

# News and Comment

## **NIH: House Reverses Trend, Cuts Budget Request as a New Group Starts Probe into Research**

The past week was a particularly significant one in the declining romance between Congress and medical research.

The trend is unquestionably downward, but realism calls for recognizing that, for political and humanitarian reasons, Congress—the dominant partner in this affair—holds a deep and enduring affection for promoting the health of the American people with vast and continuing appropriations for research. Officials of the National Institutes of Health, who went into shock last year when they personally learned that congressional generosity can be accompanied by troublesome questions and pressures, are among the gloomiest people in Washington these days. But despite their dour mood, it seems safe to say that the time has not yet come to drape NIH in black. Moreover, for those with a taste for whimsy, there is a bright spot: the debut in the science-politics arena of John Lesinski (D.-Mich.), surely the most intriguing scientific illiterate on Capitol Hill since Albert Thomas (D.-Tex.), who last year demanded to know why cheap “fallout suits” could not be substituted for costly fallout shelters.

These were the events of last week. The House Appropriations Committee, the money-dispensing body that has regularly showered affluence on NIH, reversed its pattern, and, for the first time in 8 years, not only failed to give NIH funds in excess of the administration request but actually dipped \$18 million below that request. Meanwhile, the House Interstate and Foreign Commerce Committee, which is NIH's law-writing body, as distinguished from the Appropriations Committee, which is its channel for money, began an inquiry into the overall management of medical research. The inquiry, conducted by a subcommittee headed by Kenneth A.

Roberts (D.-Ala.), was polite and produced no revelations, apparently because it has been a long time since the committee exercised its jurisdiction over the Public Health Service, NIH's administrative parent, and the members simply do not yet know enough to ask probing questions. But NIH officials are fearful—it is worth keeping in mind that they are a terribly fearful crew these days—that the Commerce Committee is eager to get into the medical research act, and that NIH, as a result, may be cast in the role of ping-pong ball between two power-seeking legislative organs.

Waiting in the wings, meanwhile, is the Government Operations Subcommittee of L. H. Fountain (D.-N.C.), whose criticism of NIH's fiscal policies has led to tighter bookkeeping requirements and accompanying squeals of anguish from NIH grantees. Fountain had hearings tentatively scheduled for late last month; he has now put them off indefinitely, but he leaves no doubt that he considers himself to be an effective and necessary watchdog of medical research expenditures and intends to keep at it.

### **Cut in Funds**

The money-cutting action of the Appropriations Committee has more symbolic than financial significance, for NIH is still going to end up with more money than it received last year, and since the Senate tends to be more generous than the House, it may turn out to be a good deal more after the two chambers settle on a final figure.

Last year, for example, the administration sought \$830 million for NIH; the House voted \$890 million, the Senate voted \$950 million, and they settled on \$930 million. This year, the administration went to Congress with a request for \$980 million and came out of the House Appropriations Committee with a bill approving \$962 million. It is worth noting that nearly \$13 mil-

lion of the \$18 million reduction came out of some still unclearly defined portions of NIH's burgeoning mental health activities.

Those in despair over the Committee's departure from its usual generosity can legitimately point out that the figures cited above are administration requests and do not represent NIH's own appraisal of how much money it would like to have. Viewed in those terms, the picture is undeniably gloomier, for the nine institutes originally asked for approximately \$1.2 billion, a figure that was progressively chopped down to the final request of \$980 million as the institutes' request passed from NIH headquarters, along the chain of command, to the Public Health Service, to the Department of Health, Education, and Welfare (HEW), and finally to the Bureau of the Budget. In past years, the role occupied by the House Appropriations Committee and its Senate counterpart was simply to junk all this effort at whittling and to put the appropriation back pretty close to what the Institutes had asked for in the first place. This task was performed by NIH's congressional guardians, Representative John Fogarty (D.-R.I.) and Senator Lister Hill (D.-Ala.), who, as chairmen of their respective houses' HEW appropriations subcommittees, are in key spots for bestowing largesse on NIH. But, as NIH officials are acutely aware, things are now different, and the days of automatic congressional acquiescence are over.

This change of mood arises from the fact that rapid growth inevitably arouses congressional interest, and few things in the U.S. government have grown as fast as NIH. And, after some painful bludgeoning by Fountain's investigating committee, NIH officials were brought to concede that some of their grantee institutions were laggard in making certain that research funds were being used for the purposes for which they were granted. In addition, Congress has been paying more attention to assertions that medical research is afflicted by financial over-feeding. It does not have the blurriest notion about the validity of these charges, but the idea that too much money can be as harmful as too little is an appealing one to a conservative legislature, and it accounts for the growing opposition to giving NIH more than the administration asked for it. If a welfare-minded administration says a given amount is enough, there is little political peril in

going along with that figure. Fogarty's usually beneficent subcommittee, which was the author of the \$18 million cut, apparently recognized that anti-excess sentiment had reached potent proportions, and rather than risk a nasty fight, resolved the issue by coming up with a fairly generous budget that did not include the emotional issue of "too much." This may have been an extremely judicious move, for Congress is in an unusually petulant budget-cutting mood, and since its comprehension of research is virtually nonexistent, some bizarre things might result if the scientific process and research financing were exposed to the rigors of a long and passionate floor debate.

