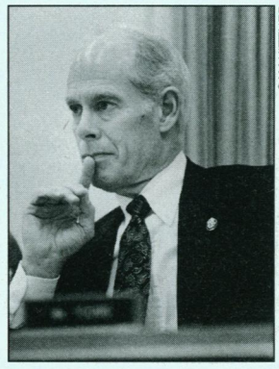
NIH Escapes the Ax—For Now

A House appropriations subcommittee has voted to boost NIH's budget by 5.7%, but it will be tough to maintain that increase through the rest of the appropriations process

As Republican leaders in the House ripped into the budgets of domestic programs last week, slashing right and left to reduce the deficit, one basic science field emerged unscathed—biomedical research. In fact, it did more than just survive; it won a promise of higher funding in 1996. This exceptional news came during the wee hours of 12 July, as the House appropriations subcommittee on labor, health and human services, and education—chaired by Representative John Porter (R–IL)—voted to raise the budget of the National Institutes of Health (NIH) by $642 million above the 1995 level.

This 5.7% boost would provide $11.9 billion, $166 million more than the Clinton Administration offered NIH—more than enough to offset losses from inflation (*Science*, 26 May, p. 1120). The subcommittee also favored the Centers for Disease Control and Prevention, boosting its funding for breast and cervical cancer screening by 25% and for infectious disease control by 24%. These increases are in sharp contrast to the House's treatment of many other areas of science.

Earlier in the week, another appropriations subcommittee took an ax to some key space science programs and voted to cut research spending by the National Science Foundation by 1% (*Science*, 14 July, p. 156). And the House itself last week passed a bill to dismantle the Interior Department's National Biological Service. Biomedical research leaders are giving credit to Porter for bucking this trend. "We're delighted with Mr. Porter's ability to find strong support for us," said NIH Director Harold Varmus, adding, "although we recognize that this is not the end of the appropriation process."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Biomedicine's champion. Representative John Porter.

Varmus's note of caution is appropriate, as last week's vote was only the first step NIH will take along a treacherous path in Congress this summer, and a 5.7% increase is going to be tough to maintain, according to congressional aides. For one thing, the increase for NIH was made possible by cuts in other programs that also enjoy strong political support: Porter's sub-

AIDS Research: Who Should Hold the Purse Strings?

For years, biomedical researchers have complained about congressional "micromanagement" of the National Institutes of Health (NIH). So when a House appropriations subcommittee voted last week to lift a 2-year-old congressional mandate that spelled out how funds for AIDS research should be managed, you might have expected biomedical research leaders to cheer. Instead, the response was groans—at least from some top researchers.

The dispute centers on NIH's Office of AIDS Research (OAR). When Congress established OAR in 1993, it gave the new office authority over the more than $1 billion that NIH spends on AIDS research. The funds go to OAR, which doles out the money to each NIH institute—an arrangement that gives the office considerable power to coordinate and manage NIH's AIDS programs. At the time, many institute directors and some leading academic researchers—including Harold Varmus, who would later become head of NIH—opposed this intrusion into NIH's decision-making structure (*Science*, 5 February 1993, p. 753). Now, however, Varmus and many others who originally opposed giving OAR such power say the office has made a good start in setting an AIDS research agenda, and they believe that it needs the budget authority to ensure that the agenda is eventually implemented.

That change of heart became evident last week when the appropriations subcommittee that sets NIH's budget voted to remove the requirement that AIDS funds be channeled through OAR. "The way things are in the present [bill], OAR's function in coordinating NIH's AIDS research activity is gutted," says virologist David Baltimore of the Massachusetts Institute of Technology, a Nobel laureate who, prior to the bill's passing, unsuccessfully lobbied the House subcommittee to preserve OAR's authority. Princeton University's Arnold Levine, who is heading a 90-member panel that has been assigned by OAR to scrutinize NIH's AIDS research budget, says, "[OAR] will become more of a persuasive body than an authoritative body, and I think that's a shame."

Representative John Porter (R–IL), chair of the subcommittee and prime mover behind rescinding OAR's budget authority, says his intent is to give "flexibility" to scientists. "We're saying we're taking our hands off—these are scientific determinations," says Porter. "Whatever allocation you tell us, by institute, is the way we're going to allocate the money to NIH. What more flexibility can you get than that?" Yet when asked whether he had any scientists urging him to make this change, Porter said, "I don't know that I do."

NIH Director Varmus says he would prefer that OAR stay as it is and that Porter knows his views. "I'm not entirely clear why they've made this shift," says Varmus. But he notes that even if OAR loses its budget authority, NIH money still comes through his office, and he vows to see to it that whatever recommendations the Levine committee makes are carried out. (The committee is scheduled to report in January 1996.) But Levine, who says he has "a great deal of faith in Varmus," notes that if OAR loses its budget authority, "then we have to rely on Varmus being there and his goodwill."

Levine and dozens of other leading scientists and AIDS activists are now rallying to convince congressional leaders that OAR is working well and that the last thing it needs is a reduction in its powers. The full House is expected to vote on the NIH appropriations bill before the end of July.

–Jon Cohen

committee cut NIH's parent agency, the Department of Health and Human Services, by $1.1 billion (3.6%), the Department of Labor by 11.3%, and the Department of Education by a whopping 15.9%.

Already, say key congressional aides, House Democrats are planning to offer alternative proposals when the bill comes to a vote on the floor of the House, tentatively scheduled for 25 July, to achieve a "better balance" between support for NIH and other domestic programs. And White House Chief of Staff Leon Panetta has warned that the president will veto this legislation if it retains cuts in jobs and education reform programs.

