

INTERVIEW WITH JOHN RODERICK HELLER, M.D.

BY STEPHEN P. STRICKLAND, PH.D.

ON THE OCCASION OF

THE 100TH ANNIVERSARY IN 1987 OF

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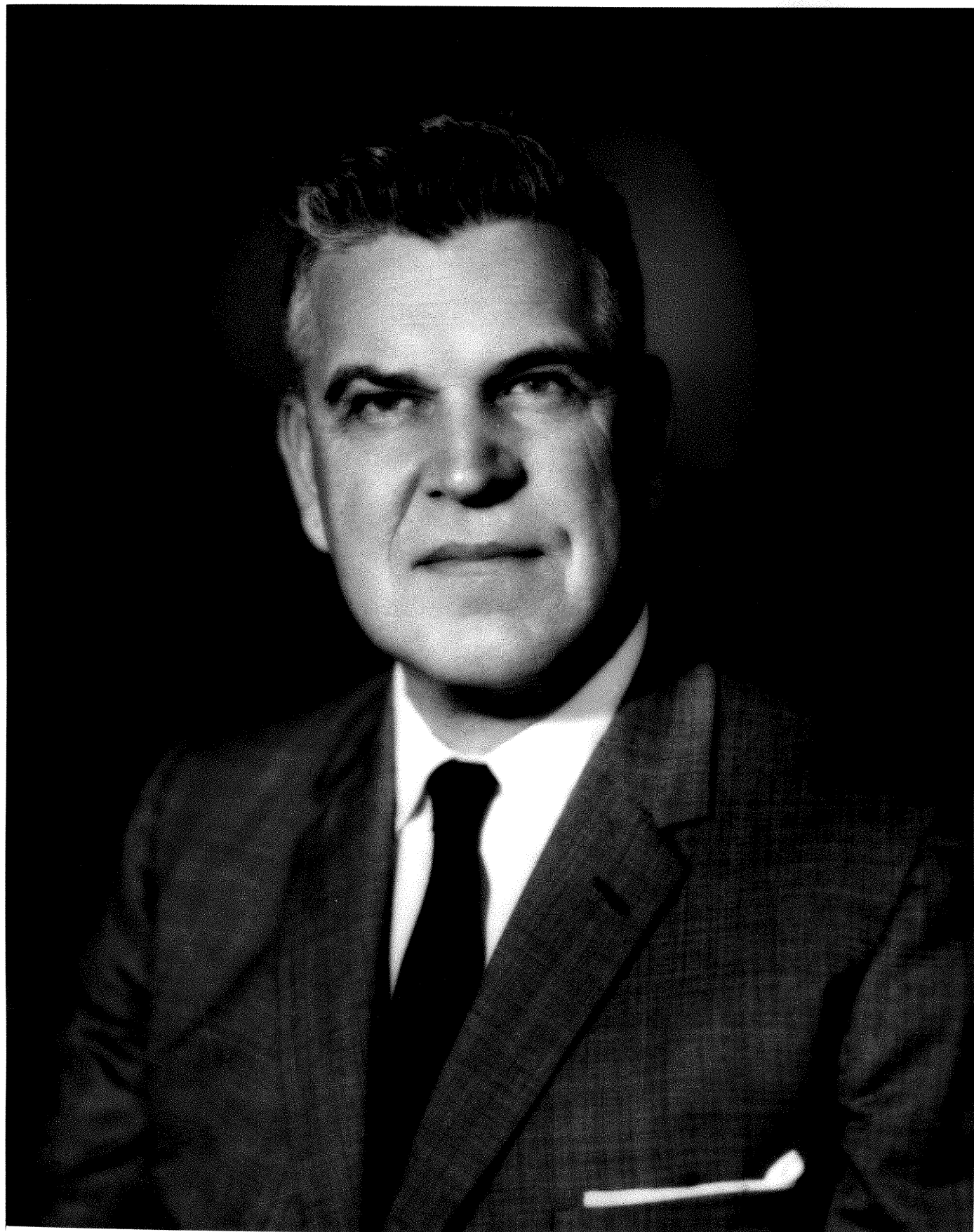
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## Introduction and Biographical Sketch

This interview with John Roderick Heller, M.D. is one in a series of "oral histories" focusing primarily on the origins and development of the extramural programs -- most especially the grants programs -- of the National Institutes of Health, beginning with the establishment of the Division of Research Grants in 1946. Like Dr. Heller, most of those interviewed had critical roles in the development of the extramural programs.