### Fighting Back

One of the most significant things about NIH's performance in Congress this year is that its officials are showing some signs of fight. When Fountain started pumping his broadsides into NIH, it was the tactical conclusion of NIH officials to remain silent on the assumption that their grant recipients across the country would come to their rescue by pressuring local Congressmen. Some of them did, but the general reaction was for the grant recipients to assail NIH for implementing the practices that had been rammed down its throat by Fountain. The result was that the charges were hurled without arousing any loud rebuttal. NIH, after all, has a rather good story to tell to Congress, but it is only now putting some spirit into the task. At the Commerce Committee hearings, for example, NIH director James A. Shannon angrily declared that his agency was being victimized by "poorly informed people," and in his appearance before Fogarty's subcommittee, Shannon sounded like a space agency official, though much more convincing, when he asserted that investment in his agency would repay the cost in multiple ways: by extending productive years, reducing time lost to illness, enlarging the gross national product by keeping more workers on the job, and making health services more efficient and less costly. Obviously primed for the occasion by the friendly Fogarty, Shannon also took on the thesis offered last January by Basil O'Connor, president of the National Foundation, in a speech titled "Science and Government, the Perilous Partnership." It was O'Connor's contention, among other things, that governmental generosity was caus-

ing science to substitute money for intelligence, and that science was being harmed by the "scientific log-rolling and sheer waste which accompany ill-advised massive government appropriations."

In a prepared reply, Shannon argued that the federal role in support of science "extends beyond the selection of the most eminent investigators and the most talented students. There are scientific tasks of great importance which inevitably must be carried out in institutions other than those of the highest scientific rank. Similarly," he continued, "the advance of science and the full exploitation of the great intellectual advances in science require development of a large number of scientifically competent individuals. Government is responsible for this layer of science as well as the topmost layer of highest excellence."

Turning to O'Connor's contention that heavy government support was discouraging other sources of funds for medical research, O'Connor argued, "As a matter of fact, medical research [for which NIH provides 40 percent of the funds in this country] stands alone among all the fields of science as the one area characterized by diversity rather than virtually total reliance upon the federal government."

In the annals of counterattacks by besieged federal agencies, this is pretty mild stuff, but it is noteworthy that NIH no longer appears to be content to take it on the chin without a whimper. And its best ally in the House, John Fogarty, has publicly made it clear that he does not expect NIH to permit itself to be badgered into unpleasant positions. In the report accompanying the appropriations bill, the committee stated that it "has been concerned . . . with reports that the steps taken by the National Institutes of Health [to exercise closer fiscal control over grantees] seriously threaten the freedom of scientists, and that they constitute evidence of federal control over science. The Committee would be most concerned if, indeed, this were the case. The Committee is sensitive to the fact that overzealous response to criticism might result in unneeded restrictions. However, the Committee is convinced that what has taken place is a needed and proper clarification of the necessary conditions which accompany the use of large sums of public monies. . . . At the same time, the Committee directs the Public Health Service to exercise

a high degree of vigilance that its actions not diminish the basic independence and integrity of our institutions of higher learning, and the essential conditions of scientific freedom."

### Questions by Lesinski

For NIH officials, who have been having a bad year, at least in their own scorekeeping, the cup of distress probably ran over when they encountered Congressman Lesinski, a seven-term member from Dearborn, Michigan, who joined Fogarty's subcommittee this year as a replacement for the retired Fred Marshall (D.-Minn.). Lesinski is reputed, without confirmation, to be the conservative answer to getting a majority against Fogarty on the five-member subcommittee, but committee sources dispute this, pointing out that the final report was unanimous, and that Fogarty still carries massive weight with his subcommittee colleagues and the overall Appropriations Committee. In any case, Lesinski, a one-time lumberman who did not go beyond high school, comes as well equipped to the committee duties as did John Fogarty, a one-time bricklayer who also did not go beyond high school. The principal difference, however, is that for a long time Fogarty kept his views to himself, until he had acquired an astonishingly good layman's understanding of the complexities of research. Only then, and with genuine humility, would he attempt to exchange opinions with the research administrators who came before his committee.

The newcomer, however, feels no inhibitions, as witness this exchange with G. Donald Whedon, director of the National Institute of Arthritis and Metabolic Diseases:

Lesinski: . . . When you mentioned cystic fibrosis, you mentioned a chemical that reacts on your sweat glands when you perspire.

Whedon: There is a chemical (pilocarpine, placed on the skin) which is used in the cystic fibrosis test to increase the outpouring of sweat so that the sweat may be examined.

Lesinski: Would you do me a favor and yourself a favor and try vinegar instead?

Whedon: Try what?

Lesinski: Vinegar. Vinegar has the ability to bring out perspiration. A month from now, two months from now, a year from now, I would like to know what the result is.

