ACTing for NIH

By C. Simone Fishburn, Executive Editor

A national campaign—**Advancing Cures Today for NIH**—headed by former NIH senior executive Patrick White is seeking bipartisan support to petition Congress for a significant increase in NIH funding and a commitment to steady budget growth in the future. Although the campaign leaders identify young investigators and riskier research as urgent needs for increased funding, they believe the best path is to raise the total NIH budget.

White previously worked directly for NIH director Francis Collins as the associate director for legislative policy and analysis and told *SciBX* that he had handled the agency's congressional relations portfolio for the past five years. He stepped down from the NIH position in July to take on a role as lobbyist for NIH funding, and he is president of Advancing Cures Today (ACT) for NIH.

The campaign is backed by real estate developers Jed and Greg Manocherian and thus far has recruited to its advisory committee public health advocate Michael Milken and prominent researchers including Ronald DePinho, Jennifer Doudna, Bernadette Gray-Little, Ronald Petersen and David Baltimore.

Jed Manocherian is a member of the board of visitors at **The University of Texas MD Anderson Cancer Center** and the founder and chairman of ACT for NIH. Greg Manocherian is vice chairman of ACT for NIH.

Milken is chairman of the **Milken Institute**, DePinho is president of the MD Anderson Cancer Center, Doudna is a professor at the **University of California, Berkeley**, Gray-Little is chancellor of **The University of Kansas**, Petersen is director of the **Mayo Clinic's** Alzheimer's Disease Research Center and a professor of neurology at the **Mayo Medical School** and Baltimore is president emeritus at the **California Institute of Technology**.

According to White, the goal is to get NIH funding on a stable and secure trajectory. Although the NIH's current annual budget is about \$30 billion, its funding has decreased by 14%–25% since 2003 after adjusting for inflation, depending on which inflation calculator is used.

Petersen told *SciBX* that “[\$30 billion] is a large number, but it's less than 1% of the total federal budget. While the dollars seem large, the spending power has decreased dramatically.”

Low on specifics

The campaign has not defined a target for how much money it will request nor how the money should be spent.

“We haven't got a specific ask nor are we endorsing any particular piece of legislation,” said White. “We want to work on a bipartisan basis with anyone who will say that NIH funding is a priority.”

According to Petersen, rather than focusing on a specific therapeutic area, category of research or type of investigator, ACT for NIH is aiming to increase total NIH funding “so all of the boats float a bit higher.”

Not everyone agrees that increasing overall funding for the NIH is the best strategy to increase the amount and quality of groundbreaking research it produces.

A Back to School essay in 2012 from *BioCentury* argued that in an age of austerity, the first step should be to make internal changes at the agency to restructure some of its systems and maximize the efficient use of the funds it already receives. *BioCentury's* recommendations included developing new strategies for prioritizing research based on societal need, reforming the peer review system and capping funds used for administrative and facility overheads.¹ (*SciBX* is a *BioCentury* publication.)

White told *SciBX* that although the NIH—like all large organizations—could improve its efficiencies, that would not be part of the campaign's position. “I don't have an obligation to tell Congress that we'll improve processes or efficiency,” he said. “I have to make the case for the business creation that funding NIH will lead to and the importance of investing in life sciences.”

He added that the mission of the NIH is both fundamental research and the application of what is learned, and that the biotechnology and pharmaceutical industries are almost entirely dependent upon both the basic and translational research that is funded by the NIH.

In addition, White said that the issue of overheads was beyond the purview of the campaign. “That issue goes from a simmer to a boil on a five-year cycle. The folks on both sides of the issue feel strongly. Faculty members feel overheads are too high. Administrators feel they are too low. I don't have an opinion on that nor is it in our scope to address that issue.”

Several advisory committee members who spoke with *SciBX* pointed to two areas of particular concern: the difficulty of obtaining grants for young investigators and the availability of funds for truly innovative or disruptive technologies often seen as too risky to support. Those issues have been highlighted by former NIH director Elias Zerhouni, president of global R&D at **Sanofi**, and were also underscored in the *BioCentury* Back to School essay.

The NIH has acknowledged the need to encourage both young investigators and riskier research and has created several new grant programs such as the NIH Director's Pioneer, New Innovator, Transformative Research and Early Independence Awards.² For the past 2 years, the total committed for those 4 programs was under \$150 million.

The distribution of money for all NIH-funded programs is determined by NIH-appointed committees, and the agency has sole discretion over both the composition of those committees and the requirements for securing grants.

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Advancing Cures Today for NIH

White said that altering the relative distribution of the funds was not the focus of the campaign. Instead, he said, making more money available overall should ultimately result in more grants for young investigators and more nontraditional research.

He argued that when funds are restricted, funding committees tend to shy away from investing in new researchers or innovative projects. For example, he said, “Rather than placing a bet on the young David Baltimore’s RNA virus work, they stick with conservative science.”

Baltimore discovered the enzyme reverse transcriptase when working on tumor-causing RNA viruses in his late 20s and early 30s, and he was awarded the Nobel prize in physiology or medicine at age 37.

White added, “One thing is for sure: more funding would be a better thing, whether it’s for young investigators or for other changes.”

Derek Lowe, a medicinal chemist and author of a widely read blog on drug research, was cautious about requiring the NIH to justify how it will use the money. “I’m a little nervous about having an NIH model that has to explain what they’ll use the money for like a private company would because NIH is a good home for the open-ended, loosely guided kind of research that we can’t do in industry,” he told *SciBX*.

But Lowe also said that open-ended increases in funding would not necessarily lead to better or more productive research. “Does NIH need more money? In general I like the idea of NIH getting

more money—but if you write a blank check, a lot will get wasted,” he said. “When people have their back to the wall, they get a lot more inventive. That happens in small companies too.”

He added, “If NIH had some guarantee that funds would increase by a significant percent over the years, I worry that not as much would get done. In industry we have the pressure of competition breathing down our necks, and patent expiry. I’m not advocating squeezing everyone’s budget to make them more creative—but if people find themselves with no constraints at all, then things get slack.”

**Fishburn, C.S. *SciBX* 7(43); doi:10.1038/scibx.2014.1253
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2. Baas, T. *SciBX* 7(33); doi:10.1038/scibx.2014.972

COMPANIES AND INSTITUTIONS MENTIONED

Advancing Cures Today for NIH, Washington, D.C.
California Institute of Technology, Pasadena, Calif.
Mayo Clinic, Rochester, Minn.
Mayo Medical School, Rochester, Minn.
Milken Institute, Santa Monica, Calif.
National Institutes of Health, Bethesda, Md.
Sanofi (Euronext:SAN; NYSE:SNY), Paris, France
University of California, Berkeley, Calif.
The University of Kansas, Lawrence, Kansas
The University of Texas MD Anderson Cancer Center, Houston, Texas