Division of Research Grants

NEWSLETTER

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'FIRST AND FOREMOST IS BASIC RESEARCH'

President Calls NIH A Billion Dollar Success Story

The research achievements at the National Institutes of Health are the fruits of the world's greatest research enterprise, said President Johnson during his visit to the NIH Clinical Center July 21, 1967.

The President went on to describe the nation's biomedical research programs as a billion dollar success story, prefacing this comment by saying that the driving force for research today is government because it is the only force that has the means. Two-thirds of the national expenditure on health research is supported by the government, and of this, NIH spends 60 percent.

If we are to build a society which guarantees good health for all, we must build it upon very solid foundations. First and foremost is basic research.

Thousands of Americans are being saved from blindness every year through new detection procedures and the development of new chemicals and new techniques.

Infant mortality has taken its sharpest drop in 10 years during which period 10,000 lives have been saved.

A new vaccine to prevent pregnant women from contracting rubella has been developed in the past 2 years following an outbreak which resulted in 30,000 abnormal pregnancies, the deaths of thousands of babies, and thousands cruelly afflicted.

Dr. William H. Stewart (extending hand), Surgeon General of the PHS, and Dr. James A. Shannon, Director of the NIH, greet the President on his arrival. *Photo by Fernandez*

Somehow, Mr. Johnson concluded, we are going to find ways to detect the vision problems, the hearing problems, the blood pressure problems, the hypertension problems, and the cancer problems, before they are too advanced. It can be done . . . . And it will be done.

Excerpts from the President's NIH speech begin on page 5.

Univ. of Pa. Receives First Anesthesiology Center Grant

The first Public Health Service award from special funds appropriated by Congress for anesthesiology centers has been made to the University of Pennsylvania.

In 1966, concern over the critical shortage of information and manpower in anesthesiology prompted authorization for the National Institute of General Medical Sciences at the NIH to stimulate nationwide scientific interest and action in the field.

The grant, amounting to $210,000, will enable University of Pennsylvania teams of scientists from many disciplines to study critical problems in anesthesiology. Using man and animals, researchers will try to determine the effects of various anesthetics on cells, tissues, nerves, respiration, and metabolism.

Ninety-three institutions have recently been awarded biomedical sciences support grants totalling $6 million.

Under the Biomedical Sciences Support Grants Program, grants are made to academic institutions, other than health professional schools, to enable grantees to develop new scientific talent, to meet emerging research opportunities, and to increase their research potential.

To be eligible, an applicant institution must have received at least $200,000 in NIH research project grants within the previous fiscal year.

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EDUCATION, AND WELFARE

Project Period Reduced To 5-year Maximum

The National Institutes of Health will no longer commit support of grants for 7-year periods.

Effective July 1, 1967, the maximum period of support became 5 years. Support beyond the 5-year period will require submission of an application for renewal which will have to compete in the same way as a new application.

The NIH recognizes that in certain cases institutionally oriented resource awards such as general clinical centers, computer centers, and other large institutionally-oriented grants will require support in excess of the 5-year period.

In considering such extended research, the NIH will take into account factors substantiating exceptional quality, productive utilization, and demonstrated ability of leadership, together with special justification at the time of recommendation by the national advisory council concerned.

GRS Applications

Applications for 1968 General Research Support (GRS) grants are being accepted by the Division of Research Facilities and Resources. The application deadline for institutions that are not now receiving GRS support is September 1, 1967. Organizations eligible to apply for GRS grants are health professional schools, hospitals, and nonacademic institutions.

Grantees Urged To Submit Annual Expenditure Reports

The PHS Policy Statement on Grants for Research Projects contains the following provision on Annual Report of Expenditures:

"Continuation grants will not be awarded if required expenditures reports have not been received; for example, a grant for a fourth (04) year will not be awarded if reports for the first (01) and second (02) years have not been received."

If special problems delay submittal of annual reports of expenditures, write or call the appropriate area staff specialist in the Division of Research Grants as listed below:

David Tilson Appointed Chief Of Health Research Facilities

Mr. David Tilson has been named chief of the Health Research Facilities Branch of the Division of Research Facilities and Resources. He succeeds Dr. Francis L. Schmehl who has joined the staff of the University of Nebraska as director of research services.

MR. TILSON

Mr. Tilson was formerly with the Office of Program Planning at NIH where he was assistant chief for 2 years. In his new position, he will administer the health research facility construction program.

Before he transferred to the NIH in 1965, Mr. Tilson was associated with the Agency for International Development. In 1961, he was named advisor to the U.S. Mission to the United Nations for the AID. The following year he was appointed director of the Science Conference Staff for AID. He was later named director of research in the Office of Research and Analysis with responsibility for planning and administering foreign aid contract research programs.