The grants program constituting the largest component of the NIH, the interviews also reflect judgments and perspectives about the impact of the grants programs on health and science.

Dr. Heller's career in public health began with the Georgia State Department of Public Health in Brunswick, Georgia in 1930, where he was inducted as a public health clinician and program administrator. The next year, he joined the U.S. Public Health Service and served from that point on to 1960 when he retired as Assistant Surgeon General of the PHS. The intervening years, a career in themselves, included two major enterprises, as a clinician and administrator working on venereal diseases in peacetime in particular parts of the United States, and in wartime in the U.S. and in Europe; and as Director of the National Cancer Institute from 1948 until 1960. Upon his retirement from the Public Health Service, Dr. Heller became President and Chief Executive Officer of the Memorial Sloan-Kettering Cancer Center, where he served until 1965 in that capacity, and for an additional year as Vice Chairman of the Board of Trustees. Dr. Heller's perspective is therefore one of a manager of medical research and health care programs of large scale and vast importance.

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STEPHEN P. STRICKLAND, PH.D.  
WASHINGTON, D.C.

Interview with Dr. J. R. Heller

March 26, 1986

SS: Basically, I've been asking questions in three parts -- of Dr. Allen and Dr. Endicott and a few others. The first part is just your own personal and professional background: how you came to the Public Health Service and the National Institutes of Health, and in your case, the National Cancer Institute. Then about your work at NIH and the National Cancer Institute. Then in the third part, I'd love to get your assessment of how well we are doing in biomedical science. Particularly, when we get to the second part, I am interested in the origins and evolutions of the grants program.

JH: Yes, that's what Ernest told me. Unfortunately I'm not as well up on that area as perhaps he would be. Ken Endicott perhaps a little less so. I don't know, all of us together should be able to give you a pretty good picture.

SS: I hope that's going to be the result of this. What about your own personal background?

JH: Should I capsule it for you?

SS: Yes, that would be great.

I. Origins, Education and Early Experience

JH: I was born in a little country town in South Carolina in 1905, son of a country doctor. My mother was a school teacher. I grew up in the little town of Seneca, South Carolina, which is in the northwestern part of the state, and I went through high school there. I went to college at Clemson University, which was about 8 miles away and was a state school and a little cheaper to go to than most of the private schools of course. I started off in electrical engineering, which was pretty tough. I was just a kid, but after I'd been in college for about a year and a half I realized that I wasn't cut out to be an engineer. So I decided to study medicine. All my life it had been assumed that I would study medicine because my father, my grandfather and my uncles were physicians, and everybody just assumed that I would be too. Well, somehow I rebelled at that and said I was not going to study medicine. But after I'd been at the college for awhile I realized that really the only thing I wanted to do was to study medicine. I suppose some of the genetic elements asserted themselves. So I graduated from Clemson University in 1925 in a four-year pre-med course; they didn't know what to call it, what sort of degree to give me so they gave me a B.S. in general science, which was the onset of the four-year pre-med course which proved to be rather popular. Then I applied for admission to Emory University Medical School, which as you perhaps know is located in Atlanta.

SS: That's my undergraduate alma mater.

JH: Good. You know all about it then. I had an uncle who had graduated there in medicine which was not Emory at that time. I graduated from medical school in 1929 and then a friend and I decided we'd go away somewhere from the Atlanta area to intern, so we applied to the Southern Pacific Hospital in San Francisco and we were accepted and spent a year there. Then after my internship I spent about four or five months as a resident in surgery in a small hospital south of San Francisco, a Mills Memorial Hospital in San Mateo. And then I was offered a position in Brunswick, Georgia with the Georgia State Health Department in a venereal disease control project. This project was under the leadership of the United States Public Health Service. So after the conclusion of my working in Brunswick, Georgia, which lasted about a year and a half, the Public Health Service asked me if I wished to come into the organization, which I did. I went in as a civil servant and was immediately assigned to Hot Springs, Arkansas, where the Public Health Service had a venereal disease clinic.

SS: What year was this, Dr. Heller?

JH: This was 1930-31. And so I served in the clinic in Hot Springs, Arkansas for a little over a year and then I entered the commissioned corps of the Public Health Service in 1934, just before which time I had been assigned to the Tennessee State Health Department. I was the venereal disease control officer in Tennessee, and that's where I met my wife. I was married in 1934 and was assigned to Baltimore to the Hopkins hospital where I did some work for the Public Health Service in going over records of syphilis in children.

