but actually provide for few substantive changes.

At this point, Congress is weary from a long session and clogged with matters far more pressing than the precise administrative setup to be adopted for aiding the social sciences. But it is reasonable to expect that, within a year or two, if not sooner, Congress will finally settle upon one or another of the social science formulations. At this point, the legislative politics would seem to give a slight edge to the Harris bill, but it is still very early in the game.—D. S. GREENBERG

Toward the Excellent: Health Science Advancement Awards

Just as the National Science Foundation created a program 3 years ago to increase the number of institutions with recognized excellence in the sciences, the National Institutes of Health has established a program to build new centers of excellence in institutions with graduate biomedical facilities.

NIH traces the inception of its program to concepts that were incorporated into two influential studies: (i) the 1960 President's Science Advisory Committee report, *Scientific Progress, the Universities, and the Federal Government*, which advocated doubling, by 1975, the "number of universities doing generally excellent work in basic research and graduate education"; and (ii) a 1964 report by the National Academy of Sciences–National Research Council Committee on Science and Public Policy, *Federal Support of Basic Research in Institutions of Higher Learning*, which endorsed the award concept "in support of research and graduate education in institutions with potentiality for becoming strong in the future."

The new program of Health Science Advancement Awards (HSAA) is a departure from NIH's traditional emphasis on specific research projects. The award, which will be administered by NIH's Division of Research Facilities and Resources, is designed to strengthen broad segments of biomedical facilities at institutions that are already strong in some biomedical areas although not yet considered "excellent." Through the awards, NIH hopes to create between 25 and 40 new centers of biomedical excellence by 1975.

NIH began the program last year on a pilot basis following a year of study. Pilot grants of $483,000 and $359,000, respectively, were awarded to the University of Virginia, at Charlottesville, and Cornell University. Both received continuation grants this year when NIH entered the program on a full-scale basis and made new awards, totaling $3.6 million: to the University of Colorado at Boulder and Denver, $687,000; University of Oregon, Eugene, $695,000; Purdue University, Lafayette, Ind., $564,000; Vanderbilt University, Nashville, Tenn., $620,000, and Washington University, St. Louis, Mo., $592,000. Each award may be renewed for five consecutive years.

The sums were awarded after competition which initially involved 128 applicants. Each submitted 5000-word summary proposals, which were reviewed by an *ad hoc* panel of 22 members* who narrowed the number of institutions under consideration to 32. These were then reviewed by a subcommittee for General Research Support Programs of the National Advisory Health Council. Fifteen institutions were invited to submit detailed applications and 14 were received. After the applications had been studied, 2-day site visits were made to the 14 campuses by NIH staff members and consultants. They then prepared summaries which were studied and ranked by the *ad hoc* panel and ten consultants. These recommendations were reviewed by the subcommittee which had done the previous screening and the National Health Advisory Council which in turn selected the five HSAA recipients.

The HSAA is clearly not intended for institutions on the low end of the biomedical rating scale, and in fact, some universities which have received substantial NIH funding for research in the past may be eligible for the new awards. NIH has concluded that universities which have been heavily funded for research may be strong in a number of areas but still may not be rated as excellent in some interdisciplinary biomedical areas. In some instances, HSAA's may be granted to institutions for the improvement of departments related to the health sciences which are not affiliated with their medical schools.

Two schools that have received the HSAA rank among the top 20 institutions receiving NIH research support money during the last fiscal year: Washington University, which received $8.3 million, and Cornell, $7.7 million.

Each of the schools with HSAA's will use the awards differently, but all plan to use some portion of the funds to enlarge their staffs with permanent and visiting faculty members.

Inevitably substantial staff increases will lead to the "pirating" of faculty members from the "excellent," but this is something with which NIH is relatively unconcerned. Thomas J. Kennedy, Jr., director of NIH's Division of Research Facilities and Resources, noted that pirating can only be viewed as adverse if the academic system is viewed as finite. Kennedy does not believe it is and he has said he thinks the so-called excellent biomedical institutions can lose some of their top faculty members and still maintain a position of eminence.

In addition to faculty expansion, award money will be used by most of the grant recipients to acquire new

* *Ad hoc* panel and consultants who reviewed and visited the 1967 HSAA applicants were Robert A. Alberty, M.I.T.; L. M. N. Bach, Tulane; Douglas D. Bond, Western Reserve; Stephan L. Chorover, M.I.T.; D. Eugene Copeland, Tulane; David Crockett, M.I.T.; James P. Dixon, Antioch; Murray Eden, M.I.T.; Leonard Fenninger, U.S. Public Health Service; H. Fernandez-Moran, Chicago; Reginald H. Fitz, New Mexico; Benson E. Ginsberg, Chicago; Robert J. Glaser, Stanford; David R. Goddard, Pennsylvania; George P. Hager, North Carolina; Harry Helson, Kansas State; S. Richardson Hill, Jr., Alabama; George Kalnitsky, Iowa; Clark D. Ahlberg, Syracuse; George P. Manire, North Carolina; Maclyn McCarty, Rockefeller University; Russell Mills, Kansas; Carl V. Moore, Washington University; Allan Moritz, Western Reserve; James Quigg Newton, Jr., The Commonwealth Fund; Ray. D. Owen, Cal. Tech; Ernest Pollard, Pennsylvania State; David D. Rutstein, Harvard; H. Eldon Sutton, Texas; Frederick P. Thieme, University of Washington; Sidney F. Velick, Utah; and Gordon W. Whaley, Texas.

equipment. Under the broad terms of the grants "funds may be used for payment of any direct biomedical research and research training expense which is part of the approved program." The grants also provide a maximum of $50,000 which may be used for alteration and renovation of facilities.

