an annual cost of \$30 billion and was striking "at the very core and strength of our posture in the free world." The United States was facing a "medical Sputnik," the senator claimed, for Russia had already launched a fifteen-year program to conquer heart disease and cancer. Shortly after making his presentation, Lyndon Johnson informed his friend of their victory for health research. "The Senate certainly succumbed to the irresistible pleas of Mary Lasker" and to the "words which were so very good because they reflected the thinking and outlook of a great and fine lady." These expressions of mutual interest and friendship were to become important several years later, the more so because of the health advocates' disappointment with John Kennedy.¹²

During the early 1960s the coalition of Lasker, Fogarty, Hill, and Shannon continued to seek increased funds for the NIH, almost always with success. But Mary Lasker and, to a lesser degree, her congressional allies became disenchanted because the scientists had failed to produce victories. After more than a decade of accelerated research, heart disease and cancer were claiming more lives. Now she wanted to speed up the action by means of a massive national assault against the two most dreaded diseases. To that end she induced the Democratic National Committee to pledge, in its 1960 platform, that a Democratic president would "summon to a White House conference

the Nation's most distinguished scientists in these fields to map a coordinated long-range program for the prevention and control of these diseases."¹³

John Kennedy did call the Conference on Heart Disease and Cancer, but it was a disaster: the scientists failed to come forth with any new ideas, and the president refused to make their recommendations public. Submitted on April 21, 1961, the results of the conference survived in inner circles as a bad memory and came to be known as the "Bay of Pigs Report." For the next two and one-half years, Mary Lasker struggled to convince the administration—over the objections of the surgeon general and of James Shannon—to appoint a presidential commission that would be empowered to seek the ultimate conquest of heart disease, cancer, and strokes (the latter having been added to take cognizance of Joseph Kennedy's illness). President Kennedy, whose interest in health was limited essentially to Medicare and mental retardation, remained lukewarm to Lasker's solicitations until shortly before his death, when he promised to establish a commission sometime in the future.¹⁴

Lyndon Johnson became the true pioneer on this New Frontier of medicine, in large part because of the influence of Mary Lasker. Building upon her earlier association, she remained friends with the Johnsons during the vice-presidential years and gained the most precious asset of would-be policy makers—access. During the first two months of Johnson's presidency, she met with him three times, spoke with him on the telephone several times, had Mrs. Johnson for lunch and the couple for dinner at her New York town house, and spent a night at the White House. There is no record of their conversations, but there is no question about the result. On February 10, 1964, in his message on health, the president announced the establishment of the Commission on Heart Disease, Cancer and Stroke (HCS). He acted, he explained later, "with the grim facts in mind"—over a million productive citizens would die each year unless action were taken—and "at the insistence of that lovely lady, Mrs. Mary Lasker."¹⁵

Lyndon Johnson was also unusually amenable to such an initiative. On philosophic grounds he completely accepted the responsibility of government to fight mankind's ancient enemies, which he defined in many speeches as disease, ignorance, poverty, and discrimination. And from his own experience he believed it was possible for science to conquer disease; he had seen it happen on a grand scale during his lifetime, with infectious diseases during the 1940s and with polio a decade later. He was sympathetic, as well, to such observations about the nation's priorities as in Mary Lasker's tren-

chant comparison: "\$51.2 billion to defend ourselves against possible enemy attack from without as compared to . . . \$918.4 million to defend ourselves against *disease enemies within our bodies*"; or in David O. Selznick's letter of complaint: "I am not alone in thinking that it is absurd that a nation that can spend countless billions to reach the moon cannot devote some small fraction of this amount to an all-out drive on the two great killers."¹⁶

Above all, Johnson's family history of heart disease and stroke, as well as his own heart attack, made him attentive to the future of medicine. He spoke often about his gratitude to the doctors who had "saved" his life, and he was ever mindful that such a day could come again. As Lady Bird wrote on the ninth anniversary of his misfortune (1964): "For the first few years we passed those milestones stepping softly with great trepidation. Now we act almost as though the heart attack had not been, though Lyndon and I will not forget." Nor could they, for there were sobering reminders, such as the stomach pains during a night in September, 1965, followed by the initial fright, as the president was "stretched out on the bed with the wires of an electrocardiogram machine attached to his body," and finally the relief in learning that it was only gallstones. It was little wonder that he welcomed Mary Lasker's impatient search for a solution to cholesterol or the message that he received on January 31, 1966: "Dr. DeBaakey predicts a fully functioning dacron heart in five years."¹⁷

The president blessed the war against disease in the spirit of a true believer on the morning of April 17, 1964, when he formally greeted the members of his commission in the Rose Garden. "Health is something that we treasure in this house," he assured the gathering, but his health meant little in the light of their opportunities. "What can be more satisfying than to feel that you have preserved, not a life, but millions of them, for decades?" So he called them to the challenge, the "hardest fight" they would ever have. Departing from his prepared speech, he asked them "to give their talents and their energies and their imaginations, and stay awake at night and roll over and go get a glass of water and come back and think some more on how to get the results that we know are within our reach." In an electrifying passage that stunned even the most sanguine of his guests, he explained why they must find the answers and what it would mean:

The point is, we must conquer heart disease, we must conquer cancer, we must conquer strokes. This Nation and the whole world cries out for this victory. I am firmly convinced that the

accumulated brains and determination of this commission and of the scientific community of the world will, before the end of this decade, come forward with some answers and cures that we need so very much. When this occurs—not “if,” but “when,” and I emphasize “when”—we will face a new challenge and that will be what to do within our economy to adjust ourselves to a life span and a work span for the average man or woman of 100 years.¹⁸

The president was not alone in having grandiose expectations for the commission. Mary Lasker was enthusiastic because in a fundamental sense the commission was hers. Her friends made up the majority of the membership, and her ally Dr. Michael DeBakey, who served as chairman, remembered that “whenever Mrs. Lasker would call me to ask me to do certain things, I would drop what I was doing to do it.” With good reason she expressed hope that the commission would be as historic in its province as the revolutionary Flexner Report had been for medical education after the turn of the century. Presidential aide Myer Feldman told a plenary session that the advances should constitute an achievement “so great that if nothing else was done this would represent a major event in a successful administration.” The commission’s executive secretary insisted that it could make a smashing impact by stating flatly: “Dear American People. We are going to Bring the Wonders of Medical Science to You,” and then really doing so. “I think people are tired of reading about scientific marvels and then watching Mom die.” And at the first meeting of the Executive Council, Dr. Sidney Farber interrupted a DeBakey pep talk about challenge and imagination: “May I just read you in reference to your imaginative approach the origin of the term ‘Cloud 9,’ which is where you are now?” the doctor asked. “This comes from the Medieval idea of the ninth heaven of Dante’s *Paradiso*. This is the diaphanous spirit of love that rules the action of all other spirits and is, therefore, beyond time.” There was silence, and then applause.¹⁹

The establishment of the HCS Commission (for which the Johnson Library has an incomparable collection, including verbatim transcripts of its deliberations) was the major health event of 1964. Its members went to work with a surge of excitement, moved by a need to go beyond the mere support of medical research to some new strategy that would really make a difference. For seven months they collected information, wrote comments, exchanged letters, gathered at fifty-six meetings, and made a penetrating inquest into the conduct of the war against disease. They saw theirs as the chance of a lifetime to influence policy at the highest level, and they were in a

hurry to give the president something to use in his next State of the Union address, something practical, "something other than poetic expressions." But after all the discussions about prosaic topics—available resources and facilities, the nature of research, the application of knowledge, the education and training of manpower, research grants, organizational deficiencies, and the diseases themselves—they ended with a report that was filled with the promise of miracles.²⁰

At a meeting to approve the final draft of the commission's report, Dr. Philip Handler of Duke University complained of its evangelical fervor: "The word miracle I think occurs three different times and on one page it says miracles are just around the corner . . . and that just isn't fair because I don't know it is true and I don't think Presidential Commissions should make such statements in good conscience. I am serious about this." Michael DeBakey took issue: "I am not sure I would agree with you. Miracles have been around the corner for a long time." Handler retorted that "when you say miracles, it is still around the same corner, sir." "Yes," DeBakey conceded, "and they have been going on for 20 years or more." After a few moments, Emerson Foote, a former advertising executive with Albert Lasker's firm, ended the discussion: "As far as promising people great things, what was the Salk vaccine, penicillin, what is operating on an aorta aneurysm, except a miraculous thing?" he asked. "I am sure people accept those as miracles and I am sure there are more around the corner. . . . And if you think this is evangelical, I refer you to President Johnson's remarks about living to a hundred, which shocked even me. I was told I should not have been shocked."²¹

