Sequestration: What It Is, And Why Stopping It Must Be a Top Priority of Your Advocacy

Mary Woolley, President, Research!America
Sequestration is Not Your Friend

- $1.1 trillion cut split between defense and non-defense discretionary funding
- That means an 8-10% + across-the-board cut to NIH, ACA, FDA and other priorities
- Takes effect January 2, 2013

Sequestration will come on top of already-enacted severe budget constraints to annual appropriations for 10 years.
It Wasn’t Really Meant to Happen ... 

- Part of the Budget Control Act (became law August 2, 2011)
- Meant as motivation to supercommittee to reach consensus in reducing deficit
- Supercommittee failed (November 21, 2011)
- Sequestration thus became automatic

Flickr photo by sunlightfoundation
Sequestration in Context: “The Fiscal Cliff”

Source: “Niagara Fools” (a Woody Woodpecker cartoon released in 1956)

- Includes sequester plus expiration of Bush tax cuts, payroll tax cuts and other items
- Drastically reduces federal deficits but will also inhibit economic growth

“Recovery could be endangered ... if no legislative action is taken.”
— Ben Bernanke

Sources: The Washington Post; ABC News
But Wait, It Gets Worse ...


- The latest: House FY13 appropriations bill, passed out of subcommittee July 18, cuts CDC 10%, eliminates AHRQ, flat-lines and micromanages NIH, skewers prevention, cost-effectiveness and economic research, starting on October 1, 2012.
What’s at Stake?

Sequestration handcuffs our ability to restrain health care costs.

Source: “Sequestration: Health Research at the Breaking Point” by Research!America
What’s at Stake?

If the sequester is enacted ...

- The NIH will fund 2300 fewer grants
  - 2300 fewer chances for a cure
  - Young scientists lost
  - Industry starved for new discovery
  - Patients held hostage

Source: Letter from HHS to Rep. Ed Markey (D-MA)
What are Stakeholders Doing about Sequestration?

Defense: earned media, lobbying, initiatives

DOD cuts: An election-year time bomb

U.S. Firms Spending More On Lobbying

The top five U.S. defense contractors increased spending on lobbying by a combined 11.5 percent in the first quarter of 2012 compared to the same quarter in 2011, a review of lobbying disclosure forms by Defense News found.
What are Stakeholders Doing about Sequestration?

Non-defense: Letter to Congress, rally today on Capitol Hill

July 12, 2012

Dear Member of Congress:

There is bipartisan agreement that sequestration would be devastating to the nation. The nearly 3,000 undersigned national, state, and local organizations—representing the hundreds of millions of Americans who support and benefit from nondefense discretionary (NDD) programs—couldn’t agree more. Congress and the President must work together to ensure sequestration does not take effect. We strongly urge a balanced approach to deficit reduction that does not include further cuts to NDD programs, which have already done their part to reduce the deficit.
Or, in Other Words ...

Defense:

Non-defense:

Flickr photos by Frank Kehren (left) and Wouter Beckers
We have the power to help reverse these drastic cuts to research for health.
When Public Voices Won’t be Denied: HIV/AIDS

- Federally funded AIDS research:
  - 1990: $740.5 million
  - 2011: $3.06 billion
  - 2012 (est.): $3.08 billion

Sources: National Academies, NIH RePORT
When Public Voices Won’t be Denied: Breast Cancer

Breast cancer funding at NCI
- FY90: $81M; FY00: $438.7M; FY10: $631.2M

Since 1992, the Department of Defense has funded more than $2.8 billion in breast cancer research

Sources: Oncology Times; National Cancer Institute; DoD CDMRP
When Public Voices Won’t be Denied: Alzheimer’s

The cost of Alzheimer’s:

- If nothing is done, treating Alzheimer’s in the U.S. will cost $1.1 trillion in 2050 (in today’s dollars)

National Alzheimer’s Project Act:

- Adds $156M to tackle Alzheimer’s in next two years
- $130M dedicated to research, a 25% increase

Sources: NIH RePORT (Categorical Spending), WhiteHouse.gov
Research can’t speak for itself — but you can speak for research!
What Can You Do?

- Visit YourCandidatesYourHealth.org and ask candidates if research is important to them.
- Attend rallies and town halls; let the candidates themselves know that research is a voting issue.
- Meet with your representatives and their staffs. Let them know why research is important.
Your Candidates-Your Health for the 2012 Elections

- Outreach to candidates: Candidates for federal office will be invited to participate by providing responses to a questionnaire about health, research and related issues.

- Extensive public outreach through the Research!America advocacy network and sponsoring partners to encourage candidates for federal office to share their views.

www.yourcandidatesyourhealth.org
Research isn’t Top-of-Mind for Candidates

“We don’t have time for this.”

– Recent response to a request to complete the 10-minute Your Candidates-Your Health survey

“Research isn’t a priority to me.”

– Unspoken message to patients
This attitude must change, and you’re the best people to help change it. If candidates don’t think research is important now, why would they champion it when they take office?
Examples of What to Say to Candidates

• “Research saved my life.” Share your personal story!
• “I don’t want research to be pushed off the fiscal cliff.”
• “Sequestration isn’t about cutting budgets, it’s about cutting lives short.”
• “I’m a patient but I’m not patient about putting a high priority on research; are you?”
“This is the most important election of my lifetime.”

Research!America Chair, NIH Champion, Former Congressman John Edward Porter
We Can Help You Advocate for Research!

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