

## Pathology Institute Faces Possible Shakeup

Employees and friends of the Armed Forces Institute for Pathology (AFIP) in Washington, D.C., have been alarmed in recent months over apparent efforts by the military to sever the institute's major link to the civilian world.

The head of AFIP's board of governors, Army Surgeon General Richard R. Taylor, has indicated he only wants to ensure that the financial management of AFIP is orderly and legal. But the fear, voiced by pathologists around the country as well as by two senators, has been that the institute's top talent will be driven away and that its role as a worldwide resource in pathology will be seriously diminished.

The AFIP, located on the campus of the Walter Reed Army Medical Center, is a unique institution. Founded as an Army medical museum in 1862, it has, since the 1920's, expanded far beyond matters of strictly military concern. In addition to being the world's largest library of pathological specimens, it is a site for research, for production of educational materials, and for courses in advanced pathology for military and civilian doctors. It serves as a court of last resort for diagnoses of diseases and tumors. Its vast collections are maintained in the American Registry of Pathology (ARP) composed of 26 registries containing some 1.5 million cases with their pathological samples. The ARP also publishes the *Atlas of Tumor Pathology*, the last word in tumor reference works.

The AFIP has an annual budget of \$13 million. Most of this is appropriated through the Department of Defense budget, but about \$2 million in nonappropriated funds is supplied by research grants, chiefly from the National Institutes of Health, and by the various professional societies that sponsor the pathology registries. All this money is handled by a consortium of nine universities\* set up for the purpose in 1965, called Universities Associated for Research and Education in Pathology (UAREP). The complex funding situation and the AFIP's dual and overlapping responsibilities to the military and the world at large have resulted in an intermingling of work by employees—military, civil service, and grant-supported—at every level. The arrangement has worked well throughout the years, but it has its sloppy aspects, and the Surgeon General wants to clean them up.

The problems began last spring, following a management review of the institute ordered by Taylor. The review team found, among other things, that the status of employees paid through UAREP was "questionable," particularly when they were in supervisory positions over military and Army civilian employees, and that the AFIP-UAREP relationship was "questionable" in the light of federal personnel statutes. Following this report, Taylor issued several directives in which he appeared to call for "terminating" the AFIP's relationship with UAREP. He also ordered that no workers not employed directly by the federal government should occupy official positions in the organizational structure of the AFIP.

According to two doctors at the AFIP, this order has already caused some disruption. There are only 53 non-government employees, but they include a number of outstanding experts on exotic diseases. Four of these have already had their wings clipped. Roger D. Baker, a retired dollar-a-year specialist on mycotic diseases, was told last June not to set foot in the building again because of civil service regulations prohibiting volunteers. Two department heads,

radiologist Elias G. Theros and drug expert Nelson S. Irey, are no longer allowed to sign case reports or work orders, and a world authority on leprosy, Chapman H. Binford, has been allowed to stay on only because he is coauthoring a book on infectious and parasitic diseases. The doctors also say that confusion and inefficiency have resulted from efforts to separate the duties of government and grant-supported employees, and they fear that Taylor wants to clamp down on what one described as the "freewheeling, university-like" atmosphere at the AFIP and turn it into a mini-Pentagon.

The concern has spread way beyond the walls of the AFIP to professional societies that support the pathology registry, such as the American College of Radiology and the American Academy of Ophthalmology and Otolaryngology, and the American Medical Association, which in December passed a resolution urging continued government support of the AFIP as it is now constituted. Perhaps most significant, Edward M. Kennedy (D-Mass.), chairman of the Senate health subcommittee and John C. Stennis (D-Miss.), chairman of the Senate Armed Services Committee, got together (a rare event) and wrote a letter to Defense Secretary Donald Rumsfeld urging that the institute's functions not be restricted.

Now that everyone has gotten thoroughly worked up over the situation, it looks as though things aren't so bad after all. Jack Carter of Case Western Reserve University, president of the UAREP board, reports that at an early January meeting with the Surgeon General he was assured that no disruption of the institute's civilian relationships was being sought. A spokesman for the Surgeon General told *Science* that his desire to "tidy up" the management had been interpreted by some people as "severing" UAREP; in fact, he said, Taylor's use of the word "terminate" in a letter to AFIP director James Hansen was a "mistake." Whether or not Taylor is backing off from an earlier stand, all parties agree that the situation has been aggravated by very poor communications.

Much still remains to be resolved. And if, indeed, professionals have overreacted to the situation, many believe they have good reason for doing so. They see the threat to the AFIP as part of a larger pattern that has evolved in recent years in which civilian scientists in the military have been sidelined, or replaced by military people of lesser caliber. An oft-cited example is the Walter Reed Army Institute of Research, which some scientists say used to do topflight research on tropical and enteric diseases with a cadre of civilian scientists and whose work has suffered as civilians have been replaced by military doctors. Another example is the 34-year-old Armed Forces Epidemiological Board, a distinguished group of private professionals which, after a 1972 investigation relating to matters of "conflict of interest" was divested of its planning and advisory role for military medical research.

The American Society for Microbiology in particular is concerned about "the gradual erosion of civilian scientists in positions of authority" in the military, and has a committee studying personnel practices which it believes violate the merit system. Prompted by the cries of the microbiologists, the staff of the House Armed Services Committee is looking into the matter. According to a staff member, no information has yet been compiled that would warrant a full-scale investigation. But it seems likely congressional interest will quicken if the Defense Department "tidies up" the AFIP to the point of wiping out its uniqueness.—C.H.

\*Universities of Chicago, Rochester, Kansas, California, North Carolina, Maryland, and Missouri, and Duke and Case Western Reserve Universities.