LBJ at NIH: President Offers Kind Words for Basic Research

President Johnson helicoptered out to the National Institutes of Health last week, called the nation's biomedical-research program a "billion dollar success story," and helicoptered back to the White House, leaving behind a phalanx of government health and research officials in a more relaxed mood regarding the security of basic research than they had been in since their last encounter with the President over a year ago.

The President did not do, see, or say very much: he inspected some new equipment and facilities, chatted with a few patients, listened to briefings by directors of the Institutes, made an informal speech, and went home. What he did not do was perhaps more important. Unlike last year, he did not point a finger at U.S. health statistics and demand explanations for the lags; he did not ask "Are we really doing everything we can?"; he did not suggest new priorities or question the value of research. Instead he looked over his troops and pronounced himself satisfied.

In many ways the visit provided a surprising finale to a year of agitation within the scientific community about the future of basic biomedical research. Johnson's trip to NIH was in large measure a product of a continuing effort by philanthropist Mary Lasker, and the lay and medical forces aligned with her, to focus high-level attention on the problem of translating the results of medical research into concrete health gains for the public. The "Laskerites" do not have a monopoly on concern for this issue; it is being raised with increasing frequency in other quarters as well (*Science*, 24 June and 4 Nov. 1966). But Laskerites are among the most effective proponents of the view that the present distribution of effort between scientific research and medical service is skewed too heavily toward the former and requires readjustment.

The opposing view, identified with James A. Shannon, the director of NIH, concedes that the accumulation of scientific data since World War II has provided a base from which new advances in service can be made, but is concerned that the new directions be pursued without destabilization of the present system of support for basic research. Differences between the contending parties are frequently exaggerated, for they share commitment to most of the same purposes. But what is at stake in practical terms is the allocation of comparatively limited resources. The people running NIH feel that some of Mrs. Lasker's projects—she is interested, for instance, in large-scale clinical trials of various drugs—have the effect of consuming a great deal of money without shedding any light on the causes of disease; they believe that she has a tendency to reach for applications that go beyond scientific knowledge. The Laskerites believe, on the other hand, that there is a social obligation to offer medical services to the public on whatever basis present knowledge provides, with alteration in the service as knowledge advances. There is a secondary issue between the two sides: the question of what forms of support for science and what manner of organization of research are most likely to coax practical results out of basic research. But while this question is fundamentally more sophisticated, there is also developing a fair measure of agreement about it.

The more nagging question, and the one that became politicized last year, is whether research should continue to take priority or whether emphasis should shift to application and service. Officials of NIH feel that the present balance is about right; the Laskerites think the time is ripe for change.

In this subterranean tug-of-war the support of the President is clearly a crucial factor and both sides have been striving for it. Mrs. Lasker's influence with Presidents is nothing new: she was close to Kennedy and played a key role in furthering development of new mental-health and mental-retardation programs during his presidency. But her relation with the Johnsons is reportedly even closer: she is a family friend who shares Mrs. Johnson's enthusiasm for beautification projects. And, in addition to the personal element, there is the fact that her position is in natural harmony with the President's own proclivities, which include a strong preference for getting—and demonstrating—results.