The commission's report, which was submitted on December 9, opened with a detailed account of a national disaster: in 1962, heart disease, cancer, and strokes had claimed 1.2 million American lives, 71 percent of the deaths in the country, at a cost of \$40 billion. But the prognosis was bright: the nation stood at the threshold of a historic breakthrough. The people no longer needed to tolerate the loss of several hundred thousand lives a year because "yesterday's hopeless cause has become today's miracle cure." The commission set forth a \$2.94 billion prescription for the "ultimate conquest" of the three killers, in the form of a five-year battle plan with thirty-five specific recommendations. It asked for more research, more training, more continuing education, more hospitals, more doctors, more nurses, more state and community services, better communications, and a new National Library of Medicine.²²

The commission's one "major innovative thrust" called for the establishment of a national network of 60 regional centers, 550 diag-

nostic and treatment stations, and 30 medical complexes to unite the world of scientific research and patient care. Its members held to an overriding assumption—namely, that a serious gap existed between discovery and application, between science and practice, between what experts knew in the great medical centers and what doctors delivered to patients across the land. And they argued that access was often a matter of money, for “medical miracles are in many instances available only to the fortunate few who can get to the unique medical institution or specialist who can perform that miracle.” The network of medical complexes would address that paramount issue; it would make available the most advanced methods of diagnosis and treatment to every doctor in America, and thus to all the people when and where they needed them.²³

The publicity surrounding the commission’s report was extensive; in the words of a surprised cardiologist, “it rivalled one of the better scandals.” It was also overwhelmingly favorable. The press described the report with such adjectives as bold, sweeping, vast, and massive; praised it as a sneak preview of the way to health in a Great Society; and seemed pleased, as the *Boston Globe* put in headlines, that “LBJ Declares War on 3 Killer Diseases.” There were some misgivings about the cost (“huge gobs of taxpayer money,” to the dismay of the *Washington Daily News*); about the approach (“an all-out federally financed fight,” in the words of the *Wall Street Journal*); and about the prospects (“Without the cooperation of the powerful AMA . . . it will inevitably run into trouble,” in the view of the *New York Herald Tribune*). But DeBakey and his colleagues had inspired wonder and hope, even among the skeptical. The prestigious *New England Journal of Medicine*, despite doubts, cynicism, and caution, wrote nonetheless that the commission had “painted with such a broad, sweeping brush and with such magnificent colors that the average practicing physician, despite his sophistication, cannot but gasp in awe at the picture the minds of men have wrought, and look upon it with some embarrassment. For here in words and phrases is a glimpse into an idealistic state of future well-being that he cannot quite comprehend because of its magnitude.”²⁴

The president joined the euphoric chorus when he accepted the commission’s report, proclaiming a “day of electric possibilities.” The three diseases “*can* be conquered,” he asserted, “not in a millennium, not in a century, but in the next few onrushing decades.” His optimism continued into the new year, and as part of his special health message to Congress on January 7, he pledged to sponsor the most important item of the commission’s report—the five-year program for a system

of regional medical complexes. Every American deserved access to the newest, the most specialized and expensive services, whether of open-heart surgery, high-voltage radiation, or advanced diagnostic techniques. The time had come to "turn otherwise hollow laboratory triumphs into health victories." He fulfilled his pledge only twelve days later, when he rushed to Congress, with high priority, the "Heart Diseases, Cancer and Stroke Amendments of 1965." It would provide \$50 million the first year and whatever might be necessary for the next four years to establish and operate "medical complexes," which would be located at existing institutions or at newly constructed facilities; would pay for such patient care as was incidental to research, training, or demonstration; but could not interfere with the "existing patterns or financing of patient care, professional practice or hospital administration."²⁵

The president had high expectations for the HCS's regional-medical-centers bill, which he believed would help the less fortunate people of America. Its purpose, as he explained to Lady Bird, was to set up "a bunch of little Mayos" around the country, "so Dale Malechek and Alvin Sultemeier can get to them." Next to Medicare, he considered it his most important health program, and during two days of hearings before Lister Hill's Subcommittee on Health, senators from both parties promised their support. Republican Jacob Javits described the bill as a "most patriotic and honorable effort to add yet another milestone thing to the great history which has been written in recent years in this tremendous war of the Federal Government on disease." But thereafter, during the next nine months, political combat and compromise marked the legislative history, until only a semblance of the bill remained. Even Lyndon Johnson, in his best year, could not translate this dream into reality.²⁶

A Shortfall in Aspirations

The HCS bill, which came to be known as the Regional Medical Program (RMP), was in trouble from the outset. On the day before it went to Congress, the president's science adviser warned that its overall intent "gives the American Medical Association (AMA) further grounds for contending that the Federal Government intends to gradually take over medical care." Written primarily by two commission members, Dr. Michael DeBakey and Dr. Edward Dempsey, it had two threatening provisions—the construction of a network of federal hospitals and the government's payment of patients' fees. For several months the AMA ignored the RMP, in part because of a single-minded

devotion to the defeat of Medicare. And too, there was some risk in an early attack on an extremely popular program. The *Washington Post* had warned the organization not to try to halt this venture, for it would constitute "a piece of folly which can end only in making itself regarded as an enemy rather than a benefactor of mankind." But late in April, when the course of Medicare was clear, the AMA issued a three-page staff report denouncing the DeBakey Commission for planning "to reorganize the American system of delivering medical care"—a system that was already more advanced and more sophisticated than any other in the world.²⁷

Individual physicians expressed intense fears. Dr. Thomas Townsend of Pine Bluff, Arkansas, who was already "on the ropes" because of Medicare, conjured up a frightful future for the likes of him. Skillful young men from the huge federal medical complexes would appear in the rural areas to tell doctors what to do, would take their patients to distant centers with special facilities, and would then return to the "boondocks" periodically, like "circuit riders," to entice patients away from their own physicians. "This is what is driving us crazy," he explained to an unusually attentive congressional committee—the prospect of a team of salaried federal specialists infringing on the traditional fee for service practice, until there is "no place in medicine for such as myself." And most of the medical practitioners resented the central message of the legislation—that they were not keeping up to date on new developments, thus short-changing their patients. "What's wrong with the way we physicians and surgeons in Lake Charles, Louisiana, treat or diagnose a heart attack, a stroke or a cancer?" asked one of Senator Russell Long's constituents. And he offered some advice popular among his colleagues: "This country of ours can declare war on poverty, war in Viet Nam, but *not* war on cancer or strokes or heart attacks. It just doesn't work this way, and I think it is cruel to so mislead the American people."²⁸

The legislation did pass the Senate in June, although it was stripped of a crucial provision for construction funds, but by August it was in trouble in the House. Congressman Oren Harris, the Democratic chairman of the Commerce Committee, blamed angry general practitioners, expressed a preference for an abbreviated three-year program, decided to ignore the Senate bill, and predicted that he was two votes short of getting the legislation out of his committee. A presidential aide blamed HEW itself, because its testimony "apparently has been miserably vague and contradictory. And you could read anything you want into the bill itself, which says nothing." Larry O'Brien portrayed the bill as "the big tough one." Harris is "all the way with

us," O'Brien told the president, "but the A.M.A. is working hard and this bill obviously will require at least a couple of weeks work." He was overly optimistic. HEW spent several weeks working with the Harris committee to make the House bill more specific and to sway undecided members, but with little success. Nor was the president able to move the legislation. On August 18 he went out of his way at the swearing-in ceremonies for John W. Gardner, his new HEW secretary, to reaffirm his commitment: "This Administration intends to bring the healing miracle of modern medicine to everyone in this country," Johnson said, "no matter how remotely they live from the city." But when he asked Congress to act within the week so that he could launch an all-out assault to "track down, isolate and destroy" the three great killers, there was no response.²⁹