New England and North Atlantic States ..... Mr. Desmond McLearen 301 496-7828

Southeastern States ..... Mr. Leo J. Eger 301 496-7318

Lake Central and Midwestern States ..... Mr. Richard Anderson 301 496-7828

Southwest and Pacific States ..... Mr. Owen Scott 301 496-7891

Modifications Affect New Career Development Awards

The Research Career Development Award program of the National Institutes of Health has been modified for new award applications received on or after July 1, 1967. The modifications do not apply to RCDA programs in other bureaus of the Public Health Service. The principal modifications in the NIH program are:

- Candidates must be less than 40 years old on the day the application for a new Development award is received by the NIH.

- The maximum period of support available is 8 years. New awards will be made for a 5-year period with the possibility of renewal for up to 3 additional years. Awards will not be continued or renewed beyond the award year in which the awardee reaches his 45th birthday.

- Awards will include neither fringe benefits nor indirect costs. The institution must provide to the awardee the same fringe benefits it provides to all other comparable staff members of the institution.

Applications received before July 1, 1967 and the continuation or renewal of existing awards will not be affected by the modifications of the program.

Initial applications for the modified development award should be submitted on the current application form, PHS 2557-1. Forms for yearly continuations of previously recommended support and renewal of awards will be mailed to sponsoring institutions at the appropriate time.

NIH Division Announces New Fellowship Program

The Division of Environmental Health Sciences — newly established Division of the NIH — is initiating a fellowship support program. The new Division has responsibility for defining, quantifying, and understanding the biological effects of chemical, physical, and biological hazards in man's environment.

Fellowships will be awarded in the various scientific disciplines to students who are concerned with the source, distribution, mode of entry, and effect of deleterious chemical and biological substances upon the well-being of humans.

Applications are being accepted for support at the predoctoral, postdoctoral, and special fellowship levels.

New Publications

PHS Grants for Research Projects—Policy Statement and PHS Grants for Training Projects — Policy Statement (effective July 1, 1967). These brochures are revisions of the 1966 issues of the policy statements for research projects and for training projects. They take into account the January 1967 reorganization of the Public Health Service into five bureaus and the National Library of Medicine all of which have responsibility for the support of research grants.

A Guide for Hospitals—establishing indirect cost rates for research grants and contracts with the DHEW. This brochure contains a set of principles for determination of costs applicable to research and development under grants and contracts with hospitals.

EXCERPTS FROM REMARKS OF THE PRESIDENT IN THE AUDITORIUM OF THE CLINICAL CENTER AT THE NATIONAL INSTITUTES OF HEALTH, BETHESDA, MARYLAND

The thing I want to say first is that I wish very much each of you could have been with me and seen the enthusiasm and hope, and heard the encouragement that came from these great scientists, these doctors, who are doing so much to make life better and longer in this world.

We ran overtime and we had to eliminate some of our briefing. Our topics were what we are doing in the field of vision, in the field of hypertension, in the field of cancer, in the field of that dread number one killer— heart diseases, all of which will very quickly confront each of you out there when you reach that milestone in life when these things appear. Then you will wonder why for 50, 60 or 70 years you have given no thought, no support, or no attention to it.

. . . . . .

This is a billion dollar success story— NIH. This is where I like to come once a year— and more often if possible— to learn what they are doing, in order to try to help them more.

The Gospel of St. John tells of a place where the lame and the halt and the blind went to be cured. That ancient place was called Bethesda. 2,000 years later, this place called Bethesda also is the place where the sick and the injured can have some hope.

This morning we heard about the modern miracles of healing which have been discovered here— in the last year particularly— and the progress that has been made since we were here last.

Dr. Shannon and the other NIH Directors have given me a rather full report. They have responded with knowledge and candor to all the questions that we propounded. They have given me a report on some of the matters that we raised last year when we met at the White House.

I should like for them to know— and for all the world to know— that I regard these men as my Chiefs of Staff in this war on the ancient enemies— sickness and diseases. We constantly review our strategy for attacking these major health problems that confront this Nation and other nations in the world.

The progress we are making is slow. I am glad to say, though, we are going up instead of going down.

. . . . . .

There are two or three little things I want to point out, as kind of guiding beacons.

Two years ago, for example, there was an outbreak of rubella— German measles— in America. It caused 30,000 abnormal pregnancies. It killed thousands of . . . babies. It left thousands of others cruelly afflicted.

There lived near my home, very close to me, some people who work with me who were afflicted by deafness and mental defects.

But in two years, . . . as a result of research here where you are this morning, a new vaccine to prevent a mother from ever getting German measles has been developed. Our scientists are working day and night so that we can have an adequate supply of this

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vaccine in the 1970's when the next outbreak of rubella is predicted for this country.