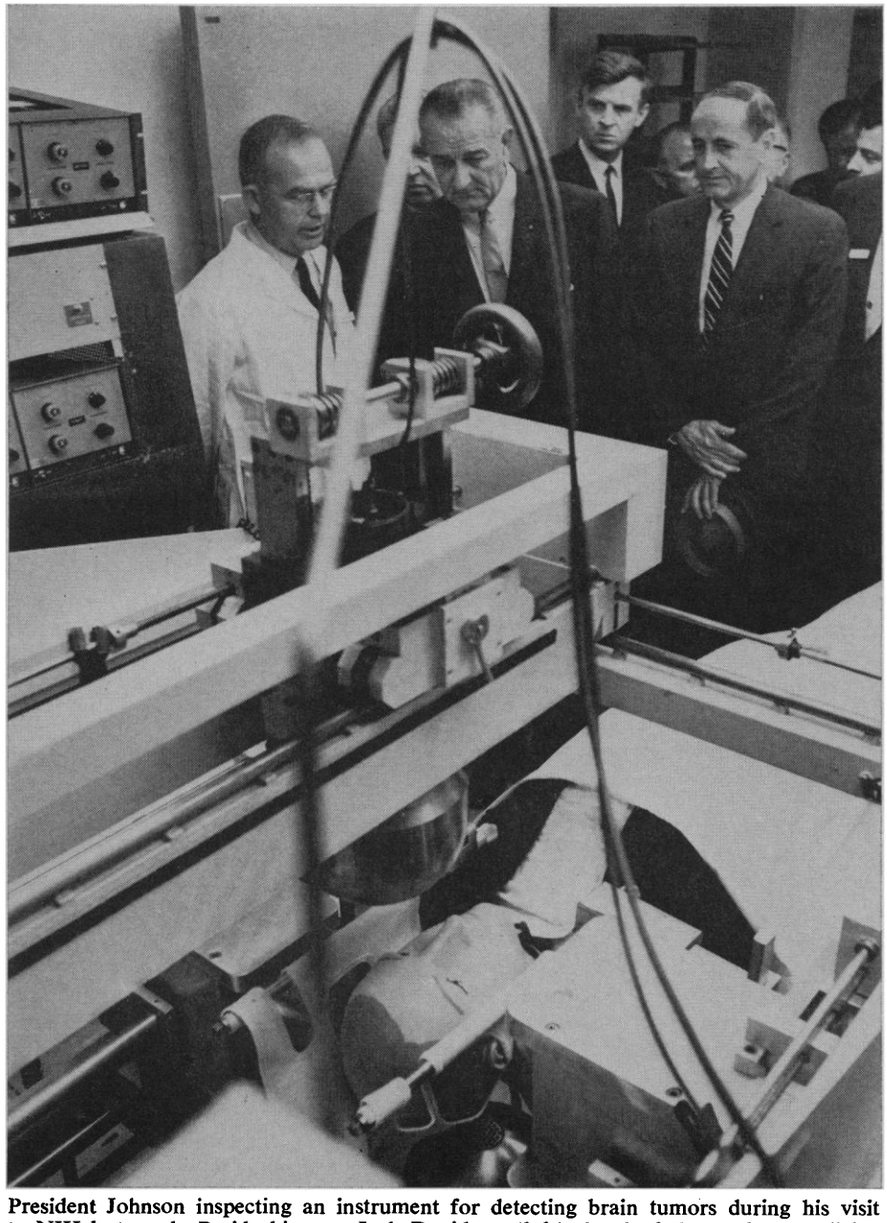
During the Johnson presidency the Lasker forces have used several routes toward putting their ideas across: One was the Lasker-inspired presidential commission on heart disease, cancer, and stroke, which resulted in the creation of the regional medical programs now getting underway under the direction of NIH. Another effort—both less publicized, and, from the Lasker point of view, less successful—was an attempt last year to place NIH contracts under the jurisdiction of the national advisory committees to the individual institutes in the same manner as research grants (*Science*, 8 July 1966). This effort was based on two parallel considerations: First, the councils contain significant proportions of Lasker disciples. Second, as NIH does become involved in directed research—a development for which the Laskerites have been pressing—an increasing share of its business will be conducted by contracts. The feeling at NIH is that such contracts constitute executive business that should be supervised by regular federal management procedures; the Lasker group felt that they were influencing a diminishing portion of the overall research effort. When that issue was resolved in favor of the NIH position, they resumed the tactic of encouraging direct presidential interest in the affairs of NIH.

Johnson's meeting with the Institute directors in June 1966—an encounter that sent waves of nervousness through the scientific community—was the first result; at the meeting, which essentially followed a Lasker script, the President asked repeatedly and in a number of ways, "Where are the results?" Those who attended the meeting came away with the feeling that, although he had begun by speaking for the Lasker position, Johnson became increasingly open to their own points about the importance of program balance and the necessity for maintaining a sound scientific base to nourish further advance. (His

* "The Advancement of Knowledge for the Nation's Health"; available, for $1.25, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

sensitivity to that position reportedly has been carefully nurtured meanwhile by HEW Secretary John Gardner and others.) Nonetheless, the President closed the first meeting with a request to NIH to answer a number of questions for him: What specific programs are underway that will directly affect the nation's health? How much money is being spent on them? What are the plans for future programs? What are the major problems?

