

## NIH: Who Is Running the Show— Scientists or Politicians?

The recurring drama of the National Institutes of Health versus the outside world is playing once again in Washington.

Its current run opened in January when John F. Sherman resigned as deputy director of NIH and, through a letter to his colleagues and an uncharacteristic series of interviews with the press, let everyone know why. Sherman thinks the Nixon Administration is ruining NIH.

A veteran of 21 years at NIH, Sherman says there was no single precipitating event behind his resignation but rather that it was a matter of subtle things—morale, lost autonomy, the Administration's bad attitude toward science. Sherman is leaving, reluctantly, because he is disheartened by the way things are, as he sees them, and by his own inability to speak effectively for NIH before administrators in the upper echelons of government. He says he is no longer getting through to them.

Sherman is "discouraged and disillusioned" by the "cultural gap" he sees between biomedical researchers and government managers. He believes the quality of NIH is being eroded, that "the very essence of this place is at stake." And, although he is not overtly critical of NIH's new director, Robert S. Stone, it is apparent that his regard for Stone's style of leadership was not sufficient to make him stay on.

Sherman's attack on the Administration, aimed particularly at the ranking bureaucrats in the Department of Health, Education, and Welfare, galled assistant secretary for health Charles C. Edwards, who decided to reply to Sherman's complaints. In an angry letter to the *Washington Post* (issue of 24 January 1974; see page 830), Edwards said in print things he had been thinking about NIH and its former leadership for a long time. Agreeing with comments Sherman had made to the effect that the government's confidence in NIH is not what it used to be, Edwards bluntly challenged his view that the present Administration is to blame.

"Clearly we do have to restore confidence in NIH," he wrote, "confidence

that was diminished in the past through inadequate leadership and a misguided sense of the place of research in the nation's efforts to solve its health problems." And, he said, the fact that there is significant imbalance in the support of basic research these days is the NIH's own fault. "If, in fact, the NIH leadership had been more perceptive and responsive we might not have witnessed the removal of the cancer research effort from the administrative control of NIH, a move that threatens the further dissolution of biomedical research efforts." Fighting words.

Edwards' acerbic backlash stunned Washington's biomedical establishment. "I just can't imagine why on earth Charlie wrote a letter like that," one man said. Another referred to it as "Charlie's scurvy letter." At NIH, there was speculation that Edwards had not actually written the letter himself, that someone in the Office of Management and Budget (OMB) had drafted it and insisted he sign. This interpretation of what was going on seemed somehow less threatening than the thought that Edwards had done this himself.

However, Edwards says it is not true. The letter was his own idea. It was written with the aid of his own speech writer and he is responsible for what it said. Furthermore, according to HEW staffers, the letter was delivered to the *Post* with Secretary Caspar Weinberger's blessings.

The third public airing of this controversy between NIH and the Administration is a letter NIH scientists have written to the *Post*, believing that Edwards' public attack warrants a public response. The letter, signed by Robert F. Goldberger, Maxine F. Singer, and Bernard Witkop, asserts that the creative atmosphere that has characterized NIH for the last two decades was established by leaders "operating on the principle that scientific and medical criteria, rather than political considerations, must be the basis for policy decisions related to biomedical research." The new emphasis on mission-oriented projects could endanger this atmosphere, they believe.

Their letter also speaks directly to

Edwards' pointed reference to the role former NIH director Robert Q. Marston may or may not have had with respect to the expansion and semiautonomy of the National Cancer Institute (NCI). "With Dr. Edwards, we deplore the fragmentation of the NIH," they said, "but it is essential to recognize that this fragmentation was opposed by the NIH administration."

There are two ways of looking at the matter of who said what to whom when the legislation that gave the NCI special status was before Congress. The way one interprets the role of the NIH leadership in those events may well influence one's position on the central question behind the current controversy: Who runs NIH?

The answer used to be James Shannon. During the 13 years he was director (1955–1968), no one had any doubt that Shannon was in charge. But since his departure, uncertainty has replaced stability and no one is sure who is running the show. Actually, no single person is. The very fact that war was declared against cancer is evidence that the men in the office of the director of NIH were not in full command.

It is quite true, as NIH scientists wrote in their letter, that Marston and his colleagues (Sherman and Robert W. Berliner, who resigned several months ago as deputy director for science to become dean of Yale Medical School) opposed the creation of a special cancer program. They were concerned that it would cause the imbalance in research fortunes that it in fact has, and they believed that a war on cancer was intellectually unjustifiable. There was absolutely nothing happening scientifically in cancer research to suggest that an all-out effort would produce spectacular advances. And they said so. The trouble is, as Edwards and other HEW officials perceive it, that they said it too little, too often only to each other, and, in any case, too late. In the end, Marston capitulated when the President decided that he wanted to support a war on cancer. By 1972, after it was all over, Marston was admitting that he had to change gears on his public position so quickly once word came from the White House that he left "skidmarks all over town."

