Biomedical Research Funding Can Save Lives

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Health care reform is a top priority of the Clinton administration. However, biomedical research does not appear on the White House radar screen. If the American Heart Association (AHA) has its way, biomedical research and preventive care will be key components in any health care system. As reported in "Political News for Physicians/Scientists" in the July Cardiovascular News, the AHA is actively advocating the adoption of five health care principles by Members of Congress and the Clinton administration, including coverage for preventive care and biomedical and clinical research. AHA Board Member Charles Francis, MD, testified recently before the House Ways and Means Subcommittee on Health about the importance of making prevention and biomedical research integral parts of health care reform.

In addition to the lack of focus on research in health care reform, the Clinton budget for fiscal year 1994, submitted to Congress on April 8, fails to recognize the importance of research and prevention activities at the National Institutes of Health (NIH). The Clinton administration's budget would slash funding for 9 of the 19 research institutes at the NIH and hold 5 of the other 10 institutes to increases of approximately 1% or less. Priority areas in the budget include women's health, minority health, AIDS, and cancer. The overall increase for the NIH would be about 3.2% over the fiscal year 1993 appropriation, below the 4.2% estimated inflation for biomedical research.

Of particular concern to the AHA, the Clinton budget calls for a 1.3% cut for the National Heart, Lung, and Blood Institute (NHLBI) and a 1.6% cut for the National Institute of Neurological Disorders and Stroke (NINDS). The effective impact of these proposed reductions would be a 6% cut for each institute, taking into account the estimated inflation for biomedical research. New and competing research project grants at the NHLBI would be reduced to the lowest number funded since fiscal year 1980. Specifically, under the President's budget, cardiovascular research at the NHLBI would be reduced to $695 million, and stroke research at the NINDS would be decreased to $65.6 million. By contrast, the budget proposes $2.1 billion for the National Cancer Institute and $1.3 billion for AIDS research funding at the NIH.

There is a certain irony in the proposed cuts at the NIH. Department of Health and Human Services Secretary Donna Shalala, PhD, called the administration's budget a "disease prevention budget." The Centers for Disease Control and Prevention would receive a 27% increase from fiscal year 1993 under the Clinton budget. But the new administration overlooks the importance of prevention activities at the NIH. In fiscal year 1991, investment by the NIH in prevention totaled almost $2 billion. Two major newspapers, the Washington Post and the New York Times, reporting on the president's budget for the NIH, pointed out that the budget proposes to cut funding for the number one killer, heart disease, and that stroke funding would be cut.

The AHA has been working on all fronts to obtain more resources for cardiovascular and stroke research at the NIH. Shortly after the presidential election, the AHA activated its Grassroots Science Network, composed of the executive committees of the AHA Science Councils, and the Federal Legislative Grassroots Network to write President-elect Clinton and urge him to make research for cardiovascular diseases, including heart attack and stroke, a top priority in his fiscal year 1994 budget. The AHA also encouraged members of the Mended Hearts and the Courage Stroke Network to write to the president.

As part of the AHA's efforts to increase federal funding for biomedical research, on January 7, AHA President Edward S. Cooper, MD, held annual meetings with the NIH director and the directors of the NHLBI, NINDS, and the National Institute on Aging. In March, the AHA secured report language in House Concurrent Resolution 64, establishing nonbinding congressional budgets for fiscal years 1994 through 1998, that recognizes the seriousness of cardiovascular diseases, including heart attack and stroke, and assumes a significant increase in funding for research in these diseases. The AHA was also instrumental in adding language covering cardiovascular diseases in report language that assumes a substantial increase in funding for women's health research and disease screening and prevention.

Before the Clinton budget was released, the AHA participated in hearings of the House Appropriations Subcommittee on Labor, Health and Human Services (HHS), Education, and Related Agencies. AHA President Edward S. Cooper, MD, in testimony before this subcommittee on March 3, pointed out that research and prevention programs must be major parts of health care reform. Cooper told the panel that the steady decline in relative support for the NHLBI is a major concern for the AHA. He stressed that current funding has reduced NHLBI buying power below its fiscal year 1987 level, restricting the Institute's ability to fund many promising areas of research. In advocating more research for stroke at the NINDS, Dr Cooper called the fiscal year 1993 funding of $67 million grossly inadequate. After his testimony, Dr Cooper met with his Pennsylvania congressional delegation about the importance of cardiovascular and stroke research. Moreover, Mended Hearts and the Montgomery County, Mary-
land, Stroke Club submitted testimony to the subcommittee asking for more money for cardiovascular research at the NHLBI and stroke research at the NINDS, respectively.

