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## Taking the Pulse of the National Institutes of Health

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Since last December when officials at the Office of Management and Budget proposed converting the National Institutes of Health into a private research center, the popular and scientific presses have repeatedly published litanies of the agency's problems: the hiring freeze, non-competitive salaries, inadequate lab space, and, most recently, controversy over procurement operations. And not long ago, a Congressional committee, worried about the extent of fraud in biomedical research, put the NIH's investigative procedures under the microscope. As director James B. Wyngaarden says in the interview on the next page, it has not been his most serene spring.

Yet perhaps the very success of the NIH in nearly all it has tackled in the past now makes these problems seem bigger than they really are. What organization of the size and age of NIH does not from time to time have its difficulties or stand in need of some adjustments? But politics on both sides of the privatizing debate have transformed what should have been an objective analysis of management and organizational difficulties into squabbling and a partisan tug-of-war. It is intriguing that both sides have an

interest in pointing out problems of the agency: Advocates of a massive overhaul want to demonstrate an erosion in excellence, while defenders of the current structure want to highlight select problems in the hope of enacting such reforms as the removal of salary and hiring ceilings.

What has also crept into the debate is a rumor of declining quality of the research conducted by NIH's scientists. Again, political jockeying has fueled such speculations—even among NIH staff. Edward J. Rall, deputy director for intramural research, said in December, "We're losing too many outstanding people, more good people than we can afford, particularly the smart young people. It's not a disaster, but it's enough to cause us alarm" ("Scientists do not live by patriotism alone," *New York Times*, December 14, 1987, page B8). If that isn't a hint at a slide in the quality of research or the potential for one, I don't know what is.

According to the Institute for Scientific Information's Science Indicators database (see page 15), the NIH has consistently improved its research performance since 1979. The most recent departures and difficulties may not be reflected in

these data, but there is as yet no evidence, using these measures, of a decline in the quality of NIH's intramural research. With more than twice the impact of the average paper, publications from researchers at NIH, as a group, have been and continue to be of the highest caliber. That's the reality, not the political hype.

Clearly, a way must be found to pay competitive salaries to NIH scientists, who are some of the best in the world. Moreover, the agency must be free of micromanagement by the Congress. The past success

of NIH stems from the freedom its scientists have had to work independently and uninterruptedly. It's been a strategy that's paid handsomely in the past and will give our nation similar returns in the future.

Fortunately, a sober analysis of the current health of NIH is being conducted over this summer by an independent committee of the Institute of Medicine. Let us wait until the release of its report this fall before embracing rumors, jumping to false conclusions, or fixing what may need no repair. ■