Some NIH officials view the program as a means of getting university officials to assess their institution's future goals. But as one university HSAA program administrator noted, "When announcements of awards programs come out, universities try to decide where they are going and where the government would like them to go and then attempt to combine the two into a salable program."

There is some danger in this approach for institutions that do not manage to sell their programs the first time around, since it enables NIH to dictate changes in their structures if they want to be in the running for awards during the next bout. NIH sends carefully phrased letters to all institutions that apply for the HSAA's but are rejected. These letters imply that, if the institutions want to be considered in the future, the university administrators would be wise to contact NIH to determine exactly where their institutions fall short. This gives NIH a wedge in the academic door which could be used to prod universities in the direction that NIH deems wise for their academic development. Kennedy said, "The role of NIH is that of a willing and honest broker. If institutions wish to find out what NIH advisors think of their institutions, NIH can serve as a transmission belt to convey those views."

NIH has requested $11 million for the program in its 1968 fiscal budget. Although congressional approval of the budget is pending, NIH is now accepting HSAA applications. About 15 new awards are expected to be made prior to 1 July 1968.

Criteria on which institutions will be selected for the awards include: (i) that they are not yet preeminent in the health sciences; (ii) that they possess adequate biomedical research and research training strength for future growth; (iii) that they offer high potential for achieveing the program goals; and (iv) that they provide assurance that they can sustain new levels of achievement beyond the award period.

Kennedy said judgments will also be based on how successful the institutions have been in obtaining federal support, their academic rating, the number of faculty members belonging to the National Academy of Sciences, the general faculty and administrative quality, and their momentum.—KATHLEEN SPERRY

Riots: The More There Are, the Less We Understand

Three successive summers of destructive rioting have shown white Americans how much they do not understand black Americans. Even social scientists, with numerous studies of race relations, have little data on recent riots. President Johnson emphasized this ignorance when he asked his Commission on Civil Disorders: "What happened?" "Why did it happen?" and "What can be done to prevent it from happening again and again?" The questions seemed aimed at ending the Administration's own confusion as much as at charting a new course in domestic legislation.

What scant riot-research there is, however, raises some interesting questions. There is a presumption, for example, on the part of many whites that the riots are irrational; they only destroy Negro homes, kill other Negroes, and alienate white liberal support. Perhaps there is a good case for the irrationality of rioting, but several studies of recent riots show that many Negroes believe otherwise.

Two sociologists working at UCLA, Raymond J. Murphy, associate professor of sociology, and James M. Watson, now assistant professor of sociology at Indiana University, have just completed a large-scale opinion study within the 46.5 square-mile area of the 1965 Watts riot. They found that 42.8 percent of the men sampled and 34.5 percent of the women felt the riot had "helped the Negro cause." Only 23 percent of the men and 19 percent of the women actually thought the riot had "hurt." A commercial polling firm, John F. Krafts, Inc., surveyed Watts and found that 48.4 percent of those questioned believed the riot had helped the "Negro's chances for equality in jobs, schools, and housing."

A common notion about riots is that only a small minority of the Negro population participates in them. Again, this may be so, but available evidence could support the opposite conclusion. In Watts, for example, the UCLA study reports that 73.6 percent of the men and 75.3 percent of the women polled took no part in the riot. Yet, at the same time, 6.3 percent of the men (2.8 percent of the women) were "very active," and 17.1 percent of the men (17.4 percent of the women) were "somewhat active." Is approximately 25 percent of the population large or small?

Equally ambiguous—and probably more significant—is the attitude of the entire Negro community toward the riots. Here, too, the frequent presumption of whites is that acceptance of the riots is low. The Lemberg Center for Violence at Brandeis University has just completed a preliminary study of six American cities. It found that 59 percent of the Negroes felt that only a small minority of Negroes sympathized with the riots. Yet, there was a marked ambivalence: "When Negroes were asked how riots make most Negroes feel, the answers were predominantly negative toward actual riot behavior. When Negroes were asked whether riots help or hurt the Negro cause, they expressed intensely mixed feelings." In Watts, the UCLA study reported, the responses of only about 35 percent of the men and 25 percent of the women were "very favorable" or "somewhat favorable" to the riot, but the opposition of others was often tempered. Said one "unfavorable" re-