

# Letters

## Research at NIH:

### The Wooldridge Report

Ever since the summary in *Science* (News and Comment, 26 Mar., p. 1556) of the Wooldridge report ["Biomedical Science and Its Administration: A Study of the National Institutes of Health" (Government Printing Office, February 1965)], I have turned eagerly but fruitlessly to the Letters section to see what members of the scientific community have to say about it. The report, which is fascinating reading, is an overall assessment of the scientific quality and the administrative policies of the extramural and intramural programs of NIH. NIH provides direct financial support of 40 percent of the nation's health research, through legal arrangements with more than a thousand universities and medical schools involving more than 17,000 separate grants with an annual budget approaching a billion dollars. I am at a loss to explain the silence concerning a document which affects directly or indirectly everyone in the biomedical sciences.

Although I agree in principle with many of the evaluations made by the committee and its specialized panels, one major conclusion seems to me to be unwarranted by the evidence cited. This is regarding the NIH intramural program:

The Committee is not convinced that it is sound for the Federal Government to conduct large amounts of scientific research of the kind that non-Federal institutions are equipped to carry out. A majority of the NIH intramural program appears to be of this nature. We recommend this question as an early agenda item for the consideration of the new Policy and Planning Council. If reductions are decided on, they should be carefully executed, to ensure the preservation of high quality in the remaining activities.

Do you see what I see? This committee of distinguished scientists, educators, and laymen, whose recommendations will justifiably be given careful consideration, is suggesting "phasing out" our colleagues at NIH! Why should this be? Are things going on in the lab-

oratories and wards in Bethesda about which we have been ignorant? What does the report tell us? It tells us that the workers at NIH are "primarily occupied with the conduct or support of health research projects that are essentially indistinguishable from those performed in universities under the extramural program"; that these projects are organized much as our own are, with a principal investigator and some assistants or sometimes several investigators working on related phases of a common problem; that the NIH scientist chooses his own problem, does not have much difficulty getting equipment and supplies, has fewer administrative distractions than many of us, does not have formal teaching assignments, and has a lower salary and more trouble financing attendance at scientific meetings than has his counterpart on the outside. The report notes:

One might expect that [NIH] could succeed in attracting a higher caliber of research man than the lower government pay scales would ordinarily permit. And apparently, it does.

The only attempt I can find in the report at a rationalization for the conclusion that the NIH intramural program should be cut is in the following three sentences:

Because of its high quality, the existing NIH intramural establishment must be considered to be an asset that should be protected. Nevertheless, we have a serious concern about it. Our concern is based upon a conviction that the government should not undertake the direct conduct of research activities that fit precisely into the pattern of scientific work that the universities or other non-government institutions are equipped to perform.

As far as I can tell, this is the heart of the argument, and it seems to me that it is a combination of a non sequitur and a very untenable position.

If it is accepted that a primary objective is to achieve advances in the health sciences, then the nation and the scientific community should applaud and cherish the scientists of any institution who are successfully prosecuting this aim. The working experimentalists of this country would agree with the com-

mittee that the intramural program is of high quality. They would perhaps be even more emphatic. We have all recently returned from the spring scientific meetings, and the progress reports and those who made them are still fresh in mind. I find on checking the programs of the meetings I attended that in the program of the American Association for Cancer Research 20 of the 278 abstracts and 17 of the 200 papers selected by the program committee for oral presentation were from the National Cancer Institute; in the program of the Federation of American Societies for Experimental Biology, 145 of the 3279 abstracts were from NIH; 20 of 492 abstracts in the program of the American Federation for Clinical Research and 12 of the 139 papers selected for presentation were from NIH; 5 of the 26 papers presented at the plenary session of the American Society for Clinical Investigation and 11 of the 117 papers presented at the sectional meetings were by workers at NIH. These statistics compellingly support the conclusion of the Wooldridge committee that work of high quality is being done at NIH. They should not give cause for concern except to those who feel that NIH offers too strong competition to universities and medical schools. . . .

One major contribution of the intramural program which is not noted in the report is the training of post-doctoral fellows. Each year a large number of highly selected young men go to NIH for a 2-year period of training in lieu of military service. They receive specialized laboratory or clinical training and are exposed to a breadth of biological science which cannot be matched in any other institution in the land. The majority go on to full-time academic positions in research institutes and medical schools, taking with them skills, interests, and vision which enrich medical science. This enlargement of manpower in the health-research sciences would be justification enough for the intramural program. . . .

Our colleagues at NIH are contributing as effectively as any of us to the expanding knowledge of the health sciences. They deserve recognition and the assurance that their efforts, like ours, will be supported as long as they remain meritorious or until such time as federal income can no longer be devoted to the improvement of health.

ALFRED GELLHORN  
*College of Physicians and Surgeons,  
Columbia University, New York 10032*