

CHANGING THE IMAGE OF THINGS TO COME

By Mary Woolley, Research!America

A decade ago, presidential and congressional budgets called for slashing research funding. There was widespread expectation that years of cuts lay ahead, with predictions of 25% cuts over a period of just a few years, as budget deficits loomed large. But those predictions did not become reality.

The research stakeholder community rallied in common cause behind the leadership of former Congressman John Edward Porter (R-Ill.) and Senator Mark Hatfield (R-Ore.) and overturned the cuts envisioned in then-President Clinton's budget. As a key element of that turnaround, Porter* spearheaded a visit by research leaders from academia and industry to then-Speaker of the House Newt Gingrich, whose thinking was altered as a result - so altered, in fact, that Gingrich ultimately became a champion for increased investment in research.

Following that empowering advance, and after many years of persistent work by many research stakeholders organized in advocacy behind Porter and Sens. Arlen Specter (R-Pa.) and Tom Harkin (D-Iowa), the NIH budget was doubled between 1999 and 2003. Sister agencies CDC, the Agency for Healthcare Research and Quality (AHRQ) and the National Science Foundation enjoyed strong increases and industry dramatically ramped up investments in research, as well.

But that was then -- a rosy memory of growth years. Now we have flat-lining of the NIH budget, cuts to CDC's core programs, stresses on industry research funding, and predictions of still more dire cuts to come. The question is, can the community once again rally to imagine a better future, and work to achieve it? I think we can.

It is time to re-commit to an advocacy strategy that is tried and true - going local. The late House Speaker Tipton O'Neill's famous maxim, "all politics is local," could not be more relevant. Every stakeholder in research should ask themselves whether their own elected representatives are on the record as active current supporters of research - current being the critical factor. It is not about then - what your elected representatives did several years ago; it is about now - what they have done since the NIH doubling, and what they plan to do this year.

Budget decisions will be made this month, and appropriations hearings for NIH, CDC and sister agencies will take place within weeks. Will your elected representatives attend, or, if they do not serve on relevant committees, will they weigh in with someone who does, with an expression of dismay about the currently slated cuts? Will you contact your elected representatives to let them know why it is vital that they be engaged, vital that they question why these agencies are not being provided with resources adequate to meet the public's expectation of making medical and health research a much higher national priority? When your representatives are back home in your district, will you visit them

and enlist their assurance of support? Will you invite them to visit a local research institution and speak about their commitment to support research? If, like all members of the House and one-third of the Senate, they are running for re-election this year, do you know their challenger's position on research? Have you reached out to the challengers?

The point is that if there is no active support of those who champion research, and no perceived consequence to voting to cut research, and if the voters at home seem to be paying no attention, law makers likely will not step up to the plate on behalf of research. We all must be clear about the political realities of an enterprise that is funded with public dollars and regulated in the public's interest, but which remains nearly invisible to that public.

Some years ago, Research!America launched an advocacy strategy called the 435 Project(R), the aim of which is to build a cadre of stakeholders in research in every congressional district, the better to assure support for just such goals as the drive to double the NIH budget in five years. The 435 Project is as important today as it was when launched. It is all about effective grassroots advocacy.

There are many ways to segment our nation's population - by state, by media market, by a host of demographic considerations. The one we adopted for research advocacy is the one that maps best to the public policy context of research - the division of the nation into more or less population-equivalent districts whose residents make up the constituency of individual members of Congress. And, though not part of the name of our strategy, this concept extends to the Senate as well - there are in reality 535 member targets for research advocacy.

The underlying premise is that research takes place in a public context, a *local* public context. Members of Congress repeatedly tell advocates for research that they do not hear enough about the value of research when they are back home in their districts. An alarming number say they never hear about research at all. This is entirely consistent with Research!America's public opinion poll data that shows very limited ability to name an institution that conducts research - in most states, 60% or more of the population cannot name a single place where research is conducted. This is true even in "research-rich" states.

Members of Congress exhort the research community to reach out to local business groups and other citizens, to create greater community awareness that research is underway locally and to make research come alive as a vital aspect of the community's identity. A demand and expectation is thus created - research is viewed as a vital part of the local community and the local economy. Elected representatives understand that when the case for research resonates among their constituents, when the support and the "noise level" are palpable, they simply must respond.