In reply, the NIH staff prepared a report* outlining its position: "The goose and the golden egg—medical research and health services—are not alternatives. They are a continuing sequence essential to the progress and well-being of man." The report agrees that, since the scientific base on which medical service rests has expanded, certain organizational changes should be made to further practical exploitation. Thus there should be "centrally managed research programs" in areas that are either particularly important or particularly promising, such as the development of new vaccines or the improvement of artificial kidneys. Disease-oriented advisory committees should be established under the auspices of the present National Advisory Councils which are concerned with broader programs. And more specialized regional centers should be developed to help focus attention on particular problems such as myocardial infarction. But basically the NIH report stands on the familiar principle: "The continued advancement of fundamental research is essential as the base for the qualitative and quantitative expansion of the educational process and to enlarge the body of knowledge from which practical results can be derived." In essence the report recommends that except for minor adjustments the present integrated research and training effort should be left intact.



President Johnson inspecting an instrument for detecting brain tumors during his visit to NIH last week. Beside him are Jack Davidson (left), head of the nuclear medicine department, and HEW Secretary John Gardner. [World Wide Photos]

The report sat around from last November, when it was completed, until last week, proving—if nothing else—that the President's sense of urgency about these matters is not as great as it seemed for a moment. First there was difficulty in preparing a summary of the report that satisfied the President's White House aides. Then there was the war in the Middle East, which occurred at a time when the White House was just getting around to NIH affairs again. Finally, the visit was arranged, and, although NIH had only a few days' notice, a great deal of uncertainty was in the air. What would the President say? He said what were to NIH officials the magic words:

> If we are to build a society which guarantees good health to all, we must build it upon very solid foundations. First and foremost, is basic research: the pursuit of knowledge for its own sake. Because we are human we explore; we seek to understand the deepest mysteries of our world. The government supports this creative exploration because we believe that all knowledge is precious; because we know that all progress would halt without it.

For the rest, all his talk was about progress: not what was left undone, but what was already accomplished—work on a rubella vaccine, new treatments for high blood pressure, the value of early detection of cervical cancer. He didn't get it all absolutely straight, and NIH officials ended by feeling somewhat overpraised. But what of it? The mood was right. As if to prove his difficulty in getting through an encounter with Ph.D.'s without making some faux pas, Johnson also remarked, "We have long since passed the day when medical research is a job for just some screwball or some lonely makeshift laboratory." But again what of it? For the sake of a presidential affirmation of the importance of research, NIH administrators would probably tolerate having their ancestors called much worse names than "screw-

ball." At the end of the day, when the period of stocktaking began, it appeared that the President had pulled-off the politician's feat of pleasing everyone, including the Laskerites. They feel that their having engineered the Presidential visit in the first place is a plus for their side, and they are especially pleased that their efforts also forced NIH to look at—and make some reforms in—the practical side of its operation.

What induced the President's mood of satisfaction is another question. It is a safe guess that the Vietnam budget played a role in restraining him from issuing a call for "more." In addition, he seemed comforted to find himself in a situation in which controversy and dissent were comparatively low in key: Shannon and Mrs. Lasker may disagree, but they do not picket or throw eggs. He seemed reassured by being identified with a governmental function in which he could take unambiguous pride. All the achievements of NIH are aimed at just one thing, Johnson said, "a better, freer, happier, healthier life for all the people. That is something that ought to unite even the most controversial among us. Even the most cynical should be able to embrace that goal." Perhaps he was aware that the appearance of lack of sympathy with NIH would have further reduced his support in the academic community.