The AMA would not retreat, and in late August it went on the offensive. Dr. James Appel asked the administration to defer action for a year, insisting that a bill of such far-reaching implications, which "many physicians presently consider a greater threat" than Medicare, needed more study and dialogue. If the president would desist, the AMA would convene a National Congress on Regional Medical Centers to seek a consensus. On the other hand, if the pending legislation should pass, Appel warned, it would compromise his efforts to ensure the full cooperation of his colleagues in implementing Medicare. The attempt at blackmail did not move Douglass Cater, the president's aide on health matters; he asked permission to phone the AMA and promise cooperation, but to refuse to surrender. The president checked the yes box on his memorandum, and in one of those rare occasions, added a handwritten comment: "Tell him for weeks we have been seeing these would be stalling tactics. We will work with them—for them but they stalled many health items for years and we must act now and coordinate later. I'll spend all fall trying to help—L."³⁰

The help came much sooner. Within days, HEW officials met in an afternoon session with the AMA to work out a compromise. Wilbur Cohen, bargaining for the administration, rejected the AMA's three major requests: to delay action; to modify the program so that it would affect only research and training; and to provide only such patient care as was indispensable to research. Then, to pacify the doctors, he proposed ten amendments, the most important of which assured the participation of local physicians in planning and approving projects, and restricted treatment to only those patients who were referred by practicing physicians. The AMA remained fearful. They could tolerate Medicare, an official told Cohen, but the RMP was a "much more

radical concept," and they insisted on talking with the president. Gardner, Cohen, and Harris agreed; at the least, a discussion would permit the doctors to tell their constituents that they had had their day in court. On that same evening the president met with AMA leaders, assured them that the RMP would be a cooperative effort, promised that he had no intention of interfering with traditional medical practices, and instructed Cohen to work out the objections to the bill. "We've got to pass this Heart, Cancer and Stroke bill," he told DeBakey. "You know, you've just got to do everything you can to get this passed. I know that we are only going to be able to have this good relationship with Congress for so long. Then it's going to be all over."³¹

With the president's personal intervention, the negotiations proceeded swiftly and ended in a victory for the AMA. The RMP, or, officially, the Heart Disease, Cancer and Stroke Amendments of 1965, which emerged from the Harris Committee on September 8 and subsequently became law, differed substantially from the administration's original bill. The revised legislation shortened the duration of the war against disease from five to three years; decreased its costs from \$1.2 billion to \$340 million; and lowered its status from "program" to "pilot projects." The war would proceed without any new construction, without any diagnostic stations, and cleansed of the word *coordination*, because it smacked too much of federal control. The enterprise even had a new name: the old "regional medical complexes," which had aroused fears of newly constructed federal facilities scattered across America, staffed with government employees, which had threatening implications for patient care, gave way to the new "regional cooperative arrangements," which were designed to ensure local control and to protect traditional methods of financing medical care.³²

When the president signed the RMP bill on October 6, there was little of the Rose Garden excitement of eighteen months before. He recited again the grim facts; he thanked DeBakey, Hill, Fogarty, Harris, and Mary Lasker; and he improvised engagingly about the hopes for a longer life, "not just for ourselves, but for all the little ones that look up with their trusting faces and expect us to do right by them." Some of the old words were there—"to speed the miracles of medical research from the laboratory to the bedside"—but much of the magic was gone. The president had merely accepted the political reality; Congress would not create a network of federal hospitals that would be open to the general public. But there was no way to put a pleasant face on defeat. Nor could he deny the charges in the *Chicago Daily News*—namely, that medical lobbyists had operated quietly for nine

months to cripple the HCS Commission's sweeping national attack on disease and that they had "succeeded dramatically." The administration, giving in to pressure, had helped to "gut" the bill until it was a "mere shadow."³³

Two months later the president added to the disappointment with his request for reductions in the 1967 budget. In order to support increases for defense and for the cost of Vietnam, there would be less for the NIH, health-manpower training, and the regional medical complexes. When the news leaked to the press, letters and telegrams from more than three hundred health advocates (among whom were his friend Senator Lister Hill; his cardiologist, Dr. Willis Hurst; and his family physician, Dr. James Cain) pleaded with him to reconsider the budget cuts. A damning complaint appeared publicly on January 2 in the *New York Times* and, surprisingly, from Dr. Howard Rusk, who only months before had served as LBJ's special envoy to study health problems in Vietnam. The doctor could sympathize and understand the president's dilemma, with his dual commitments to the defense of freedom and the Great Society, but he could not accept LBJ's attack on health, a common denominator of both: "It is inconceivable that President Johnson, who is primarily responsible for the great gains in the attack on death and disease, would give the indiscriminate axe treatment to the budget that is necessary for this continuing crusade."³⁴

On December 21, Mary Lasker and Michael DeBaKey went to the White House to complain to Douglass Cater about the RMP. They told him that the reductions (from \$90 to \$45 million) and the elimination of \$90 million for the construction of health-research facilities would be disastrous. Two days later, DeBaKey sent a powerful and impassioned 15-page telegram to the LBJ Ranch. After voicing initial praise for Johnson's bold and imaginative program to launch the nation into "a new era of action," DeBaKey denounced the proposed cuts. They could shake the confidence of the people and the scientists in the administration's commitment to health, they could harm the national defense, and they would virtually destroy the RMP, which had already been gravely compromised by the sacrifice of construction funds. "Should these prospective limitations indeed come to be," he bemoaned, "it would be difficult to discern the sense of attempting to initiate this critical venture."³⁵

The president's friends, who were now his critics, felt abandoned. They perceived him as having moved away from his earlier all-out support, and they sensed that his war abroad was eclipsing theirs at home. They tried to call him back to his earlier commitments: "I

applaud the incredible progress in health legislation that your leadership has achieved in the past year," wrote Mary Lasker's sister, Alice Fordyce. "Won't you please make it possible to implement the high hopes you have stirred?" But the president did not waver; he was listening, instead, to his budget chiefs. In their view, the RMP had the potential for a far-reaching impact on American life; but it was also an excellent illustration of the kind of newly authorized program they should "phase in slowly." As of early 1966, the Bureau of the Budget (BOB) argued, medical groups were still in conflict and "maneuvering for power"; the NIH had not set forth the appropriate regulations; the Advisory Council had met only once; the chief of the program would not be at work until February; and the NIH likely could not make a grant until May. It was a time for deliberate caution in spending, and the \$40 million was "a pretty good allowance."³⁶

The president did not reply to most of his critics, but politics required a response to a five-page letter from John Fogarty. The old warrior for health waited until his subcommittee had finished its hearings on the budget, and then he told the president that the administration's budget would "fall far short." It could not meet the challenges "outlined so eloquently in your three Health Messages and in the truly historic health legislation which provides the blueprint for an unprecedented war upon disease." Fogarty was more specific: he wanted additional funds for the regional medical centers, without which there could be no all-out attack on heart disease, cancer, and strokes; and he wanted additional funds for a task force on breast cancer, for a heart drug study, and for the artificial heart. He reminded the president of the latter's promise "to speed the miracles of medical research from the laboratory to the bedside"; and he observed that the proposed budget "does not provide for many miracles." The president sent a letter prepared by BOB (with copies to Lasker, DeBakey, Cain, and Hurst), which defended the "slower rate of advance" as being necessary in order to meet "our international commitments" and to press forward confidently with the Great Society.³⁷

The Regional Medical Program limped along after the spring of 1966. Congress did not add to its appropriations, and, more important, the "Mike DeBakey pressure" failed to convince the medical profession or the BOB of the need for construction funds. As the months passed, no one could challenge what one observer called "a short fall in terms of the aspirations" regarding it. "Because the law and the idea behind it are new, and the problem is so vast," the president explained to Congress in November, 1967, "the program is just emerging from the planning stage." A few months later, in his special

message "Health in America," he was more specific: fifty-four regions, spanning the nation, had begun planning, but only eight had action programs. The gap between the high expectations and the lack of accomplishment was stunning. Four years before, Mary Lasker had hoped for a massive assault on heart disease, cancer, and strokes; by 1968 the bureaucracy had been able to spend only \$90 million of the \$340 million that Congress had authorized. Three years before, Michael DeBakey had submitted a blueprint for a system of federal complexes; in 1968 there were only eight cooperative arrangements. The president was alert to the developments. When Congress approved a two-year extension of the RMP in the fall of 1968, he ignored it. There would be no special signing ceremony and no words of hope. Three years before, in announcing the program, he had aspired for miracles; now he accepted the mundane—notwithstanding the RMP, the great killers remained abroad in the land, stubborn and unyielding.³⁸

