

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

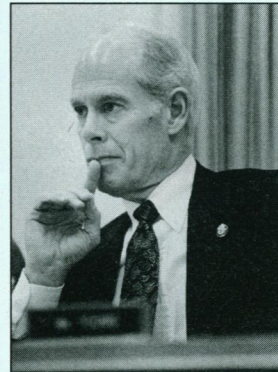


As Republican leaders in the House ripped into the budgets of domestic programs last week, slashing right and left to reduce the deficit, one basic science field emerged unscathed—biomedical research. In fact, it did more than just survive; it won a promise of higher funding in 1996. This exceptional 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



Biomedicine's champion.
Representative John Porter.

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."

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 main-

tain, 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