The AHA actively participates in several biomedical research coalitions to advance the cause of biomedical research funding. The AHA joined with the Coalition for Health Funding, an organization of 40 national health associations promoting support for programs of the Public Health Service, in holding a press conference to critique the President's budget. Copies of the AHA's brochure “Federal Funding for Cardiovascular and Stroke Research: Are We Doing Enough?” were made available to the press.

The AHA is an active member of the NHLBI Constituency Group. Other members include the American Association of Blood Banks, the American College of Cardiology (ACC), the American Lung Association, the American College of Chest Physicians, Citizens for Public Action on Blood Pressure and Cholesterol Inc, Cystic Fibrosis Foundation, Juvenile Diabetes Foundation International, Cooley's Anemia Foundation, and National Hemophilia Foundation. On behalf of the NHLBI Constituency Group, AHA volunteer Raymond Woosley, MD, PhD, testified on the effects of the President's fiscal year 1994 budget before the Senate Appropriations Committee on Labor-HHS-Education on April 28. Referring to diseases of the heart, blood vessels, lungs, and blood as serious and growing health problems that cause more than half of all deaths in America, Dr Woosley reminded the subcommittee that cardiovascular diseases alone remain this nation's number one killer of men and women. Woosley emphasized that heart attacks kill nearly six times as many women as breast cancer. He told the panel that enactment of the budget would reduce the NHLBI's buying power below its fiscal year 1987 level, jeopardizing promising current and future NHLBI research and prevention programs. He told the panel that new and competing research project grants would be reduced to the lowest number funded since fiscal year 1980.

The AHA participated in the NHLBI Constituency Group's first "lobby day," bringing in heart, lung, and blood disease researchers and research beneficiaries to talk to members of the House and Senate Labor-HHS-Education Appropriations Committees about the seriousness of the proposed budget cut for the NHLBI. Bernard Gersh, MD, represented the AHA and the ACC. Robert Gelernter represented Mended Hearts.

The AHA was instrumental in recruiting Congressman Richard Durbin (D-IL) to testify before the House Appropriations Subcommittee on Labor-HHS-Education on behalf of increased funding for the NIH. Congressman Durbin pointed out to the subcommittee that the NHLBI, which is responsible for research activities against America's number one killer, cardiovascular diseases, including heart attack and stroke, would be cut $16 million.

On the grassroots level, the AHA targeted the April congressional recess, April 5 to 16, as "Cardiovascular and Stroke Research Lobby Weeks." The Affiliate Executive Directors were asked to work with affiliate volunteers and national Science Council volunteers to arrange meetings with Members of Congress and to invite them to tour cardiovascular research facilities.

The AHA, through the Alert process, activated its Grassroots Science Network and Federal Legislative Grassroots Network to contact members of the House and Senate Appropriations Subcommittees, asking them to adopt funding levels of $1.5 billion for the NHLBI and $91.2 million for stroke research at the NINDS. The Mended Hearts and the Courage Stroke Network were asked to send similar letters.

Studies have shown that the most effective way to influence federal policy is through spontaneous letters and telephone calls from constituents. A recent Gallup Poll conducted by Bonner and Associates asked new and present members of Congress which of many forms of getting advocacy information were the most effective and which were the least effective. The results of the Gallup Poll showed that 70% or more of the legislators, when deciding how to vote, pay attention to such methods as personally written letters from constituents, telephone calls from constituents, and meetings with home district groups.

The AHA has a well-established grassroots network, with 56 affiliates nationwide and science council members throughout the country. Unfortunately, the documented rates of response by AHA volunteers to the AHA Alerts have been anemic, ranging from single digits to a high of 20%. As a member of the cardiovascular community, you can play a pivotal role in influencing federal biomedical research issues.

Personal contact with your US senator or representative is an effective way to promote the cause of biomedical research.
Biomedical research funding can save lives.
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