Full realization of the vision of the 435 Project is a long-term goal, and an important one, given that every member of Congress and the Senate has a vote and that partisan turnovers, re-organizations, and events both anticipated (retirement) and unanticipated

(deaths, indictments) mean constant change. In other words, it is not just about identifying the 20 or 30 currently most important members - those in leadership positions and on key committees - and working to build effective advocacy in their districts. Every member counts.

Stakeholders in research must take the "435 Test": do your two senators and your member of Congress actively support increased investment in medical research? If so, are you actively thanking and supporting those people? Do you call attention to the value of their support by writing letters to the editor of your hometown newspapers; do you show up at town hall meetings to speak out about the value of their support? Do you contribute to their campaign and work for their re-election?

If your answers to the "435 Test" question are "no, my elected official(s) do not actively support increased investment in medical research," it is time to do something about that. And I do mean do something yourself - do not wait for your colleagues, your institution, or your professional association to do this for you. Keep in mind that this is an election year; your vote counts. It is important for you to stand up and be counted, as well.

As you prepare to step up your advocacy for research, anticipating likely rejoinders and rebuffs is a healthy exercise. For example, be prepared to answer in three sentences or less the question, "What have we gotten for doubling the NIH budget?" According to NIH Director Elias Zerhouni, "One of the things that occurred during the doubling is we added another year to the life expectancy for Americans." Consider, too, that there are now 10 million cancer survivors living in the U.S.; these people and their families have been touched directly by research. There is much more information on the impact of the doubling. The point is not to be exhaustive, but to have three short sentences at your fingertips.

It is also important to be able to discuss how investing in medical research is an important way to help contain healthcare costs. AHRQ Director Carolyn Clancy, MD, often reminds us that Americans receive the right healthcare only one-third of the time. Health services research will help us address this appalling reality. In this regard, as in so many others, we are underinvesting. CDC Director Julie Gerberding, MD/MPH, has begun to refer to the CDC as the "deficit reduction agency." If we knew more about prevention and knew more about how to put it to work with impact, we could drive down healthcare costs by acting to prevent much disease and disability in the first place, and in so doing help contain the healthcare cost escalation curve that threatens to bankrupt this aging nation.

There are additional economic issues to discuss. Advocates must talk about how research drives the creation of jobs in a region, as new businesses are formed and investors direct private-sector funding into emerging companies; about the all-important role of innovation - of research and technology - in maintaining global competitiveness. When it comes to economic arguments, there are several useful kinds - local and regional messages about creating new industries and good jobs close to home, jobs based on

medical and health research; the economic value of evidence-based health behavior and healthcare, which keep employees well and businesses healthy; and the powerful economic value of maintaining an innovation-based U.S. economy. A commitment to innovation has distinguished the United States' economy for generations, but it is no longer unique in the world. In fact, our ability to compete globally is at risk.

The president and the Congress have begun to take notice of the warning signals and calls to action promulgated by industry leaders, the science community and the media. Their interest did not develop overnight. Following publication of the National Academy of Sciences' "Rising Above the Gathering Storm" report, a series of high-level visits to key leaders were organized by some of our nation's premier CEOs and university presidents. They urged the president, his advisors and his cabinet to adopt an "American Innovation" agenda, which he spoke of in the State of the Union message on January 31.

Then, a number of full-page ads appeared in high-profile publications, reinforcing the president's message that enhanced investment in basic research and a new commitment to science education are essential to both economic prosperity and global competitiveness. Now, legislation has been introduced, which all research advocates must rally to support aggressively. The research community too often stops at the analysis of the problem - the report is issued and sent to officials but no call to action and advocacy plan is crafted and executed. I am optimistic given the current momentum and strategic advocacy by the community; but now we need to continue to press forward and not leave the outcome to chance.

Whether in support of specific legislation, as for ramping up our national investment in basic research, or to support embryonic stem cell research, or to avoid flat-lining health as budgets for health research are flat-lined, advocacy is the necessary action.

Addressing audiences of researchers, Porter, the former Illinois Congressman who helped change Newt Gingrich's mind, often says, "You can change the image of things to come. But you can't do it sitting on your hands. The science community should reach out to Congress and build bridges." That approach works - it helped turn Newt Gingrich into a strong supporter of research.

Imagine what you could do in your own district. Federal funding cuts to research have already occurred. More are imminent. The risk to our nation of failing to invest in innovation is substantial. The time to act is now. We will not turn the tide without your individual voice - your advocacy as a champion for research - creating new champions and changing the image of things to come.

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** John Porter, now a partner with the law firm Hogan & Hartson, chairs the Research!America board.*