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# Flatlining

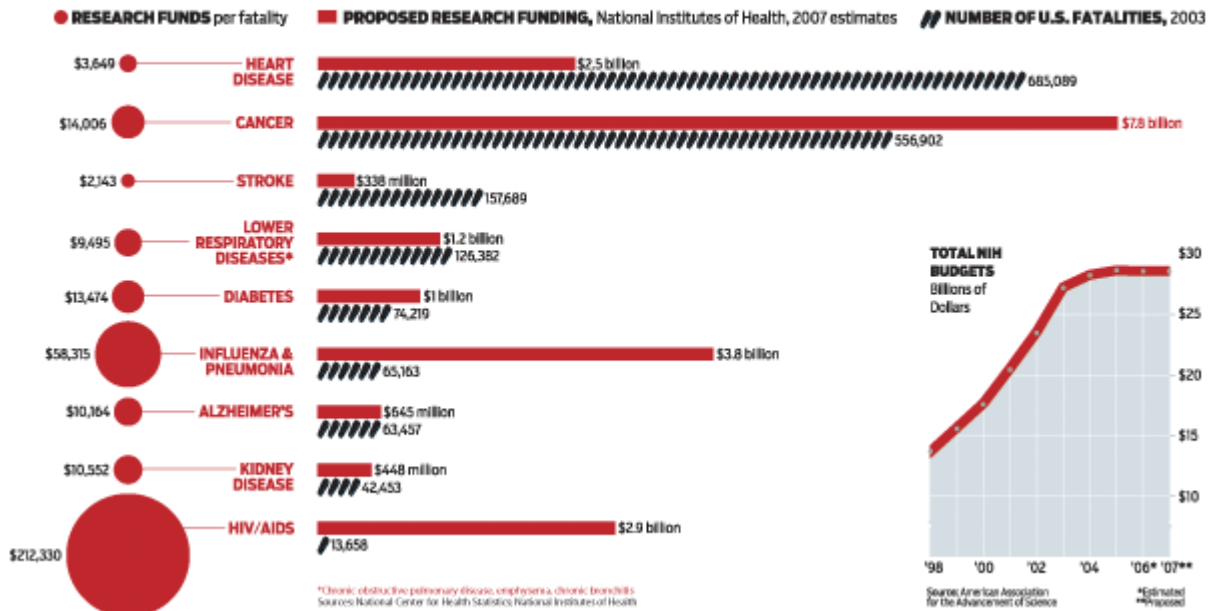
AARPBulletin

*NIH's budget freeze could stall crucial studies of disease. Is a slowdown in medical research avoidable?*

By Elaine S. Povich

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## Funding and Fatalities



The search for better treatments for Alzheimer's—among other diseases—has hit a financial speed bump. While President Bush's proposed \$28.6 billion budget for the National Institutes of Health for fiscal 2007 is unchanged from last year, proposed funding for Alzheimer's research is \$645 million, down from \$652 million in fiscal 2006 and \$658 million in 2003.

Such reductions are nothing less than devastating, says Sam Gandy, M.D., director of the Farber Institute for Neurosciences at Thomas Jefferson University in Philadelphia and chairman of the Alzheimer's Association's medical and scientific advisory council.

"The greatest progress we've enjoyed in the last 15 years is threatened," he says. During the past 20 years, researchers have been able to discover Alzheimer's genes and develop animal models that they believe will cure humans. Now, the treatments are being tested on humans, and the lowered funding means fewer treatments will be tested at the same time. "Instead of testing a number of drugs simultaneously," Gandy says, "we have to test some drugs this year, then other drugs the next."

Such delays could hamper Alzheimer's research just as new studies raise the prospect that its impact may not be limited to the elderly. The disease affects 4.5 million Americans, including 5 percent of Americans 65 to 74 and half of those over 85,

according to the National Institute of Aging. A University of Michigan study also found that half a million Americans between 55 and 64 reported cognitive impairment. Another concern: Alzheimer's progresses so slowly that it often takes years to determine the efficacy of a drug, as opposed to some diseases where a drug's effectiveness is apparent within months.

After more than doubling from 1998 to 2005, NIH's overall budget for 2007 is flat for the second straight year. Funds are reduced for research into pre-emptive strikes against or treatments for some of the nation's most debilitating diseases, among them breast, prostate and lung cancer, hypertension, diabetes, arthritis, osteoporosis, stroke, macular degeneration and mental illness.

Medical advocates are up in arms, claiming the frozen NIH budget really means a cut when inflation is taken into account. Other budget watchers say it's a miracle that the NIH budget wasn't reduced further in this time of war and rising red ink, and are grateful for the status quo.

NIH supports research into 6,600 rare and common diseases, employing more than 200,000 scientists at 3,000 research facilities around the world and on its campus in Bethesda, Md. Chances for bumping up its budget this year are slim, but that hasn't stopped lawmakers—including Sens. Arlen Specter, R-Pa., Tom Harkin, D-Iowa, and Richard Shelby, R-Ala.—NIH officials, researchers and disease groups like the American Diabetes Association from making strong pleas for more money.

In May NIH Director Elias A. Zerhouni, M.D., testified on Capitol Hill that the loss of scientists from what he calls investing below inflation and losing purchasing power is the most important long-term impact on research.

Health analysts estimate that the freeze could result in about \$1 billion in lost buying power from fiscal 2003 to 2007. The proposed budget would mean issuing 656 fewer research grants in fiscal 2007 than the 9,400 grants that were made in 2005. Analysts say it would cut funding for clinical trials for new treatments by 8 percent from fiscal 2005, after adjusting for inflation.

Zerhouni says that if research is to advance, funding must not be geared "to ups and downs. We have to sustain the investment over time."

Under the proposed budget, research funding for some diseases, such as pneumonia, influenza (including avian flu) and heart disease, would go up somewhat.

The search for more money for NIH is not over yet. Moderate Republicans in the House have extracted a promise from House leaders to add another \$3.1 billion. "We expect money to be freed up, maybe after the election, maybe never," says Rep. Michael Castle, R-Del., who negotiated with the House leadership for the extra funds.

Castle adds: "I have a lot of confidence in [House Majority Leader] John Boehner. He looked me in the eye and said if there's any way to get it, we'll get it."

But House Appropriations Committee staffers say that money won't be in the pipeline anytime soon because their subcommittees already have been given their allocations from the budget for this session.

Timothy Gearan, senior legislative representative for AARP, says it's important to keep ahead in medical research, but he is concerned about where any extra money for NIH might come from.

"We're very worried that we're going to face a freeze on programs for older people," Gearan says. He cites Older Americans Act programs, such as Meals on Wheels, and cooling and heating assistance as areas that might feel the pinch. While NIH funding is a top priority this year, these other programs compete with NIH for the same dollars.

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