

**DYNAMIC  
DISCUSSION**

# 2014 National Health Research Forum

**Straight Talk about  
the Future of Medical  
and Health Research**

Thursday, September 11, 2014

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Washington, D.C.

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# PANEL I



MODERATOR: **Corby Kummer**

Senior Editor, *The Atlantic*

“ **Who is going to fund medical research** in the future, especially, who is going to give money to the blind alley kind of trial and error that leads to actual new knowledge and discovery? Remember, it is called research; you have to do things over and over again, and they are often wrong. They often go no place before you actually find the new knowledge. Before the next 10 years, in 2023, China is projected to overtake the United States in research and development funding. The scary figure is going to be in 2023 that China will be putting in \$602 billion compared to our \$593 billion. Right now we are all very aware of how fast China is moving.”

**France Córdova, Ph.D.**

Director, National Science Foundation



“ **The National Science Foundation gives 94 percent** of the money it gets, just over \$7 billion, right back to researchers, mainly in our universities but also research institutes and even businesses. We couldn't do that without Congress authorizing and appropriating those funds, so it's a virtuous cycle. We need to remind everyone where the money comes from and then get the message out about these discoveries, how they are made and why it's so important to continue in this pane.”



**Anthony Fauci, M.D.**

Director, National Institute of Allergy and Infectious Diseases

“ **The problem we've found ourselves in right now is that the budget has been flat** for 10 years and then superimposed by what we all know as a sequestration. And we all know the numbers ... I think what we need to do as a nation is to make a commitment that fundamental research and science should not be part of a discretionary pool. I mean when we look at what happens to us, you have the mandated budget, you have the entitlements and then you have the discretionary pool. And we're in the discretionary pool. So whenever there needs to be cutting of any budget, it gets cut at the discretionary pool.”

**William Hait, M.D., Ph.D.**

Global Head, Janssen Research & Development



“ **The U.S. has been and probably will stay the leader** in innovation and advances that have had major impact in biomedical and other sciences. And the reason is that we have had a culture that gets young people into science ... and gives them resources and a culture that is very competitive and that's why we've done so well ... and the young people are still very excited about wanting to do something positive for the world but they feel that there's not opportunity. So I definitely think we've all seen a real decline. It doesn't mean that we're losing them entirely. But they don't see a career.”



**Richard Myers, Ph.D.**

President, Science Director, HudsonAlpha Institute for Biotechnology

“ **The dichotomy of applied versus basic knowledge research** is a silly one to even argue about. If you're going to have a biomarker that allows you to detect whether somebody has early onset of ovarian cancer, let's say, you have to discover what the biomarker should be. So you've got to do basic research in order to do that and if the public doesn't pay for this, it's not going to happen. The industry should not, cannot and will not probably be the only funding. They take the discoveries made in this combination of academic and nonprofit and other kinds of institutions and turn them into products.”

**John Seffrin, Ph.D.**

CEO, American Cancer Society



“ **I think first of all we need to stipulate right up front that we need to integrate and balance** our research portfolio. And that means it needs to be to be more for basic and it needs to be more for applied, more for professional research, more for public health research. It was called the NIH, National Institutes of Health, but it could have been the National Institutes of Biomedical Research. But I think the implication was the American public wants to invest in something to get better health.”

## PANEL 2

MODERATOR: **Lori Montenegro**

National Correspondent, Telemundo



“ **People really don’t take this seriously.** And a lot of people who may not be taking it seriously are those who can approve funds in Congress and who do the voting. We’re all challenged to see how we can tell the story ... there has to be a better way. You know, everything is about a pitch and how you pitch. And so, maybe we need to start with the organizations within your own entities that are supposed to communicate to everyone else the message. Maybe it’s the way you’ve been crafting the message ... it’s a very complex issue. There are a lot of components to it.”

**Georges Benjamin, M.D.**

Executive Director, American Public Health Association



“ **We need to have resource allocators,** i.e. elected officials, who don’t talk about research with their mouth but talk of supporting research with their vote. And we need to hold them accountable for that. We have lots of folks that say we can’t do it because we don’t have any money. We have lots of money. This nation always spends money on what it wants to. My God, we just had 13 years of war and we borrowed the money. I’m not so sure why we can’t invest in research. My father said to me, when I got my first paycheck, that you should pay yourself first. And I would argue that we should pay ourselves first with research. That is a sound investment.”

