In an era of supposed budget surpluses and debt reduction, most researchers in the field of biomedical science had anticipated that the planned doubling of the budget for the National Institutes of Health by the year 2003 would remain on track. However, after the State of the Union address by President Clinton, most were chagrined to realize that he proposed to increase the NIH budget by just slightly more than 2%.

Compared with the nearly 15% increase in the fiscal year (FY) 1999 budget, the increase was not even steady state, and it prompted a rush to shore up the advances gained in previous years. “This is a unique time in the history of biomedical science,” said William Brinkley, PhD, president of the Federation of American Societies for Experimental Biology (FASEB). “With all the contributions of genomic science, we could develop a new paradigm in medicine.” However, the ability to take advantage of the new knowledge will depend to a large extent on the amount of money available for research.

In FY 1999, it seemed the federal government concurred. Although President Clinton had suggested only an 8.4% increase in his State of the Union address, Congress ended up bolstering that sum to 15%. Harold Varmus, PhD, director of the NIH, assured Congress that it was money that would be well spent.

The 2% proposed for FY 2000 will not keep the momentum going in that direction. “That is less than most other governmental agencies or even the gross national product,” said Brinkley. FASEB had proposed $2.3 billion extra for the NIH in the year 2000, a 15% increase that mirrored the one before and maintained momentum toward doubling the NIH budget in the 5-year period. President Clinton’s budget request for FY 2000 was $15.933 billion, or $320 million more than the budget for the previous year.

The lower budget increase will make it difficult to take advantage of new science. For example, the completed map of the human genome will be finished by 2003. The infrastructure to take advantage of that new information will not be in place with annual 2% increases. The genome map could revolutionize medicine, providing researchers and clinicians with the ability to identify genes that cause cancer, heart disease, diabetes, arthritis, and other common, debilitating diseases. The map will make it possible to design diagnostic tests for such diseases, as well as the ultimate treatments that will replace defective or missing genes and, with luck, cure the diseases themselves.

The gap between planning the studies that will determine how to accomplish those goals and the final treatments can be filled with time and money. “We have to keep the genome science going,” said Brinkley. “We have to invent new techniques and invest in them.”

Not only was the President’s proposal disappointing, but abrupt changes in the way funding will grow makes it difficult for researchers to plan. Stringing scientists along with a budget that yo-yos up and down makes it difficult to maintain programmatic integrity, said Brinkley.

He, his organization, and those it represents want to avoid that kind of interruption. Brinkley is learning how to explain science, its potential, and its budget problems to members of Congress as he makes the rounds of Capitol Hill, asking that the budget be increased. His discussions with Senate finance leaders make him optimistic that the message is getting across.

Some members of congressional committees worry that increasing the NIH budget may mean reducing funds for social programs. However, Brinkley said his organization has no desire to hurt the poor and disadvantaged. “We don’t want to see that,” he said.

One major stumbling block to congressional efforts to increase research spending is the cap on discretionary spending initially instituted to reduce the nation’s debt. Without a decision to lift those caps, it will be difficult for Congress to change the amount of money going into the NIH’s research program without cutting into others.

Another issue is the decision by Varmus to fund research using human embryonic stem cells derived from cell cultures. Although a legal opinion from the US Department of Health and Human Services buttresses his stance that this is not equivalent to embryo research, his stand has irked members of Congress. Stem cell research can answer fundamental questions about how cells divide and become specialized as the human body is formed. It could lead to the ability to grow replacement organs from an individual’s own tissues and to improve techniques for gene therapy. The potential benefits of such work are limitless, but those who oppose abortion and embryo research are squeamish about using stem cells. The embryonic stem cells in this case were derived from human cell lines that were begun years ago when growing embryonic cells was allowed. Those cells were derived from human embryos.

Eighty House and Senate supporters of the ban on embryo research have demanded that the NIH reverse itself because the decision to support such research violates the federal ban on

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work with human embryos. In a letter to US Health and Human Services Secretary Donna Shalala, the legislators, including US House Majority Leader Dick Armey, R-Texas, and Majority Whip Tom DeLay, R-Texas, demanded that Shalala overrule Varmus’ decision to allow the work to continue.

“I think it (stem cell research) is going to be a big issue this year,” said Brinkley.

Evidence indicates wide public support for government-funded research into the biomedical sciences, said Brinkley. In opinion polls carried out in various states by the Charlton Research company for the advocacy group Research!America, >80% of those surveyed said they thought it very important that the United States should remain a leader in biomedical research.

Other major groups in science are working with FASEB and Research!America to lobby for a bigger NIH budget. Among these are the Campaign for Medical Research, the Ad Hoc Committee for Medical Research, and the American Association of Medical Colleges (AAMC), as well as groups representing various medical specialties and those that advocate research with regard to particular diseases.

Brinkley is sanguine that President Clinton’s 2% budget is not the final word. He thinks Congress will push the increase higher if the problem with spending caps can be overcome.

John Parker, spokesman for the AAMC, agrees with him. With advocacy growing, Parker said he anticipates a higher increase to be proposed by October 1999. “It will be much more difficult this time to get to the level we would like to see if we want to double it [the NIH budget] by the year 2003.”

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Circulation Newswriter
Proposed NIH Budget Increase Too Small to Meet Research Needs
Ruth SoRelle

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