

NIH Wants Independence

As the Surgeon General of PHS moves to assert more control, the Institutes maneuver to escape completely.

by Barbara J. Culliton

During the last 15 years, fundamental research in biomedical science has been nurtured into a healthy, prestigious adulthood.

Now that it is mature, it has to fight for its bread like everyone else.

The long-standing belief that all competent scientists deserve Government support of their pursuits has all but crumbled since the day in 1965 that President Lyndon B. Johnson said he wanted payoffs from biological research. His demand that science must produce results has spread through the highest levels of the Federal establishment.

To prove his seriousness President Johnson, late in 1965, appointed Dr. William H. Stewart Surgeon General of the Public Health Service and told him to reorganize the sprawling and somewhat antiquated Service. A reorganization bill that Dr. Stewart himself, as a lower-ranking PHS official, worked on had been sent to Congress back in 1960, but died for lack of Congressional attention. The restructuring of PHS that went into effect this past Jan. 1 was carried out under a special executive order from the White House.

The reorganization is more than a simple clean-up of Government bureaucracy. It can reach into laboratories all over the United States and determine the course of future medical research.

Dr. Stewart, a fruit-of-research man, wants to build strong bridges between the side of PHS that delivers medicine to the public and PHS' nearly autonomous research arm—the National Institutes of Health.

NIH, however, would like to burn the few narrow bridges that already exist and clear out of PHS altogether. Dr. James A. Shannon, director of NIH and a moving force behind its spectacular growth (see chart), has long sought independence for NIH, but never with the sense of urgency he is feeling now; Dr. Shannon faces mandatory retirement in August 1968.

To a considerable extent, the economic plenty and relative freedom enjoyed by NIH-supported scientists is Dr. Shannon's doing. He managed, year after year, with the backing of the late Congressman John E. Fogarty, to convince Congress to appropriate more



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Aerial view of the campus of the house that Shannon built.

money than the Bureau of the Budget allowed him to ask for, and he spent his fortunes to keep biomedical research thriving. In the 1967 budget for instance, NIH asked for \$1.3 billion. Congress upped NIH's share by more than \$100 million. In 1955, when Dr. Shannon took over, the entire budget had been less than \$100 million.

Scientists at NIH fear that, with Dr. Shannon gone, an untested man in his place and Dr. Stewart at the helm, fundamental research may suffer. Not that anyone believes Dr. Shannon's only interest lies in fundamental work or that Dr. Stewart's only concern is applying all research to treatment. But there appears to be a definable difference between the way Dr. Shannon looks at things and the way Dr. Stewart does—and that difference characterizes and separates NIH from the rest of PHS.

Dr. Shannon and NIH scientists believe the broadest possible base of knowledge must lie behind medical developments. They look for things no one ever guessed existed and search for knowledge that can be used in a number of science fields. But PHS's mission, exclusive of NIH, is to deal with state and local health agencies to

prevent disease, deliver health services and health manpower. Unless Congress strips the Service of the job, as it did water pollution control, PHS is even supposed to insure the cleanliness of the air.

The reason NIH officials want to get NIH out of PHS is apparently related to the degree to which PHS and Dr. Stewart have taken over. In May 1966, Dr. Stewart moved his offices from downtown Washington to NIH's campus in Bethesda, Md., where he more-or-less camps on Dr. Shannon's doorstep.

Though Dr. Shannon refuses to talk about any feud between himself and the Surgeon General, officials in Bethesda think it has a lot to do with the fact that Dr. Stewart is the first man to ever behave like a Surgeon General toward NIH. Dr. Shannon doesn't want PHS moving into NIH activities; there is an assumption at NIH that PHS employees are simply not competent to make the decisions they have recently assumed are theirs to make.

The Surgeon General, for example, has decided all applications for PHS grants should be handled through his office rather than through the Division of Research Grants which is part of

NIH but which used to process all PHS applications.

Grant applications, like legislative bills, are referred to appropriate committees or study sections for evaluation, and their eventual approval or rejection often lies in the choice of committee that reviews them. The NIH system was generally considered a relatively efficient one that maintained high standards. NIH officials fear the transfer of this critical decision-making process to PHS officials may mean the death of some fundamental research and the growth of applied research in keeping with the special interests of the decision-makers.

Since this system has not yet gone into full operation, it's impossible to measure the gains or losses that may accrue, but feelings are running high in Bethesda.