Well after about six months there I was assigned to San Francisco to the Public Health Service Hospital where I rotated through several services. The first service I was assigned was urology. I wasn't trained in urology, I had a little training from my hospital days, but the chief of urology was assigned elsewhere and I found myself of chief of urology in the hospital. I was not equipped for that but fortunately we had good consultants. Of course I learned a lot, and then when a qualified urologist came aboard I was assigned over to surgery. That was a little more to my liking, so I served in surgery for 3 or 4 months and enjoyed it, but realized then that I wasn't cut out to be a surgeon. My interest was not in surgery. I got too identified with the patients and found myself wondering about that gall bladder we'd done the day before and would frequently get up at night to go see about the patient. That was fine for the patient but tough on me. So then I was assigned back to New York where, after being at Ellis Island for three hours, I found orders for me to report to Boston. So I reported to the U.S. Quarantine Station in Boston which is out on an island about twelve miles out in the harbor. My wife and I went up there at the end of 1935, in October I believe it was. We served during the winter and it was cold out on that island. But we had a delightful time. Beautiful quarters, nice group to work with. After I finished six months there -- I didn't know how long I'd be there -- I was assigned to the University of Virginia to do some research in epidemiology of syphilis.

SS: May I stop you right there just to ask you about this obviously very extensive program on the control of venereal diseases and the study of venereal diseases. Was that, before the war, the principal enterprise?

JH: Not the principal enterprise of the Service, but it was the principal enterprise of the group with which I was associated. And I was recruited especially for that, as witnessed by my assignment to Brunswick, Ga. in the syphilis project of the Public Health Service.

SS: But in any case it must have been a major health problem in those days.

JH: It was a major health problem. Also you can detect that part of my experience is a reflection of the idea that the Public Health Service had a rotation of its officers through a number of assignments, so that when they finished 3 or 4 years, they were pretty well qualified to do most anything, and also there would emerge our principal interest and effectiveness in a particular activity. They thought my effectiveness was in venereal disease control, so after working at Charlottesville for a little while I was assigned to Pennsylvania as venereal disease control officer there, which was very interesting and worthwhile, and where my first child was born. Following the assignment in Pennsylvania, I was assigned to New Orleans (that was in 1937) as a regional venereal disease control officer, which for the Public Health Service meant being responsible for the effectiveness of the various state programs with which we were concerned, over which we had some slight jurisdiction inasmuch as they were being funded primarily by Public Health Service funds.

I stayed in New Orleans until June of 1941 when it was apparent that the United States was going to get into World War II and I was assigned back to Washington with the job of trying to prepare the states for the various camps that were going to be opened for training of civilians to make soldiers of them. My job was to go the state health departments and local health departments and the mayors, chiefs of police and others and try to warn them of what they should expect and what sort of facilities they should establish to be able to handle this influx of men. For instance, down south, in Alexandria, Louisiana, there were two or three great big camps there, each with about 100,000 people. They had no idea what they were going to have. Since I was a so-called venereal disease expert, part of my job was to try to get them to try to do away with as much prostitution as they could so that there would be a minimum of infection in the men and the men would not infect the community, too. Many amusing and interesting stories came from this. I stayed in New Orleans for almost four years working with the various states as far west as Texas, Missouri, Arkansas, Kansas, and all of the southern states. Then back to Washington, as I indicated earlier, where part of my job was to recruit, train, and assign Public Health personnel to various areas and positions. This was one of the most interesting things I ever did. It was a job. I worked like the very devil. We'd take any sort of Public Health Service person if he was warm! It was about that, but not quite that primitive. Dentists, medical officers, of course, engineers, nurses, technicians, sanitarians, just public health personnel, who are either brought in as civil servants or as commissioned officers, depending on

their wishes and whether they could qualify. This was 1941-42.

SS: Could I pursue just a little bit the social health problem of venereal disease. Was it a problem particularly identified with merchant marines, and that's why the Public Health Service through its marine hospitals was concerned, or was it much broader than that?

JH: It's much broader than that. Of course, since the Public Health Service ran the hospitals it had its quota of venereal infections from the merchant marines because the rate has been notoriously high among sailors, as perhaps we've all heard. But it was soon apparent with the war coming, we were in for a terrific problem.

SS: Because it was also widespread in these certain subsets of the general population?

JH: That's right. And it was soon reflected in the military population. In due time I became director of the venereal disease division in Washington of the entire Public Health Service. This was in 1943.

SS: What proportion of Public Health Resources, for example in those years, the early forties, was going into venereal disease control?

