

FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

(FASEB)

TESTIMONY BY

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before the

Senate Labor and Human Resources Subcommittee

on Public Health and Safety

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Mr. Chairman, Senator Kennedy, Members of the Subcommittee:

I am John Suttie, professor of biochemistry and nutritional sciences at the University of Wisconsin. I also serve this year as the President of the Federation of American Societies for Experimental Biology, usually referred to as FASEB. It is in this latter role that I appear today to testify during these important hearings regarding the National Institute of Health's system for allocating funds among different research priorities and diseases.

FASEB, for those of you who are not familiar with the organization, is a coalition of 14 societies with a combined membership of more than 43,000 individual scientists who work in biomedical research. The Federation was created in 1912 to provide an organization which could represent the views of scientists in the research policy debates of its day. This remains more than 80 years later the fundamental purpose for the existence of our Federation.

While patient advocacy organizations, medical schools and basic research scientists each bring their own perspective to this debate, all are here with one overarching goal--to make progress against the diseases and disabilities which continue to afflict our people and, indeed, the people of the world. While FASEB's members are practitioners of molecular biology, biochemistry, anatomy, and other basic sciences, our cause is to apply our scientific research toward the reduction of human suffering from disease.

The message of our Federation in testimony before Congress has traditionally been a simple one. Investment in medical research is the first and critical step in prevention, treatment and control of disease which in turn will lead to longer, healthier and more active lives. Without adequate funding of the NIH, progress will be slowed and suffering will be prolonged. This statement is the basis for our national advocacy and we are enormously pleased with the widespread support from Republicans and Democrats in both the House and Senate for increased investment for the NIH.

However, the question posed by today's hearing is a much more complex and difficult one. That question is, below the aggregate level of funding for biomedical research, how should these funds be distributed among the various programs, diseases and activities of the NIH.

As this subcommittee well understands, the reason this question is so difficult is that the decision to increase funding for one area inevitably results in less to another -- whether another disease or another avenue of basic research. I believe that most of us also understand that these decisions cannot be made using simple mathematical models, comparisons or other purely quantitative measures. While these factors provide useful benchmarks of relative effort, allocation decisions are fundamentally matters of "judgment". The real question before this committee today then, is who should exercise this judgment or, more specifically, what should be the division of labor between the Congress and the NIH in making these Solomon-like choices?

As the subcommittee reviews this important question, **FASEB's recommendation is that Congress maintain the existing balance of responsibility in which Congress sets overall funding levels broken down by Institute, but the selection of specific research areas to be funded remains principally the responsibility of the NIH, based on a system of investigator-initiated projects selected through merit-based peer review.** While not perfect, we believe the NIH has the fullest understanding of not only the human and economic costs of a disease, but also of the scientific challenges and current opportunities that exist in specific areas and more broadly in biomedical research.

It is my belief, based on extensive discussions with members and staff from both the Senate and the House, that there is wide-spread support for this general principle but renewed debate about when exceptions should be made and where on the continuum of shared responsibility the dividing line should be drawn. Each generation of congressional supporters of the NIH has struggled with this challenge and, in my view, it is one of the fundamental questions facing your committee as you begin efforts later this year to reauthorize and revitalize the NIH for the 21st Century.

This committee not only has every right to review this question, but in fact has a duty to do so on behalf of your constituents and colleagues who are sincerely asking whether the current mix of spending among diseases is appropriate. However, in carrying out this review, as biomedical research advocates we ask that you continuously ask yourselves what system will work best to produce positive results not just for a particular disease but for improved overall health of the American people. We ask you to make this the standard, no matter how powerful the advocacy or how emotionally compelling the case before you

regarding a particular disease. We believe that if this is the standard which is applied, the current approach will emerge as the most efficient and productive.

We also suggest as you carry out your review that you consider the following factors:

First, simple quantitative measures, while useful, are inevitably incomplete, often flawed and subject to manipulation. For example, NIH's own tables regarding spending levels for various diseases have no common definition of direct and indirect spending which makes it specific to a particular disease. No single quantitative comparison-- expenditures per case, death or years of life lost, or economic or budgetary impact--works across all diseases for allocation purposes. None take into consideration the non-quantifiable element such as the degree of human suffering.

Second, basic research, recognized universally as the foundation of most advances in disease-specific research, will inevitably suffer in a politically based system of allocating scarce dollars. If Congress assumes a more dominant role in allocating funds, we are concerned that it will be difficult for it to support untargeted, long term investments in basic science.

Third, earmarking by disease is not necessarily the way to produce breakthroughs in a particular area, since research in one area often produces unpredictable results that find specific use in another. Examples of the "serendipity of science" are numerous.

Fourth, it is important in looking at Congress' role in allocating funds to remember the adage, "*no good deed goes unpunished*". Without a thorough understanding of the impact an increase in a particular disease or program area will have **over multiple years**, which is seldom available to Congress, an increase in one area may do substantial damage to other equally deserving programs.

Fifth, the quality of the leadership at the NIH is unparalleled in government. Institute directors and the NIH staff are extremely dedicated career civil servants at the top of their professions. These leaders and administrators have broad and deep knowledge of the science and of the human aspect of these decisions.

Lastly, we believe that there is much evidence that Congress is effective within the existing system in influencing the decisions NIH makes. Committee reports, studies and hearings are taken seriously by the NIH and influence, where appropriate, allocation decisions.

In conclusion, Mr. Chairman, we at FASEB believe that the leadership at the NIH, in consultation with the Congress **and with the public**, is in the best position to set biomedical research priorities. As one member of Congress said earlier this year, let "the science call the shots"--not science that works in a vacuum but science that works to cure disease, managed by some of the most broadly informed science managers in the world today.

I would be pleased to answer your questions.

[Prepared Testimony of Dr. Harold Varmus, NIH Director](#), (courtesy of the Ad Hoc Group Web Page)

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