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SENATORS HUTCHISON AND LAUTENBERG WORK OUT COMPROMISE LANGUAGE ON NSF PRIORITIES

In September 2005 Senator Kay Bailey Hutchison (R-TX) told an audience at the Lasker Awards Luncheon that the National Science Foundation (NSF) should stop “focusing” on the social, behavioral, and economic sciences (SBE). In early May 2006, the Senate Science and Space Subcommittee, which the Senator chairs, held a hearing at which she reiterated her concern with NSF’s support for SBE. At that hearing, Hutchison cited a number of merit-review awarded grants she deemed unworthy and suggested that they may be funded by “another department.” Concerned SBE scientists and others in the scientific community wondered what would come next.

On May 18, the Senate Commerce, Science, and Transportation Committee, chaired by Sen. Ted Stevens (R-AK), had under consideration the “American Innovation and Competitiveness Act of 2006,” S.2802, which included provisions affecting NSF. A section of the legislation as introduced included provisions dealing with “Meeting Critical National Science Needs.” In this section, there was language that told NSF to give priority treatment to research grants, “which can be expected to make contributions in physical and natural sciences, technology, engineering and mathematics, and *other research that underpins these areas*” (my emphasis). The italicized clause was added to provide NSF the ability to continue funding the SBE sciences.

This wiggle room upset Sen. Hutchison. On May 17, she indicated that she would sponsor an amendment that would change this language to: “The Director shall give priority in the selection of awards and the allocation of Foundation resources to research award and grant proposals and proposed research activities that can be expected to make contributions in the area of physical science, technology, engineering, or

mathematics.” Thus, not only were the SBE sciences excluded, but the natural sciences as well.

This soon led to a strong reaction from the SBE community, the natural sciences’ community, and others in the scientific world, who saw this amendment as an attempt to micromanage NSF and to change the nature of its support for all sciences and engineering. COSSA organized and coordinated much of this response working with scientific societies in the social/behavioral and natural sciences, SBE researchers, university government relations’ representatives, and congressional and agency allies.

Later on May 17, word came that Senator Frank Lautenberg (D-NJ) intended to introduce his own set of amendments that would reiterate NSF’s commitment to support science across-the-board. One amendment would have eliminated the “Meeting Critical National Science Needs” section altogether. Another would have changed the language to eliminate the priority for “physical and natural sciences, technology, engineering, and mathematics, and other research that underpins these areas” and replaced it with “to innovation and competitiveness in the United States.”

The Compromise

In keeping with congressional tradition of trying to negotiate bipartisan agreements on conflicting amendments Senators Hutchison and Lautenberg reached a compromise that was accepted by the Committee on May 18. The language in the section now reads:

SEC. 307. MEETING CRITICAL NATIONAL SCIENCE NEEDS.

(a) **IN GENERAL.**— In addition to any other criteria, the Director of the National Science Foundation shall include consideration of the degree to which awards and research activities may assist in meeting critical national needs in innovation, competitiveness, the physical and natural sciences, technology, engineering, and mathematics.

(b) **PRIORITY TREATMENT.**—Proposed research activities, and grants funded under the Foundation’s Research and Related Activities Account, which can be expected to make contributions in physical and natural sciences, technology, engineering, and mathematics, and other research that underpins these areas, or that enhances competitiveness or innovation in the United States, shall be given priority in the selection of awards and in the allocation of Foundation resources.

(c) **APPLICATION OF PRIORITY TREATMENT TO OTHER PROGRAMS.**—This requirement shall be applied to other fellowship, grant or award programs authorized in this title.

(d) **LIMITATION.**—Nothing in this section shall be construed to restrict or bias the grant selection process against funding other areas of research deemed by the Foundation to be consistent with its mandate, nor to change the core mission of the Foundation.

The key is certainly part (d), which allows NSF to continue to fund all the sciences. Although Hutchison accepted the compromise, during the committee’s consideration of the legislation she reiterated her dismay with some of the SBE grants NSF had awarded, although she did note a number of sociology grants she thought were important to keeping America competitive. She also suggested that her intention was not to eliminate SBE from NSF.