But it's not just Democrats who are expressing concern. Republican Senate leaders such as Mark Hatfield (R–OR) and Arlen Specter (R–PA) have indicated they won't support everything approved by the Porter subcommittee. Specter has promised to protect energy subsidies to the poor—the Low Income Home Energy Assistance Program (LIHEAP)—a $1 billion item that Porter's subcommittee zeroed out. Porter himself acknowledges that "Senator Specter is a very strong supporter of LIHEAP, and I'm sure he'll have a different bill." Hatfield is also known to favor the curriculum reform effort known as "Goals 2000," which Porter's plan would kill. The subcommittee handling this legislation in the Senate, which Specter chairs, is expected to begin work on its version just after Labor Day, according to an aide.

Finally, there's a wild card in the deck that could throw everyone's calculations off balance: the 1995 rescission bill. As *Science* went to press, this legislation (H.R. 1944), which aims to cut $16 billion from current spending, was stalled in the Senate, and some observers feared it might die. If it fails, Congress would need to cut 1996 spending more severely to meet established deficit reduction targets. This would mean, for example, that Porter's subcommittee would have to cut another $1.4 billion from programs in its jurisdiction. As Porter's aide David Kohn says, this would turn "a difficult situation into a nightmare."

For now, Porter and the biomedical community are assuming the rescission bill will pass, and they're savoring their midsummer victory. Porter told *Science* of his long-term support for biomedical research and his efforts to get the House leadership to see things his way. Preparations for the vote began last May, Porter said, when he "set up a meeting" that brought together House Speaker Newt Gingrich (R–GA), leaders of the Federation of American Societies for Experimental Biology, and several biotech executives. The visitors "presented their case extremely well," Porter said. "The Speaker listened intently and said, 'Let me see what I can do to help biomedical research and all scientific research.' "

After that initial meeting, Gingrich conferred with Republican committee chairs and spoke about the importance of federal science funding (*Science*, 9 June, p. 1428). Then, said Porter, "just before we broke for the Fourth of July ... I sat down with the Speaker, the chairman of the appropriation committee, and the House Majority Leader and told them that my intention was to ask for a substantial increase in biomedical funding." According to Porter, Gingrich responded enthusiastically, endorsing the plan.

While they breathe a sigh of relief after this first skirmish of the appropriations season, biomedical leaders are not yet breaking out the champagne. Says NIH Director Varmus: "We're taking this one step at a time."

–Eliot Marshall

BIOMEDICAL REGULATION

FDA Panel OKs Baboon Marrow Transplant

A panel of scientific experts recommended last week that the U.S. Food and Drug Administration (FDA) allow San Francisco AIDS patient Jeff Getty to receive a transplant of bone marrow from a baboon. The panel acknowledged that the procedure may carry public health risks, but decided that this long-shot treatment should be attempted anyway. The Biological Response Modifiers Advisory Committee also proposed guidelines for future transplants of animal organs and tissues into humans.

If the FDA accepts the recommendation on the marrow transplant, as expected, it could take place "immediately," says transplant developer Suzanne Ildstad of the University of Pittsburgh. She doesn't know exactly how long it will take to provide the additional data the agency wants, however. The hope is that the transplant will restore Getty's immune function, as the AIDS virus does not infect baboon immune cells.

AIDS activists and Ildstad were pleasantly surprised by the decision. "We didn't expect them to come to a conclusion that rapidly," Ildstad said afterward. After the FDA put a hold on the experiment earlier this spring (*Science*, 5 May, p. 630), proponents of the transplant had worried that Getty's treatment would be delayed for months, if not years, just as the first gene-therapy trials were delayed almost a decade ago because of the potential risks involved.

So far, the concerns about gene therapy have not been borne out, but infectious-disease experts argue that there's compelling evidence that xenotransplants may not prove so innocuous. "If you don't want to risk the public health, then don't do it," said panel member Jonathan S. Allan, a virologist at the Southwest Foundation for Biomedical Research in San Antonio. He and others worry that viruses from the primate donor might infect human populations. They note that the AIDS virus itself likely originated in a nonhuman primate host. The hantavirus cases in the United States and Ebola virus outbreaks in Africa are also evidence of the deadly nature of some trans-species infections, warned officials from the Centers for Disease Control and Prevention in Atlanta. Particularly worrisome, testified virologist Stephen Morse of Rockefeller University, is the possibility that new infectious agents can go undetected until after they have spread from person to person.

Even though the committee members agreed that xenotransplants present a public health risk, particularly when the donors are primates, they were swayed in part by the pleas of Getty's supporters. The committee voted unanimously (with Allan abstaining) to permit the transplant. "From the public health point of view, this is probably the safest xenotransplant protocol," said panel member Hugh Auchincloss Jr., a transplant surgeon at Massachusetts General Hospital in Boston. He and others cautioned that the chances of the transplant prolonging Getty's life are slim. But if he does recover, the risk that he will spread an unknown pathogen to others will be minimized by the precautions taken to protect bone marrow recipients from infection, combined with measures, including practicing safe sex, Getty and others take to prevent the spread of HIV. As long as Getty understands the risks, then he and his doctors should decide whether to proceed, the committee concluded.

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Awaiting a decision. Transplant developer Suzanne Ildstad confers with Steven Deeks of the University of California, San Francisco, who will perform the procedure.

The committee did not require any further safeguards to protect health workers and others coming in contact with Getty from potential infections. But they did recommend that tissues from him, the donor baboon, and those who care for him be col-