

Congress Passes Generous NIH Budget

An increase above 10 percent spares NIH unpalatable cuts in grants, programs, and payment of indirect costs

Congress has just passed an appropriations bill for the National Institutes of Health (NIH) that boosts its revenues for fiscal year (FY) 1984 by slightly more than 10 percent. As a result, the compromises NIH officials anticipated making by cutting some programs in order to fund a full complement of new grants will be put off for at least another year.

With a total appropriation of more than \$4.3 billion, Congress has continued its long-standing tradition of giving NIH more money than recent administrations have requested. In this case, the total is some \$390 million above what President Ronald Reagan asked for in his budget submission to Congress. Nevertheless, the President is expected to approve the additional funds for NIH, which are included in the overall appropriation for the Department of Health and Human Services (HHS).

The new bill marks the first time that Congress has managed to agree on an appropriations bill for NIH since 1979. For the past 2 years, the Senate has failed to pass a bill. Prior to that, controversial amendments regarding abortion that were tacked on to HHS legislation precluded bipartisan agreement on appropriations. So, for the past 5 years, NIH has operated on the basis of a continuing resolution, a stop-gap funding measure that has, none-the-less, provided dollar increases year-by-year. The significance of having a "real" appropriations bill is largely "symbolic," one NIH official said, adding that it "shows that the Congress is doing its work."

The final bill is a compromise between the Senate's \$4,301,965,000 allotment for NIH and the House-passed version which came in at \$4,297,054,000. In nearly every case, congressional staffers report, Senate and House conferees went down the list institute-by-institute and split the difference.

The budget proposed by President Reagan called for an increase of a mere \$72 million over FY 1983 and would have required NIH to make stringent cuts in major programs. The prospect prompted NIH director James B. Wyngaarden to call for reconsideration of what has, in the past couple of years, become one of NIH's sacred cows—the "stabilization

	1983 budget	Reagan's 1984 budget	Final 1984 budget
Cancer	\$ 962,581,000	\$ 963,881,000	\$1,053,442,000
Heart, Lung, and Blood	595,736,000	609,248,000	674,674,000
Dental	75,191,000	76,944,000	84,312,000
Arthritis, Diabetes, and Digestive and Kidney Diseases	393,457,000	406,505,000	442,543,000
Neurological and Communicative Disorders and Stroke	287,361,000	292,345,000	325,502,000
Allergy and Infectious Diseases	270,311,000	280,809,000	305,678,000
General Medical Sciences	321,013,000	338,255,000	366,844,000
Child Health and Human Development	244,859,000	247,295,000	265,014,000
Eye	138,001,000	138,748,000	150,783,000
Environmental Health Sciences	158,061,000	160,565,000	173,000,000
Aging	91,578,000	97,240,000	112,300,000
Research Resources	213,209,000	201,117,000	241,928,000
Fogarty International Center	10,147,000	9,189,000	11,336,000
Library of Medicine	44,802,000	41,963,000	42,113,000
Building and facilities	17,500,000	19,900,000	25,040,000
Office of the Director	25,748,000	26,720,000	26,720,000
Total, NIH	\$3,849,555,000	\$3,910,724,000	\$4,301,229,000

policy," devised by former director Donald S. Fredrickson, which guarantees top priority to the funding of 5000 new and competing grants every year (*Science*, 15 July, p. 243). Wyngaarden's first ploy in budget negotiations within the Administration was to drop the floor of 5000 new grants to a low of 3676 in order to maintain funding for other re-

search programs. When Office of Management and Budget (OMB) staff directed that the "Fredrickson 5000" be kept intact, with no budgetary increase to compensate, NIH began cutting other politically popular programs with the unstated hope that Congress would come to the rescue.

For instance, Wyngaarden targeted the Gorgas Memorial Institute of Tropical and Preventive Medicine for extinction (see box on p. 484) and sought deep cuts in NIH's centers programs which foster interdisciplinary clinical research. Fifty-one of 320 centers were to be terminated. Scattered as they are at major institutions throughout the country, the centers can count on backing from their local congressmen.

The new appropriations bill restores most of what would otherwise have been lost to fiscal austerity while providing for 5000 new grants as well. Centers will be funded. Money for institutional support (as opposed to individual research grant funds), which NIH officials "raided" under the Administrations budget, will be available. So will some \$77 million that is needed to pay universities the full amount of "indirect costs" or overhead which is collectible on research grants. Indirect costs have become the source of considerable contention between university administrators and faculty research-

Universities Lose Pork

Boston University and the universities of Pennsylvania and New Mexico failed to clear the last hurdle in getting pork-barrel funding for new research and teaching facilities. Amendments providing a total of \$44.3 million for construction at the three universities were successfully tacked on to the Labor, Education, and Health and Human Services appropriations bill on the Senate floor on 4 October (*Science*, 28 October, p. 396). But the funds were deleted by the House-Senate conference committee 2 weeks later. The conference committee did, however, invite the universities to submit grant proposals for the facilities and instructed the relevant departments to give them a high priority.—C.N.