But that was later. The time when the NIH leadership was sitting on the sidelines and when, in retrospect, observers think it should have been out fighting, was in 1969 and 1970, when the pro-cancer war forces were gathering strength, first on Capitol Hill and

then in the White House, through presidential intimate Elmer Bobst. Members of House and Senate staffs acknowledge that Marston was conspicuously absent from discussions involving the proposed cancer legislation. Representative Paul Rogers (D-Fla.) explained that Marston had limited contact with the Hill because the Administration wanted it that way and that he did what the Administration wanted.

Officials of NIH themselves were frank to admit that they were not intimately involved in what was going on. One recalled that a man employed by the cancer forces spent months at NIH gathering information on how the NCI operated but had little contact with the NIH administration. "When he arrived, he came over and said hello. When he left, he said good-by, but we never saw him in between." The events of those days swung the balance from

research in the old style to today's fancy for mission-oriented, or targeted, research; they changed the picture at NIH. Those who opposed them did not stop them in time.

Who runs NIH? These days, Edwards does. So does Weinberger from time to time. So does Robert Stone, Marston's politically appointed successor. The scientists think they've lost their say in things. Actually, the scientific community never had a say in how NIH was run in any formal sense—it was never a political community, never behaved as such. It did not need to. When Shannon was in command, things were always done with the interests of the basic researcher foremost in mind. The fact that there was plenty of money to go around, and around, helped. Shannon has candidly said that NIH existed in those days for the good of scientists, that his ambition was to

establish a sound, high quality scientific base in this country, and that the needs of society per se did not figure directly into the equation.

Today, such an elitist attitude is unacceptable—and unrealistic—a fact Shannon himself recognized before he left. Even had Shannon stayed, things would not have remained the same for biomedical research, either at NIH or elsewhere. The combination of tight money and social pressures for results—Lyndon Johnson called them payoffs—has created a situation that neither scientists nor managers appear to be able to cope with easily.

Edwards, who dislikes being cast as the villain, says that he is trying to accommodate the scientific community and that, in spite of the fact no one believes him, he is an ally of NIH. In a conversation with *Science*, he spelled out some of his views.

First, with regard to the issue of an imbalance among areas of research, Edwards shares the opinion of many scientists that the emphasis on cancer is misplaced and that the NCI probably does not need the vast sums it is getting—\$500 million in fiscal 1975.

He recognizes the fact that NIH is turning more and more to programs that have to do with the delivery of medical care rather than with research, and he believes that it is not entirely inappropriate to think about restoring to NIH its previous focus on basic and clinical research.

As far as the distribution of funds is concerned, Edwards thinks it is right that social and political forces decide how much money NIH should get, but that scientists should decide how to spend their allotted portion.

He believes in the peer review system and in a strong intramural program at NIH. He is firmly opposed to charging research patients at the NIH Clinical Center hospital, an action that Secretary Weinberger repeatedly has proposed and that the NIH community is uniformly against. In short, Edwards says he is a good guy. Political realities may stand in the way of translating every proresearch thought into action and it is unlikely that anyone is going to call off the war on cancer, he admits, but he is obviously tired of taking the rap for everything that is not right, as his reply to Sherman indicates.

In an effort to further his case, Edwards agreed to meet with representatives of the NIH scientists who were

## Edwards Strikes Back in the Post

The question of autonomy for NIH, as your Jan. 19 editorial rightly suggests, is indeed more important than the manner in which essential biomedical research is supported. And while it may or may not be simple to grant autonomy to NIH, to do that would be to accept the view that biomedical research is not, and need not be, an integral part of our nation's efforts to solve health problems.

At a time when the annual appropriation for NIH was counted in the tens or hundreds of millions of dollars and the total federal involvement in the health care system was comparatively small, it might have been possible to treat NIH and indeed all of biomedical research as an independent part of the federal health enterprise. But that era ended when the federal government became a dominant figure in the health care systems of this country. Today the annual NIH budget is more than \$2 billion, federal funds pay for 25 per cent of all the health care provided in the United States, and almost half of the cost of medical and other health training is borne by U.S. taxpayers.

To assume that the vital contribution of research can somehow be made more certain by insulating NIH from the serious fiscal and managerial problems that must concern us all is to yearn for a simpler, more halcyon time that is likely never to return.

