

# NIH Director: The Search Goes On . . . and On

*A committee has come up with ideas to make the job more attractive, but the job will not be filled anytime soon*

AT THE END OF DECEMBER, James O. Mason, the assistant secretary for health, put a notice in the *Federal Register* asking for advice on finding a director for the National Institutes of Health. Mason's office summarized one response this way: The NIH director should possess "limitless energy, charisma, enthusiasm, and superb interpersonal skills."

For the past couple of months, the Administration has been struggling with a related question: Why would a person with those qualities want to be director of NIH, a job with low pay and limited authority?

Last week, Mason chaired an open meeting at which an advisory board of biomedical leaders arrived at a list of things the Department of Health and Human Services (HHS) should do to "strengthen the position." Although the discussion covered a lot of familiar ground, it was the first time proposals for making the job better were put on the public record.

The Mason advisory committee, which has met twice in camera, was established after the Administration bungled attempts to select a candidate from its own search committee's list. The sticking point was a litmus test on abortion, a test that HHS Secretary Louis Sullivan says has been dropped (*Science*, 6 October 1989, p. 27).

■ **Compensation.** The discussion began with salary. Donald S. Fredrickson, a former NIH director, reported that \$124,000 a year is the maximum a new director could make. By federal standards that is quite a bit—more than many high Administration officials are paid—but it would be possible only if the director were an M.D. in the Public Health Service eligible to add a PHS allowance to the NIH's basic salary.

However, even at \$124,000 the NIH job is nowhere near the pay available in academic medicine which is, as Fredrickson pointed out, the only relevant standard of comparison. The mean pay for top people in medical schools is \$193,000 a year.

What would it take to exempt the NIH director and certain senior scientists from the federal pay cap? An act of Congress. Representative Silvio O. Conte (R-MA), ranking minority member of the House

Appropriations Committee, has already enlisted in that cause by introducing a bill (H.R. 3752) that would peg top salaries at NIH and other HHS science agencies like the Food and Drug Administration to the going rate for physician chairmen of clinical departments in medical schools. Senator Edward M. Kennedy (D-MA) has introduced related NIH legislation (S. 1392) but it does not go as far as the Conte proposal.

During the past 10 years, NIH has failed to recruit a single senior scientist from outside the government to its top ranks, report-

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ed Anthony S. Fauci, a long-time NIH scientist who is director of the National Institute of Allergy and Infectious Diseases.

A survey of NIH staff revealed that half of its Ph.D.'s have been offered at least \$10,000 more than they are getting now, while 83% of NIH's senior physicians have gotten offers averaging \$166,000, or twice their current pay. Furthermore, some 60% of NIH's senior scientists are currently eligible for retirement now—a figure that will only go up if new people cannot be recruited.

Thus, the question of compensation is seen as crucial not just to the current search for a new NIH director but to the future of NIH itself.

■ **Term of appointment.** The advisory committee lent whatever weight it has to the idea of appointing the NIH director to a renewable 6-year term like that of the head of the National Science Foundation. Advisory board member Paul G. Rogers, a former member of Congress, said a recommendation for a 6-year term would "be a signal to the Administration that we want this job depoliticized."

At present, the NIH director is a presidential appointee who is obliged, like cabinet officers and other high Administration officials, to submit his resignation to the incoming president. This past election year President George Bush accepted the resignation of NIH director James B. Wyngaarden—an act that NIH loyalists considered the height of "politicization." (Wyngaarden is now assistant director for life sciences of the White House Office of Science and Technology Policy.)

■ **Authority and flexibility.** Conventional wisdom holds that the NIH director's authority—and, therefore, the attractiveness of the job—has been eroded over the years as HHS officials have, for example, dictated positions on issues including fetal research, abortion, and animal welfare, and have excluded the director from important negotiations about the budget.

Matters such as these, the advisory committee said, could be resolved if the HHS secretary would delegate more authority to the head of NIH.

■ **The cancer institute.** Thanks to the National Cancer Act of 1971, which launched the "war on cancer," the head of the National Cancer Institute has special rights. By law, he can go directly to the President if he has a problem. By law, he can submit a budget request that "bypasses" or is outside of the NIH's internal budget process.

Cancer institute supporters believe that the NCI's special status is not only good for NCI but good for all of NIH. Others believe that NIH cannot have two popes; they have privately advised HHS to seek a revision of the law so that the NIH director would clearly be supreme.

The question before the advisory committee was whether to recommend a change.

Acting NIH director William Raub reported that the status quo causes no trouble "on a day to day level" because the incumbent NCI head, Samuel Broder, is willing to act within the NIH system. But, he said, if the NCI director regularly exercised his rights to use the White House as a "court of first resort" it would be an administrative disaster for NIH.

But this is Washington and no one was shy about admitting the political implications of tampering with the cancer act. "We'll stir up a huge cancer constituency and detract from our whole effort to enhance the NIH director's job," said Rogers. The advisory board voted to drop the matter and adjourned until 26 February when it will debate the role of the NIH director in national science policy.

Meanwhile, there's no candidate in sight.

■ **BARBARA J. CULLITON**