Senate Passes Back Gene-Splice Cup

A delicate stage of bluff and counterbluff has been reached in the government's internal manoeuverings to find a way of regulating recombinant DNA research.

What has set the stage is the expected letter (*Science*, 19 May) from Senator Edward Kennedy (D-Mass.) and others to Secretary of Health, Education, and Welfare Joseph Califano.

The letter, expertly drafted so as to paper over the strong differences between its six senatorial signatories, throws the initiative for what to do about recombinant DNA into the lap of the Administration. A second adroit feature of the letter is that it gives no hint as to what the Senate will do if the Administration throws the ball back.

Califano now has to decide whether he would be better off using existing statutory authorities to regulate gene splicing research, as the Senators' letter invites him to do, or whether to take the chance of thrusting the issue back at the Senate. His chief but not exclusive source of advice, the National Institutes of Health (NIH), has definite feelings on the matter. Officials at NIH do not want Califano to prescribe regulations on the basis of existing statutes. Such a course, they feel, would have all the disadvantages of legislation and none of the benefits. Ad hoc regulations would be inflexible, cumbersome, and would not provide the clout to preempt local authorities interested in writing stricter rules. The House bill avoids all these problems.

Califano, if he follows NIH's advice, may replay to the six senators that he strongly supports the House bill, but that if they are of the opinion that no legislation is necessary, then he for his part would conclude that no regulation is required either.

Such a strategy may stand a fair chance of persuading the Senate to go along with the bill devised by the House health subcommittee, particularly if the bill should be passed by the full House. Failing which, it may bring to the surface the differences among the six signatories and cast the Senate back into confusion, producing NIH's secondmost preferred outcome—no legislation and no regulation.

Just how the Senate would react to such a response, nobody knows. The two chief players at the moment are Kennedy, chairman of the Senate health subcommittee, and Adlai Stevenson, chairman of the science and space subcommittee. It was Stevenson's aides who drafted the 1 June letter to Califano, even though Stevenson is not a member of the health subcommittee, which has exclusive legislative jurisdiction over recombinant DNA research. Stevenson's position as a power-broker possibly arises from his own committee's careful study of the recombinant DNA issue as well as from the fact that Kennedy is strongly opposed on his own committee by senators such as Gaylord Nelson and Jacob Javits. (The letter to Califano was signed by these four and by Harrison Williams, chairman of the human resources committee, and Richard Schweiker, ranking minority member.)

Kennedy's chief interest is in allowing the public a voice in decisions about recombinant DNA research; he therefore opposes a central feature of the House bill, preemption of local authorities, and would presumably prefer that Congress pass no legislation. Stevenson, on the other hand, is said to favor legislation, although his long awaited report has yet to appear. One reason for the delay is that Harrison Schmitt, the geologist-astronaut who is the senior Republican member of Stevenson's committee, does not favor either legislation or regulation. A supporter of voluntary compliance, Schmitt says he now sees less need for preemption—a position not dissimilar from Kennedy's.

In a separate development NIH decided to allow Charles A. Thomas, now of Scripps, to continue to use his NIH funds for recombinant DNA research. The ban was imposed last December after discovery that Thomas did not have the required memorandum of understanding on file with NIH. An in-house NIH committee decided that Thomas, having already suffered the 5-month ban and accompanying publicity, should be free to resume gene splicing research.—N.W.

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lished this year* that after 4 years they had treated 159 patients with "medically incurable" malignancies and average life expectancies of a year. They claim that of those who died the average survival time was 20.3 months. Of the 63 surviving, 22.2 percent then had "no evidence of disease," and tumors were regressing in 19 percent. (This result is similar to that claimed by LeShan. He has had about 40 allegedly incurable patients in therapy over the last dozen years and he says half of them are now "well.")

There are those who wish the Simontons would talk less (they are currently engaged in a book-publicizing tour) and publish more. So far, they have only contributed two articles to the scientific literature; the latest is a comparison between two very small patient populations who are defined only by their diseases (multiple and metastasized) and their psychological states. Those whose survival exceeds their doctors' expectations are described as professionally successful, aggressive, verbal, scrappy, and generally active.

Among groups who have taken their cues from the Simontons is the Newton Center for Clinical Hypnosis in Los Angeles. Psychologist Bernauer Newton says they use a Simonton-type approach augmented by hypnosis, which is useful in alleviating nausea, pain, insomnia, and other side effects of treatment as well as in enhancing the effectiveness of visualization exercises. "We believe that psychological factors in many cases influence the onset and the progression of the disease," says Newton. "Over and over and over" he sees individuals who have difficulty expressing strong emotions, who feel unwanted, who have few satisfactions in life—a state that appears to have existed for a long time prior to the onset of the disease.

Psychologist Bustya, who is in New York on leave from the Newton Center, also claims to see a preponderance of characteristics among patients that—according to testimony from spouses and friends—long predated the disease. Many, he says, have a lifelong history of unsuccessful coping mechanisms; an inability to express strong emotions, particularly anger; inhibition, self-consciousness, conformity to the expectations of others, strong "giving-up feelings," and "an awful lot of self-sacrifice."

Those involved in this treatment movement readily acknowledge that

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**Getting Well Again* (J. P. Tarcher, Inc., Los Angeles, 1978), a book written for patients and their families.

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