► might be dug, says the dispute shows that government and funding agencies need to support studies at multiple sites, from the Himalayas to the Bay of Bengal. “If that is done we have a systematic way of comparing data from sites,” he says.

Whatever the origin of the arsenic, says Stephan Hug, a geochemist at the Swiss Federal Institute of Aquatic Science and Technology in Dübendorf, one possible solution would be to drill deep wells — to below around 150 metres — where the water should be arsenic free. But then if too many such wells are drilled, the arsenic could

TOXIC WATERS

Arsenic transported from the Himalayas by the Ganges and other rivers has found its way into groundwater in the Bengal Basin, but three studies using data from three separate locations (inset) disagree on how.

be pulled down to that level, he adds. Moreover, water from such depths can be unacceptably saline.

Mukherjee says that the main goal should be to learn how the arsenic is getting into the groundwater, so that researchers can make wells safe by ensuring that such conditions are avoided. The drinking water of millions of people depends on it. ■

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REMUNERATION

US bill targets grantee salaries

Cost-saving measure would reduce maximum amount paid to biomedical researchers funded by federal agencies.

BY MEREDITH WADMAN

The US House of Representatives is considering legislation that would roll back the maximum amount of a grant that can go towards the salary of a biomedical researcher funded by a federal agency. Under a spending bill proposed on 29 September, the ‘salary cap’ would return to what it was roughly ten years ago. If Congress passes the measure, universities and other institutions will face a dilemma: dip into other funds to make up the difference and keep leading investigators happy, or risk losing researchers to industry, clinical practice or competing institutions.

The 2012 spending bill would cut the salary cap by 17%, from US\$199,700 to \$165,300, for extramural scientists funded by the National Institutes of Health (NIH; see ‘Lowering the ceiling’), the Centers for Disease Control and Prevention and other agencies in the Department of Health and Human Services (DHHS). A parallel Senate bill leaves the salary cap untouched; the two versions must be harmonized before a final 2012 DHHS spending bill is passed. The measures will be considered as part of fraught budget negotiations for financial year 2012.

Just how many scientists would be affected is not clear, but the cut would certainly hit many of the thousands of principal investigators who receive grants from the NIH.

LOWERING THE CEILING

The salary cap for US National Institutes of Health extramural researchers could fall to 2002 levels.

Among medical schools and teaching hospitals, “there is very strong concern about this proposal”, says David Moore, senior director for governmental relations at the Association of American Medical Colleges (AAMC) in Washington DC. “If you are a research-intensive institution and you’re talking about hundreds of faculty where you have to make up this difference, we’re talking about millions of dollars the institution is now responsible for.”

On 11 October, the AAMC co-authored a letter to congressional-spending leaders including Denny Rehberg (Republican, Montana), who authored the House bill and is chairman of the subcommittee that funds the DHHS. Signed by 111 organizations and institutions, the letter argues that lowering the

salary cap would be most damaging to those investigators who dedicate the most time to research and therefore are most reliant on grants; would discourage gifted young scientists from entering research; and would drive physicians out of research even as demands for cures and therapies are growing.

“Physicians have alternative ways of surviving,” notes Moore. “If you continue to put more and more disincentives into a research career, at what point do those individuals say: ‘I’m going to go off and see patients?’”

Rex Chisholm, vice-dean for scientific affairs and graduate education at Northwestern University’s Feinberg School of Medicine in Chicago, Illinois, says that trying to make up for the cut “would create real difficulties for Northwestern and most other medical schools. Most of us don’t have that kind of money just lying around.”

He adds that in 2010, Feinberg, which is a signatory to the letter to Congress, paid nearly \$8.3 million towards the salaries of its 235 faculty members who earned more than the \$199,700 cap. Had the cap been \$165,300, he says, the medical school would have had to pay almost \$12 million to 283 faculty members.

Rehberg did not respond to *Nature’s* requests for comment.

If the cut goes through, says Jeff Gerber, a physician-researcher at the Children’s Hospital of Philadelphia in Pennsylvania, “you’re either going to have fewer [academic] positions available because the institutions will only be able to pay so many people, or, I suppose, money sometimes drives people into different professional choices”. Gerber says that his love for research will probably prevent him ever leaving it. But he expects hospitals to ask physicians to do less research and more income-generating clinical care if grant salaries are cut.

Ironically, the House bill that mandates the cut is far more generous to the NIH overall than is its Senate counterpart. The House bill would boost the biomedical agency’s budget by \$1 billion, or 3.3%, to \$31.7 billion. The Senate bill would cut it by \$190 million. ■

SOURCE: NIH