NATIONAL INSTITUTES OF HEALTH

Glossy Strategic Plan Hits the Streets

After more than 2 years of executive retreats, road shows, and back-room negotiations, the National Institutes of Health (NIH) has released the final version of the strategic plan that is meant to guide the $10 billion agency into the 21st century. "For 100 years, NIH has needed to have some clear-cut statement of its mission and its goals and why it should continue to flourish, and the strategic plan does just that," says NIH Director Bernadine Healy proudly. It's not surprising that Healy is proud of the plan, since she shepherded it through every phase of its development. And it is Healy who is scheduled to present the plan to the House of Representatives on 13 May during her annual—and this time final—testimony to the appropriations committee.

How the document, called, in a Clintonian mode, "Investment for Humanity," will be received in the scientific community is anybody's guess, because it's still hot off the press. But if NIH's strategy works, the 2000 scientists who reviewed early drafts—and whose criticisms led to many changes—will quickly throw in their support.

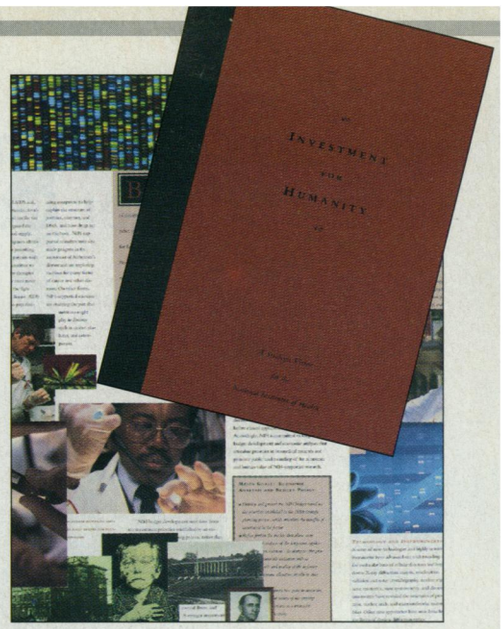
Though many details have changed, the overall structure of "Investment for Humanity" is identical to the draft revealed last July of what was then titled "Advantage America" (*Science*, 24 July 1992, p. 476). The plan begins by hammering home three promotional messages: NIH exists to improve human health; its 24 branches work together; and it spends money wisely.

Those general propositions are just the introduction to a more specific vision embodied in six objectives that cut across the traditional institute divisions: critical science and technology, critical health needs, intellectual capital, research capacity, stewardship of public resources, and public trust. Within those aims, the plan highlights such "major goals" as launching far-reaching research initiatives in vaccines, bionutrition, the human brain, human cells, and minority health. A new grant program (Junior R01s) will favor young postdocs in an attempt to broaden "the scientific talent base." And a "Trans-NIH Communication Strategy" will sell NIH more aggressively to the public.

Indeed, an unstated goal of the plan itself appears to be selling NIH to the public—and, more important, to Congress. At a time when most of the NIH budget is scheduled to remain static or even decline (*Science*, 16 April, p. 284), it's no accident that "Investment for Humanity" appears as a slick, handsome document bearing a strong resemblance to an annual report from a Fortune 500 company, the kind of lavish publication, replete with four-color photographs and elegant typography, that aims to convince people to invest. And some of the select few researchers who had seen copies of "Investment for Humanity" at the time *Science* went to press, view it as an ideal tool to lobby Congress. "It could be used like that and it should be used like that," says Nicholas La Russo, chair of gastroenterology at the Mayo Clinic. But La Russo sees the document as much more, since it "articulates some things that have never been articulated" and "identifies areas that require attention."

The plan emphasizes repeatedly that "science is inherently mutable and unpredictable"—a clear signal that the NIH values untargeted, basic research. But its strongest critics may well be those who do not hear—or do not believe—that message. "It's a very nice public-relations piece, but it's not a plan for research or for management of the future of NIH," charges Frank G. Standaert, who is director of research at Toledo Hospital and who sat on a task force that helped develop the plan. By not emphasizing basic research more strongly, "we're sacrificing the future for the present," warns Standaert, a board member at the Federation of American Societies for Experimental Biology. "It's the same mistake that automakers and IBM made."

That's a charge disputed by rheumatologist William Kelley, a member of the plan's task force, who heads the University of Pennsylvania's Medical Center. "[The plan] reinforces time and time again the importance of basic research," Kelley says. "And it identifies the reality that NIH must do more than basic research."



Timely message? NIH says don't stop thinking about tomorrow.

Several large questions remain about the strategic plan's fate. Given the current budgetary climate, its price tag seems steep: Healy says implementing all of it would require adding $1.5 billion to the annual NIH budget. What is more, the entire plan remains at the mercy of the person selected to replace Healy, who plans to leave by 30 June. And if that person isn't sympathetic, the glossy report might meet the fate of many lavishly illustrated publications that wind upon coffee tables across America—unread.

–Jon Cohen

WOMEN AT NIH

Task Force: Level the Playing Field

Complaints about the treatment of women at the National Institutes of Health (NIH) have been echoing around Washington for a while. Now two recent reports commissioned by the institutes themselves are providing hard data to back up the claims. A report by the Task Force on the Status of NIH Intramural Women Scientists, released last week, concludes NIH female scientists earn much less than their male counterparts

PAY OF TENURED NIH SCIENTISTS BY GENDER

Position	Male (number)	Female (number)	Difference
Total MD	$89,219 (483)	$85,274 (71)	-$3,945
Total Ph.D.	$74,024 (473)	$64,903 (118)	-$9,121
Lab chief MD	$95,185 (138)	$105,696 (7)	+$10,509
Lab chief Ph.D.	$89,827 (78)	$89,484 (2)	-$197
Section chief MD	$89,653 (157)	$86,022 (21)	-$3,631
Section chief Ph.D.	$76,819 (140)	$73,570 (31)	-$3,247
Investigator MD	$83,249 (177)	$81,585 (43)	-$1,664
Investigator Ph.D.	$67,131 (251)	$61,164 (85)	-$5,972
Staff fellow Ph.D.	$34,642 (14)	$31,888 (9)	-$2,794