In recognizing the realities, the president did not abandon the war against disease; he merely extended the timetable for victory. In October, 1968, while celebrating the twentieth anniversary of the National Heart Institute, he conceded that the murderous disease was not ready for "a knockout blow." He asked his audience to pledge themselves to be "missionaries of progress in health legislation" for the next twenty years. "If you do these things I have no doubt that when we meet again in the East Room, God willing, twenty years from now, we will have an even happier birthday celebration," he predicted. "On that day, I believe we can boast not only to have slowed down the killers . . . but we can brag that we have banished them and all the fear and the waste and the tragedy that went along with it is no longer with us." Always the optimist, he would not give up on the miracles of modern medicine. He was hopeful, too, because of another of his initiatives.³⁹

"Results Are Better"

Shortly after leaving office as secretary of HEW, Wilbur Cohen was reminiscing about how things "got done" in the Johnson administration. He mentioned four individuals who, in order of importance, were more influential with the president than almost any others—Lady Bird Johnson, Mary Lasker, Mathilde Krim, and Florence Mahoney. "I was more successful in working through these four women," Cohen recalled, "than I was with the White House staff." The president sought their advice, but sometimes he got "sick and

tired" of their pressure: "Oh, you're getting all these women to talk to me, and they're talking and talking and talking. And look, Wilbur, they don't know what they're talking about." Lyndon Johnson's ambivalent moods—from inviting advice to fuming about it—were especially evident with Mary Lasker. "Several times the President indignantly said to me," Cohen remembered, " 'I wish Mrs. Lasker wouldn't try to interfere and pressure me to do this and do that,' but I'm quite sure that if Mrs. Lasker didn't do it for about a week he'd probably call her up and say, 'Where have you been? Why haven't you been telling me what you think?'"⁴⁰

Rarely did Mary Lasker wait for a telephone call to offer advice. She had extraordinary access to the White House by virtue of the respect that Lyndon Johnson accorded to her as an expert on health, the appreciation that the first lady felt for her help on beautification, and the friendship of both. Mary Lasker consulted many times with the president alone or in small groups; she was present at dozens of parties and ceremonies; she was on occasions an overnight guest at the White House and at the ranch; and she opened her home in New York to the Johnson family. The relationship was mutually beneficial. She gave the president the Lasker Award, and he gave her the Medal of Freedom. He supported her proposals, and she praised his accomplishments. Their friendship survived the strains of the policy process. "The greatest joy of passing years is that friendships, too, grow older," the president wrote to her in 1968. "Happiness in life is measured by many things—but friends like you are foremost on the list."⁴¹

Johnson relied on several experts on health—notably, Wilbur Cohen; oftentimes, Douglass Cater; on particular issues, Michael DeBakey; and sometimes, specialists in BOB and HEW. Mary Lasker had a singular role; she became the "spark plug" for health with the president, and as a mutual friend saw it, she "prodded him a lot." On no occasion was she more persistent and the final results more unsettling than when she induced the president to involve himself, deeply and personally, in her struggle to obtain more practical benefits from the biomedical scientists. Through that partnership he aligned himself against his NIH-HEW bureaucracy, and he challenged the bias of the larger scientific community. One research cardiologist, Julius H. Comroe, Jr., was so shocked that he spent the rest of his life in a quest to discover "whether President Johnson was correct when he implied in 1966 that we then knew all we needed to know and that all we had to do was apply it." Shortly before his death in 1984 the scientist concluded that there was "no real basis for the President's view" and

that the government cannot "order up specific medical discoveries on a specific schedule as one would order up a McDonald's hamburger or even as one would plan for the takeoff of a space shuttle." Thus did the elite get its historical revenge against a practical-minded president; they created the image of a man who was beyond his depth in matters of the mind.⁴²

For years, as she sought ever-increasing budgets for medical research, Mary Lasker tried, through congressional allies, to force the NIH to place more emphasis on "breakthroughs" to bring immediate health benefits. In particular, she wanted task forces to study specific forms of cancer, and she wanted clinical trials to find a drug to control cholesterol. "I am depending upon you," she wrote to Congressman Fogarty about drug trials in 1962, "I am really desperate about it, and people's lives are being lost because of the lack of information on what these drugs will do." Even though she convinced Fogarty and Hill to appropriate the funds, she could not move James Shannon, who disliked any peripheral and expensive enterprise that might detract from his primary devotion to basic research. Her failure to move the NIH was the primary motive in her desire for a presidential commission. Indeed, in her one appearance before the President's Commission on Heart Disease, Cancer and Strokes (HCS Commission)—a dramatic Sunday-evening session in the Governor's Room at the New York Hospital—she expressed concern about what "you do for people who are already very arteriosclerotic, to prevent the ravages of it." She presented her case through the testimony of two supporters, Dr. Jessie Marmorston of the University of Southern California, who had spent a decade experimenting with female hormones to control cholesterol, and Dr. Jeremiah Stamler of Northwestern University, who was renowned for his work in preventive medicine and who wanted the NIH to "proceed with speed" on a national cooperative test of antiatherosclerotic drugs.⁴³

Shannon, a devotee of pure science, was a powerful opponent. He intended for the NIH to focus its efforts on a broad program in the investigation of life processes, rather than on a search for the direct cure or prevention of a specific disease. In his appearance before the commission, he deplored the work of "conventional scientists therapeutically oriented," who wanted quick answers for small parts of the problem, rather than the pursuit of the fundamental problem of the "vessel wall." When a colleague pointed out that a diet study that would take care of 20 percent of the coronary disease problem could save about one hundred thousand lives a year, he replied: "I might say that I don't take figures very seriously because everybody

has to die of something. . . . And before you go further, I do not say it is unimportant to save 20% of the coronaries, but I use this as an example of group emphasis in the field at the amelioration of the condition rather than causation." Even if a drug could modify a disease, it would not answer the ultimate questions.⁴⁴

The HCS Commission surprisingly gave little satisfaction to Mary Lasker. Its report ignored the need for task forces, made only passing reference to the importance of clinical field trials of drugs, and had an astonishing omission—it never mentioned the word *cholesterol*. She tried to influence the RMP legislation by asking Senator Hill to include task forces when the bill went to conference. "Without such specific aims," she wrote to Hill, "the Centers may not get organized with sufficient focus and on a large enough scale to bring us the information to save people's lives in the next few years." When the House ignored the Senate bill, she sent Cater a statement for the president to incorporate in his speech upon signing the bill, or even for use in an executive order. It would have had him get tough: "It is, therefore, the policy of this Administration to urge the spending of at least 15% of these Institutes' budgets for clinical trials. It is my policy to make these diseases targets for intensive task force clinical and basic research efforts in order to prolong the prime of life of our people." Again Mary Lasker lost. The experts in HEW deemed it unwise to make a flat 15 percent commitment, and the president made no mention of task forces or clinical trials.⁴⁵

It was not until early 1966 that Mary Lasker went to work on the president again. In reply to his Christmas greeting, she sent a powerful New Year's message from her farm in upstate New York, in which she set forth her dream of a decade:

New eras in saving of lives through medical research can be started if you go ahead with present plans of 1965. The average age can be brought to 75 in your administration, before 1972, if you will call the directors of the National Institutes of Health to give you *specific plans* to put ideas now at hand to the test, in clinical trials with patients, on a large scale. Some funds now being used in other ways could be diverted to this if you will ask for plans to *reduce the death rate*; and *prolong* the prime of life. Doctors must be told this is *urgent* by you.

