

the area is remote from the continental margin and seems relatively tranquil, with no strong erosive currents to keep bottom sediments in suspension. The EPA itself has not yet issued site-selection criteria, but Heath suspects that when it does, the criteria will be similar to those of the IAEA.

Hollister and some of his Woods Hole associates last year prepared a report for the Navy which discussed two study areas in the Atlantic, one north of Puerto Rico, the other about 200 miles off Cape Hatteras. Referring to the latter area, the

report says, "It is quite conceivable that there is within this ocean bottom region an area that is both flat . . . and tranquil and of a size large enough for disposal operations." Hollister thinks that any site selected should have smooth terrain and thus facilitate environmental monitoring.

The Navy says that, so far, about \$1 million has been spent on the oceanographic research effort; it estimates that about a million more will be spent before the broad area studies are completed. But Heath believes that to do all the re-

search needed to identify and propose actual dump sites will cost more like \$5 million and perhaps twice that.

Because the research will require several more years, the Navy is still a long way from deciding either for or against the sea disposal option. EPA needs more time too; its assessment of the environmental effects of past dumping of radioactive waste is not expected to be completed until 1985, and the agency may not be ready until then to decide whether to allow dumping to begin again.

—LUTHER J. CARTER

## Scientists and Congress Battle over NIH

*Biomedical lobbyists resist tighter control, but to no avail*

Paying little attention to heated opposition from the nation's biomedical community, the House and Senate have overwhelmingly passed separate bills that scientists say undermine the sovereignty of the National Institutes of Health and shake its preeminence in international research.

Although the bills are quite different, together they spell more federal oversight and periodic review of the \$3.5 billion budget of NIH. Legislators will hash out the differences in House-Senate conference committee which is expected to meet within the next 2 weeks. Congress recesses 3 October for elections.

All in all, the two bills—particularly the House version—have left bad blood among the health institutes, biomedical lobbying groups, Capitol Hill, and the Secretary of Health and Human Services (HHS), Patricia Harris.

Scientists have been focusing primarily on the House bill because it would require each institute to have its budget authority renewed periodically. That would bring NIH in line with the funding processes of most other government agencies which must be reviewed by reauthorization and appropriations committees. All except two institutes at NIH have permanent budget authorities.

Legislators are surprised at the furor their bills have created. They believe that the bills protect NIH's budget at a time of general belt tightening in the federal budget.

Representative Henry Waxman (D-Calif.), sponsor of the House bill and chairman of the subcommittee on health

and the environment defends his proposals by saying, "There's no reason why NIH should be different from other government agencies that are routinely reauthorized."

Opponents of the Waxman bill, which passed 292 to 48 on 28 August, disagree. They say that reauthorization allows legislators to tack on their pet projects or disease-of-the-month programs when they might not be in the best interest of research. Reauthorization places NIH in the business of "horse trading," says John Sherman, vice president of the Association of American Medical Colleges. The AAMC has been one of the most vocal groups opposing the legislation.

"What's so bad about NIH?" asks Thomas Kennedy, another AAMC official. "It's a terribly sound institution that's doing its job."

The Waxman bill sent biomedical lobbyists scrambling in confusion when it first came out. AAMC lobbyists thought the bill included a sunset provision that would automatically terminate the institutes if they were not reauthorized. In fact, there was no such provision.

But when the initial cloud of confusion passed, researchers were still vexed by two proposals in the bill—the requirement for reauthorization and ceilings on spending. Specifically, the bill says Congress will renew the budget authorities of all 11 institutes every 3 years with a fourth-year extension if Congress fails to approve authorizations in time. The two largest divisions at NIH—the National Cancer Institute and the National Heart, Lung and Blood Institute—have been

periodically reviewed since the early 1970's when Congress pushed for more research in cancer and heart disease.

Waxman's bill limits NIH's annual spending increases to about 22 percent on the average for all the institutes, which at present do not have ceilings. Some critics balk at the idea of any ceiling when NIH has been accustomed to none. Others say the ceilings are so high they are meaningless. "NIH is not in a position of growth. It's just trying to keep up with inflation," says Burke Zimmerman, a special assistant to NIH Director Donald Fredrickson.

The bill also voids NIH's current power to obtain appropriations if Congress fails to approve them by the end of NIH's fiscal year. Without this power, which has bailed out NIH several times, the continuity of research would be disrupted, Zimmerman says.

Waxman says he wants to shield NIH from Carter's proposed 10 percent cut in its spending next year to help balance the budget. Waxman believes financial support of NIH should be higher, says a subcommittee aide. Presumably, the congressman would use his power of reauthorization to protect NIH from slashes in spending.

Waxman says scientists have been overreacting to his bill. In particular, "the AAMC has been leading a hysterical campaign. People worry about any change in the status quo," he says.

The bill is the first major piece of NIH legislation proposed by Waxman, a relative newcomer to biomedical affairs since he became subcommittee chairman

almost 2 years ago. Scientists say that Waxman is trying to bolster the importance of his position and the committee. The congressman rejects the charge.

He argues that the requirement of reauthorization is business as usual. Other science agencies including the National Science Foundation are periodically reviewed.

But many scientists dispute Waxman's reasoning. Reauthorization of NIH for the sake of conformity does not make sense when the institution has been largely successful, argues Kennedy of the AAMC. "Periodic review of NIH is a charade." It does not equate with accountability when existing committees, such as the Appropriations Committee, have the power to review funding.

