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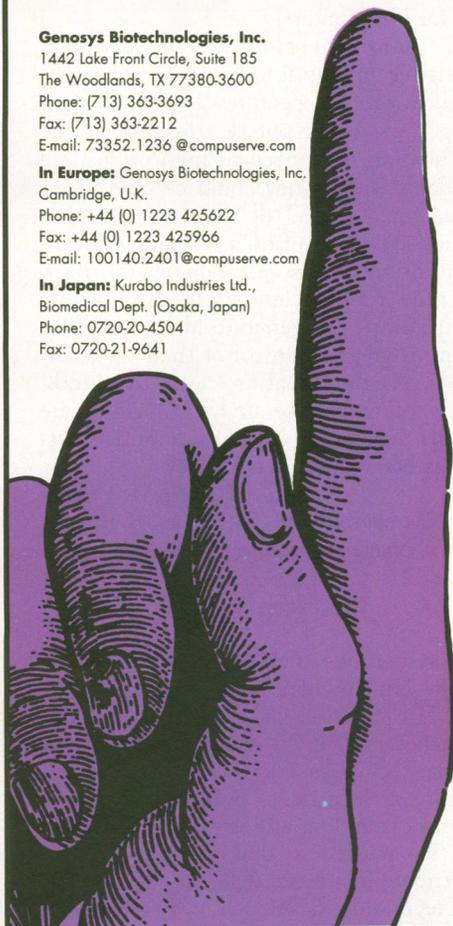
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is a major sponsor of research in the United States, we believe it has a special role to play in promoting such change. We ask that

1) The total dollar amount for FIRST awards be increased even if this decreases awards for established researchers (FIRST awards should also be granted for teaching and technology development projects).

2) Young scientists be involved to a greater extent in the grant review process.

3) The yearly funding for individual investigators be capped so that more investigators are supported (funding requested beyond a certain level should be denied except in exceptional circumstances).

4) NIH create a small grant program that would emphasize rapid proposal review, encourage the formation of interdisciplinary research groups, and provide funding for new researchers and for exploratory studies.

5) NIH require career counseling to be part of each training grant.

6) NIH act to eliminate restrictions on principal investigator (PI) status (the increased opportunity for all Ph.D. scientists to initiate research projects with proper credit can only increase the quality of science).

7) Agreement to a code of professional ethics be a requirement for an individual receiving a grant (practices that unfairly impede the careers of other scientists should carry strong penalties, such as the loss of PI status).

8) Increased interaction between NIH and the private sector be encouraged in order to foster the development of new technology initiatives.

9) All NIH grantees be required to participate in some form of public education (such as taking a day to explain their work at local schools) in order to increase public awareness of the benefits of research to society.

The future quality of U.S. scientific research is at stake.

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With respect to Marshall's article "Does NIH shortchange clinicians?" it has been my perception that this "shortchanging" began with a decline in support for educational enrichment programs accessible to

medical schools. The cost and duration of basic medical education and the lock-step nature of medical education as maintained by most medical schools and academic health science centers denies potential physician-investigators a career track. Training is particularly lacking in opportunities for nonlaboratory types of research that are appealing to many Ph.D.'s. More physician-investigators need skills in systems science, information management, health services research, epidemiology, biostatistics, health law, and health economics and related areas. I realize that many programs exist outside NIH in health services research, but NIH's priorities, many of which are geared to the development of marketable interventions and technology, detract from studies that reduce costs and improve outcome at the physician-patient interface.

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Roy Silverstein, president of the American Federation for Clinical Research, suggests that a special NIH study section be set up to give special attention to clinical proposals that fall just below the payline. I have another suggestion. Why not fund the same percentage of clinical studies and nonclinical studies that are submitted to each study section? For example, if 35% clinical studies and 65% nonclinical studies are submitted in a session, then 35% clinical applications and 65% nonclinical applications should be funded. This funding method would eliminate much of the bias and dissatisfaction that now prevails.

Steven Lehrer

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Peer-Review Study

Eliot Marshall's 12 August News article "Congress finds little bias in system" (p. 863) describes a General Accounting Office (GAO) report that complacently concludes, "peer-review processes appear to be working reasonably well." The GAO found no regional or institutional bias, but noted that assistant professors or other junior faculty were underrepresented on review panels. Should grants be spread like oil on water? Are junior faculty members experienced and unbiased enough to allocate grants? Would anyone run a business, select a professional sports team or symphony orchestra, or stock an art museum in this way?

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