For the next six months, during which time the president held to his budget cuts and accepted the Lasker Award, nothing happened. But Mary Lasker was persistent. At the President's Club Ball at the Waldorf

Astoria Hotel on June 11, she sat at LBJ's table and, during the evening, urged him again to meet with the NIH directors and to ask them to review their plans for reducing death and disability during his administration. She followed up with her usual detailed memorandum, and she won a convert.⁴⁶

On June 15, at an East Room gathering with several hundred medical and hospital leaders, called solely and specifically to arrange for the launching of Medicare, the president dropped a bombshell. He would soon call a meeting of the secretary of HEW, the surgeon general, the director of NIH, and the directors of nine institutes ("I want to serve notice on Secretary Gardner publicly because I don't want to give him a chance to object privately"), so that "in the days ahead we can put as much effort into prolonging the prime of man's life as we are in extending our knowledge of outer space." The president wanted to hear "what plans if any, they have for reducing deaths and for reducing disabilities and for extending research in that direction." He was not primarily interested in basic research; he had been supporting those appropriations for years. "But I think the time has now come to zero in on the targets by trying to get this knowledge fully applied." Until we spend more money on clinical research to test new drugs and treatments, "we won't have any major new ways of reducing deaths and disabilities."⁴⁷

This was no timid commander in chief, content to leave the strategy of his war to the experts in the field. Presidents, he declared, need to show more interest in the specific results of medical research during their lifetimes, during their administrations. He would do so: "Whether we get any or not I am going to show an interest in them." He would watch the NIH scientists and bureaucrats, and he would return in several months with his "checksheet" to see just what they had accomplished, "like when you take a car in to get it filled with—the tires filled and the radiator checked and all those things—we will go down their checklist and we will see what specific efforts they are going to make to reduce deaths among the leading killers, especially arteriosclerosis of the heart and brain, and various forms of cancer, and to reduce disabilities such as arthritis and severe mental and neurological diseases or illness." Then, for whatever time was allotted to him in the White House, he would come back about every six months to ensure that the scientists were investing their funds as wisely as possible to "prolong the prime of life for all of our people." With a president showing such sympathy, interest, and leadership, "we will be able to get more results for the survival of our people than anyone

else has ever done in the history of mankind. Think about what a laudable objective that is."⁴⁸

In less than two weeks, armed with an agenda that had been prepared by Cater, Lasker, and Gorman, the president held his first meeting with the NIH. He called the twenty medical doctors and five administrators to the Cabinet Room, named them his "health strategy council" in the war against disease, asked for their help, and outlined his concerns: the life expectancy of the average American was not increasing, the child mortality rate was higher than in many other countries, and the killing and crippling diseases continued to take their heavy toll. The solution, he told them, was not simply more money; it was also a better selection of priorities. They were already spending more than \$800 million a year, and he was "keenly interested to learn not only what knowledge this buys but what are the payoffs in terms of healthy lives for our citizens." Then, with words that were sure to provoke and that soon sent shock waves throughout the scientific community, he continued: "Some of my friends tell me that too little effort is going into clinical research to test new drugs and new treatments. They say there is too much love of research simply for the sake of research. In my judgment, *research* is good, but *results* are better."⁴⁹

The president pressed his point with a series of tendentious questions that had been written by Mary Lasker and were aimed at each of the directors. He forced Dr. Kenneth Endicott to admit that technical problems had delayed the creation of task forces for research on solid tumors, and he forced Dr. Robert Grant to concede that his National Heart Institute was spending only 4.5 percent of its budget for drug studies, a proportion that the president observed was rather small. Only Dr. Shannon fought back. He insisted that drug studies to lower blood fats, no matter how successful they might be, would "contribute nothing to the prevention of heart disease." But the president had the last word through the official statement issued at the end of the meeting. "We began a review of the targets and the timetable they have set for winning victories in the war," he told the American people. "We must make sure that no life-giving discovery is locked up in the laboratory."⁵⁰

The president's meeting evoked intense reactions. Dr. Shannon admitted that it "was surely an historical event," but he was angry, so he went to work on a report to show that there was already a balance between basic and targeted research within the NIH. Scientists in all fields were stunned; they considered that basic research was synon-

ymous with prestige and freedom, in contrast to the less rarefied and highly directed area of applied research. They could respond only with shock to the politician with his practicality, the mechanic with his checksheet. And only a fool could believe that numerous discoveries of importance to health were hidden away in some laboratory. Scientists reacted so negatively that the administration, sensitive to the outcry, wondered at first if the NIH was organizing the protest and then, as if in retreat, sent forth Secretary Gardner to soothe the ruffled feathers. Only Mary Lasker was content, and excited. The president had sanctioned her strategic design; now she would provide the tactics. In October she and other members of the National Advisory Cancer Council sent their chief an "ideal" budget, with an increase of \$41 million, to support a series of new task forces to attack the most common forms of cancer and thus speed up the progress years sooner than would be possible through individual efforts.⁵¹

Two months passed, and Lasker, seeing no action, sought an audience with her friend. "I want to avoid this if I can," the president told his staff. "I'll have to see her if she just has to, but I much prefer that she give me a memo. See if Bird can't handle it. I'll be busy with other things." Mary Lasker was not content to talk with Gardner or Cater; she insisted on conveying her ideas directly to the president, if only for ten minutes. It was a measure of her influence that the president relented, and on December 14 she assured him that an intensified attack was feasible and that it would come about much more quickly if he directed it be done. She even provided a draft letter to the surgeon general for Johnson's signature. "I direct the National Cancer Institute to establish Task Forces in lung cancer, cancer of the intestines and colon, cancer of the uterus and ovary, cancer of the stomach and cancer of the prostate, which annually cause over 142,000 deaths, and in other major types of cancer." She followed the meeting with a letter two days after Christmas: the task forces would be a benefaction to "change the average length of life of mankind" from a president who was "deeply sympathetic" to "people's suffering." Her persistence finally paid off. Johnson, in his health message to Congress in February, directed John Gardner to appoint immediately a Lung Cancer Task Force.⁵²

In May, 1967, Mary Lasker was at the White House again, accompanied by Lister Hill, to suggest a replacement for James Shannon, who would reach compulsory retirement age in the summer of 1968. She wanted a successor who would be publicly committed to translating the results of research into health benefits. To accentuate

her concern, she proposed that the president meet a second time with the NIH to review their progress. She stayed afterwards to tell him privately about a new drug—Atromid-S—for which Shannon had delayed trials for six years but which might lower cholesterol and might be a breakthrough in dealing with heart disease. She wanted LBJ's physician to consider it.⁵³

Unbeknownst to Mary Lasker, her timing was ill-fated. There were different forces at work in the White House. John Gardner and his highly respected assistant secretary, Dr. Philip Lee, had already approached Cater about another meeting, one in which they wanted the president to express strong support for basic research, praise the contributions of the universities and their medical schools, and pay tribute to the leadership of Dr. Shannon. Their conviction echoed that of Donald F. Hornig, the president's science adviser, who wanted to combat the "unhappy feeling" and "deep suspicion" among scientists, which was based upon the 1966 meeting and budget restrictions, that the administration was suppressing basic research in favor of practical applications. Hornig spoke with the passion of a convert. In 1964 he had advised the president to improve the nation's health through the application of existing data and techniques; by 1967 he had come to believe the "treatment of disease is limited by a lack of basic knowledge."⁵⁴

Douglass Cater, who had been one of Mary Lasker's foremost allies, decided to quell the political fallout through another presidential meeting with the NIH. But this time, in setting the agenda, Cater ignored Lasker and Gorman; instead, he consulted with Gardner, Shannon, and Lee. The contrast with 1966 was dramatic. The president flew to Bethesda, accompanied by a host of press and photographers, and made a grand tour of the open-heart-surgery amphitheater, the new computerized laboratory, and a new nuclear medical facility. From there he went to the board room to listen to the directors' progress reports on infant mortality (the most significant drop in ten years occurred in 1966); on heart disease (the nation was about to see the first leveling off in mortality in its history); on cancer (prevention is no idle dream); and on blindness (further advances were under way with the establishment of eleven clinical centers for eye research).⁵⁵

In the auditorium, flanked by cameras, the president made his peace with the scientific community. He had come this time to renew his commitment to the "world's greatest research enterprise" and to applaud the efforts of its directors; indeed, he elevated them to "Chiefs of Staff" in the war against the ancient enemies. Progress was "going

up instead of down," he declared; and departing from his prepared speech, he took issue with the "hotshots" who "think we have reached what you might call a stalemate, because we have not found all the answers to all the questions in all the 365 days since we last ran our check—our final exam." To ensure that no cloud should darken his day of reconciliation, he omitted from his prepared speech any potentially provocative comments about the need for the "swift application of knowledge" and the formation of the long-delayed Task Force on Lung Cancer. In final obeisance he gave basic research a "first and foremost" position in a healthy society. "Because we are human, we explore; we seek to understand the deepest mysteries of our world," he told the practitioners of pure science. "The government supports this creative exploration because we believe that all knowledge is precious; because we know that all progress would halt without it." And twice he told them, in words that would thunder across the nation, that the NIH was "a billion dollar success story"⁵⁶

