

occasion for an increasing number of mandated directives and limitations on the heretofore flexible managerial prerogatives of [the NIH]. Further legislative interference, he said, would likely "hobble a . . . remarkably successful government organization."

The American Medical Association submitted a position paper along similar lines.

But Robert Rosenzweig, new president of the Association of American Universities (AAU) took a somewhat different tack. Looking back to the 1950's when former NIH director James A. Shannon led the institutes to prominence with strong support from congressmen John Fogarty and Lister Hill, Rosenzweig sees NIH as an institution that has never been free of Congress. Rather, it is the nature of congressional involvement that is at issue. Rosenzweig called for a new "set of arrangements" with members of Congress, including Waxman, to assure funding for basic research as well as support for prevention, new therapy, and the like.

Rosenzweig stated there is "no reason to believe that the present organization of NIH and the present arrangements for congressional involvement in biomedical research policy are the best ones possible." To a large extent, he noted, the present NIH organization "just grew." Said Rosenzweig, "The creation of disease-based institutes may have some scientific basis, but its political logic is even more compelling; one can find reasons why two institutes [cancer and heart] are authorized in law with time and dollar limits and the others are not, but they are not reasons of science policy; a case can be made for the value of each of the existing disease-based institutes, but the logic of those cases leaves one defenseless against equally compelling cases on behalf of other serious diseases."

Although the IOM committee has stated its intention of dealing with the organizational structure of NIH independent of political considerations, Rosenzweig pointed out that when \$4 billion is at stake, there are no questions untouched by politics. Implicitly arguing against the position that decision-making should be left primarily to scientists, he testified that "... we cannot succeed [in preserving the strengths of NIH] by telling potential allies in the Congress that they cannot be trusted with science policy because they do not understand its sensitivity to political manipulation."

The IOM study is expected to be the most comprehensive review of the NIH since the analysis by the President's Biomedical Research Panel in 1976, which

covered the bases but had little identifiable effect on policy. Now the IOM has its shot. One IOM study panel, headed by Maclyn McCarty, professor emeritus at Rockefeller University, will review NIH's organizational history, including an analysis of the establishment of new institutes in the past and the current status of those that split off—such as mental health.

A panel on the current organization of NIH, chaired by Samuel O. Thier, chairman of medicine at Yale, will try to figure out how decisions about research are actually made, including the role of NIH staff and its advisory committees.

Among other matters, it will also look at the structure of agencies, such as the National Center for Health Statistics and the National Institute for Occupational Safety and Health, that have been proposed as additions to NIH. "We'll have to define the proper mission of the NIH," says Thier.

A third panel, led by Steven C. Beerling, president of Purdue, will study alternatives to NIH's present structure. Among the issues the Beerling panel will examine are the relationship between the extramural and intramural programs at NIH, the relative importance of "scientific opportunity" and "burden of ill-

Pressure for Trauma Institute

Trauma surgeons are the latest group to campaign for a new institute within the National Institutes of Health (NIH). The idea of a trauma institute has been around for years. It now has the support of Representative William Lehman (D-Fla.), chairman of the House appropriations subcommittee on transportation. Transportation Secretary Elizabeth Dole has evinced interest, and the surgeons hope eventually to have their arguments bolstered by a National Academy of Sciences (NAS) report recently commissioned by the Department of Transportation (DOT).

The idea for a trauma institute was first endorsed by the NAS in a 1966 report entitled "Accidental Death and Disability: the neglected disease of modern society." There are now 110,000 trauma deaths a year—half on the road and half of the total involving alcohol. During the 1970's, dramatic progress in treating trauma was made with the upgrading of emergency medical service (EMS) networks around the country, made possible by passage of 1973 legislation and enhanced by knowledge gained from the Vietnam war.

Neurosurgeon Ayub Ommaya of Georgetown University, who has been consulting with DOT, says that now that the treatment of trauma has become a recognized specialty, the next step is to recognize that research on the whole phenomenon deserves a niche of its own. He says that trauma, unlike other diseases, has lacked a public constituency; but now traffic safety and rehabilitation experts, as well as the insurance industry, favor creation of an institute.

The federal government now spends about \$150 million on trauma-related research. About two-thirds of it is sponsored by various NIH institutes, primarily the National Institute of General Medical Sciences.

According to NIH Director James B. Wyngaarden, the current setup is appropriate. The heart institute studies heart trauma, the neurological disease institute investigates trauma of the nervous system, and so forth; "you don't have trauma in vacuo," he says. Besides, "supposition that a new institute means more funding is not borne out by history."

Trauma surgeons argue that a new institute would be desirable even if it meant no more funds because it would supply visibility, direction, and coordination to the whole field. The NIH attitude, they believe, betrays a lack of understanding of the nature of the field. They see trauma as a "disease" that is preventable and curable. It has its own etiologies in which youth and alcohol figure prominently.

What is sorely needed in addition to more coordinated basic research, say the surgeons, is more research on the epidemiology and prevention of trauma, as well as auxiliary fields such as biomechanics. David Boyd of the University of Maryland Hospital and former director of the government's EMS programs, adds that a new institute could promote needed evaluation of EMS programs and organizational development. "Trauma care is organization," he says.—CONSTANCE HOLDEN