

NIH's Vision Runs Into Political Reality

A detailed plan for biomedical research, championed by Bernadine Healy, is now a slim discussion document

THIS WEEKEND IN SAN ANTONIO, TEXAS, THE National Institutes of Health was to unveil its vision for the future of biomedical research in the United States, in the form of a draft document once grandly called the NIH Strategic Plan. But in mid-January, the unveiling was abruptly put on hold. For the past few weeks, the plan has been at the center of a mounting controversy that has put NIH director Bernadine Healy at odds with her political bosses in the Department of Health and Human Services (HHS). As a result, the document to be released in Texas, at a gathering of the Southwest Foundation for Biomedical Research, will be very different from the plan that Healy and her top assistants had put together, and which was in final draft form as late as 15 January.

The trouble began when top HHS officials saw a version of the plan around Christmas and realized that it would set new directions for the agency that hadn't been discussed within the Administration. As originally written, it would also have required substantial new resources in order to carry out all the programs highlighted in the document. The result: Senior HHS staff were reportedly furious that Healy had not consulted with the department while the plan was being developed, and they ordered NIH to scrap its draft and replace it with a more general "framework for discussion" to be released at the Texas meeting. Consequently, what was once an 800-page tome with detailed budgets for scientific initiatives, specific recommendations for new policy directions, and a blueprint for NIH's extramural and intramural priorities is now a slimmed-down, 14-page document that lays out only the broadest principles for the future of biomedical research, along with working papers that were used in developing the plan.

If the debacle reads like a disaster for Healy, ironically, it might prove a blessing in disguise. The additional discussion the department has ordered will give her more time to mend political fences within the Administration, and it will also give her more opportunity to sell the whole notion of strategic planning to a skeptical biomedical research community. Several scientists who had seen drafts of the original plan have

expressed unease that it seemed to be moving NIH toward central management of research rather than encouraging creativity.

Whatever the final outcome, the brouhaha might have been avoided if Healy and her assistants had been good bureaucrats and followed the traditional Washington practice of never getting out in front of the Administration. Healy insists that was never her intention. "This is an iterative process where people express their anxieties," she told *Science*. She downplays the notion that she and the department did not see eye to eye. "There was a concern that by sending out something which is titled the strategic plan draft people will do as they often do, which is think that it is the final, final [plan], which it isn't," she says.

The idea for a strategic plan arose before Healy arrived at NIH last spring, but she endorsed the notion enthusiastically when she came on board. Throughout her first year, Healy has been promising to articulate a kind of corporate policy for NIH, and the strategic plan was the vehicle for fleshing out that policy.

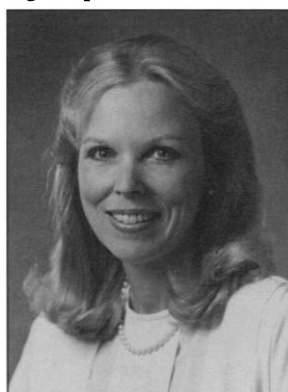
While most of NIH pitched in enthusiastically, rumblings of discontent could be heard, and those rumblings—both from NIH and the extramural community—grew louder in recent weeks. Although most researchers and public officials were reluctant to speak on the record to *Science* about their uneasiness, interviews with people at all levels of the federal health research bureaucracy, as well as members of the scientific community, revealed a consistent picture of the nature of the discontent.

Nearly everyone agrees that a key problem with the strategic plan, as it existed as late as early January, is that it wasn't really a plan. There were no goals, no timetables, no plan of action. Instead, an early-January draft talked of "[m]ore than 800 individual science initiatives," aggregated into 70 overarching science themes and 42 "Scientific Opportunity Initiatives" all clumped under 15 "promising areas of science." On

the policy side, the document discussed issues ranging from long-term funding strategies to science education, to the future of intramural research.

But if this conglomeration of issues and initiatives did not constitute a plan, it still managed to raise hackles at HHS. The document called for revised personnel procedures, reduced bureaucracy, and a set of scientific initiatives so grandiose that a doubling of NIH's budget would hardly be adequate to cover them. It was as if the Navy had developed plans for a 600-ship fleet without consulting any other branch of the military or the secretary of defense.

Within NIH itself, there has been concern that—despite Healy's reassurances—Healy and her deputies were using the plan to



Lofty goals. NIH director Bernadine Healy.

establish firmer control over the institutes. Some officials even feared that Healy was seeking permission to award grants directly, something that has always been the exclusive purview of the institutes—an intent that Healy categorically denies. Nevertheless, most institute directors remain publicly enthusiastic for the plan. "I am really 100% behind it," says National Heart, Lung, and Blood Institute director Claude Lenfant.

In a meeting on 15 January with HHS Secretary Louis Sullivan's chief of staff, Michael J. Calhoun, Assistant Secretary for Health James O. Mason, and Martin H. Gerry, assistant secretary for planning and evaluation, Healy was told that NIH would have to make it crystal clear that what was being released in Texas was extremely preliminary, and would need lots more input from HHS before it could receive final approval.