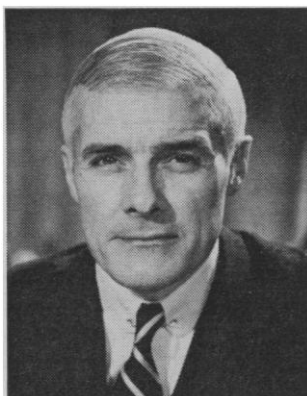
Clearly we do have to restore confidence in NIH, confidence that was diminished in the past through inadequate leadership and a misguided sense of the place of research in the nation's efforts to solve its health problems. The real need is to establish effective methods for setting research priorities among the institutes and program of the NIH in order that the total biomedical research effort remain in balance. If, in fact, the NIH leadership had been more perceptive and responsive we might not have witnessed the removal of the cancer research effort from the administrative control of NIH, a move that threatens the further dissolution of biomedical research efforts.

Institutions—even the finest biomedical research institution in the world—must change. Fortunately, the need for constructive change is appreciated and welcomed by many scientists at NIH and elsewhere who do not share the sentiments of Dr. Sherman and who are determined that NIH will contribute effectively and creatively to solution of the health problems facing this country and the world.

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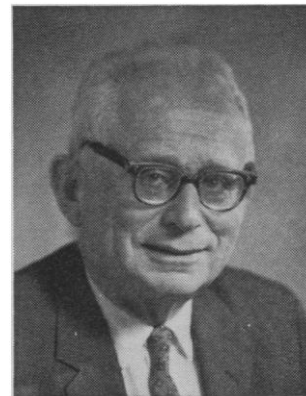
John F. Sherman



Charles C. Edwards



Robert Stone



DeWitt Stetten

disgruntled by his letter. A few days after it appeared, he went out to NIH for one such meeting, and he says he is willing to go again. He reportedly made essentially the same points that he made during his interview with *Science*. One of the participants described the meeting this way: "According to what Edwards said, he is an ally of NIH. He was clear, to the point, and seems to recognize the problems NIH has in dealing with the Administration." But no one is going to be completely satisfied with words, and so biomedical scientists must wait and see what happens. And there is no particular reason to think that anything much is going to happen soon with respect to major issues: targeted research, peer review, research by contract rather than grant, budget-making.

According to NIH director Stone, one of the most important things his office is trying to do at present is to assess the major policy issues in biomedical research—first to identify them, then to evolve positions on them. He does not, however, anticipate the production of any formal master plan for NIH comparable to the exhaustive paper plans that have been constructed for the national cancer and heart programs.

As Stone sees it, the most important thing for NIH to do is find some way to provide stable growth. "We need socioeconomic inventions to make research money available for human generations, not fiscal years," he says. He also believes that NIH should pay more attention to the social forces in human health these days. As director of NIH, Stone says, his job is to integrate—integrate NIH with HEW and each of the institutes in NIH with each other. Using the language of a trained manager, he says, "To inte-

grate, you need to suboptimize some of the subsystems." In other words, everyone cannot have everything he wants all of the time—neither NIH as a whole, which must recognize that it is part of HEW, nor any of the institutes individually.

In the old days, people did not need to talk that way. People in the upper reaches of government were unabashedly proud of NIH. Sherman frequently, somewhat wistfully, recalls that former HEW secretary John Gardner used to call NIH a jewel in the crown of HEW. You'd never catch Weinberger saying something like that.

In the past—pre-1968—Shannon protected NIH and, therefore, all biomedical researchers. The government respected them and left them alone. That is an ideal situation and it is hardly surprising that there is regret at its passing, but it is not likely to be resurrected soon. As Sherman himself recognizes, "NIH is still recovering from the shock waves of the last few years." He decided to leave NIH for the newly created post of vice president of the Association of American Medical Colleges (AAMC) on the grounds that he could do more for biomedical research outside the government than he could inside. Now that he is gone, the ranks of the top leadership are depleted of the persons who were running NIH for the last few years. But not all of the new faces in the office of the director are really new.

Stone is a man who likes to ask that he be judged by what he does rather than what he says, and one of the things he has done recently is appoint DeWitt Stetten to Berliner's post of deputy director for science. Stone sees this as evidence of his goodwill toward basic research. So does Edwards,

who certainly could have blocked the appointment had he wanted to.

Stetten, 65, is not from the Administration's manager mold. He has probably never called anything suboptimal in his life and is as committed a defender of basic science as there is. In that regard, and in what his acquaintances refer to as his insistence on excellence in research, he is much like Berliner. His own research has been in the field of metabolism, and much of it was done at NIH between 1954 and 1962, when he was in the National Institute of Arthritis and Metabolic Diseases. After an 8-year absence, during which he was dean of the then new Rutgers Medical School, he returned to NIH in 1970 as director of the Institute of General Medical Sciences.

Stetten is sensitive to the fears of basic researchers who believe they are no longer appreciated and to the dangers of targeting research, especially when it is nonscientists who are doing the targeting.

However, just what role Stetten will play in the evolution of policy is unknown. Stone says he is a "very wise man." Edwards says, "After talking with him a few times, I'm beginning to think he is a man you listen to." But NIH hands take that with a grain of salt. One of them says, "I fear his influence will be more spiritual than anything else." Researchers can only hope that his influence will be greater than that.