This is one small example of how this place affects the lives of all of you and of all Americans.

Dr. Shannon has just reported to me that the latest statistics show that infant mortality during the last 12 months took its sharpest downward drop in 10 years. It meant 4,700 babies lived this year who would have died the previous year. It meant 9,400 babies lived this year who would have died, if they had just been born 10 years ago.

Ten thousand lives saved in 10 years. Maybe that is not many, but if you are one of the families affected by one of those 10,000, it is everything.

Research supported by NIH has developed new chemicals and new techniques which are saving thousands of Americans every year from blindness.

We talked this morning about what new procedures could be evolved to detect eye problems at an early age, to detect heart problems— blood clots, blood problems, high blood pressure— or to detect cancer before it spreads . . . .

Maybe we ought to get some of the time people spend detecting the deficiencies in our automobile and examining our brake, testing our steering, and testing our headlights to test our children.

Nine hundred thousand women were tested for cervical cancer this past year under a program here at NIH— one million women. Three thousand cases were found— early enough to do something about them and to cure them. Three thousand more lives saved.

I don't know how much you put on life, but that is what was done here.

NIH research has speeded the development of new chemicals for high blood pressure which have already reduced death by 50 percent.

. . . . . .

One person out of every two who would have died of high blood pressure 10 years ago is living today. One person out of five, under the age of 65, who would have died of a stroke 10 years ago is living today.

All of these achievements are not the fruits of the Presidency or the Democratic Party or the Federal Government. They are the fruits of the world's greatest research enterprise. It knows no partisanship, no dictator, or no ruler. They are all aimed at just one thing— just one goal: a better, freer, happier, healthier life for all people.

That is something that ought to unite even the most controversial among us. Even the most cynical should be able to embrace that goal.

This morning I came here to renew my commitment to that goal; to applaud the efforts of these men— just a small percentage of whom are here on the platform— and their attempts to help us reach it— and to discuss with all those I could our future endeavors and to plan our future programs.

If we are to build a society which guarantees good health for all, we must build it upon very solid foundations.

First and foremost is basic research: the pursuit of knowledge for its own sake.

Because we are human, we explore; we seek to understand the deepest mysteries of our world. The government supports this creative exploration because we believe that all knowledge is precious; because we know that all progress would halt without it.

But tomorrow's healthy society rests not on our scientists or our medical men only, but it rests also on our political leaders. As you can observe, what they did yesterday may affect what these men do tomorrow.

We have long passed the day when medical research is a job just for some . . . lonely, makeshift laboratory. Research involves armies of trained technicians, batteries of computers, staggering sums of money.

. . . . . .

So the driving force in this country today for research is Government. There is a reason for that: Government is the only one that can really provide the means.

Today the Federal Government supports nearly two-thirds of the total Nation's expenditures on health research. Two-thirds of everything spent in this Nation on health research, the Federal Government spends.

And you here at NIH spend 60 percent of all the Federal Government spends. So we are here where, as I said, this is a billion dollar success story. I want that story to be known by 200 million Americans.

Today the scientists and the medical men decide how to attack a major medical problem, but they depend on public men making political decisions to decide whether to attack that problem.

I have spent hours in appropriations hearings listening to health problems presented—and a good many of them ignored.

I remembered on my way out of that room this morning where I heard these men testify, walking out of the Appropriations Committee one time and hearing them testify about wanting money to use on flies to prevent the development of screwworm to keep the screwworm from getting into cattle, and to keep it from destroying the cattle and killing the baby calves.

Every time a baby calf was born, he was subject to the screwworm. Some lived and some didn't. To save great labor that ranchmen spent going out and picking up the little calves that were half dead, finally the Congress went along and endorsed a proposal.

Now the whole Southwest no longer knows the screwworm. Through the appropriations the Congress passed—the cattlemen supplemented—we no longer have to have labor to ride out and pick up every little baby calf.

Someday we are going to get intelligent enough to treat our children the same way.

We made some progress with 10,000 of them this year. But we are not going to have to wait until they get into the 10th or 11th grade to see that their eyes have been affected all their lives.

You wouldn't want to test an automobile that had been driven 11 years before you decided it was fit for the highway.

Somehow we are going to find ways to detect the . . . problems . . . . It can be done. It must be done . . . And it will be done. Thank you.

Escorting the President from his helicopter to the NIH Clinical Center are (from left) Surgeon General William H. Stewart, the President, NIH Director James A. Shannon, HEW Assistant Secretary for Health and Scientific Affairs Philip R. Lee, and Clinical Center Director Jack Masur. *Photo by Fernandez*