**Tom Frieden, M.D., M.P.H.**

Director, Centers for Disease Control and Prevention



“ **[The] public actually thinks we have a rock solid public health system** in this country, because they haven’t watched the degradation of the health system over the last several years. Yes, we’ve made lots of investments in insurance coverage, but at the same time, we lost over 40,000 workers in public health in our own public agencies in this country. We have built a very nice biodefense infrastructure over the last several years since 9/11, so what do we do? Like we do for every other public health intervention, as soon as we think we’ve got our hands just a little bit around it, we cut the funding and remove the infrastructure.”

**Lynn Goldman, M.D., M.S., M.P.H.**

Dean, Milken Institute School of Public Health, The George Washington University



“ **An issue that I am particularly concerned about is the development of antibiotic resistance** among pathogens and the fact that, worldwide, the rate of antibiotic resistance among the most important human pathogens is continuing to rise. We’re doing very little about it and if we are to see a rise in the United States of the spread of antibiotic-resistant pathogens, we are not going to be able to control that very easily.”

**Richard Kronick, Ph.D.**

Director, Agency for Healthcare Research and Quality



“ **We need the help of everyone in this room.** As everybody knows, there is tremendous amount of information all around and it is difficult to get attention to information, especially when we are not so able to identify individuals whose lives we’ve saved ... we’re working as hard as we can trying to tell the stories as clearly as we can, as well as trying to make sure that the evidence is understood and used. We have in the past, I think, probably put too much effort on just generating the evidence. And we are pivoting now to working on dissemination and implementation. But we need help from everyone.”

**Jack Watters, M.D.**

Vice President, External Medical Affairs, Pfizer, Inc.



“ **First and foremost, the public health of any nation is the responsibility of the government** of that nation. It is no one else’s responsibility. But no one can do this alone, and what I see as a very positive response is that we’re seeing far more appetite for public-private partnership: for governments and the private sector working closely together, whether it’s in research or whether it’s in delivering public health, or you’ll hear people talking about capacity building ... I think it behooves us all to recognize that we should be in this together and working together in breaking those barriers down and I welcome the increased appetite to partner.”

# PANEL 3



MODERATOR: **Margot Sanger-Katz**

Health Care Correspondent, *The New York Times*, The Upshot

“I’m sure that everyone would love if there was more money for medical research both coming from government sources and also in industry, but the United States does make a very large investment in research. Are there ways that the money could be better spent? Are we over-investing in some areas and under-investing in others? Is translational medicine a place where we need to put more resources or how do you look at the distribution of resources and the kinds of projects that are being funded or not funded?”

**Pablo Cagnoni, M.D.**

President, Onyx Pharmaceuticals, Inc.



“The way we test drugs in patients, the way we conduct clinical trials has not advanced as fast as the way we have in terms of discovery. And that is presenting a problem. The amount of capital that is required to go from the lab to the marketplace is requiring enormous investments and timelines haven’t gotten any shorter. And the system of incentives at the backend is under pressure ... I think we have to somehow become a lot more efficient in the way we conduct all of those clinical trials in which the bulk of investment takes place.”

**Robert Hugin**

Chairman and CEO, Celgene Corporation



“I worry about us giving the wrong impression here that we have to be efficient in all of our ecosystem. But we let the debate get away from us if that’s the debate. We do not spend enough on R&D broadly defined as a society to deal with the problems that we’re facing: the Alzheimer’s issue, the metabolic disease issue, the cancer issue, the demographic curve is so against us and innovation needs to be accelerated not rationed down. So we shouldn’t let anybody be confused. This should not — this discussion of efficiency and improvement is absolutely essential to justify more investment, but we need more investment.”

**E. Albert Reece, M.D., Ph.D., MBA**

Dean, University of Maryland, School of Medicine



“The problem is that we have boom or bust. To get young people trained, it takes many, many years. And if there isn’t a method by which you can maintain them, they’ll be gone to something else. And then where there is a boom again, another decade from now, there’s no way of getting them back. It’s a constant roller coaster that makes huge swings. I believe that is a major issue we have in our system and that is the lack of predictability in terms of how we fund.”

**Janet Woodcock, M.D.**

Director, Center for Drug Evaluation and Research, Food and Drug Administration



“We don’t have the translational infrastructure in place that can easily and effectively evaluate research and bring it to patients and consumers in an effective manner. I think that we are on the verge of therapeutic revolution due to the discoveries in genomics and molecular biology and plain old biology. And yet we have anemic translational and implementation arms to take all of the fruits of all of this research and all of this investment and actually translate it actionably into benefits for patients. In business and in government they talk about having a balanced portfolio so that we’re not over spending on one area, and then we end up not being effective because we’ve under-funded certain areas.”