JH: I'm not sure I can quote you exact proportions except in general terms. In my years with the venereal disease division, I think the highest budget we had was somewhere around \$16 or 17 million, which was an awful lot of money for those days. I can't quote you how much that was of the total budget.

SS: But in any case what it was substantial because the problem was substantial.

JH: Now, I'll give you a little anecdote to illustrate. I was asked by the Surgeon General of the Army to go to Europe just at the conclusion of the war to work with the military over in Europe with their venereal disease problem in the military population, meaning with our own troops who were the occupying Army. It turned out that the rate in Germany for the occupying army was 2,000 per thousand per year. Which meant every man had venereal disease twice. You can immediately appreciate that as a terrific responsibility. I worked with the venereal disease control officer for the United Nations who was a very capable Norwegian, and we travelled about to the principal areas in Europe. We were headquartered in and around Weisbaden, Frankfurt, in that area. This happened to be in '47, right after the war.

Incidentally, the battlefields were still there and you could see tanks and other equipment of war still on the battlefields. This was in October or November of 1947. They hadn't had time to remove them. And the Siegfried line had been dynamited and of course the Maginot line in France had been pretty well dismembered, not only by the Germans, but by the French. It was quite apparent that the war was pretty bad. It was



very difficult to control venereal disease in the military population because since it was a reflection of the civilian one, it was equally desirable to have a civilian as well under control as possible. That wasn't our responsibility except as we worked with these people.

One interesting little anecdote that is of interest to public health people is in that part where I was working, the medical officers there had an interesting comment statistically. The chocolate bar curve: when the PX would get chocolate bars in, which they did from time to time, the incidence of venereal disease would go up. They called it the chocolate bar curve because the women would go out in the woods with the soldiers for a chocolate bar! It's a sad commentary on the social situation. It is interesting though. I wrote a report and I suppose it's languishing in the Army files. Needless to say that experience in Europe was quite a big help to me.

I remained in venereal disease control until 1948 when the Surgeon General decided that since I had been reasonably successful in the venereal disease program, that I should be able to transfer that experience into the cancer field. So I was transferred to the Cancer Institute knowing almost nothing about cancer except what any medical person would know. I plunked right down in the middle of a very extensive research program as well as a field program. Of course, again I had to learn hurriedly because I had to go before the congressional committee to defend the program the next month after I was appointed.

SS: You had meanwhile done some research yourself. Obviously you were a physician and you were a medical planner and administrator in certain ways.

JH: In Brunswick, Georgia in the early days I did research in syphilis. One thing I did was to take arsenical compounds, and tried to establish which ones were most effective by treating syphilis patients and observing the results. Just a very fundamental clinical research. That was research all right and I learned a good bit from that, methodology for one thing, a little excursion into proper controls and things like that.

SS: I am fascinated to hear you say that the Surgeon General of the Public Health Service decided that because you had been successful in helping control syphilis and manage that as a disease problem that perhaps these same skills would be useful and preparatory for your doing the same thing in cancer.

But before you talk about how you did it, I'm trying to get a sense of how government programs, Public Health Service programs, related to the general health population. When penicillin was discovered then we were better able to control syphilis. So I assume that after the war or during that health problem started declining somewhat.

JH: Markedly declined. Incidentally, you might be interested to know, see that picture above the door? That's a picture of Sir Alexander

Fleming being welcomed in New York at the Waldorf Hotel. I was his host at his initial visit over here and got to know him pretty well and his wife. This was 1944.

SS: And when was his discovery of penicillin?

JH: I believe it was 1939, but it didn't really come to the attention of the medical profession in this country until late '43 or early '44. Then the Public Health Service was the first to learn that penicillin was effective in both gonorrhoea and syphilis. Dr. Mahoney at the Public Health Service laboratory in Staten Island was the first. Then, of course this knowledge spread like wild fire. At the time of my going to Europe in 1947, I took along a few hundred thousand units of penicillin just to demonstrate that it was effective. Interestingly enough I had hardly gotten to Stuttgart, Germany until somebody who knew that I had some penicillin came to me and said that there's a doctor here whose wife was dying of pericarditis. And penicillin is just as specific for pericarditis.

SS: What is pericarditis?

JH: It's an inflammation of the lining of the heart. And so they came to me, and this doctor came to me with tears in his eyes. So I gave him a couple of hundred thousand units. That's just a drop in the bucket, because it takes several million to cure a disease like syphilis or gonorrhoea. But that was enough to be effective. I mention that only to illustrate the first use of penicillin and the advent into the military setup there.

