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Healthy, Wealthy, and Wise

In the course of the last seven years the appropriations voted by Congress for the National Institutes of Health at Bethesda, Maryland, have increased fivefold, and in each of those years the appropriation voted by Congress has exceeded the amount recommended by the Administration. The 1959 money bill for the Departments of Labor and of Health, Education, and Welfare increases the amount allocated to NIH, excluding that for construction, from the \$211.2 million recommended by the Administration, which also happens to be the amount appropriated by Congress for fiscal year 1958, to \$294.4 million—an increase of 39 percent. In the preceding years the increase in appropriations over recommendations has varied from 7 percent to 44 percent. With Congress each year topping the Administration, but in widely fluctuating amounts, two questions arise: Upon what kind of thinking is Congress basing its actions? And what can the Administration do to ensure that its budget represents an evaluation, both correct and convincing, of the needs of NIH?

Besides the research conducted within its walls, the National Institutes of Health administers through a system of advisory panels a large program of research grants. One of the arguments for increasing funds that was used this year by the Senate Committee on Appropriations, as set forth in its report, bears on this program. The Committee examined the research grants program for each of the seven institutes as well as for General Research and Service. It found in each case a good number of "approved grants for which there were no funds to provide support." After castigating the Administration for persisting in recommending insufficient budgets, the committee introduced substantial increases down the line.

How much understanding does this examination of the research grant programs show of the procedures generally followed by scientific advisory panels? When faced with a pile of research proposals, such panels generally first separate those proposals that offer some possibilities from those that do not. Then the panel assigns an order of priority to the proposals that are approved, and these are financed off the top as far down as the funds go. This is a perfectly legitimate way for a panel to conduct its business, but it can have misleading implications. From the fact that some approved grants on a given list lack funds, it does not follow that if more money is to be made available to the scientific enterprise, this money must be used to complete the financing of that particular list. On the contrary, it may well be that the additional money should go to other lists or that new lists in other categories should be compiled.

What can the Administration on its part do to increase the chances that its budget expresses, and expresses convincingly, the sums that the various activities of NIH can best absorb? One suggestion is offered in a recent report on "The Advancement of Medical Research and Education," which was prepared by a board of scientific and administrative consultants for the Department of Health, Education, and Welfare. The report simply calls for the Administration to produce a long-range plan for expanding NIH facilities. It recommends that: "A long-range policy for NIH be worked out promptly as an essential basis for the establishment of sound budgets for the organization." Whatever those budgets should be, it is clear that the chances of arriving at the most advantageous figures will be better if decisions are based upon solid information and foresight. To produce a substantial medical research program requires not only a lot of money but considerable wisdom in its spending.—J.T.