

NIH Director: Recommendations

The Advisory Committee on the National Institutes of Health (NIH)* to the secretary of Health and Human Services (HHS) was asked to identify ways to enhance and strengthen the position of the NIH director, and thereby the NIH itself. This it did with remarkable unanimity and a real sense of urgency throughout four meetings, starting in December 1989. Simultaneously, a search committee was working and has now produced a short list of candidates for the second time (News & Comment, 20 Apr., p. 296). Nevertheless, the fate of the recommendations of the advisory committee is uncertain. A substantial number of the committee members came away from the final meeting on 25 April pessimistic about the possibility that the recommended changes would be made in time to encourage outstanding candidates to consider accepting the director's job.

Depoliticization of the job was topmost on the advisory committee's agenda. Last summer's fiasco, stemming from a White House test of a candidate's views on abortion, was only the most recent illustration of the need to reassert the fundamentally scientific responsibilities of the position. The committee recommended that, like the National Science Foundation (NSF) director, the NIH director be appointed for a 6-year term, renewable. This would require legislation.

The advisory committee urged that the NIH director have substantially increased authorities, including final appointment power for senior NIH scientific and administrative staff and for scientific appointments to NIH advisory committees, councils, and boards. Currently, the secretary of HHS has these authorities, and they could be delegated without legislation. A \$20-million-dollar discretionary fund and the authority to transfer up to 1% of the budgets of the individual institutes would substantially improve the director's ability to provide leadership to biomedical research especially in times of emergencies, such as the AIDS crisis.

Adequate salary and compensation also received important attention. Current policy sets the director's salary at \$83,600 (Executive Level IV), which is below the level for

the director of NSF (Executive Level II, \$96,500), the medical director, Department of Veteran's Affairs (Executive Level III and extra bonuses, \$116,500), and the head of the Uniformed Services University of the Health Sciences (salary set at 50 to 70% of the mean paid to medical school deans in the northeast). An NIH director who chooses to be in the Public Health Service Commissioned Corps would be somewhat better compensated: approximately \$98,000. Changes in compensation also require legislation.

By modifying the job description, the NIH director could become the HHS secretary's principal adviser on science policy and biomedical research program planning. Most biomedical scientists, both here and abroad, will probably be surprised to learn that the NIH director does not now hold that position. Indeed, the whole current picture, including salary, authority, and budget, hardly fits most people's concept of the NIH as the preeminent biomedical research institution in the world.

Neither HHS Secretary Louis Sullivan (who attended, briefly, only some of the meetings), nor committee chairman James O. Mason gave any indication of how they will react to the recommendations. Yet, a prompt and determined effort by the HHS secretary to effect the advisory committee's recommendations could rectify the disparity between the significance of the NIH directorship and the current reality. This effort is urgently needed if an outstanding biomedical scientist is to be successfully recruited as the next director. After 8 months without a director, the need for a timely appointment is obvious. Leadership is needed to deal with the current crisis in grant funding as well as the deteriorating morale of the intramural staff, not to mention myriad research policy issues. If the effort is not made, or fails, then perhaps it will be wisest to work to establish the NIH as an independent agency, like the NSF, so that our nation's splendid biomedical research effort is not continuously threatened by irrelevant bureaucratic and political considerations.

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Asbestos, Carcinogenicity, and Public Policy

Brooke Mossman *et al.*, in their generally excellent and informative article "Asbestos: Scientific developments and implications for public policy" (19 Jan., p. 294), propose

that occupants of public buildings need not be concerned about chrysotile asbestos fibers when airborne fiber counts are low. The authors also state, "relatively young asbestos removal workers . . . should be protected." I am not sure that one can have it both ways, since in the last sentence of their paper Mossman *et al.* "acknowledg[e]" that brief, intense exposures to asbestos might occur in custodians and service workers in buildings with severely damaged ACM [asbestos-containing materials]. The problem is that two essential elements are ignored in these conclusions: (i) a body of experimental data which shows that brief (1- to 3-hour), intense exposures to chrysotile asbestos fibers cause inflammatory, proliferative, and fibrogenic lesions in rats and mice within 48 hours after exposure (1), and (ii) damaged ACM is likely to leave on the top of false ceilings, pipes, and beams deposits of fibers that would not be found in routine airborne counts, but which could easily be aerosolized by numerous activities and could subsequently provide opportunities for the "brief, intense exposures." No one knows how many light bulbs a janitor must change or how many dusty corners a teacher must venture into before brief, intense exposures to chrysotile fibers will elicit a significant pathobiological response in the lung. The animal experiments suggest that only one such exposure is necessary; corresponding data for human exposures are not available. Thus, I am not convinced that it is prudent to consider chrysotile asbestos fibers innocuous and to leave ACM in situations where they eventually will deteriorate and provide a legacy for future generations of students, custodians, and removal workers. The authors make an excellent case for being cautious about unwarranted removal practices, but let us not think there is no problem just because airborne fiber counts in buildings are low.

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REFERENCES

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There may have been good reason not to let the reader know of the long-term asbestos industry associations of at least four of the five authors of the polemical article by Mossman and her coauthors, in which they advise that this industry not be required to remove asbestos from schools and public

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