It is inevitable, in the present climate, that NIH and HEW are sometimes at odds. It is hard to figure out how much of that is because neither side really hears what the other is saying. But that seems to be part of the problem—and it should be reparable.

—BARBARA J. CULLITON

## On Reading the Federal Budget

*Within the scientific community there seem to be at least two schools of thought as far as the federal budget is concerned. One holds that more money would be made available for research if only spokesmen for research could gain access to high government officials. The other view is that the research budget of the United States reflects well-considered policy and cannot be changed by friendly persuasion. Rashi Fein, professor of the economics of medicine at Harvard Medical School, believes the latter. He expressed his point of view recently in an address before the American Public Health Association. His remarks were directed to last year's budget but apply equally to the President's budget for fiscal 1975. Excerpts from his talk, "The new national health spending policy—who pays and who gets?" follow.*

What, in broad brush, does the federal budget reveal about the concepts, biases, and ideologies of those who developed and approved it . . . ?

In my view, one of the important disadvantages of the usual examination of the federal budget on a program-by-program basis is that the differences between those who propose and those who oppose particular budget priorities and allocations appear to hinge on small details and considerations that apply at the margin. After the fifth program has been disagreed with, the critic sounds as if he is a nit-picker; after the tenth program, his audience is bored, and the budget-maker tends to win the ideological battle by default. Since the budget reflects general criteria and preferences, I believe it is imperative that we focus on those criteria. Understanding them will make the particular budget decisions clearer.

What, then, of the budget? What can we make of it? What does it represent? Does the budget reveal the Administration's priorities, goals, and desires? The answer surely is "yes." Is it presented in a political context, with an awareness of what is possible, what impossible? The answer again is "yes." Is the budget an educational document, presented in the hope of arousing the citizenry to a set of issues? Once again the answer is "yes." If, then, the budget is a multipurpose document, on what criterion shall it be judged?

The simplest approach—and in many ways the fairest and most appropriate—is to take the budget at its word; that is, to judge it as an honest statement of the President's desires for the fiscal year involved. . . .

One of the important and striking aspects of the budget is the relative, even absolute decline in support for a variety of health research, educational, and training activities. . . .

Two explanations for this phenomenon are possible. The first is that the needs of macroeconomic policy and a commitment not to seek a tax increase (except, of course, for earmarked payroll taxes) has led the Office of Management and Budget to contain the expenditure line and to do so by cutting back on a wide variety of programs. These cuts even include research programs whose support, in the past, was relatively well insulated from the needs of short-run economic policy. If the needs of short-run economic policy is the causal factor, we have every reason to be disturbed at the selection of programs that must bear the costs of the anti-inflationary drive. . . .

[However, another conclusion is] that the budget allocations . . . do not represent a way of meeting the demands of short-run economic policy. . . .

I suggest that the budget declines this year do not represent an attempt to meet short-run needs—though, of course, they contribute to that—but, rather, represent the first steps in a policy of further cuts. . . .

[The] budget expresses a philosophy, and the philosophy, I think, derives from an assumption that the marketplace through which we carry on our normal economic relationships applies to the health sector, even as it applies to the popcorn or television repair industry. That philosophy, I believe, lies at the heart of the reductions that we find. We witness an attempt to decrease the role of government funding on an assumption that people can stand on their own feet, that there will be an increase in the role of private funding. . . .

Thus, it seems to me that if we reject, as I suggest we should, the view that the budget represents an irresponsible evaluation of the ease with which basic support programs can be decreased or increased without doing vio-

lence to their long-run productivity, we are forced to a second view: that the budget represents an irresponsible evaluation of the potential social benefits of various programs and an irresponsible evaluation of the ease with which alternative funding sources might substitute for federal funds. Explanatory variables are exhausted if we add a final possibility: that, on the basis of careful evaluation, the budget-makers have concluded that existing support levels can be and should be cut because the particular programs examined yield few benefits at the margin. This is, perhaps, the explanation the budget-makers would have us accept; however, we have reason to be skeptical that such evaluations have been done.

. . . [W]e can characterize the budget as a consumption rather than investment budget. It is designed to purchase services, even at the expense of long-run development, of the need to build resources or add to knowledge that might help contain future cost increases. . . .

I have chosen to speak from the perspective of political economy since that, it seems to me, is the proper perspective for the examination of a political economic document. It is not that bad economics has created a budget that retreats from existing programs, from existing funding levels, and from prior commitments. The problem is not that the budget derives from bad economics. I believe that the problem is that the budget was drawn up with a different objective in mind, to maximize a particular political thrust rather than the quality of economic analysis. The men and women who drew up this budget, I believe, wanted to remake America. The budget, read as a political document, is a statement of their first thrusts in that direction. That political thrust is, it seems to me, the issue. . . .