

Lukewarm Reception for NIH Study

The long-awaited report by the Institute of Medicine on the structure of the National Institutes of Health (NIH), which was unveiled on 15 November, has met with at best a lukewarm reception at NIH.* "I am very pleased at the complimentary things they said," NIH director James B. Wyngaarden told *Science*. But Wyngaarden, along with other NIH officials, said he believes some of the recommendations could prove troublesome. (For a description of the recommendations, see *Science*, 2 November, p. 517.)

The study, which was conducted by a committee chaired by James D. Ebert, president of the Carnegie Institution of Washington, was requested by NIH in part to try to stop the disease-of-the-month-club phenomenon in which pressure groups persuade Congress to establish new disease institutes at NIH. Twenty-three new institutes have been proposed since 1970, and in the last session Congress passed legislation—which was vetoed by President Reagan on 30 October—to establish institutes on arthritis and nursing.

In general, the committee shared NIH's concern, arguing that the current structure is "effective" and that there should be a "presumption against" creating new institutes. "We believe NIH can respond to changing priorities without creating new institutes," Ebert said at a press briefing on the report. However, the committee did not rule out such a step entirely but recommended that it be taken deliberately and carefully.

To that end, it laid out five criteria that should be taken into consideration: the proposed institute should fit in with NIH's overall mission; it must be demonstrated that the research area is not receiving adequate or appropriate attention; there must be reasonable prospects for scientific growth in the area; there must be reasonable prospects for adequate funding; and communication, management, priority setting, and accountability should be improved by the change in structure.

Wyngaarden says he finds the guidelines useful as a general statement, but fears they may encourage rather than discourage attempts to establish new institutes. Groups advocating the setting up of institutes on arthritis, diabetes, and trauma, to mention just three that have been active in recent years, could probably claim that they qualify under the guidelines, for example. When asked to respond to this concern, Ebert said the committee decided not to make the guidelines more detailed because it "wanted very much to avoid writing job descriptions for the institutes," and committee member Adam Yarmolinsky, a Washington lawyer, said that the guidelines were written for decision-makers, not advocacy groups.

A more controversial recommendation is that a six-member Health Sciences Board be established to advise the assistant secretary for health on proposals to alter the structure of NIH and, more generally, on overlapping jurisdictions between health agencies in the federal government. The board would, for example, be responsible for judging whether proposals for new institutes meet the

criteria the committee laid out. This determination would have more credibility if done by the board rather than by NIH, the committee believes, because "NIH has consistently opposed these changes [in its structure], and thus has acquired an image of being opposed to innovations proposed from outside the agency."

The board is seen as an apolitical committee of wise men and women. To ensure it is untarnished by politics, the Institute of Medicine report recommends that the members be appointed from "a slate nominated by the Assistant Secretary of Health after consultation with the National Academy of Sciences and the National Academy of Public Administration." There is, however, some uncertainty about whether it would be constitutional for two private bodies in effect to select the slate of candidates for a high-level government advisory board. Committee members were reluctant to say whether they would still support creation of the board without that safeguard.

One institute director describes as "breathhtakingly naive" the expectation that such a board would remain nonpolitical. Indeed, concerns about the possibility that it would be politicized were raised within the committee itself and in the council of the Institute of Medicine. Institute president Frederick Robbins says in a covering letter to the report, however, that the committee concluded that "on balance the board would meet an important need." One need emphasized by the committee is to provide better coordination between the health science agencies. Wyngaarden says, however, that "I don't think we have any problems in coordination between agencies." Edward Brandt, the assistant secretary for health, has been "very effective" in dealing with jurisdictional questions, he added.

The third major area of recommendations concerns means of increasing the authority and flexibility of the office of the director of NIH. Noting that the director has no discretionary funds of his own, the committee recommends that he should have a budget equal to 1 percent of the NIH total (about \$50 million at current levels) that he can use to seed selected areas in existing institutes, and that he should have authority to transfer up to 0.5 percent of the total NIH budget across institute lines in response to a public health emergency. These measures would provide more flexibility and enable NIH to respond swiftly to deal with problems such as AIDS, the committee argues.

Another recommendation designed to increase the authority of the NIH director's office is to upgrade the current director's advisory committee by turning it into a more independent NIH policy and planning council. The present committee essentially concerns itself with issues selected by the director, but the proposed council would set its own agenda and provide advice on a broad range of matters, particularly the formulation of long-term plans and the setting of research priorities. Such a move would certainly enhance the status of the chief advisory committee at NIH and perhaps provide an important channel for advice. But it would not necessarily increase the director's own authority since the council would be far less under his control. Indeed, it could prove to be yet another power block for him to contend with.—COLIN NORMAN

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