SS: The other thing of course that happened was that penicillin could be manufactured artificially and therefore you could produce great quantities of it. So within a very short time -- from '39, if that's when the discovery was, until '44, about five years -- it really was in wide use, wasn't it?

JH: It became a massive manufacture. And wider and wider use when they found it was effective in so many different diseases. We were primarily interested in syphilis and gonorrhoea and we soon learned that some gonorrhoea became penicillin resistant. But it was always effective in syphilis. There are very few diseases, in this instance venereal diseases, which all responded to one therapy. That always seems singular to me. I never could understand it.

SS: Am I not right that penicillin also was the medicine of choice for pneumonia?

JH: Yes. Most any of the diseases that had inflammation involved, it was effective.

SS: So that death from pneumonia has declined to virtually nothing these days in part because of penicillin.

JH: Yes, they had just about the same time found pneumonia serum. Dr. Endicott was involved with that quite extensively. Then penicillin came along and knocked the props out from the use of serum. It was so much more effective. The serum for pneumonia is quite effective but not as effective as penicillin. So the work that had been done was partially nullified by the advent of penicillin.

## II. Work on Cancer

SS: At the end of the War then we more or less were -- as a nation, as the Public Health Service -- getting a few health problems under control. Meanwhile, cancer had already loomed large in the fears of people.

JH: And it was looming larger and larger. Due to better diagnoses they were finding more of it and finding it more quickly.

When you say "control" that is a term that needs description. We thought we had venereal disease under control. But it was one of those things in which, I used to compare it to a rattle snake: when you come across a rattle snake and it's about to bite you, if you knock him in the head, you make him dormant. But you've got to finish the job, otherwise he'll get up to hit you again. The same is true of venereal disease. You treat it, and you think you've got it, then it raises its ugly head again. So I use to use that in trying to put over to audiences, particularly lay audiences, what we were up against in trying to control.

SS: To have it under control was probably a temporary proposition, or at least it didn't mean that you didn't have to worry about it as much anymore.

JH: Yes, you're quite right.

SS: But in the '30s as well we got rid of certain kinds of other health problems, like malnutrition and rickettsial diseases and so I take it the whole shift of what the Public Health Service had focused in the '30s and during wartime was reordered. One of my questions is who decided what the new priorities were? Was there a sort of a collegial decision among the senior officers of the Public Health Service?

JH: I would say so. I can't answer that specifically. As far as venereal disease was concerned the Assistant Surgeon General who was the chief of the division, and the Surgeon General who was interested in venereal disease control, plus his group of consultants, made the decisions which determined what we would do in the field. And that was generally true of the way most programs were undertaken. The Cancer program was the same way. Our Cancer Council gave advice to the director of the Cancer Institute and to the Cancer Institute in general. All programs were more or less that same way.

SS: In 1948 when you got to the Cancer Institute there was only the National Institutes of Health, which in 1946 had begun the grants program. And there was the Cancer Institute and the National Institute of Mental

Health. I think that's 1946. In fact, somebody told me today there's a fortieth anniversary celebration coming up on the establishment of the National Institute of Mental Health. And then in 1948 the National Heart Institute was created.

JH: That's right. Shortly after I came here in May of 1948 the Heart Institute was established and subsequently other institutes came into being.

SS: Well, you were brought into the Cancer Institute because it was considered that cancer was now one of the major health problems and a growing one.

JH: And they needed a dynamic approach. At least that was what they said, and they thought I could do it. It is a terrific job as you can appreciate from the very definition of cancer. It was awesome. I had to work hard. I was pretty ignorant of programs in general; I only had my venereal disease experience and my Public Health experience to back me up but I was pretty good, I thought!

SS: Were there in fact in 1948 very many cancer experts or was it still a new field?

JH: I suppose in some respects it was a new field. At that time I thought there were a lot of experts because I knew so little about it. But actually there weren't too many. I think we had more experts in venereal disease control than we did in cancer. Every surgeon thought he was an expert in it probably, so it's awfully hard to define who was an expert. But at that time I thought that there were a lot of experts, but probably not as many as would have been desirable.

SS: I assume there were not too many because the grants program of the Cancer Institute in 1946 I think was only at a level of about \$85,000, something like that.

JH: Some very low figure, I can't cite that either, but I know the Cancer Institute when I went there in 1948 had very, to me puny resources. I don't know the exact amount. It's in the files. I plunged into it with all my ignorance and enthusiasm, and had a lot of help. Everybody was very helpful. The grants program was the one least familiar to me. I'd had some experience in grants in the venereal disease division because we made grants to the states. But I had to learn a lot about that and it was quite refreshing to have a good council there to whom you could go and they would give expertise and pretty good advice. Of course, associating with those experts was very helpful. This was the National Advisory Cancer Council.