The Presidential seal of approval does not mean that the underlying issue is resolved or that NIH will have no future problems. The question of how to extract the most productive results from federally sponsored medical research is extremely subtle. Even in the most rational and nonpolitical of worlds no one could be certain of the correct answer. There is little doubt that NIH will be entering a period of experimentation. Further, as the story on p. 408 points out—and as the recent report acknowledges—NIH faces a number of difficulties in holding its top-rate researchers and it faces future budgetary problems as well. The President has been a good deal more generous with his words than with money. But it seems safe to say that, while a certain amount of churning will continue, the specter that has been haunting NIH during the past year—direct presidential intervention to force a fundamental change in the agency's direction and purpose—has been at least temporarily vanquished.

—ELINOR LANGER

NEWS IN BRIEF

• **FIRE RESEARCH ACT**: A bill that would establish a national Fire Research and Safety Center operated by the National Bureau of Standards has been sent to the House by the Science and Astronautics Subcommittee on Science, Research, and Development. The bill, the Fire Research and Safety Act of 1967, would authorize up to $10 million to be used by the center for government and private research in prevention and control of fires. The legislation would also establish a commission to study technological improvements in fire prevention and communications techniques and future training needs for personnel.

• **ANTIOCH INVESTMENT POLICY**: The board of trustees of Antioch College, Yellow Springs, Ohio, has adopted a policy statement that calls for the school's investment advisory committee to consider a company's racial and religious policies when making or retaining investments. "The College, as an educational institution," the statement reads in part, "opposes racial and religious bigotry and prejudice, wherever and however practiced." The college's total investments are worth between $3 and $3.5 million. The investment issue was brought to the board's attention at its May meeting when 50 students entered a closed session to ask if the college had any investment holdings in South Africa. None of the investments could be traced directly to South African business, an Antioch spokesman said, but the trustees decided that "the social consequences of its investment policy are a legitimate concern of the College."

• **HEART RESEARCH**: Contracts totaling more than $5 million have been awarded to five medical centers by the National Heart Institute (NHI) for the establishment of clinical units for intensified study of acute heart attack patients. They are the first of 10 to 12 such units which the Institute plans to establish for developing and employing new bioengineering and biomedical techniques. The 1-year contracts, which are renewable, were awarded to University of Alabama Medical Center, Birmingham, $1.86 million; Cornell University Medical College, New York City, $1 million; Duke University School of Medicine, Durham, N.C., $1.07 million; Johns Hopkins University, Baltimore, $800,000; and Massachusetts General Hospital, Boston, $1.04 million. NHI also announced 25 new contracts and the extension of 16 others for developmental research for circulatory assist devices and artificial hearts. The contracts totaled $2.8 million and went to universities and various industrial and research firms. NHI's Artificial Heart Branch is concentrating on providing assistance to damaged or failing hearts.

• **NSF COMPUTER GRANTS**: The University of Wisconsin and Purdue University have been awarded $1.5 and $1.2 million, respectively, by NSF for acquisition of computer systems. The grants are larger than any previously made to individual schools for such systems. Wisconsin's award will be used to acquire a Burroughs B-8500 computer system and related remote-use devices. The first phase of the system is scheduled for installation in early 1968. It will serve a number of Wisconsin colleges by remote consoles. Purdue plans to acquire a Control Data Corporation 6500 computer complex and add three new faculty members to the computer center staff. The computer is scheduled to be installed in August.

• **NEW SOCIAL SCIENCES PROGRAM**: Starting in the fall of 1968, the Institute for Advanced Studies at Princeton will begin a 3-year trial program in the social sciences. Carl Kaysen, an economist who recently succeeded the late J. Robert Oppenheimer as director, has announced "the Institute will invite scholars in political science, economics, sociology, anthropology and psychology to work with historians in applying the techniques of the various disciplines to historical materials in order to achieve a deeper understanding of the forces shaping human societies." If the trial program is successful, the Institute plans to establish a permanent school of the social sciences on an equal basis with its schools of mathematics, physics and historical studies. The program is being financed by two $250,000 grants, one each from the Russell Sage Foundation and Carnegie Corporation.