

Biomedical Panel: Report Says the Enterprise Is Basically Sound

Fifteen months ago, when the President's Biomedical Research Panel began its assessment of science and science policy, panel chairman Franklin D. Murphy mused that "Leonardo DaVinci himself could not produce a report that would satisfy everyone." Neither, it is now evident, could the biomedical panel. Its report, delivered on 30 April to the White House and to Congress, has met more with apathy than with resounding applause.

The report is an essentially optimistic

document that predicts the eventual conquest of disease through basic research and pronounces the biomedical and behavioral research enterprise to be housed in a slightly cracked but nonetheless sound edifice. Its principal recommendations are for stable, long-term funding for basic research and a new structure of advisory bodies to be appointed by the President (*Science*, 16 April).

If this sounds like something you've heard before, it is because you have, and

therein lies at least part of the reason the report has so far received only a lukewarm reception. As one panel member told *Science*, "The report doesn't say anything new or startling, but then I don't know anything new or startling about research that ought to be said."

The law under which the seven-member panel* was created charges it with studying "policy issues concerning the organization and operation of biomedical and behavioral research conducted [by] the National Institutes of Health (NIH) and the National Institute of Mental Health" [which is now part of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)]. The panel chose to interpret its mandate quite narrowly, and the result is a report about research, by researchers for researchers. In places it has a decidedly self-serving ring to it, though panel members say they did not intend it to sound that way at all.

Given the composition of the panel, its strict—some say narrow—interpretation of its duty is no surprise. Five of its members are research scientists from the nation's leading medical institutions. Chairman Murphy, now a communications industry executive, was formerly a medical school dean. Financier Benno C. Schmidt is the only layman in the group, but as two-term chairman of the President's Cancer Panel he is more than adequately versed in the ways of basic science. Research and research institutions are what these men know and, in preparing their report—the first analysis of its kind in a decade†—they made a conscious decision not to go very far afield.

Their report, which reads like a defense of NIH and basic research, may not be startling but it is intelligent and workmanlike, as far as it goes. However, it is being criticized for not going far enough and there is disappointment that panel members did not grasp the opportunity to wing it with a little innovative thinking.

The panel dealt thoroughly with the problems at NIH and some of the problems at ADAMHA, but, as one observer aptly noted, it did not deal with the problems that caused Congress to want an investigation of biomedical and behavioral research in the first place. It skirted the issues of economics and quality of

Biomedical Panel Recommendations

Among the major findings and recommendations of the President's Biomedical Research Panel are these:

- "There do not appear to be any impenetrable, incomprehensible diseases. . . . What is needed now is some sort of settling down for the long haul. Most of all, the scientific enterprise needs stability and predictability [of funding]."

- NIH's primary mission is in basic and clinical biomedical research, not in health care delivery.

- The President's Cancer Panel should also be the President's Biomedical Research Panel. The directors of NIH and ADAMHA should be served by presidentially appointed advisory boards.

- The proposed Office of Science, Engineering, and Technology Policy should include, by statute, an eminent biomedical or behavioral scientist.

- No more institutes should be created within NIH. If anything, some existing institutes with related functions should be combined.

- The peer review system should be maintained; the Public Health Service Act should be amended to guarantee that the initial review of grant and contract proposals remains confidential, exempt from so-called "sunshine" laws such as the Freedom of Information Act.

- Biomedical and behavioral research requires stable funding. One way to improve the present situation would be to establish "forward funding" which means, in essence, that NIH and ADAMHA would get research funds a year in advance of, instead of a year behind, their commitment. To get the program started, Congress would have to double the appropriation the first year.

- Contrary to the prevailing belief, research funds do not partially subsidize academic institutions. ". . . The evidence indicates that institutional funds are used to subsidize the costs of research," particularly researchers' salaries. Therefore, the federal government should adopt a policy of "full cost reimbursement" in place of its present policy of "cost sharing." (The panel does not expect this recommendation to be a hit with the Office of Management and Budget.)

- The decline in the research budget of the National Institute of Mental Health must be reversed.

- Other areas in need of particular attention and funding are population research, genetic diseases, environmental and industrial health and toxicological research, neurobiology, and diabetes.

*Franklin D. Murphy, Times Mirror Corporation, Los Angeles; Ewald W. Busse, Duke University Medical Center; Robert H. Ebert, Harvard Medical School; Albert L. Lehninger, The Johns Hopkins University School of Medicine; Paul A. Marks, Columbia University; Benno C. Schmidt, J. H. Whitney and Company, New York; David B. Skinner, University of Chicago Hospitals and Clinics.