SS: How many people were on that council?

JH: As best I can recall there were 14. It was half professional and half lay.

SS: Who were some of the people; that is, what kinds of people were there? Physicians obviously.

JH: Surgeons mostly. We tried to have a mix of the various people involved, radiologists, surgeons, pathologists, internists, people most concerned. We had one or two family physicians. The American Association of Family Physicians always; usually the president because he was usually very well qualified. It gave a pretty good mix of the professions.

SS: Is that how you picked others as well? From the American Academy of Surgeons, or something like that?

JH: Yes, we had a working arrangement with them. They got some sort of grant from us as best I recall. In general that's the way we worked.

SS: At that point was most of the research, done in-house intramurally, or was most of the work done under grants?

JH: At the time I went there we had a very fine intramural program. Later the extramural program burgeoned as you are aware, which was true of most of the grants programs after they began to burgeon and more money was available. Fortunately the Cancer Institute was the darling of the Congress. We got all the money that we could ask for or really needed. Sometimes we thought we had a little more than we needed but we didn't dare tell anybody!

SS: I'm sure you tried to find good use for it.

JH: I think we did pretty well. We had some very skillful people. Van Slyke was in the V.D. division and Dr. Dyer, who was then director of the Institute, came to me one day and said he wanted Van Slyke. Well, he was my deputy, so I hated to give him up but of course there wasn't anything I could do but say yes. So he headed up the first grants program for the NIH, exclusive of the Cancer Institute. Then he picked Dave Price and Ernest Allen. Well, Ernest was in the V.D. division as you know and Ernest went over to the grants program and was very effective.

SS: You said that the surgeon general came to you and said he wanted Dr. Van Slyke who was working for you.

JH: No, Dr. Dyer. Dr. Roland Dyer.

SS: Where were you then?

JH: I was in the Cancer Institute. I guess I'd been at the Cancer Institute perhaps less than a year. Not more than a year. Anyway he went over and headed up that program and then subsequently became director of the Heart Institute. He brought with him Dave Price who went from the Cancer Institute over to the NIH grants branch. Ralph Meader stayed with me. Ralph and I entered the Cancer Institute the same day: May 1948. I forget the day. He had been recruited from Yale or somewhere and came down and so he was the spark plug of our grants program. You perhaps know of his work.

SS: I know that he was importantly involved and I'm going to try to go up and see him.

JH: Oh, by all means. A very effective figure in the grants program, and perhaps as knowledgeable as anyone. I should have thought of him long ago when I was trying to think of others who might know more about the details than I.

SS: Well, I am also interested in the broad outline and you certainly have that. I wanted to ask in addition to the professionals, what kinds of laymen were involved. There was public interest already of course, and congressional support for cancer.

JH: Mary Lasker, for example. That type of person. She was perennially on both the Cancer board and the Heart board, and very much interested in Mental Health, too. People like Mary, for instance, we tried to recruit. We tried to recruit a few women as well as men, and we tried to get good businessmen on there because we needed good business advice from time to time.

SS: Was Elmer Bobst involved at some time?

JH: Yes, Elmer was on the Council. I got to know Elmer very well. Fine man.

SS: And the Council really did, I take it, help shape the direction and the scope of the program?

JH: Definitely. They were very, very able men. The leading figures in several outstanding medical universities. Ralph can give you that information. He can cite them alphabetically. I can get them but I'd have to retrieve them. My computer is a little on the dull side!

SS: Do you remember what kind of strategy sessions you had? In other words was it just on the question of whether your grants program would grow? Or your intramural would grow faster? Were you being pushed by congressional appropriations?

JH: To some extent. They'd say, "We want you to do more and more in this", and we would call them mandated programs. For instance I remember one time they insisted that we have better diagnostic tools than we had. We considered that a mandated program and set up attempts to improve the diagnostic acumen of the country.

SS: When you went to the Cancer Institute, did you go directly as head of the Institute in 1948?

JH: Yes. I wasn't qualified for it, except my past experience. I was considered a good administrator. I'm not the best administrator in the world. I don't much like to fire people. But I was considered to be a

good administrator and I suppose by their standards I was. I apparently had a facility for it. I preferred being a clinician when I first went into the medical field, one who wore a stethoscope and sat at the bedside. It soon became apparent to me that I was more effective as an administrator because I had some little facility for it. I found that I liked it.

