



NIH Urged to Forge New Ties to Congress

Representative Joseph Early tells biomedical researchers that they should be doing a better job of arguing their case before Congress

AT a recent meeting of the advisory committee to the director of the National Institutes of Health,* called to examine the health of biomedical research institutions in commemoration of the NIH's 100th anniversary, the National Science Foundation was a surprising topic of conversation.

NSF director Erich Bloch, it was noted, speaks directly to the head of the White House Office of Management and Budget. The NIH director dare not. Noting that his own post is relatively low in the government hierarchy, NIH director James B. Wyngaarden told the advisory committee that "I'm required to move through the Assistant Secretary even to talk to the chief of staff of the Secretary of the Department" of Health and Human Services. Wyngaarden has never had a private meeting with Secretary Otis R. Bowen, let alone direct contact with the head of OMB.

Shrewdly using the country's current preoccupation with industrial competitiveness as a vehicle, Erich Bloch has managed to convince the President and OMB to support a policy to double the NSF budget within 5 years. Thus, NSF-funded scientists enjoy a perception of stability in the research enterprise that eludes their counterparts in the world of NIH.

Once, when Wyngaarden publicly called for doubling the NIH budget by 1990, it only got him in trouble with OMB. In an

address in 1983,† Wyngaarden suggested that to assure both stability and real growth, the NIH budget, which was then around \$4 billion, should reach \$8 billion by 1990. After hearing about what he had said, OMB requested copies of every speech Wyngaarden had given since taking the NIH post some 18 months earlier. A deluge of 125 "safe" manuscripts apparently silenced the official budget writers, but Wyngaarden also learned not to suggest policy without clearance from OMB.

"Do unto NIH as you do NSF" is the message that should emerge from this advisory committee meeting, said John Pratt, administrator of the Whitehead Institute in Cambridge. "The White House and Erich Bloch have expressed very clearly the value of planned growth over a 5-year period to support research," he said, "but somehow the White House has never been able to connect these words to the . . . NIH."

As far back as the 1950s when James A. Shannon, as director of NIH, was busy building the foundation of the current enterprise with the strong support of members of Congress, the White House has never taken the lead in support of biomedical research.

Today, as then, the fortunes of the biomedical scientist are in the hands of Congress. In the House, Representative Joseph Early (D-MA), a member of the NIH appropriations subcommittee, is one of the institutes' key backers. Speaking before the director's advisory committee, he was all but ready to make Wyngaarden's wish for a doubling of the budget to \$8 billion come true—and before 1990 at that. "Ideally, for fiscal 1988 I think we could effectively spend \$7.5 to \$8 billion," Early stated.



NIH directors James Wyngaarden and James Shannon share a commitment to NIH's mission in basic research.

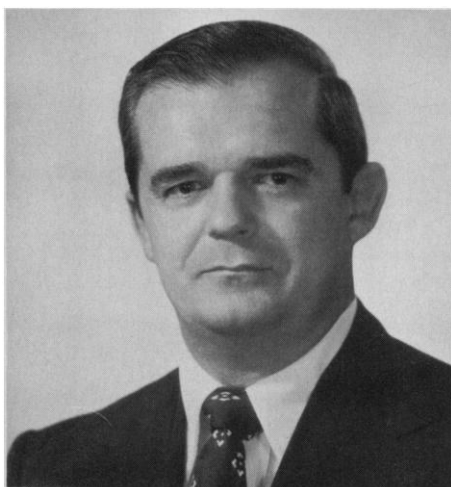
But he went on to say in no uncertain terms that biomedical researchers are not doing their part in protecting their own interests and those of the NIH. He criticized Wyngaarden and NIH institute directors for not fighting OMB hard enough and said he sees their independence "diminishing." "I think they are too restricted and too responsible to OMB," he said. "I think that you in the universities are not doing the best of jobs in that you're not coming forward. . . ." Said Early, in what was perhaps the plainest political pep talk ever given before the advisory committee, "I think when NIH makes a suggestion, it needs all the academics, all the presidents, to come forward and say 'You're absolutely right,' or 'You're absolutely wrong.'"

Early has said that, despite consistently strong congressional support for NIH, each year it becomes a little more difficult to persuade all the appropriations committee members to go along with hefty increases in the face of competing demands. At mark-up—the time when budget figures are finally written into appropriations bills—a strong record of people making their needs known to Congress can be vital to winning committee votes.

In what amounted to a civics lesson for biomedical researchers, Wyngaarden himself

*Meeting of the Advisory Committee to the Director, NIH, on "The Health of Biomedical Research Institutions," 15–16 June 1987, Bethesda, Maryland.

†J. B. Wyngaarden, "Nurturing the scientific enterprise," *Science* 223, 361 (1984), based on an address to the Association of American Medical Colleges, 7 November 1983.