The meeting at Bethesda had several effects. It mollified the NIH. Before the president left, a friendly Dr. Shannon presented LBJ with some sun-tan lotion and with the report that had been requested a year before, a 200-page volume entitled *The Advancement of Knowledge for the Nation's Health*, which could only elicit praise for the research programs. But the rapprochement did not extend to the scientific community. A September poll in *Science* reported diminished support for the president, because of the war in Vietnam, among the "Scientists and Engineers for Johnson" of 1964. "The fact that the President has passed more legislation and given more realistic support for science and education than any other President," Michael DeBakey complained, "is apparently completely disregarded by some of these scientists and engineers." He considered their lack of appreciation "unforgiveable," but there was no changing it.⁵⁷

The president's foray into the field of biomedical policy did not earn him plaudits, then or later. In a seminal article in the *Atlantic Monthly* at the end of 1967, journalist Elizabeth Drew portrayed him as the victim of a "do-gooder" who was "too covetous of power, too insistent on her own pursuits, too confident of her own expertise in the minutiae of medicine," and who led him into "distortions" of health policy. Reflecting the bias of James Shannon and the NIH, the journalist found fault with the HCS Commission, the cancer chemotherapy program, the field trials of drugs, and above all, the idea to push for "payoffs" from research. The latter was too complex a problem to be "decided on the basis of who has the President's ear," and it damaged the chief executive by causing scientists to see him as "an

anti-intellectual, unsophisticated president who could never understand such things."⁵⁸

Experts in the politics of science have cited Drew as their primary source in evaluating the Johnson administration, although with differing degrees of emphasis. Paul Starr, for example, repeats Drew's strictures against Mary Lasker—and, by implication, the president—almost verbatim. Sociologist James Katz, in the best of the policy studies, accords Johnson a more aggressive role as the chief policy maker and describes his pro-Lasker bias toward practical results and his "dressing down" of the NIH as parts of LBJ's broader desire to bring biomedical science under executive control. Katz's portrait is nonetheless negative: a populist president who possessed little understanding of the world of science and who, lacking the sympathy and understanding of Eisenhower and Kennedy, "completely ruptured" the intimate relationship that had existed between scientists and government since World War II. Julius Comroe, Jr., writing from the perspective of the scientists and after having made a seventeen-year study of innovation in research, could not forgive the president for having made "unreasonable" billion-dollar decisions on the basis of "personal opinions or prejudices, gut reactions, pressure from special interest groups, and a few fascinating, convincingly spun anecdotes."⁵⁹

On this issue, President Johnson has had consistently unfair evaluations. He was not an unschooled pragmatist who was opposed to pure science and who had been misled by a dilettante into meddling with the experts. He continued to support fundamental scientific research even when he was pushing for practical results. And although there can be no certainty as to the proper balance between targeted and basic research, he and Mary Lasker were almost surely correct in pressuring the NIH to conduct trials of heart drugs and to establish task forces for cancer. The Coronary Drug Project, which got under way in 1967, tested four lipid-influencing drugs; eight years later it concluded that none of them was effective. But in 1972 the National Heart Institute began a randomized double-blind study of a potent cholesterol-lowering drug, cholestyramine, and in 1984 it issued a landmark report, which demonstrated conclusively that lowering cholesterol could reduce coronary heart disease and thereby promised a reduced risk for tens of millions of Americans.⁶⁰

There has been no equally startling result for cancer, but the current optimism of the National Cancer Institute gives new meaning to the words of Dr. Kenneth Endicott, its director in 1967. Endicott, who was slow in getting started on the president's order to establish the Lung Cancer Task Force, promised to have a substantial program

ready by 1969. "I think we should probably emulate the Manhattan Project and simultaneously explore the various perceived alternatives," he wrote, "in the hope of emerging with a definitive answer in a period of twenty years instead of having the thing drag on for fifty." His acknowledgment that a greater effort might bring earlier results was a tribute, albeit private, to the president and to Mary Lasker. A breakthrough in less than fifty years would be their testimonial.⁶¹

"Pretty Visionary"

In 1966, when presenting John Fogarty with the Heart-of-the-Year Award, President Johnson remarked that some people considered him to be "pretty visionary," and he admitted, "We cannot conquer all disease" and "We cannot educate all humanity." But his philosophy of progress demanded that "we can hope for them and we can work for them and we can give what we have to them, and we can urge them and provide leadership and try to move along." For five years the president served as an indefatigable booster to conquer disease and "move along" the nation's health. He made his case not only through his presidential commission but also with the White House Conference, numerous task forces, five special health messages, and more than fifty relevant statements and signing ceremonies. Over and over again he stressed the basic themes. His generation of Americans had arrived at a historic moment of challenge and opportunity. If they had the will and would make a commitment, they could revolutionize their way of living. The war on disease would call a halt to the wholesale murder of the past and would extend human life to one hundred years. The effort made sense from a strictly business standpoint, for it would save the nation \$32 billion a year; but it was more a matter of necessity, for "the health of our people is, inescapably, the foundation for fulfillment of all our aspirations."⁶²

The president's leadership elevated the war against disease to a far-more-permanent position in American life, both for the people and for the government. He admittedly used extravagant rhetoric and promised far more than he could deliver; but this was not necessarily unfortunate. Unrealized expectations have a different effect in areas such as civil rights and health. In the former they can lead to anger and frustration and can even erupt in public violence; in the latter they can lead to disappointment and sadness but can endure as private sorrow. For Johnson, the promise of the miracles of modern medicine was essentially a challenge. If he could raise the expectations of the American people and the scientific community, they would persist

in his war. And they did. His years of rhetoric helped set the stage for a renewed effort. Indeed, President Richard Nixon, under the tutelage of the Lasker forces, would have the nation declare a "war on cancer."⁶³

One of Johnson's favorite health stories was about his heart attack. "I know what it is to have your blood pressure go to zero and go into shock," he told an audience shortly before leaving office. "I know it well enough that I would like to see the day come when that did not happen to anybody, and if it did . . . that you would have the implements to get the same result that the Good Lord and Lady Bird and Dr. Hurst all working together back in 1955 had." He could not provide such a benign setting, even for himself. In retirement, when his angina returned, there was no drug to control cholesterol and no fully functioning dacron heart. The experts at the Mayo Clinic told him that there was nothing they could do, and Michael DeBakey in Houston explained that his heart was too damaged to risk the newest "miracle," coronary by-pass surgery. In early 1973, racked by sharp pains and with an oxygen tank next to his bed, he moved toward death. But he had left a health legacy that the American people would embrace. In the most humane and compassionate sense, he wanted everyone to have what he could afford, and more.⁶⁴

Notes

1. Jack Valenti to the President, with attached citation "1965 Albert Lasker Award for Leadership in Health," Mar. 10, 1966, diary backup, box 32. All manuscript documents and oral tapes are in the Johnson Library unless otherwise indicated.

2. Lyndon Baines Johnson, *The Vantage Point: Perspectives of the Presidency, 1963-1969* (New York: Holt, Rinehart & Winston, 1971), pp. 213-20.

3. Richard Harris, *A Sacred Trust* (New York: New American Library, 1966), Lawrence F. O'Brien, *No Final Victories* (Garden City, N.Y.: Doubleday, 1974), p. 188; Jack Valenti, *A Very Human President* (New York: Norton, 1976), p. 383; Eric F. Goldman, *The Tragedy of Lyndon Johnson* (New York: Knopf, 1969), pp. 284, 332; William O'Neill, *Coming Apart: An Informal History of America in the 1960's* (New York: Quadrangle Books, 1971), p. 129; Vaughn Davis Bornet, *The Presidency of Lyndon B. Johnson* (Lawrence: University Press of Kansas, 1983), p. 134; Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), p. 376; Allen J. Matusow, *The Unraveling of America: A History of Liberalism in the 1960s* (New York: Harper & Row, 1984), pp. 220-21. The records at the Johnson Library do not contain any major surprises regarding Medicare, and they provide nothing new on the progenesis of Medicaid. They do record the president's remarkable effort to integrate the nation's hospitals

through Medicare, and they document his attentiveness to every aspect of the program.