†The last major study of NIH was the Wooldridge report, published in 1965.

care and health care delivery and the responsibility of the scientific community in these areas, saying it had neither the mandate nor the competence to join these issues. Those are the very issues that people on Capitol Hill and in the Administration hoped they would tackle. But, for whatever reason, this was not written into the committee's mandate.

The panel's position on the role or proper mission of NIH is a good example of what they did and did not do. After what can probably be fairly described as a careful analysis of the strengths and weaknesses of NIH, the panel concluded that NIH ought to stick with what it knows best—research—and not get bogged down in the health care delivery business. The panel expressed concern that NIH is already too far into health care delivery in its so-called “demonstration” programs that are gobbling up money at a prodigious rate. With respect to what it called “knowledge application and dissemination activities,” which means making the results of research available to patients, the panel recommended that each institute of NIH and ADAMHA should organize a formal structure for these “activities” without spelling out how it should be done. And then, after declaring that research and health care delivery should be kept separate, the panel failed to answer the next crucial question. If NIH should not have federal responsibility for health care delivery (which it probably should not), who should?

Here, the panel is silent, or almost so. As Murphy told *Science*, “I encouraged the panel to stay away from suggesting what a new instrument for health care delivery should be because we have no evidence to support any recommendation.” Panelist Paul Marks said, in an

interview with *Science*, that the instruments for health care delivery already exist, but we do not use them effectively.

Marks, who as vice president for health sciences at Columbia University's mammoth medical center is daily aware of the problems of the delivery system, believes that delivery should be the province of agencies that reach out at the community level, which NIH does not. “There is no way you can have leverage on the system unless you can control reimbursement,” he noted, speaking as an individual to the economics the panel chose to eschew. The country already has the Center for Disease Control, the Health Services Administration, ADAMHA, which is primarily a service and not a research agency, and others. “The critical question,” Marks says, “is how these agencies relate to each other, and to Medicare and Medicaid. We suggested in the report, in boldface, that ‘Coordination of these federal efforts’ is a critical function of the Secretary of Health, Education, and Welfare.” However, he conceded that it was not exactly a forceful or lucid way of saying what he had in mind. As for NIH, Marks says, “It is an injustice to the magnitude of the problem to think you can approach problems of health care delivery through NIH. Our report is the best possible assessment of NIH. If it falls short of what some people expected, it may be because NIH isn't the place to solve these greater problems.”

Kennedy Plans Hearings

To date, reaction to the panel report largely has been confined to private comment. Public assessment of how the panel did its job is expected to come soon, probably at the end of this month, when

Senator Edward M. Kennedy (D-Mass.), who was behind the panel's creation, holds hearings on the report. (The hearings will be the second in a year-long series the senator is planning on the role of NIH. The first, held in early May, dealt with breast cancer therapy.)

Although it is impossible to predict what tack the hearings on the panel report will take, Kennedy staffers say the tone will be set by a speech he delivered on 23 April at Tufts University School of Medicine in Boston. In that address, Kennedy continued the hard line he has been espousing for the past year (*Science*, 20 June 1975).

“I believe we have learned that there is and must always be ‘basic research,’” he said, “. . . But not all our research is *basic*. . . . Indeed, we may not be able to afford to regard all publicly supported medical research as basic—and to invest along the entire front of expanding medical science—not knowing or trying to intelligently judge where the new important discovery will turn up. I don't believe we have the resources for that—and I don't believe the public has the will to be that generous or the patience to wait that long trusting only in the researchers' faith that all diseases are conquerable in time.” (It is almost as though Kennedy were responding to the panel's assertion that, if we spend enough and are patient enough, all disease will be conquered.) “I believe,” Kennedy said, “the research community and the public investment in it have reached the point where a careful examination of basic principles is in order.”

To the extent that the panel examined basic principles, it found the traditional view to be sound. But it is not certain that the Congress will completely agree.

—BARBARA J. CULLITON

Agricultural Research: Committee Approves Big Boost

A bill that would authorize a \$106 million boost in funding for agricultural research and make much of that money available to a broader array of institutions and scientists than ever before has been approved by the House Committee on Agriculture.

The legislation—known as H.R. 11743 or the “Wampler bill,” after its chief sponsor, Representative William C. Wampler (R-Va.)—holds the potential for initiating major changes in the structure of the agricultural research establishment. Among its provisions is one

that would admit new interest groups to the highest policy-making councils for agricultural research. The bill also seeks to upgrade the importance of agricultural research, a field whose practitioners have felt neglected and ignored in recent years.

Many of the bill's provisions were adapted from a report issued late last year by the National Academy of Sciences' Board on Agriculture and Renewable Resources, chaired by Sylvan H. Wittwer, director of the Michigan State Agricultural Experiment Station. Wittwer met with Wampler and his staff to discuss the framing of the bill, and he testified in support of it at hearings on 17