Bush Goes 0 for 2 with Anthony Fauci

Fauci declines a direct appeal from the President to head NIH; HHS Secretary seeks ways to make the job more attractive

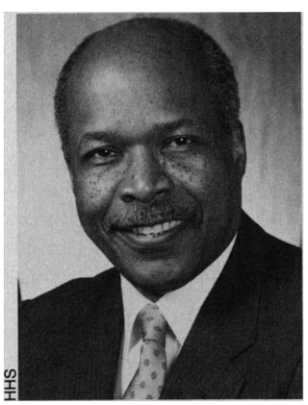
SCIENCE HAS LEARNED that on 30 October President George Bush invited Anthony Fauci to the Oval Office and asked him to be director of the National Institutes of Health. As he did last summer (*Science*, 15 September, p. 1181), Fauci said "No." He said he could not take the job full time, even for just a year while the Administration looks for someone else. His research on AIDS and his role as the National Institutes of Health's chief AIDS coordinator were, Fauci told the President, responsibilities he could not abandon right now—not even at the President's personal request.

Although myth has it that no one ever says "No" to the President, Bush, who has called Fauci one of his "heroes" because of his AIDS studies, accepted Fauci's commitment to the lab. Then, Bush wanted to know, what could he do to "help NIH"?

Fauci, director of NIH's Institute of Allergy and Infectious Diseases, seized the occasion to advise Bush that the Administration would never be able to recruit an able scientist unless it dropped, once and for all, its obsession with a candidate's views on abortion.

Although Fauci declines to comment on his meeting with the President, other than to say that the President was "respectful" of his decision, sources have told *Science* that Fauci laid the issues on the line. As well he might have, considering the lack of progress being made by the President's men in filling James B. Wyngaarden's shoes.

The search for someone to succeed Wyngaarden at NIH began well enough last April when the Administration agreed to appoint a committee of scientists to conduct what Wyngaarden said would be a "traditional academic search" (*Science*, 28 April, p. 414). But when the committee turned its slate over to higher-ups in the Department of Health and Human Services (HHS), it seemed to disappear into a black hole.



HHS

Louis Sullivan. *Seeking advisers to redesign NIH directorship.*

After prodding from scientists, including White House science adviser D. Allan Bromley, HHS secretary Louis Sullivan turned his attention to the issue a few weeks ago and sent a short list to White House personnel. But any hope of an "academic" selection process was demolished when a low-level White House staffer called candidate William Danforth, chancellor of Washington University in St. Louis. Danforth, brother of Missouri Republican Senator John Danforth, an outspoken anti-abortionist, was outraged when his White House caller had only two questions for him about the NIH job: his views on abortion and fetal research.

Danforth said that if those were the only questions, the White House could count him out as a matter of principle (*Science*, 6 October, p. 27) and when word of the abortion call leaked out, things went downhill rapidly.

Finally, Sullivan realized that the White House would have to be convinced to abandon the abortion litmus test. And, by a political sleight of hand, he succeeded. Sullivan and his health deputy James Mason declared that the NIH directorship is such a low-level position within HHS that its occupant does not make important policy decisions anyway. Therefore, his or her position on abortion is irrelevant.

Sullivan announced the putative end of the litmus test on 29 October at a meeting of the Association of American Medical Colleges (*Science*, 3 November, p. 566). The next day Fauci went to the White House, and from all appearances, he convinced Bush of more than his intent to turn down the directorship: immediately after Fauci's meeting in the Oval Office, the President publicly endorsed Sullivan's announcement.

But the demise of the litmus test doesn't remove all the impediments that keep someone of scientific stature from accepting an invitation to lead NIH. During the past decade and more, the job has lost its luster as it lost more and more authority. It is, in fact, hard to overstate the fact that the NIH director governs the institutes by leadership alone. The heads of the cancer and heart institutes are appointed directly by the President and have direct access to the White House. Every institute director is responsible for his or her own budget, and each gets individual approval from Congress.

Major appointments to scientific positions at NIH require the approval of officials in the Public Health Service. No longer is the NIH director's authority sufficient. Attempts to give the NIH director discretion to allocate funds to urgent new areas of research (AIDS, for instance) have never succeeded.

Sullivan has therefore decided that the time is ripe for a review of the NIH job in all its aspects. To that end, about a week ago he convened a private 3-hour meeting of biomedical leaders to thrash the questions out. Deliberately billed as an informal get-together rather than an official (and therefore open-to-the-public) session, the gathering included Institute of Medicine (IOM) president Samuel O. Thier and two people who served on an IOM panel that reviewed NIH just last year—former congressman Paul G. Rogers and financier Benno C. Schmidt, former head of the President's cancer panel. Sloan-Kettering president Paul Marks attended the meeting, as did former NIH director Donald S. Fredrickson. Fauci was there, along with NIH's current acting director William Raub.

By all accounts, the group agreed that the NIH office must be strengthened. Several steps, having to do with internal hirings, for instance, can be accomplished by a directive from the Secretary. A move to return the cancer and heart institute heads to the NIH fold by dropping them from the list of presidential appointees would take congressional action. Even though private health groups like the American Cancer Society can be expected to fight it all the way, Congress has already been approached on the subject.

Sullivan plans to continue meeting with biomedical leaders and others for advice on ways to make the NIH directorship more attractive.

Whatever the outcome, Fauci has unambiguously taken himself out of consideration. "I did not decline because of the nature of the position," he says. "I declined because I believe I can contribute more by staying in research."

Meanwhile, NIH waits for a new director. Unless Sullivan and his soon-to-be appointed advisers act with unaccustomed alacrity, it is entirely possible NIH will still be waiting next year. ■ BARBARA J. CULLITON