Congress Reprieves a Lab

Until last March, the Gorgas Memorial Institute of Tropical and Preventive Medicine could scarcely have been considered a hot political item. Then the National Institutes of Health (NIH) proposed cutting its share of the Gorgas Institute's budget to zero, a move that would effectively have led to the organization's demise. The resulting furor has prompted Congress to come to its rescue: the NIH appropriations bill, approved by a conference committee on 18 October, has restored the institute's budget.

The institute, which was established in 1921, has a distinguished record of research on tropical diseases and has some powerful supporters in the biomedical research community. Named after General William Crawford Gorgas, a physician whose work led to the control of yellow fever and malaria—which in turn made possible the construction of the Panama Canal—the institute operates a laboratory in Panama and receives about 80 percent of its funds from NIH. Several prominent scientists led the public outcry when NIH slashed its budget. The State Department also quietly protested the institute's proposed closure on the grounds that it could damage relations with Panama.

NIH was well aware that its move would prompt such a reaction. Indeed, NIH officials were counting on it. The proposed elimination of funding for the Gorgas Institute was one of a series of cuts NIH made in order to reallocate funds into the support of competitive grants. The reprogramming



Gorgas Memorial Laboratory

Would-be victim of the NIH budget reallocations.

was needed to fulfill a pledge made by the Carter Administration—and recently renewed by the Reagan Administration—to fund at least 5000 new grants each year. Since NIH's original budget request would fund only about 3700 such grants, NIH officials were forced to divert some \$140 million from other areas. More than one-third of this proposed reallocation was scheduled to come from support for a variety of research centers, including the Gorgas Institute. The research centers tend to have strong political support, and by targeting them, NIH drew attention to the strains caused by trying to fund 5000 new grants in a tight budget.

Congress has responded by raising NIH's overall budget and it has specifically restored funds for many of the centers. The Gorgas Institute in particular was appropriated \$1.899 million, thanks in part to favorable reports by the Office of Technology Assessment (OTA) and the General Accounting Office (GAO).^{*} Both reports were requested by the Senate Appropriations Committee.

OTA looked through the institute's publications, conducted a survey of U.S. scientists familiar with its work, and concluded that its scientific research is highly regarded. It also noted that much of the work is relevant to health problems faced, for example, by U.S. military personnel, and pointed out that NIH would have to do some of the research itself if the Gorgas Institute closed its doors. GAO reached similar conclusions.

Thus, the Gorgas Institute has emerged relatively unscathed from a skirmish that was something of a sideshow in a broader battle over the size and structure of NIH's budget.—**COLIN NORMAN**

^{*}*Quality and Relevance of Research and Related Activities at the Gorgas Memorial Laboratory* (OTA, Washington, D.C., 1983); *Issues Affecting Continuation of United States Funding of the Gorgas Memorial Institute* (GAO, Washington, D.C., 1983).

ers who believe their institutions are taking overhead at the expense of money for basic science (*Science*, 2 September, p. 929).

For the past several years, indirect costs have consumed an ever-greater fraction of the money NIH has to spend on grants, accounting for 30 percent of the total in FY 1982. University administrators, backed by members of Congress, have vigorously and successfully defended their claim to indirect costs based on OMB's present formula for payment. Although no formal decision has been announced, it is anticipated that a government-wide review of indirect cost formulas will be undertaken shortly by the White House Office of Science and Technology Policy.

The new appropriations bill contains a few items of note but does not constitute a detailed blueprint for NIH such as that contained in another pending NIH bill sponsored by Representative Henry A. Waxman (D-Calif.) which would direct the institutes to initiate a number of new programs in response to pressures from special interest health groups (*Science*, 19 August, p. 726). For instance, the appropriations bill provides that \$10 million be set aside in the budget of the National Institute of Neurological and Communicative Disorders and Stroke for special awards in neurosciences research in honor of former Senator Jacob Javits who is dying of amyotrophic lateral sclerosis or Lou Gehrig's disease. And even though an earmarked \$30 million for Alzheimer's disease was struck from the bill as a separate item in conference, enough money is included in the budget for the National Institute on Aging to support that level of Alzheimer's research.

The new bill also contains money for AIDS research (\$29 million) and funds for NIH's relatively recent instrument-sharing program in which two or more investigators can apply for money to purchase expensive equipment, such as a cell sorter or electron microscope, to be used on a shared basis.

The one important item left out of the appropriations bill is training which is currently supported by a continuing resolution and may be next year as well if new authorizing legislation is not passed soon. However, NIH officials say that a continuing resolution would enable them to support some 10,000 trainees next year—about the same number as in FY 1983—which is 900 more than the President's budget would have funded.

All in all, as one of NIH's budget officers said, "It is another good year for NIH."—**BARBARA J. CULLITON**