There is not complete agreement, however, among scientists on the issue of reauthorization. "NIH has enjoyed a divine immunity," says Walter J. Ellis, a spokesman for the Federation of American Societies for Experimental Biology. "It's the prerogative of Congress to authorize money."

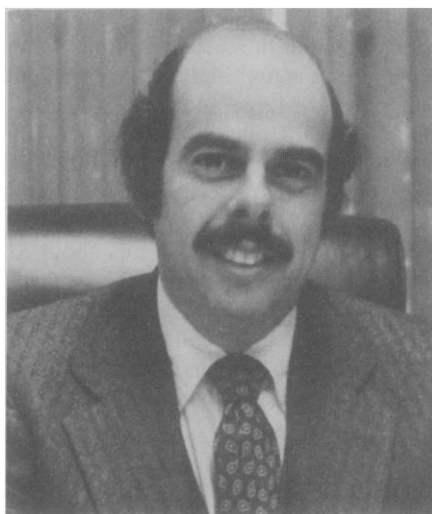
Ellis and others are less concerned about renewal than another part of the bill which details the roles of the director of NIH and the secretary of HHS. They say that the legislation would cripple the director's power to formulate policy for the 11 institutes because it gives the secretary too much authority.

Waxman's bill makes the directorship "an official fiction," says Ellis. He believes that the director "would have to look over his shoulder all the time. That could cause mischief between the director and those he directs. All the people below the director could thumb their noses at him."

The issue over the two officials' roles caused a serious rift between Fredrickson and Harris several months ago. Waxman's proposals on the roles might never have surfaced except that last October Fredrickson circulated among the institutes' directors a draft bill that was intended, in part, to clarify the role of the director. The heads of the institutes opposed what they apparently perceived was a stronger role for the NIH director.

Fredrickson then let the draft bill drop to concentrate on the House and Senate bills. He proposed revising the Waxman bill to define his role more clearly and talked to people on Capitol Hill about the changes, unbeknown to Harris.

She was reportedly furious over the proposed changes and suggested revisions to Waxman that girded her authority. Waxman adopted the department's proposals. Harris, who originally opposed the bill, then reversed her posi-



*Representative Henry Waxman: Savior of NIH or self-promoter?*

tion. Fredrickson now says he supports the legislation, but privately, it is said, he still opposes it.

Scientists lament other parts of Waxman's bill but to a lesser degree.

- The institute's advisory councils would begin approving contracts that have direct and indirect costs totaling more than \$500,000. Opponents of the measure say that it is unnecessary because contracts already must pass through peer review, which is sufficient.

- A reserve of \$100 million is authorized to support "breakthroughs" in health research. Critics predict that appropriations committee members would never fund research for something as vaguely defined as breakthroughs. "They want to know where the money is going and what results they can expect from support," one observer said.

- The bill would set up an information and education center within the National Institute of Arthritis, Metabolism, and Digestive Diseases. The program would drain money away from research, which is the primary function of NIH, opponents argue.

Scientists find the Senate bill much less troublesome than the House version. "The Senate bill is Nirvana compared to the House," said an official of a biomedical lobbying group.

Its centerpiece is a council appointed by the President that would make recommendations on all health science research supported by HHS in the areas of policy, goals, and budget. The group's 16 members include scientists and non-scientists. They would advise Congress, the HHS Secretary, and the President.

Sponsor of the bill, Senator Edward Kennedy (D-Mass.), has had the idea of a council ever since the Nixon Administration sought to cut back NIH spending. In

response, Kennedy wanted to establish "an objective body that could speak for biomedical research in an administration that doesn't look kindly on NIH and that could address Congress," a staff subcommittee aide says. The bill passed unanimously last May.

Scientists are skeptical of the council, mainly because of its advisory role in the budget. They say that with such a broad mandate, the group will not have time to complete a thorough review of all health research under HHS and still do a good job. No one seems sure how much clout the council would have.

Despite its adamant opposition to the bills, the biomedical establishment favors a few of the proposals in the House and Senate legislation. Both bills establish NIH in law. At present only NCI and Heart and Lung have statutory existence. The legislation tidies up technical and administrative discrepancies that have piled up since NIH was formed in 1930. Waxman bill also waives a payback and service requirement for persons who are granted a National Research Service Award and less than a year in the program.

But these provisions are small consolation for the other measures that have left the biomedical community wondering who its friends on Capitol Hill really are. Indeed, Kennedy, a longtime supporter of NIH, first introduced his bill with a reauthorization proposal, like Waxman's, and went so far as to include a sunset provision. But Kennedy dropped these two proposals after intense lobbying.

Lobbyists are not sure what will happen to the two bills in House-Senate conference. The AAMC has decided to back the Kennedy bill, which it considers the lesser of evils. A Senate subcommittee aide says the main sticking points of the House bill are reauthorization, cancellation of NIH's power to secure funds even if Congress does not approve them in time, and downplaying the role of the NIH director.

The biomedical community lobbied hard against the legislation but apparently found little sympathy on Capitol Hill. "We failed miserably to get the message across in the House," says Sherman. Not a few members of Congress believe that scientists have had free rein for too long and have become arrogant to the government. If the overwhelming vote for the two bills is any signal, it may mean that members of the biomedical establishment, like the AAMC, will have less say in shaping their affairs than they once enjoyed.

—MARJORIE SUN