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Achievement and Management

Last week *Science* described "one of the bitterest critiques a congressional group has ever directed at a federal research agency"—a resumption of the barrage against the Public Health Service, and the National Institutes of Health in particular, that has been fired periodically for the last half dozen years by the congressional subcommittee chaired by Representative L. H. Fountain of North Carolina. Most of the attack is directed against the management of large, general support grants, as distinct from individual project grants: NIH General Research Support grants, Health Sciences Advancement Awards, and a major research-supporting grant to the Sloan-Kettering Institute for Cancer Research. The Public Health Service will have to spend a good deal of time responding to the charges; the report gives Congressman Fountain's committee and staff a feeling of having scored some points against NIH and PHS; it identifies some faults and presents some information not previously made public. But it raises no new policy issues and it beclouds some of the most fundamental problems in the relations of the federal government to its grantees.

When federal research funds were small, individual project grants sufficed, and they are still the mainstay of the program. However, now that federal funds constitute a substantial fraction of the budgets of many institutions, it has become increasingly desirable that the institution, instead of a group of study panels in Washington, be made responsible for deciding how some considerable portion of its grant funds can be used most constructively. The desirability of grant programs that have this purpose, and this effect, has been agreed upon by Congress, NIH, the National Science Foundation, the National Academy of Sciences, and others. Mismanagement should be corrected wherever it is found, but it would be a disservice to the nation's biomedical program if the current report should bring about a major setback in the further development of programs of large institutional grants.

Fountain likes to quote and criticize a statement by the director of NIH: "the really significant administrative actions designed to make the program efficient and productive are . . . selection of good men and good ideas—and rejection of the inferior. . . . All subsequent administrative actions having to do with the adjustment of budgets, and so forth, are essentially trivial in relation to this basic selection process." *Trivial* was the wrong word. Yet Shannon's emphasis was correct: unless NIH selects good men and good ideas, no subsequent administrative actions can make a grant productive in advancing medical knowledge.

The issue is not one of achievement or good management. It is one of putting the two goals, each good in itself, into proper perspective; of understanding that they sometimes require accommodation; and of knowing what the priorities then are. Economy and inventory control are important in military management, but are secondary to military effectiveness. And when there is a conflict between scientific or medical achievement and compliance with all of the niceties of managerial practice, achievement has to take priority. Understanding and resolution of this issue are retarded whenever an investigator, his institution, or a granting agency takes a cavalier attitude toward good management practices. The committee likes to publicize real or imagined examples, but seems not to recognize that it has also set back the search for agreement by placing the secondary goal ahead of the primary one.—DAEL WOLFLE