SS: In 1948 when you got there, what were the areas that the Cancer Institute was focusing on? Surgery, I suppose.

JH: Surgery, yes and radiology, too. That was in the early days of radiology as far as the Cancer Institute was concerned. They were getting more and better programs in radiation biology and clinical radiation. Also of course, the modality of surgery was being explored more and more. Then too there was quite a bit of work in the basic research with mice and the establishment of the genetic patterns and that sort of thing.

SS: Were you already doing some things in chemotherapy, looking for chemical treatments?

JH: In the early '50s Dr. Rhodes, Dusty Rhodes was one of the earliest people to get started in chemotherapy. There were a few people at the Cancer Institute who did some work in chemotherapy, but I'd say Dusty Rhodes a primary moving factor.

SS: And what about the viral theory of cancer? Was it just beginning then?

JH: It was just beginning to be promoted as being a viable factor in cancer causation and perhaps treatment.

SS: When you were looking at all these things and supporting work in these several areas, was there any leading theory as to how cancer was going to be brought under control? Did you at that point think of cancer as a unified disease? A unitary pathological problem, or did you already think of it as several diseases?

JH: Several diseases, from the very beginning. After my introduction to cancer I soon became aware that we were dealing with about as many different diseases as existed as there were kinds of cancer, and that we'd probably have to approach it that way. There began to be a glimmering of understanding that the immune mechanism was probably the most important element in the diagnosis and control of cancer. Anything that could enhance the immunity of the individual or decrease the effect or find some way to inhibit the spread of the cancer. It was just a glimmering. Chemotherapy was the ruling idea. Most people began to think that the answer lay in the chemical treatment. Personally I never could conceive that that was it. The use of chemicals is too hazardous to the human mechanism. I learned that in venereal disease when we treated with chemicals before we had any antibiotics. Back in the early '50s everybody thought, "Well this is the answer." It's understandable that they'd think that way because chemical treatment was very effective in some diseases like Hodgkins disease and some of the lymphomas.

SS: We hear it is said that cancer is more than hundred clinically distinct entities.

JH: Yes. I don't know that anybody has ever catalogued all of them. . . well, the pathologists have. Pathologists can give you the numbers.

SS: But in 1948 did you think it was a dozen, or two dozen?

JH: We thought it was about two dozen. Pathology was of course a tremendously important element in cancer control. One thing we did do was try to see to it that more pathologists were being trained and had good training. It's a very interesting history. Is your background biology?

SS: My background is political science, actually. I was one of the first political scientists to look at health policy and the factors and forces that shaped it.

JH: You are in a very important position, then to assess the various factors that entered into all these things.

SS: I hope so. Thank you very much for your time and information, Dr. Heller.

END.



March 16, 1978

CURRICULUM VITAE

JOHN RODERICK HELLER, M.D.

Date of Birth: February 27, 1927

Place of Birth: Fairplay, South Carolina

Marital Status: Married Susie M. Ayres, Spring Hill, Tennessee, 1934  
Children -- John R. III, Hanes Ayres, Winder McGavock

Education: B.S. Clemson College, Clemson, South Carolina, 1925  
M.D. Emory University School of Medicine, Georgia, 1939

Honorary Degrees: Hon. Sc.D., Clemson College, 1957  
Hon. LL.D., Hahnemann Medical College Hospital, 1960  
Honoris Causa, University of Perugia, Italy, 1961  
Honoris Causa John F. Kennedy University, Argentina, 1977

Professional Training:

Internship, Southern Pacific Hospital, San Francisco, Ca., 1929-30  
Resident, Mills Memorial Hospital, San Mateo, Ca., 1930  
Clinician and special duty, Johns Hopkins Hospital, Baltimore, MD 1934-35  
Clinician and special duty, University of Virginia Hospital, Charlottesville, VA  
1936

Professional Experience

Public Health Clinician and Administrator, State Department of Health  
Brunswick, Ga. 1930-31  
Assignments, U.S. Public Health Service:  
Venereal Disease Clinician, Arkansas, 1931-32  
State Venereal Disease Control Officer and Clinician, Tennessee  
Department of Health, 1932-34  
Commissioned in 1934  
Venereal Disease Control Consultant (State and Regional Assignments)  
1934-41  
State Relations Administration, Public Health Surveys and training  
of personnel for extra contonment public health duty, 1941-63  
Chief, Division of Venereal Diseases, Washington, D.C., 1943-48  
Director, National Cancer Institute, Bethesda, Md. 1948-60  
Appointed Assistant Surgeon General, 1957  
Retired in grade of Assistant Surgeon General (Rear Admiral), 1960