If HHS officials wanted a chance to have their input into the strategic planning process, they weren't alone. Scientists were anxious to offer their two cents. To them, NIH seemed to be spelling out what areas of research would be pursued—the dreaded targeting of research. "I have no quarrel with what is in there," says biochemist Elizabeth Neufeld of the University of California, Los Angeles, and president-elect of the American Society of Biochemistry and Molecular Biology, who saw a draft of the plan late last year. "But it seems to leave little room for imaginative and unanticipated things. What is there, to me, is very obvious." Others worried that if NIH states what areas of science it wants to emphasize, it will have to state the converse as well. "If you put forward something like this in an era of constrained resources and you don't

NIH's Slimmed-Down Strategy

The "framework for discussion" to be released at a meeting of the Southwest Foundation for Biomedical Research on 2 February contains the following objectives and program elements. All these elements were included in a final draft of the strategic plan, dated 15 January, but most of the details have been removed from the discussion document and are spelled out only in draft working papers. The document will be discussed by five scientific panels at the meeting.

Objective 1 — Critical Technologies

Assure that critical technologies in basic biology impacting on human health and the national economy are advanced as priorities across NIH.

- Molecular Medicine
- Biotechnology
- Vaccine Development
- Structural Biology

Objective 2 — Research Capacity

Strengthen the capacity of the national biomedical and behavioral research enterprise to respond to current and emerging health needs.

- Basic Biology and the Environment
- Neuroscience and Behavior
- Childhood Health and Mortality
- Reproductive Biology and Development
- Prevention, Health Education, and Disease Control
- Population-based Studies
- Chronic and Recurrent Illness and Rehabilitation
- Aging
- Health of Women, Minorities, and Underserved Populations

Objective 3 — Intellectual Capital

Provide for the growth and renewal of the intellectual capital base essential to the biomedical research enterprise. Ensuring fairness and equality of opportunity at NIH is central to efforts to enhance the human resource base of biomedical research.

- Science Education and Human Resource Development
- Intramural Research — Research Infrastructure
- Professional Standards of Scientific Research

Objective 4 — Stewardship of Public Resources

Secure the maximal return on the public investment in the enterprise.

- Technology Transfer
- Cost Management
- Intramural Research — Research Infrastructure

Objective 5 — Public Trust

Continually earn the public's respect, trust, and confidence as we carry out our mission.

- Social, Legal, and Ethical Issues in Biomedical and Behavioral Research
- Professional Standards of Scientific Research
- Science Education and Human Resource Development
- Communications and Information Flow
- Impact of Research on the Nation's Economy: Health Care and Biotechnology
- Technology Transfer

Implementation Principles

1. The Institutes, Centers, and Divisions are the Agents for the Implementation Plan.
2. The NIH Corporate Role in the Implementation Plan.
3. Science Programs will be the Focus of NIH Budget Presentations.
4. Commitment to Scientifically Meritorious Investigator Initiated Research.
5. Balance/Diversity of the NIH Research Portfolio.
6. Adherence to the Principles of Cost Management.

get that additional money, are you then identifying areas that are going to be cut?" asks David Moore, assistant director of the office of governmental relations at the Association of American Medical Colleges. Adding to researchers' anxiety about the plan, says Moore, is that the scientific community did not feel like a partner in its development. "You've got a major rethinking of the way the federal government funds biomedical research and nobody seems to know where it is heading," he says.

Healy says the scientific community has got it all wrong. "There seems to be some confusion between a strategic planning process that gets you to a plan, and the actual plan," she says. "If we had a plan, we would have released it with great fanfare." But scientists can hardly be blamed for thinking Healy had a plan. As recently as 9 December, Healy testified before a congressional committee that "a draft of the entire [strategic] plan...will be publicly presented for the first time on 2 February 1992, at the Southwest Biomedical Research Symposium."

The document that will actually be presented in Texas contains most of the original themes of the earlier drafts, but grouped under five broad objectives—critical technologies, research capacity, intellectual capital, stewardship of public resources, and public trust. It also outlines general principles for implementing the plan. These include a restatement of the NIH commitment to investigator-initiated research, the key role of the individual institutes, and the need for effective management of research costs. In addition, the new document suggests a shift away from arguing for budgets based on a specific number of research grants each year in favor of an argument based on scientific and programmatic priorities.

The Texas meeting isn't the only time the scientific community will be able to give NIH its input. Four more meetings are scheduled—12 February at Occidental College near Los Angeles, 25 February at the University of Connecticut in Farmington, 3 March at Emory University in Atlanta, and 5 March at Washington University in St. Louis.

Healy acknowledges the strategic plan will have little, if any, impact on the NIH budget until at least 1994. That's because it has been developed independently of the Bush Administration's 1993 budget, which will be sent to Congress a few days before the San Antonio meeting. Nevertheless, the plan could prove a landmark document for the future of NIH. Says UCLA's Neufeld: "The scientific community is pleased to study this, think about it, discuss it, and respond to it, because it may determine our future." It could prove important to Healy's future as well.

■ JOSEPH PALCA