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“Proliferation of the National Institutes of Health”

New facets are being added without much thought to overall design, providing a superficial sparkle that may be pleasing to the few, but threatening to the functional integrity of the entire gem.”

With too many surfaces of different sizes, the organization may soon become less able to take advantage of its extraordinary budget increase and more difficult to manage responsibly.

Those who care about NIH need to think about its form and propose some solutions before the structure becomes even more fragmented and harder to fix.

The current litany of institutes and centers is a forceful reminder of the many things the NIH is responsible for, and this cannot hurt during the budget process, when the leaders of each institute and the several centers with independent budgets appear before the House and Senate appropriations subcommittees.

Having more institutes also means less flexibility, less managerial capacity, less coordination, and more administrative burden.

[There is] a strong correlation between the age of an institute and the size of its budget.

Appropriated budgets for all institutes tend to increase in virtual lockstep, with more or less the same percentage increment for each, because the highly visible numbers are viewed inappropriately as value-based rankings.

Budgets within institutes can be managed much more dynamically, and even large shifts can be more easily justified. For this reason, the creation of the new institutes and centers, perhaps paradoxically, can limit the flexibility of the NIH as a whole.

We need to establish some general principles by which NIH should be organized and attempt to use those principles to decide how it can, in practice, be reorganized, even if the reorganization occurs in slow stages.