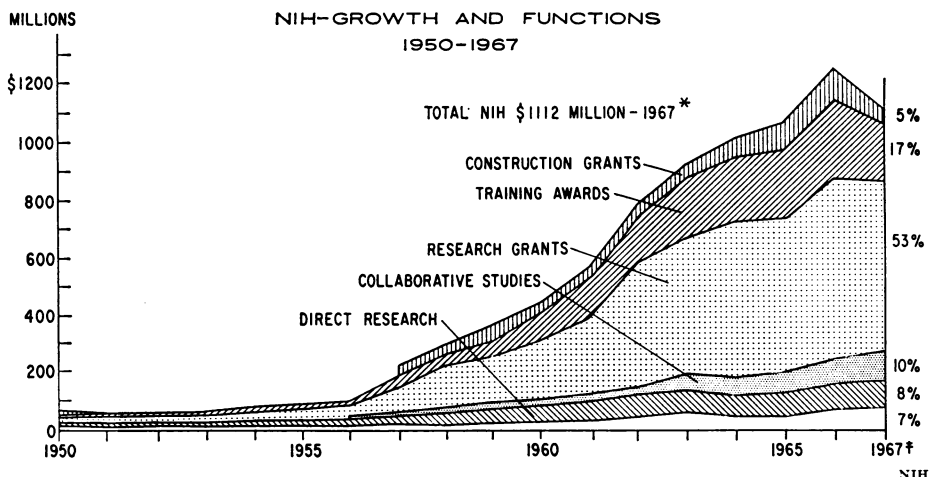
"The real reason the Surgeon General's people are moving in is to try to use NIH to build up PHS's image," says one official.

"The vast bureaucracy of PHS will smother NIH scientists if we're not careful," adds another. "If NIH gets tangled up in the red tape of PHS, its best and most imaginative people will flee to universities. So far, we've been able to keep researchers' bookkeeping to a minimum, but if they have to start

and NIH naturally wants to keep its control and its contact with university research.

Though not taking either side in the NIH-PHS quarrel, Dr. Ivan L. Bennett, deputy director of the White House's Office of Science and Technology, is sympathetic to the Stewart view that even basic research be evaluated with some regard to its potential relevance to man. "There is no lack of

handwriting on the wall, to look more carefully at the work that is going on and do their own sorting of priorities when asking for money. "It is abundantly clear that if we don't take the lead in jettisoning some of the excess baggage," he told the scientists, "others will—and the job may be done by those who can't tell a carpet-bag from a treasure chest." To NIH, that means PHS.



The NIH budget soared after Shannon took charge of things in 1955.

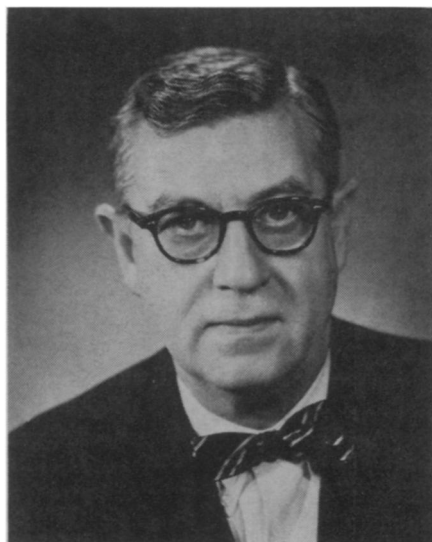
Government interest in research," he told a meeting of experimental biolo-

In light of all this, Dr. Shannon wants his successor to be named a full year in advance, so he'll be able to hand over the reins of leadership to someone fully familiar with the Shannon tradition. Dr. Stewart seems to be in no such hurry.

Dr. Stewart, too, may be making some of his moves in light of Dr. Shannon's imminent departure. A lot of people have come to equate Shannon with NIH, and it won't be easy to find a man to fill his shoes, they say. This reasoning, some suspect, may lie at the root of the Surgeon General's clear attempt to bring NIH under closer administrative control, making himself, in effect, a supervisor of NIH.

At this point, NIH's fight for independence has been put before Secretary Gardner. In a private memo, Dr. Shannon told Gardner NIH should become equal to rather than subordinate to PHS and should, when the reorganization of HEW takes place, be directly accountable to the new Secretary of Health. Dr. Shannon sent a copy of his memo to Dr. Stewart, as is his way, and Dr. Stewart is known to have set his argument for unity before Gardner who is now in the spot of making a decision between the two.

The direction Gardner is leaning is the unknown factor. No indication is expected until he submits his HEW reorganization plan to President Johnson next month. Unless, for some unforeseen reason, Shannon's term is extended, the die will be cast before 1968.



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James A. Shannon



NIH

William H. Stewart

doing everything through channels in the Surgeon General's office, they'll quit," he believes.

NIH gets about 20,000 requests a year for research support, approves about half of those and most, though not all of the approved projects, actually are funded. That means at least 10,000 scientists, sharing \$1 billion a year from the generous coffers of NIH,

gists recently, "and there will continue to be sizable support for it, but what the rate of growth will be is quite another matter." This was the same message HEW Secretary John W. Gardner had delivered to NIH consultants earlier. (SN: 9/3/66).

In the face of heightened competition for the research dollar, Dr. Bennett warned biologists to read the