

July 26, 1985

Vincent T. DeVita, Jr., M.D.
Director
National Cancer Institute

Dear Vince:

I could not help notice this and give you my gut feeling. Something is very wrong when this man and many other Americans are heading to the Pasteur for treatment with "HPA23" when we have much more retrovirus talent, much more molecular biology talent, considerably greater facilities, much more experience at NCI in toxicological-pharmacological contacts and studies, far more experience in supportive care due to cancer chemotherapy programs, and far more ideas. I have said for years now that we underestimate this problem. In the time I have been with you at NCI it is the one issue I have seen close at hand that in my honest judgment has been inadequately stressed and managed. I tell you this in a private letter not for the record.

As I mentioned to you two years ago, last year, and again recently, this is an epidemic and we should not fear the word. It is an epidemic of cancer. Moreover, we at NCI have the proper "horses" and past required experience to pursue this vigorously. I gave recommendations before. I will make them again. First of all, I do not think Bruce has much of an interest in the problem. Second, I think there have been far too many bureaucratic interruptions, middlemen, hampering, and misguided questioning of the intentions of those trying to do what is necessary. Let's get this program focused. Let Sam Broder "run" with the clinical aspects with all the support he needs within reason. Let me coordinate the basic research formally and institute-wide. Let Peter Fischinger be overall administrator. Reactivate a major contract program for each area. Form a visible official program. Don't worry about where or when we meet. Every one of us will keep you informed and are 150% loyal to you. Structure it in a way that doesn't cause insecurity and therefore bedeviling of the operation by other administrative staff; i.e., keep them out. Give your vocal and written support to its dramatic importance. Don't wait until we are all criticized. We should be more attune to good, steady, and proper PR from our communications office; e.g., we sequenced the genome of HTLV-III and it was totally unnoticed. The Pasteur did likewise as their one and only molecular biology feat and it was headlined everywhere in France and Europe. Since, we first proved the virus caused the disease and developed the first blood test and numerous isolates which was highly publicized. We and our colleagues not only sequenced the genome, we went on to discover the heterogeneity, the replication in the brain, the isolates from semen, the isolates from saliva, the relationship (distant) to Visna virus, linked the virus to ITP and to congenital defects, provided the first molecular cloning, the first in situ molecular hybridization, the neutralizing antibodies, the first DNA transfection of a fresh T cell resulting in the T-cell death (proving a viral gene is involved), the evidence that it does not directly cause the Kaposi, the first published drug treatment with Sam Broder, the first evidence of the molecular mechanism of how the virus

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works, and soon we will have (with Peter Fischinger, Dani Bolognesi, and Bill Jarrett) major steps advanced for a vaccine. Yet, our usual PR (after May 1984) has been slander, fights to get in the Academy, questions about our efforts and veracity, statements that we have all the AIDS money, etc., etc. Virtually nothing came out on any of the above discoveries while a stream of crap emerges about the HP23 from the Pasteur or any minor contribution they make. As many have said to me, "Can you imagine what the MIT group or the Pasteur Institute would have done with half of these results?"

In the meantime, the BRMP goes forward in search of a problem. I tell you as my friend and with utmost respect we don't have to search for a problem. We have a tiger not by his tail but with our heads in his mouth. Give the AIDS problem your strongest interest and energy. Let's not worry about NIAID. They have to play their way and their experiences are simply too limited. I don't think we should push the BRMP to satisfy administrative past plans or people's feelings. Naturally, we have to support individual basic discoveries like Rosenberg's use of IL-2 (as you are doing); but sinking much more money into a program that has discovered next to nothing and will likely be as much of a problem now as it was with Oldham (except that Longo will behave much better) seems to me to be a mistake when we have hiring freezes internally, depend upon industry for our positions, almost lost my space to Bruce for Dan Longo's satisfaction, and gave too little and almost too late to maintain leadership in what we once had so dominated; namely, the nation's foremost urgent health problem.

Sincerely yours,

Robert C. Gallo, M.D.

RCG/bj

bcc Dr. Bolognesi
Dr. Broder
Dr. Fischinger