4. Theodore R. Marmor and James A. Morone, "The Health Programs of the Kennedy-Johnson Years: An Overview," in *Toward New Human Rights: The Social Policies of the Kennedy and Johnson Administrations*, ed. David C. Warner (Austin, Texas: LBJ School of Public Affairs, 1977), pp. 157–82; Starr, *Social Transformation*, p. 370.

5. Two documents are valuable for a general appraisal of the achievements of the Johnson administration: Wilbur J. Cohen, "Health, Education and Welfare Accomplishments 1963–1968, Problems and Challenges, and a Look to the Future," White House central files (hereafter cited as WHCF), FG 165, box 242; and National Health Education Committee, *What Are the Pay-offs from Our Federal Health Programs: A Progress Report on the Johnson Administration—1963 to 1968* (New York: National Health Education Committee, 1968), WHCF, Douglass Cater files, box 68.

6. Harry McPherson, *A Political Education* (Boston, Mass.: Little, Brown, 1972), p. 250.

7. Wilbur Cohen to James Shannon, Aug. 2, 1965, NIH microfilm records, roll 1; *Public Papers of the Presidents: Lyndon B. Johnson, 1965*, 2 vols. (Washington, D.C.: Government Printing Office, 1966), 2:844–47.

8. Brian McMahon to President Truman, Aug. 9, 1945, official file, box 466, Truman Library, Independence, Mo.; *Time*, Aug. 30, 1948, p. 41; U.S., House of Representatives, Committee on Interstate and Foreign Commerce, *Hearings on H.R. 3059, 80th Cong., 2d sess., May 5–6, 1948*, p. 98. The early activities of Albert and Mary Lasker are discussed by John Gunther in *Taken at the Flood: The Story of Albert D. Lasker* (New York: Harper, 1960); Elmer Bobst, *Bobst: The Autobiography of a Pharmaceutical Pioneer* (New York: McKay, 1973); and "Fanning the Fire," *Time*, Aug. 30, 1948, pp. 40–41.

9. Stephen P. Strickland, in *Politics, Science, and Dread Disease: A Short History of the United States Medical Research Policy* (Cambridge, Mass.: Harvard University Press, 1972), gives a solid account of the politics of the crusade against disease, especially for the 1940s and 1950s. His analysis of the role of Congress is excellent, but his coverage of the presidents, especially Kennedy and Johnson, is weak, reflecting his lack of access to the presidential libraries.

10. U.S., House of Representatives, Subcommittee of the Committee on Appropriations, *Hearings on Departments of Labor and H.E.W., 83d Cong., 2d sess., Apr. 8, 1954*, p. 323; "Moving Force in Medical Research," *Medical World News*, Nov. 20, 1964, pp. 83–89; William L. Laurence, "Four Great Medical Triumphs Just Ahead," *Collier's*, June 8, 1956, pp. 25–27.

11. Lyndon Johnson to Mrs. Lamar E. Miles, Aug. 28, 1959, Senate subject files, box 676, 1959; Lyndon Johnson to Mrs. Gordon Smith, May 28, 1959, *ibid.*; Anna M. Rosenberg to Lyndon Johnson, Aug. 26, 1948, LBJ-A file, box 8; notes on legislative leadership meeting, July 7, 1959, Ann Whitman files, box 3, Eisenhower Library, Abilene, Kans.; Mary Lasker to Lyndon Johnson, June 16, 1959, LBJ-A file, box 6.

12. Lyndon Johnson, "Medical Research Pays Big Dividends to Our People and to Our Economy," Senate speech, June 24, 1959, President's Commission on Heart Disease, Cancer and Strokes (hereafter cited as HCS), box 21; Lyndon Johnson to Mary Lasker, June 24, 1959, LBJ-A file, box 6.

13. Abraham Ribicoff to Frederick Dutton, "Proposed President's Conference on Heart Disease and Cancer," Mar. 3, 1961, WHCF, box 338, Kennedy Library, Boston.

14. For the formation of the Conference see Boisfeuillet Jones to Frederick Dutton, Mar. 10, 1961, WHCF, box 338, Kennedy Library. "Report of the President's Conference on Heart Disease and Cancer," Apr. 21, 1961, HCS, box 18. For the presidential commission see Luther L. Terry to Wilbur Cohen, "Proposed President's Commission on Cancer, Heart Disease and Strokes," Aug. 1, 1963, HCS, box 1.

15. The index to the Daily Diary, at the Johnson Library, reveals the close association between Mary Lasker and the Johnsons. *Public Papers, 1965*, 2:1044.

16. National Health Education Committee, "Does Medical Research Pay Off?" WHCF, Douglass Cater files, box 68, 1964, p. 54; David O. Selznick to Eric Goldman, Feb. 4, 1964, WHCF, Health files, box 7.

17. Lady Bird Johnson, *A White House Diary* (New York: Holt, Rinehart & Winston, 1970), pp. 173, 316-17; Douglass Cater to the President, Jan. 31, 1966, WHCF, Cater files, box 14.

18. A draft of the president's speech is in box 44 (1310) of the Horace Busby files in WHCF; *Public Papers, 1963-1964*, 1:478-79.

19. Michael DeBakey oral history, tape 1, p. 34; minutes of the first planning meeting for the President's Commission, Mar. 20, 1964, and Myer Feldman, Opening Statement, Proceedings of Commission, Apr. 17, 1964, HCS, box 20; Stephen Ackerman to Michael DeBakey, no date, HCS, box 1; minutes of the meeting of the Executive Committee, President's Commission, Apr. 16, 1964, p. 51, HCS, box 24.

20. The library has fifty-three boxes of records of the President's Commission. For a review of activities see "Progress Material" on President's Commission, Sept. 10, 1964, attached to Lea Martin to Abraham Lilienfeld, Sept. 10, 1964, HCS, box 3. The citation is in Emerson Foote to Dr. Abraham M. Lilienfeld, May 29, 1964, HCS, box 1.

21. Minutes of the meeting of the Executive Committee, President's Commission, Nov. 4, 1964, HCS, box 23, pp. 200, 214-15.

22. President's Commission on Heart Disease, Cancer and Stroke, Report to the President: A National Program to Conquer Heart Disease, Cancer and Stroke (Washington, D.C.: Government Printing Office, 1964), vol. 1, esp. pp. xii, 1-69.

23. *Ibid.*; *New York Times*, Dec. 10, 1984.

24. Dr. Irvine Page, cited in the U.S., House of Representatives, Committee on Interstate and Foreign Commerce, *Hearings on H.R. 3140*, 89th Cong., 1st sess., July 20-30, 1965, p. 221. The newspapers and journal cited—*Boston Globe*, Dec. 10, 1964, *Washington Daily News*, Dec. 9, 1964, *Wall Street Journal*, Dec. 10, 1964, *New York Herald Tribune*, Dec. 10, 1964, and the *New England Journal of Medicine*, Feb. 18, 1965—are in a collection attached to Stephen J. Ackerman to Douglass Cater, Apr. 2, 1965, WHCF, FG 645, box 378.

25. *Public Papers, 1963-1964*, 2:1650-51; *Public Papers, 1965*, 1:12-21; U.S., Senate, Subcommittee on Health of the Committee on Labor and Public Welfare, *Hearings on S. 596*, 89th Cong., 1st sess., Feb. 9, 1965, pp. 1-12.

26. Lady Bird Johnson, *White House Diary*, p. 326; U.S., Senate, Subcommittee on Health, *Hearings* on S. 596, Feb. 9, 1965, pp. 35-36.

27. Donald Hornig to Bill Moyers, Jan. 18, 1965, Hornig Papers; Edward W. Dempsey to Douglass Cater and attached "Answers to Bureau of the Budget Jan. 19, 1965 Questions for H.E.W. Regarding Proposed Bill, Authorizing Regional Medical Complexes," Feb. 4, 1965, WHCF, EX F14/FG 165, box 28; *Washington Post*, Dec. 13, 1964; *New York Herald Tribune*, Apr. 28, 1965; *Houston Chronicle*, Apr. 23, 1965.