Professional Experience: (continued)

- President and Chief Executive Officer, Memorial Sloan-Kettering Cancer Center, New York, N.Y., 1960-65.
- Vice Chairman Board of Trustees, 1963-66.
- Special Consultant on International, Medical and Scientific Affairs, American Cancer Society, Inc., New York, N.Y., and Washington, D.C., 1964-
- Project Director for Cancer Regional Medical Programs for the District of Columbia, 1967-74.
- Special Assistant, Office of International Research, National Institutes of Health, Bethesda, Maryland, 1967-69.
- Special Consultant on International Programs, National Cancer Institute, Bethesda, Maryland, 1965-

Professional Appointments:

- Professional Lecturer, George Washington University School of Medicine, Washington, D.C., 1948-59.
- Special Lecturer, Georgetown University Medical School, Washington D.C., 1948-49.
- Clinical Professor of Public Health, Cornell University Medical College, 1960-65.
- New York City Board of Health, Member, 1962-65.
- Consultant in Research Administration, M.D. Anderson Hospital and Tumor Institute, Houston, Texas.
- Associate Trustee, University of Pennsylvania, 1958-62.
- Board of Scientific Consultants, Sloan-Kettering Institute for Cancer Research, New York, N.Y., 1954-60.
- World Health Organization, Chairman, Expert Advisory Panel on Cancer Control, Geneva, Switzerland, 1962-
- President's Conference on Heart Disease and Cancer, 1961.
- Committee on International Centers for Medical Research and Training, National Institutes of Health, Bethesda, Maryland, 1961-65.

Editorial Boards:

- Journal of Venereal Diseases Information, Editor, 1943-48.
- Journal of Chronic Diseases, Editorial Consultant, 1956-75.
- Journal of the National Cancer Institute, Editor, 1948-60.
- The Indian Journal of Cancer, Bombay, India, Editorial Committee, 1962-
- The Commonwealth and International Library of Science Technology and Engineering, London, England, Honorary Editorial Advisory Board, 1962-

Professional and Scientific Societies:

- Diplomate, American Board of Preventive Medicine & Public Health.
- American Medical Association.
- Southern Medical Association, 1938-1955.

Professional and Scientific Societies: (continued)

American Public Health Association. Member and Fellow, 1951-  
 American Cancer Society, Director-at-large, 1948-60. 1961-62.  
 Honorary Life Member, Board of Directors, 1977-  
 American College of Preventive Medicine.  
 American Social Health Association, Honorary Life Member,  
 Board of Trustees, 1961-1977.  
 American Venereal Disease Association, President, 1948.  
 Association of Public Health Physicians, Charter Member.  
 Academy of Anatomical Surgery, Perugia, Italy, Honorary Member.  
 Academy of Medicine, Washington, D.C.  
 New York Academy of Medicine.  
 New York Academy of Sciences.  
 The Ewing Society.  
 Cancer Society of Argentina, Honorary Member.  
 Austrian Cancer Society, Honorary Member.  
 New York Cancer Society.  
 New York Cancer Committee of the American Cancer Society,  
 Board Member, 1962-64.  
 National Health Council, Board of Directors, 1961-65.  
 Association of Cancer Institute Directors, 1960-65.  
 International Union Against Cancer, Executive Committee,  
 Chairman, Cancer Control Commission, 1958-62.  
 Chairman, Committee on Voluntary Organizations, 1962-  
 Member, Fellowship Committee.  
 International Association Against Venereal Disease,  
 Vice President and Technical Consultant, 1947-59.  
 Public Health Cancer Association, President, 1956-57.  
 The Medical Society of the County of New York, 1962-65.  
 Alpha Omega Alpha, Honorary Medical Society.  
 Phi Chi Medical Fraternity.

Awards and Honors:

American Cancer Society, Bronze Medal, 1956. Special Citation.  
 Time Cover, July, 1959.  
 Wien Cytology Award, 1958.  
 Eleanor Roosevelt Cancer Foundation Award, 1961.  
 Union of Scandinavian Cancer Societies, Silver Medal, 1969.  
 American Cancer Society Distinguished Service Award, 1963.  
 International Union Against Cancer, Award of Merit, 1970.

Social Memberships:

Sigma Nu Fraternity.  
 Cosmos Club, Washington, D.C.  
 University Club, New York City, 1961-65.