

NIH budget

Political control a high price to pay for funds?

Washington

CONGRESS'S annual habit of adding more money to the budgets of the National Institutes of Health (NIH) than the White House tries to take out looks like being a mixed blessing this year. Fears are growing within NIH that if Congress is too generous it will simply invite a presidential veto. And there is outright alarm at the prospect of Congress coupling a big spending increase to a package of radical changes in the agency's management and structure.

A reauthorization bill designed to do just that is expected to receive the blessing of the House of Representatives later this month. Proposed by California Democrat Henry Waxman, the bill (HR 2350) would increase NIH spending in some areas in 1984 by 15 per cent instead of the 1.8 per cent proposed by the administration. It would also transform the internal management of NIH, replace its present broad budget authority with a set of detailed congressional mandates, and establish a new institute for arthritis and musculoskeletal diseases.

The bill is being opposed with equal ferocity by the Office of Management and Budget (OMB) and NIH. OMB has written to House minority leader Robert Michel warning that the bill will almost certainly be vetoed by President Reagan. And Margaret Heckler, the Secretary for Health, has told Congress that the bill would disrupt the orderly management of NIH and lead to political control of scientific decisions.

Waxman maintains that the existing statutory authority for NIH is too general. Changes proposed in the Waxman bill range from major institutional realignments — such as the transfer to NIH of the National Institute for Occupational Safety and Health, currently part of the Centers for Disease Control — to relatively minor procedural changes such as a new requirement that NIH submit a biennial report to Congress. Almost every change has been criticized by NIH's leadership.

In hearings staged by Waxman's health and environment subcommittee earlier this year, NIH contended that creation of a new arthritis institute would waste money that could otherwise be used for research, by creating unnecessary administrative costs. NIH director James Wyngaarden said spending on arthritis and musculoskeletal diseases was already one of the fastest growing areas in NIH research, with spending up from \$27 million in 1976 to some \$83 million in 1983.

NIH also object to a provision in the bill that would compel each institute to appoint an assistant director for disease prevention

and establish, within three years, 25 health promotion and disease prevention centres each costing up to a million dollars every year. Dr Edward Brandt, assistant secretary for health, told the Waxman committee that prevention of disease was the ultimate goal of all NIH research and that the link between research on prevention and the institute's basic scientific programme should remain unbroken.

Other new authorizations and budget set-asides in the bill are new initiatives in bioengineering, digestive disease, kidney disease and mental retardation. There are to be new grants for specific research in spinal cord regeneration, Alzheimer's disease and animal research methods. New national commissions on neglected diseases and genetic engineering are proposed.

Detailed organizational changes called for in the bill include a controversial proposal to enhance the powers of advisory committees within NIH. For the first time, the functions and composition of the committees would be enshrined in statute and they would be called on to review the quality of intramural research at NIH, as well as to advise on the allocation of space and money between individual laboratories and

investigators. The administration has described as "deeply troubling" a proposal to expand the scope of the director's advisory committee to allow it to embrace management issues such as the acquisition of resources and the hiring of personnel.

The criticism from NIH and the administration is not expected to prevent the bill from receiving enthusiastic support when it reaches the floor of the House. The big increases it proposes for cancer and heart disease research are traditional vote-winners in the Democrat-controlled chamber, and the bill caters for numerous special interest groups concerned about issues such as the use of animals in research and the ethical implications of genetic engineering.

There is, however, a substantial minority of opponents in the House. Eleven members of the Energy and Commerce Committee, which has just reported out the bill, added a minority report complaining that the excessive detail of the authorizations represented an attempt by Congress to take the place of scientific peer review in determining priorities in research. The dissenters pointed out that the bill would pre-empt the efforts of the National Academy's Institute of Medicine, which is beginning a wide-ranging study of NIH's organizational structure.

At NIH, meanwhile, officials are pinning their hopes for scotching the bill on the willingness of the President to veto a measure which will inevitably command extensive public support. **Peter David**

Cuts "disastrous" for Canada's MRC

Washington

CANADIAN medical researchers have since the beginning of this year been quietly lobbying the government to rescind a substantial cut in the budget for the Medical Research Council (MRC) for the fiscal year beginning 1 July. Two weeks ago, eight prominent Canadian scientists abandoned the quiet approach with a sharply worded protest that calls the cuts "disastrous" and warns of "lasting damaging consequences".

MRC's problems stem from a government decision early this year to limit the "social development" ministries, the group that includes MRC, to a 6 per cent increase in the next fiscal year. According to Dr John Cowan, chairman of the University of Ottawa physiology department and one of eight former presidents of the Canadian Federation of Biological Societies who signed the statement, inflation in medical research costs has been running at 18 per cent. The statement says that when MRC met in March to award research grants for the next fiscal year, it was able to fund only 10 per cent of the proposals received — down from 30-35 per cent in previous years. Some 80 per cent of the proposals were recommended for support, according to the statement.

Similarly, renewals of existing grants were down; fewer than half the usual number of scholarships were awarded; and no major equipment purchasers were approved, nor were even minor equipment purchases included within research proposals. Only "very few" equipment maintenance grants were approved.

Under the Canadian budget process, a supplemental budget for a specific area can be approved by the cabinet at any time, although this is usually done before the start of the fiscal year. Cowan said that the Natural Sciences and Engineering Research Council, MRC's counterpart, had received a supplementary budget giving it a 20 per cent increase over the current year. The medical researchers' statement asks for a \$20 million supplement for MRC, which, the researchers say would allow MRC to continue to operate at its previous levels, and would be in line with the increase received by the natural sciences council.

Cowan said that he and others had waited until now to act because the medical research community had been "persuaded by the MRC and the federation itself not to rock the boat" while the 5-year planning document for MRC was awaiting a cabinet decision. **Stephen Budiansky**