

## NIH's SMRB Meets, Organizes to Address NIH Structural/Management Issues

On April 27-28, the NIH's Scientific Management Review Board (SMRB) held its initial meeting. Composed of representatives from the NIH and the science community, the SMRB was established by the *NIH Reform Act of 2006* [P.L. 109-482] to advise on NIH structural changes. The SMRB is to issue a report of its recommendations not less frequently than once each seven years, and must meet at least five times before issuing a report.

Although the SMRB's focus was on two major agenda items—a potential merger of the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and potential changes to the NIH Intramural Research Program—the Board first heard from two past NIH Directors, Harold Varmus, M.D., who currently serves as the President of the Memorial Sloan-Kettering Cancer Center, and Elias Zerhouni, M.D., who currently serves as Senior Fellow-Global Health at the Bill & Melinda Gates Foundation.

In March 2001, Dr. Varmus proposed that NIH be reorganized into six comparably sized units, five of which would be organized along groups of diseases (often called “clusters”), as well as the Office of the Director. In his SMRB comments, Dr. Varmus recognized that numerous steps had already been taken through the 2006 reauthorization and administratively within NIH to foster trans-Institute research, meeting many

**Executive Director** James F. Jorkasky  
240-221-2905 [jamesj@eyeresearch.org](mailto:jamesj@eyeresearch.org)

**Advocacy Manager** David H. Epstein  
240-221-2902 [depstein@eyeresearch.org](mailto:depstein@eyeresearch.org)

12300 Twinbrook Parkway, Suite 250  
Rockville, Maryland 20852-1606  
[eyeresearch.org](http://eyeresearch.org)

of the goals of his cluster proposal. Dr. Zerhouni did not discuss the cluster issue at length, rather advising that NIH would most benefit from the following: good metrics, which will enable it to make management decision based on data/outcomes; better understanding of the entire research portfolio since science has become so cross-cutting between disciplines; a peer review system that encourages high-risk, high-reward science; attention to the demographics of the scientific workforce; and changes to the Intramural Research program to foster trans-Institute research.

The SMRB also heard from scientists who participated in the development of the last major report on the structure of the NIH—the National Research Council/Institute of Medicine report entitled *Enhancing the Vitality of the NIH: Organizational Change to Meet New Challenges*, which issued in 2003. The IOM report rejected Dr. Varmus' proposal to cluster Institutes, but did note that an NIDA/NIAAA merger could potentially make sense, especially if research efforts to understand the basis of addiction were better coordinated. When the SMRB addressed this issue at the meeting, it encouraged public comment, hearing from several professional societies and patient groups, which overwhelmingly opposed the merger, especially since the NIDA has not usually focused on end-target organ research, such as liver research funded by the NIAAA.

The SMRB also discussed a number of recommendations that have been made regarding changes to the Intramural Research program, from the 2003 IOM report and earlier that morning from Dr. Zerhouni.

The SMRB proposed to organize three Working Groups dealing with: “Deliberating Organizational Change”



Left to right: SMRB Chair Norman Augustine, Acting NIH Director Raynard Kington, M.D., Ph.D., and Acting NIH Deputy Director Lawrence Tabak, D.D.S., Ph.D. At its request, Dr. Tabak updated the SMRB on the implementation of the \$10.4 billion in NIH funding within the American Recovery and Reinvestment Act (ARRA).

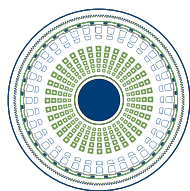
(underlying principles guiding SMRB recommendations); the proposed NIDA/NIAAA merger; and changes to the Intramural Research program. The SMRB planned to meet next in September.

NAEVR is monitoring SMRB actions closely, since legislative drafts of what ultimately was passed in December 2006 as the *NIH Reform Act of 2006* had contained language that would have clustered Institute and Center budgets, including that of the NEI.

### Dr. Gagliano on NEI's NAEC



At its June 18 meeting, the NEI's National Advisory Eye Council (NAEC) welcomed VCE Director Dr. Gagliano as a member. Above: Dr. Gagliano is joined by NEI Director Paul Sieving, M.D., Ph.D.



**NAEVR**  
**AEVR**