Representative Early urges biomedical researchers to become more politically active.

reviewed the history of some losses NIH has sustained in recent years, due partly to a failure of vocal, visible, politically effective support from the extramural research community.

Lesson one. The NIH director and the institute directors—officially part of the Administration—cannot go before Congress and criticize the President's budget or the OMB. "We are required to support the Administration," Wyngaarden notes, "but if the extramural community disagrees with those proposals, they have to be heard."

Lesson two. Failure to speak up at the right moment can result in funding or other losses that might not be recouped for years. "We lost funding for extramural construction in about 1967," Wyngaarden said. "We lost [legal] authority in 1974. And we saw no particular response from the extramural community." Today, universities are desperate for federal funds for construction and renovation.

Wyngaarden also reported that "Some years ago, in a tight budget year, the institutional allowance on the research training grant was cut in half and there was no response to that from the extramural community and it has never been restored."

For several years, the Administration has proposed zero-funding the Biomedical Research Support Grant program, which provides funds to institutions. For several years, Congress has put those funds back—in response to pressure from researchers. But Wyngaarden told his advisors, "This year that hasn't happened. In fact, I saw Mr. Early at a reception . . . and he said, 'The extramural community really let you down this year.'"

The ongoing indirect cost battle is yet another that researchers have conceded through silence, Wyngaarden said. A proposal was made to permit university presi-

dents flexibility to take additional indirect costs out of direct grant money if indirect costs go up during the course of the grant. University presidents wrote in support of the idea; no one else was heard from.

Since the beginning, NIH has been a creature of politics, but as the institutes review a 100-year history, there are signs that the nature of those politics has changed.

James Shannon is widely regarded as the founding father of the modern NIH. His vision of science is stamped on the NIH's intramural labs in Bethesda and on academic research institutions across the country. When Shannon was director he had a measure of power unknown to his successors. With the unfailing support of two powerful members of Congress—Representative John Fogarty and Senator Lister Hill—he moulded NIH to be an institution for basic research, even though from the very start most of the institutes were created with a specific disease orientation: the National Cancer Institute became part of NIH in 1944, followed by the National Institute of Mental Health in 1946, and the heart and dental institutes 2 years later.

In an interview more than a decade ago, Shannon recalled the first years of his tenure. "Our aim early on, in the 1950s, was to establish a science base of excellence with regard to the scientist, not to society," he said, certain that practical benefits to medicine would follow if the basic science were sound.

But by the time Shannon retired in 1968, pressures for more targeted efforts were steadily increasing and the role of the director was changing. "The politics are different now," he said in 1971. He noted within the Administration a new "emphasis on team play, consensus, follow-the-leader," that still persists.

New York philanthropist Mary Lasker, president of the Albert and Mary Lasker Foundation, had had a long interest in NIH and a few battles with Shannon during the 1960s, because her view that one could cure disease by setting out to do so conflicted with his belief that the route had to be through basic science. With Shannon's retirement, the center of gravity gradually shifted to Lasker headquarters where Mary Lasker was gearing up for a national war on cancer. The National Cancer Act of 1971, which gave the NCI favored institute status within the NIH, and boosted the nation's research budget by \$400 million at a single stroke of the pen, marked a milestone in NIH history that has not since been matched (see story on page 843).

The NIH now supports biomedical research at \$6.2 billion a year—enough to pay for more than 20,000 grants and projects.

The centennial should be a time of nothing but celebration. But it is not. At the director's advisory meeting, Gilbert Omenn, dean of the School of Public Health and Community Medicine at the University of Washington, summed it up. "The good news is that our biomedical research enterprise is flourishing, that there is tremendous excitement and progress among those of us in the enterprise and in the perception of the general public. The bad news is that there is not much joy in the process anymore."

The source of discontent lies in the belief that the system is unstable, which explains the often repeated wish for a commitment to long-term budget growth, even though that is what biomedical science has de facto. It is ironic that NIH seems to want the White House backing that NSF now has for a 5-year doubling of the budget. Yet, in reality, there is no guarantee that Congress will deliver what the Administration wants for NSF, while there is plenty of evidence that NIH will do well despite White House neglect.

William N. Kelley of the University of Michigan Medical Center struck a resonant chord when he associated the perception of instability with the annual White House ritual of attempting to actually cut NIH resources in the President's budget request. "My greatest concern," Kelley said, "is not the stability itself so much as the perceived instability as it relates to health manpower development. When the President's budget comes out in January, there is this devastating impact on scientists in our academic communities where everybody is saying, 'Oh my gosh, we're not going to have any grants this year,' and this is going to happen and that is going to happen. There is direct communication of this discomfort to trainees, to students, essentially at every level. And then by the time the budget finally gets resolved in late September, or whenever it happens, on the whole we're back and things are okay again, but the good news was never communicated. And then lo and behold, the next year comes along and in January there's bad news again. It's devastating."

