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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