28. U.S., House of Representatives, *Hearings* on H.R. 3140, pp. 216-19; Dr. Robert O. Emmett to Senator Russell B. Long, Aug. 18, 1965, HCS, box 44.

29. Robert N. Hills to Wilbur Cohen, Aug. 2, 1965, and Henry Wilson to Jean Lewis, Aug. 23, 1965, WHCF, Henry Wilson Papers, box 8; Larry O'Brien to the President, Aug. 9, 1965, WHCF, LE/Health Papers, box 58; *Public Papers*, 1965, 2:892-93.

30. James Appel to Douglass Cater, Aug. 25, 1965, WHCF, Cater files, box 65; Cater to the President (with handwritten note on bottom), Aug. 26, 1965, WHCF, LE/Health Papers, box 58.

31. Douglass Cater to the President and attached notes of Wilbur Cohen concerning meeting with the AMA, Aug. 30, 1965, WHCF, Cater files, box 14; Wilbur Cohen oral history, tape 4, pp. 22-24; Dr. Philip R. Lee oral history, tape 1, pp. 12-13, 21-22.

32. The text of the bill and an analysis of the adjustments to the original legislation are in U.S., House of Representatives, Committee on Interstate and Foreign Commerce, *Report No. 933* on H.R. 3140, 89th Cong., 1st sess., Sept. 8, 1965, pp. 1-5, 7-12, 23-25.

33. *Public Papers*, 1965, 2:1044-46; Douglass Cater to the President, Sept. 21, 1965, and attached article, *Chicago Daily News*, Sept. 17, 1965, WHCF, Cater files, box 14.

34. The letters and telegrams in response to the president's decision are in WHCF, GEN F1 4/FG 165, box 34; *New York Times*, Jan. 2, 1966.

35. Douglass Cater to the President, Dec. 21, 1965, WHCF, Mary Lasker name file, box 69; Michael DeBakey to President Johnson, Dec. 23, 1965, box 57a, Lister Hill Papers, University of Alabama, Birmingham.

36. Alice Fordyce to President Johnson, Dec. 10, 1965, WHCF, F1 4/FG 165, box 34; Sam Hughes to Joseph Califano, Dec. 28, 1965, WHCF, EX F1 4/FG 165, box 28.

37. John Fogarty to President Johnson, Mar. 15, 1966, WHCF, EX F1 4/FG 165, WHCF, box 28; Lyndon Johnson to John Fogarty, Apr. 25, 1966, attachment to Harry H. Wilson, Jr., to Mary Lasker, Apr. 26, 1966, WHCF, Mary Lasker name file, box 69.

38. Irving Lewis to Douglass Cater, Feb. 9, 1967, WHCF, Health papers; Irving Lewis to James Gaither, Sept. 11, 1967, WHCF, Gaither files, box 191; Lyndon Johnson to John McCormack, Nov. 8, 1967, WHCF, Health 1, box 7; *Public Papers*, 1968, 1:328.

39. *Public Papers*, 1968, 2:1124-25.

40. Wilbur Cohen oral history, tape 3, p. 31, and tape 4, pp. 3-4.

41. Lyndon Johnson to Mary Lasker, Aug. 28, 1968, WHCF, Health files, box 3.

42. Anna Rosenberg Hoffman oral history, tape 2, pp. 6-7; Julius H. Comroe, Jr., *Exploring the Heart: Discoveries in Heart Disease and High Blood Pressure* (New York: Norton, 1984), pp. 20, 319, 324.**

43. Mary Lasker to John Fogarty, July 20, 1964, F4, box B2, John Fogarty Papers, Providence College, Providence, R.I. Minutes, Subcommittee on Heart Disease, July 26, 1964, HCS, box 26, pp. 65-67.

44. Minutes, Subcommittee on Heart Disease, May 15, 1964, pp. 9, 31, HCS, box 11.

45. Mary Lasker to Lister Hill, July 26, 1965, box 63, Lister Hill Papers; Mary Lasker to Douglass Cater and attached suggested statement for the President, Sept. 10, 1965, and Wilbur Cohen to Douglass Cater, Sept. 24, 1965, WHCF, Health papers, box 61.

46. Mary Lasker to President Johnson, Jan. 4 and 14, 1966, WHCF, Mary Lasker name file, box 69.

47. *Public Papers*, 1966, 1:605, 609-10.

48. *Ibid.*, 1:609-10.

49. Douglass Cater to the President, Jun. 20, 1966, and Douglass Cater to the President, with attached "Talking Points for Meeting with NIH Directors" and "Questions for President at Meeting of NIH Directors on Rapid Application of Research Knowledge," Jun. 25, 1966, WHCF, Cater files, box 15.

50. *Ibid.*; Irving Lewis to Douglass Cater, July 14, 1966, and attached "Resume of the Meeting with the President and Federal Health and Medical Officials," WHCF, FG 165-6, box 249; *Public Papers*, 1966, 1:652-53.

51. James Shannon to John Gardner, July 13, 1966, and Irving Lewis to Douglass Cater, July 28 and Aug. 10, 1966, WHCF, FG 165-6, box 249; Mary Lasker to President Johnson, Oct. 11, 1966, attached to Mary Lasker to Douglass Cater, Dec. 27, 1966, WHCF, Cater files, box 18.

52. Marvin Watson to the President, with LBJ note attached, Dec. 3, 1966, and Marvin Watson to the President, Dec. 11, 1966, WHCF, Mary Lasker name file, box 67; Mary Lasker to Douglass Cater, Dec. 27, 1966, and attachment "Need for More Task Forces in the Major Types of Cancer," WHCF, Cater files, box 18; Mary Lasker to the President, Dec. 27, 1966, WHCF, Health papers, box 7; *Public Papers*, 1967, 1:253.

53. Juanita Roberts to Marvin Watson, May 8, 1967, Diary Backup, box 65; Douglass Cater to the President, May 17 and 18, 1967, WHCF, Cater files, box 16; Dr. Philip Lee to Douglass Cater, and attached "Memorandum Recommending Atromid Drug Trial," May 24, 1967, WHCF, Cater files, box 65.

54. Dr. Philip Lee to Douglass Cater, May 10, 1967, WHCF, Cater files, box 16; Donald Hornig to the Vice President, Apr. 21, 1967, Hornig papers, box 5; Donald Hornig to Douglass Cater, June 20, 1967, WHCF, FG 165-6, box 248.

55. Douglass Cater to the President, July 11 and 19, 1967, WHCF, Cater files, box 16; Sherwin Markham to Marvin Watson, July 20, 1967, Diary Backup, box 71.

56. *Public Papers*, 1967, 2:711-14; Sherwin Markham to Marvin Watson and attached prepared speech, July 20, 1967, and "Summary of Presentations to the President at the National Institutes of Health," July 21, 1967, Diary Backup, box 71.

57. Lyndon Johnson to James Shannon, July 24, 1967, WHCF, FG 165-6, box 249; Elinor Langer, "Scientists and Engineers for LBJ: A War and Three Years Later," *Science*, Sept. 29, 1967, pp. 1533-36; Michael DeBakey to Douglass Cater, Oct. 17, 1967, WHCF, Cater files, box 65.

58. Elizabeth Brenner Drew, "The Health Syndicate: Washington's Noble Conspirators," *Atlantic Monthly*, Dec., 1967, pp. 75-82.

59. Starr, *Social Transformation*, p. 370; James Everett Katz, *Presidential Politics and Science Policy* (New York: Praeger, 1978), pp. 151-52, 160-63, 235; Comroe, *Exploring the Heart*, p. 319.

60. Coronary Drug Project Research Group, "Clofibrate and Niacin in Coronary Heart Disease," *Journal of the American Medical Association*, Jan. 27, 1975, pp. 360-80; *New York Times*, Jan. 13, 1984.

61. Kenneth M. Endicott to James Shannon, Apr. 12, 1967, NIH microfilm records, roll 1.

62. *Public Papers, 1966*, 1:140; *Public Papers, 1965*, 1:12.

63. President Nixon's "War on Cancer" is analyzed by Richard A. Rettig in *Cancer Crusade: The Story of the National Cancer Act of 1971* (Princeton, N.J.: Princeton University Press, 1977).

64. *Public Papers, 1968*, 2:1125; Leo Janos, "The Last Days of the President: LBJ in Retirement," *Atlantic Monthly*, July, 1973, pp. 35-41.