Whedon: I would be glad to do that,

Mr. Lesinski, but the point of increasing the sweat is not with regard to any therapy, but with regard to means of making the sweat readily available for examination.

Lesinski: That is the point. That is true. Would you make that one experiment to see what the answer is, if you don't mind?

Whedon: Internally?

Lesinski: Internally.

At this point, Fogarty intervened and the discussion went off the record.

The Michigan Congressman also expressed puzzlement over the economics of spending research funds for drugs that later lost usefulness as resistances to them developed.

"Everytime we find out something new the bugs resist it and then we have to start all over again. So where are we getting in the ultimate end? . . . It was said to us the other day, I believe it was for syphilis, that the penicillin is used and syphilis was building up resistance to it. He [a previous witness] mentioned malaria; they had found the old methods are not as much value as they thought they were, due to the fact the malarial germ developed an immunity to the original methods. That is exactly what I am driving at, the fact you go through all this trouble, spending funds, finding means or ways of doing away with something; then the insect develops an immunity, then you have to start all over again."

Shannon attempted an explanation and the hearing proceeded, strewn with various other Lesinski-isms each of which could serve admirably as an introduction to the formidable problem of Congress's inadequacy for understanding the massive scientific effort that it is annually asked to support with billions of dollars.—D. S. GREENBERG

### **Congress: In Voting Assistance To Health Professions Education, House Demonstrates Its Folkways**

The House of Representatives marked its return from the Easter recess last week by passing the Health Professions Educational Assistance Act. This is the first major new administration bill to be voted by the House this year, and it also ranks as the education measure most likely to succeed in this session of Congress.

The bill authorizes \$175 million in matching grants over a 3-year period for construction of teaching facilities

for medical, dental, and allied professions and \$61 million for a loan program for students of medicine, dentistry, and osteopathy.

Debate on the bill (H.R. 12) and the events preceding its movement to the floor offer an instructive case study of what it takes to pass an education bill and explain why more of them haven't cleared the hurdles in the House.

The health professions education bill sailed under the colors of health, not education, legislation. It originated in the Committee on Interstate and Foreign Commerce and bore the name of the Commerce Committee chairman, Representative Oren Harris (D.-Ark.) as author.

Even when teaching facilities and loans for students are involved, this committee's prerogatives prevail, by the same sort of congressional logic that puts health care for the aged in the province of the tax-writing Ways and Means Committee. For, as Harris pointed out during debate, in answer to a suggestion that the Education and Labor Committee might more appropriately consider some features of the measure, the Commerce Committee's charter over health legislation dates back to the 18th century.

For a variety of reasons, Congress is less inhibited about promoting the general welfare through health legislation than through education measures. The federal government's old role of fostering public health and its new one of supporting medical research are regarded in Congress as generally successful, as well as popular with the public, and most legislators feel that they do not add debits to their voting records when they vote funds to fight disease.

Over the years, the feeling has developed on both sides of the aisle that there is a shortage of doctors and dentists and that the national government has a legitimate interest in easing the situation. Southern members, many of them representing rural districts where shortages of medical and dental services may be acute, have been among the strongest proponents of action.

Although the civil rights and church-state issues have proved the undoing of many education bills, health measures have seemed less vulnerable to these controversies. During the debate on the Harris bill, for example, the civil rights and religion questions, particularly on the score of teaching facilities,

were injected but never permitted to paralyze the action. Congress, when it has its mind made up, can choose to see what it wants to see, rather in the manner of Lord Nelson when he raised the telescope to his eye patch.

Also working in favor of H.R. 12 is the fact of congressional life that all committees are not equal in influence and that a bill from the Commerce Committee reaches the floor with more momentum than a bill out of the Education and Labor Committee.

This is a year when, because of press reports of junketing abroad and legislative lethargy at home, Congress is almost morbidly sensitive about its image. The legislators were, therefore, especially irked by the attention given in the newspapers to reports of the federally subsidized nightclubbing in Europe and other activities of the Education and Labor Committee's debonair chairman, Representative Adam Clayton Powell (D.-New York).

But personalities aside, the Education and Labor Committee is looked upon as a relatively junior committee which reports a large number of proposals in two highly controversial areas of legislation, and the House, temperamentally, does not welcome controversy.

For the administration, a piquant aspect of the passage of H.R. 12 was the support given the measure by a virtually solid phalanx of medical and health professions groups, including the American Medical Association, which last year proved itself to be in the heavyweight class among interest groups in opposing medical care for the aged. Actually, the A.M.A. supported only the construction section of H.R. 12 and took no positive stand on the loan provision until the bill was scheduled for action on the floor. Then in a letter to all Congressmen dated 18 April, the association asked the legislators to support the bill with an amendment deleting the loan section.

The A.M.A. argued that the weight of testimony in the hearings on H.R. 12 indicated that "the greatest need is in the area of renovation of existing facilities and the construction of new facilities. The record further failed to disclose at this time a need for anything else."

Many references were made, during both hearings and debate, to an A.M.A. loan program, inaugurated last year, under which medical students, interns, and residents may borrow up to \$1500 a year to a maximum of \$10,000 over