

Letters

Objections to Fountain Report

The Ninth Report by the Committee on Government Operations, *The Administration of Research Grants in the Public Health Service*, and Fountain's letter of 24 November, are open to question and criticism in several specific respects. My present personal exceptions to these contributions of Fountain and of his committee are based on very general grounds. Speaking as an individual scientist, as a former member of PHS advisory groups, and as an ex-NIH research project grantee, I object to the following.

1) The committee report and the letter are framed in terms which many might consider as adversarial rather than cooperative, vendetta-like rather than sincerely constructive. The criticisms and recommendations employ such derogatory words and phrases as "weak," "surprisingly casual," "excessive." Insinuations of poor performance (or of poor intention) are contained in the recommendations "to eliminate some of the abuses that have developed," "establish a high standard of quality as the basic qualification for research project support," and others. The phrasings remind one of the humorous recommendations beginning, "In order to keep you from beating your wife. . . ."

2) The suggestions of conflict of interest in members of advisory groups and the corollary denial of the value of experience and expertise by members of advisory groups carry implications that are unjustifiable. The advisors of NIH and of PHS, as of other governmental agencies, are properly drawn from those individuals who have acquired special information by years of dealing with problems of progressively increasing scope and complexity. The uses and value of experience are recognized in politics (local to state to national office), in business, and in science. Fountain surely would not suggest alternate terms of eligibility for

political office holders or any limit on sequential terms for them, as he proposes for members of NIH Advisory Groups. The acquisition of information by service on an advisory group does not make an individual unfit for the subsequent use of his special knowledge and skills on the same or on another advisory group.

3) Finally, I find Fountain's resurgent criticism particularly inappropriate at this time. The PHS is undergoing concentrated self-study and reorganization is being considered. The present NIH director is completing a long and most useful term, while a successor is being sought. Competition for funds for the support of biomedical research grows at a faster pace than the funds available. This is a time for constructive criticism, for recognition of the high value of the grants program in stimulating major advances in the biomedical sciences in the past decade, and for the encouragement of an effective review system, rather than for this hyperbolic and adversarial report and letter on PHS and NIH.

One cannot find Fountain's stated objectives other than praiseworthy. Scrutiny of the expenditures of government agencies is desirable. Our elected representatives have this as one of their many responsibilities. However, criticisms need to be correctly based, properly framed, and presented appropriately as to point of time if they are to help rather than hinder, to assist more than they injure. I can assure Fountain that I know of no member of an NIH Advisory Group, and I count very many among my friends and acquaintances, who does not share his intense interest in the nation's health. I know of none not sincerely concerned that the approaches to the attainment of biomedical knowledge be efficient and effective.

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Animal Care:

Voluntary Accreditation

Animal care legislation again is in the news following introduction of the Javits-Rogers bills (S. 2481, H.R. 13168). Whether additional federal regulatory legislation really is needed so soon after passage of P.L. 89-544 will be debated increasingly in coming months. A major provision of the Javits-Rogers bills is a requirement for accreditation of laboratory animal facilities by the Secretary of the Department of Health, Education, and Welfare or by an accreditation agency approved by him. A voluntary accreditation program has been functioning since January 1965, using the standards in the U.S. Public Health Service *Guide for Laboratory Animal Facilities and Care*, and the following is a report of the initial results obtained by the American Association for Accreditation of Laboratory Animal Care.

Up to November 1967, 122 institutions applied for accreditation. They included 50 educational institutions (universities, schools of medicine, dentistry, veterinary medicine, public health, or pharmacy); 18 U.S. government laboratories; 12 hospitals; 6 independent research institutes; and 36 commercial laboratories. Site visits and evaluation of the animal care programs were completed for 104 institutions by the Council on Accreditation. Of these, 66 (63 percent) were accredited initially; 26 (25 percent) were provisionally accredited; 12 (12 percent) were denied accreditation. Thirteen provisionally accredited institutions and one nonaccredited institution subsequently corrected deficiencies and were fully accredited. Thus, up to December 1967, 80 (77 percent) of the 104 institutions, on which action has been completed, were accredited, with their programs varying from passable to superb.

The major deficiencies in animal care in provisionally accredited and nonaccredited institutions included overcrowding of animals, poor sanitation, inadequate quarantine and disease control, or incomplete postsurgical care. These institutions are moving rapidly to overcome deficiencies in program, personnel, or physical plant so that they can be fully accredited just as the above-mentioned 14 institutions were accredited after correcting deficiencies found during the initial evaluation of their facilities.

It is noteworthy that 45 percent of the medical schools are already par-