Wyngaarden believes the only solution to that problem is education. "The budget process is very poorly understood and what Bill Kelley says is entirely correct, so people need to understand the process and understand the roles of all the individual players." His plan is to hold several regional meetings during the next few months at which he hopes to give the whole research community a civics lesson he thinks it badly needs—a lesson about how the system works and how it can be affected for NIH's second century. ■ **BARBARA J. CULLITON**

Recollections on the War on Cancer

Nobody in biomedical research wanted the War on Cancer. Launched officially with the National Cancer Act of 1971, the war on cancer swelled the resources of the National Cancer Institute. It went from \$180 million in 1971 to \$400 million a year later. The idea that one could make progress in understanding cancer by focusing money and attention on the problem was anathema to the vast majority of biomedical researchers who opposed the cancer act (with too little clout, too late in the game) on the grounds that a moon-shot approach to cancer would never work. The war on cancer would only raise false hopes, they said.

Mary Lasker was not moved by the opposition. More than anyone in the country, Lasker, president of the Albert and Mary Lasker Foundation in New York, wanted this country to mount a concerted effort to conquer cancer. Consistently committed to a goal-oriented or targeted approach to biomedical research, Lasker was impatient with the idea that all good things would come from basic research if one were simply patient enough. "People touchingly think that everything is being done" to cure cancer, she said in an interview a couple of weeks before President Richard Nixon signed the act in December 1971. "I know something about medicine," she said. "We're entering a new era and we have to fight the idea that research can't provide payoffs."

Lasker, who had been instrumental in the creation of some of the institutes at NIH, was determined to boost the fortunes of cancer researchers. She went to her friend, the former Senator Ralph Yarborough of Texas, who was chairman of the health subcommittee of the Senate, and persuaded him to appoint a group of right-minded people to review the state of cancer research. And, after consultation with Laurence Rockefeller, she convinced the senator to name financier Benno C. Schmidt head of what became known as the Yarborough panel.

Schmidt, a Republican, remembers "sitting in my office in New York minding my own business in the early spring of 1970" when he got the word from Yarborough, a liberal Democrat, who had been a professor of his 37 years earlier at the University of Texas Law School. Opposition to the appointment from Yarborough staffers got nowhere. The senator saw Schmidt not as an "untrustworthy New York Republican" but as a "fine young man from Abilene."

After passage of the 1971 cancer act, Schmidt went on to be chairman of the newly created three-member President's Cancer Panel, empowered with substantial oversight of the NCI. Schmidt remained chairman of the panel until through 1980. At recent commemorative dinners he has recounted some of the early political fights.

Schmidt confesses surprise at opposition from researchers but aptly recollects their objections to a special cancer effort, among them these: First, it might "impair the excellence of NIH." Second, researchers supported by institutes other than NCI feared they would lose out. "They had not learned that the next best thing to getting a raise yourself is for the person next door to get one." Third, it was assumed the war on cancer would be directed only at applied research, in the absence of an adequate science base. Of this Schmidt says, "The stupidity of our panel was greatly exaggerated."

Once the panel produced a draft act, it had strong support in the Senate, where Edward M. Kennedy (D-MA) had become head of the health subcommittee. But it faced strong opposi-

tion in the House where former Representative Paul G. Rogers was backing the view that special treatment of NCI, which by then included a provision to remove the cancer institute from NIH, would damage NIH overall. White House support was also lacking. "We had a real problem in those days," Schmidt told *Science*. "Rogers would have to be converted. And President Nixon would have to be convinced to support something Ted Kennedy was backing."

As it turned out, Nixon's friend Elmer Bobst, a member of the Yarborough panel, provided needed entrée to the President; at the suggestion of the White House staff, Schmidt and others got Kennedy to take his name off the bill. Winning over



Benno Schmidt was chairman of the President's Cancer Panel for 9 years.

Paul Rogers was hardest. The Senate, by a vote of 89 to 1, passed a version of the bill that made the NCI a separate agency—outside the NIH. Rogers would not buy it. Then, a compromise was designed that gave NCI special status within NIH and direct access to the President, bypassing the NIH director, the secretary of the department, and the Office of Management and Budget. The presidentially appointed three-member cancer panel was established to make sure NCI was not impeded.

Rogers then was willing to vote yes. "Biomedical research must be seen in the context of health in general, not just one disease," he said in an interview at the time. "The passage of this bill has been a baptism of fire for scientists."

With the passage of the National Cancer Act of 1971, the predictable happened. Basic researchers previously engaged in other pursuits discovered that their work had something to do with cancer after all and applied to NCI for grants. And, as was part of the political deal all along, other institutes—starting with heart—received special attention and aging was recognized as a serious health issue when the Institute of Aging was born.

Meanwhile the NIH budget went from \$1 billion to \$6.2 billion overall. But none of the other initiatives matched the war on cancer fiscally or politically. In the end, Mary Lasker won. There are few complaints today. ■ **B.J.C.**