



November 7, 2014

OFFICERS

The Hon. John Edward Porter, Chair
The Hon. Michael N. Castle, Vice Chair
Mary Woolley, President
Larry J. Shapiro, MD, Secretary
Lucinda Maine, PhD, RPh, Treasurer

BOARD MEMBERS

Tenley E. Albright, MD
Georges C. Benjamin, MD
Nancy Brown
Susan Dentzer
Victor J. Dzau, MD
Joseph M. Feczko, MD
Jay A. Gershen, DDS, PhD
William N. Hait, MD, PhD
Mary J.C. Hendrix, PhD
Martha N. Hill, PhD, RN
Harry Johns
Jackie Lovelace Johnson
Evan Jones
Elizabeth Baker Keffer
The Hon. Patrick J. Kennedy
Debra R. Lappin, JD
Alan I. Leshner, PhD
James L. Madara, MD
Mark McClellan, MD, PhD
The Hon. Kweisi Mfume
Elizabeth G. Nabel, MD
Herbert Pardes, MD
Sudip S. Parikh, PhD
Amy Comstock Rick, JD
John R. Seffrin, PhD
Laing Rogers Sisto
Jack T. Watters, MD
Keith R. Yamamoto, PhD
Elias A. Zerhouni, MD

Testimony Before the Senate Appropriations Committee Hearing titled
“U.S. Government Response: Fighting Ebola and Protecting America”

Dear Chairwoman Mikulski and Ranking Member Shelby:

On behalf of Research!America, the nation’s largest public education and advocacy alliance committed to elevating medical progress to a higher national priority, I thank you, Chairwoman Mikulski and Ranking Member Shelby, for this opportunity to provide testimony. We applaud your decision to focus today on Ebola, a virus that has killed thousands overseas and, if not contained, poses a threat to the American people.

Ebola is a wake-up call. Our nation can heed it or ignore it, but the truth is that deadly outbreaks anywhere in the world pose a threat to the United States. If we are not prepared, we are vulnerable. Preparedness is a matter of national security.

Ebola brings to the surface facts about medical and health research that are ever-present, but not typically in the spotlight.

Medical research to develop vaccines, diagnostics, treatments, and cures is fundamental to individual wellbeing – think about the 80% drop in childhood cancer death rates, or the Americans who have freed themselves from dependency on disability payment and returned to work because a biologic is controlling their rheumatoid arthritis or multiple sclerosis or bipolar disorder, and the wounded warriors whose independence has been restored because of next generation prosthetics.

Medical research also serves the national interest. Pandemics and bioterrorism are not remote possibilities; they are concrete, ongoing threats. We know what many of the agents and recurring outbreaks consist of. But without adequate vaccines and other countermeasures, Americans are at risk. That risk is higher without adequate federal funding for noncommercial medical research. The initial stages of discovery don’t attract private-sector capital. That’s just a fact. When the public sector invests, we sow the seeds of private-sector innovation. It’s a partnership that works.

Just as funding for noncommercial research is critical, our nation is best served by doing more to incentivize private-sector medical innovation. There are numerous reasons to create a tax and policy environment that expands our bioscience sector. The most fundamental is that the public sector alone cannot protect Americans from Ebola and other health threats. We need the later stage discovery and manufacturing capabilities of the

1101 King Street
Suite 520
Alexandria, VA 22314-2960

P 703.739.2577

F 703.739.2372

E info@researchamerica.org

www.researchamerica.org



private sector. We shouldn't let other priorities push the need for tax and regulatory reform to the back burner. American lives and desperately needed economic growth are at stake.

Ebola also demonstrates concretely the importance of health research, a term I am using for the purposes of this testimony to cover the critical types of research – public health, health services, social science, behavioral, economic, etc. – that measure the scope of health threats, identify the best strategies for combating them, guide development of preparedness and response strategies, combat health care associated infections (so very relevant to the spread of Ebola), help assure that we are optimizing the use of health care dollars rather than wasting them, and in other ways work to advance the health of every American.

In some ways, medical research is more “sexy” than health research, but both save lives. If we have cutting edge medical advances and don't know how best to deliver those advances to the public, Americans suffer.

Ebola is a wakeup call. And containing it requires resources. But if it teaches us anything, Ebola should teach us not to neglect one national priority to advance another. We should not cut other crucial federal funding to “pay for” Ebola resources. Yes, we should assign a high priority to ending the deficit and drawing down our debt. But clear thinking should be applied to budgeting, to ensure that we are not reducing our deficit by increasing it. We believe that cutting funding for medical and health research would have that effect and is a strategic mistake.

It is time to address Ebola, and to invest more in medical and health R&D. It is the right – and smart – thing to do.

Sincerely,

Mary Woolley
President and CEO, Research!America