INTRODUCTION

First let me express my sincere appreciation for the opportunity to open this conference. I am pleased to be able to participate, and to represent the National Institutes of Health in its centennial year.

Today I would like to remind you of the origins of NIH in 1887, and of the very specific and circumscribed mission at that time. I want to remark upon its evolution and growth, and to talk about NIH today.

BEGINNINGS OF THE NIH

You may know that what now is the National Institute of Health traces its origin to the one-room Laboratory of Hygiene on Staten Island in New York Harbor. The Laboratory of Hygiene was a part of the Marine Hospital Services, which had the responsibility to provide relief of sick and disabled seamen. The Laboratory of Hygiene was established in 1887 because of the danger of communicable diseases, such as yellow fever, cholera, and tuberculosis. Because most physicians believed that these diseases were brought into the United States by immigrants, government health-screening facilities were located at major ports of entry, and the facility on Staten Island was one of them. Dr. Joseph J. Kinyoun was appointed its first director.

NIH historians have documented the Congressional hearing which started the Laboratory of Hygiene on the path to becoming the NIH. In 1888, a Congressional committee hoped to establish a competing bureau, a turf battle which is not uncommon between Congressional committees. Also not uncommonly for administrations, the administration of President Grover Cleveland wished to head off the establishment of additional bureaucratic structure, and sent the Surgeon General to testify against the proposal on February 24, 1888. The Surgeon General testified that the Marine Hospital Service already was performing every function that the proposed new bureau might be asked to carry out. In response to a question about research from one of the committee members, the Surgeon
General replied that the Laboratory of Hygiene already was carrying out research, and, only weeks earlier, had published research reports on cholera (using equipment costing $300, which had been set up in the attic of the lab). This satisfied the committee, thus heading off a new bureau, and making the work of the laboratory public for the first time.

In 1891, the laboratory was moved to Washington, DC, to one floor of a Capitol Hill building, and was renamed the Hygienic Laboratory. The little laboratory soon began to make an impact in research. After 12 years, it was moved to its own building, which it occupied for 35 years. Two million dollars a year was provided in the mid-30's for "diseases and sanitation investigations", and the support of President Roosevelt was obtained. In 1938 the present facility in Bethesda was begun, on 45 acres of land donated by Mr. and Mrs. Luke Wilson of Bethesda, providing the nucleus of what eventually would become the 306.4 acre NIH "reservation". President Roosevelt dedicated the original NIH buildings at the new location on October 31, 1940.

At the time of the dedication of the new facility, the NIH was a free-standing Government laboratory of limited size. With the needs for additional knowledge on dealing with the health problems of the armed forces in World War II, the Government turned to every available resource. Partnerships were formed with academic institutions and independent laboratories for the conduct of biomedical research. Grants and contracts were awarded to these institutions, for the support of projects carried out by scientists employed there. This effort was highly successful, and it resulted in the emergence of a new Federal science policy that emphasized the social and economic value of health research as a Government activity. The partnership with non-Federal scientists was recognized as one of the most effective means for conducting the search for new knowledge.

At the end of World War II, 250 health-related projects in progress at University medical schools and independent laboratories, administered by the Office of Scientific Research and Development, were transferred to the NIH for continuation. This transfer amounted only to $1 million, but it marked the beginning of today's $5 billion NIH extramural research and training program. In house, or intramural, research, continued at NIH, and through it, many of the leaders of the US research effort have been trained. It represents the largest laboratory of its kind in the world. However, the extramural program has grown even more, so that today, nearly 90% of the NIH budget is awarded to investigators through grants, cooperative agreements, and contracts.

MODERN STRUCTURE OF THE NIH

At about the time of the move to Bethesda, the process of establishing categorical Institutes for special purposes began. In August, 1937, the National Cancer Institute was established, the National Heart Institute in June, 1948, and National Institute of Arthritis and Metabolic Diseases in August, 1950. The process continues into the present, with the 1986 reestablishment of the programs of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK) as two Institutes, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Today, the NIH is organized into an Office of the Director, 12 research Institutes, one research Division, the Library of Medicine, the Clinical Center, and several support Divisions, including the Division of Research Grants.