In addition, during the markup of the legislation Sen. John Sununu (R-NH) inserted an amendment “to reaffirm the merit-review process of the National Science Foundation.”

The Committee reported out S.2802 by a unanimous vote. Its fate is unclear. The bill is part of a number of pieces of legislation that includes the Senate bipartisan “Protecting America’s Competitive Edge (PACE)” bills, and the separate bills proposed by the House Science Committee Republicans and Democrats, all of which relate to the President’s American Competitiveness Initiative. Whether there is the time and inclination to enact these bills or combine them into one major package remains uncertain.

SENATE APPROPRIATORS: ‘SOMETHING HAS TO BE DONE’ ABOUT NIH FUNDING

In an unusual format on March 19, the Senate Labor, Health and Human Services Appropriations Subcommittee held its annual hearing on the budget of the National Institutes of Health (NIH). NIH Director Elias Zerhouni was joined by representatives of 20 groups advocating research on the major illnesses -- heart, cancer, Alzheimer’s, Parkinson’s – along with the National Children’s Study “to underscore the difficulties facing medical research in the United States today” as noted by Subcommittee Chair Arlen Specter (R-PA) when opening the hearing.

Specter noted that “the advances that have been made by medical science are really remarkable,” adding “but it takes funding to accomplish that.” He stressed that he and Ranking Member Senator Tom Harkin (D-IA), along with the subcommittee, “have taken the lead on NIH funding, which has grown from \$12 billion to \$29 billion over a few years.” He acknowledged that the increases were “structured by candidly robbing Peter to pay Paul.” “We have a very complex budget on this subcommittee, which has to fund, not only health, but education, labor, workers’ safety, Head Start -- the bulk of the social programs. And those programs have been cut in the last two fiscal years, taking actual cuts and inflation, cut by some 15.7 percent,” Specter explained.

Relating that he recently met with majority leader, Senator Bill Frist (R-TN) and expected a vote “very soon” on the appropriations bill, Specter acknowledged that “it is doubtful” that there are “67 votes to override a presidential veto.” Accordingly, he indicated that he would like “to put a million people on the Mall in September . . . enough people to be heard in the living quarters of the White House. . . The estimate of 110 million people being affected directly, or indirectly, by these ailments is enough to produce two-thirds to override a presidential veto if, in fact, the President carries out his statement that he will veto the bill,” Specter contended.

Referencing the congressional activities on the various issues before the Congress, Specter maintained that there is not “any subject as important as this one. . . This is number one. Without health, there is nothing.”

Harkin began by thanking Specter for his “own personal courage in battling Hodgkin’s lymphoma last year,” noting the example that Specter “set in coming to work every day and holding the hearings,” while “undergoing some pretty severe chemotherapy.” “We did not work hard to double the funding of NIH to then have it plateau off for another 20

years," Harkin declared. "The idea was to get it back up where it had been in the '70s, where we had some 40-some percent of our peer-reviewed grants approved and funded, he explained.

"Not only is it a problem this year in terms of the budget," he continued, "I think it is having a ripple effect on researchers," . . . [and] on young people who are thinking about research as a lifetime avocation," he insisted. He cautioned that "as bad as this year's budget is, next year's could be worse," noting that according to OMB projections, "the administration will cut NIH by \$800 million in '08, and make more cuts in '09 and fiscal year '10. Something has to be done about this, he argued.

Pledging his support to Specter and Harkin, Senator Richard Shelby (R-AL), declared that he thought "the president. . . is going to have to speak out on this issue, which is properly funding NIH medical research. We are falling behind," said Shelby. He emphasized that he would do every thing he could as "a member of the Appropriations Committee to help fund, properly fund, medical research through NIH. . . But as Senators Specter and Harkin both know, it's not going to be easy. But we can't go backwards. We cannot cede this to anybody else in the world. We're the leaders. We've got to stay there," he contended.

NIH Research: 'A Marathon'

Summarizing the "salient points" of his testimony, Zerhouni, addressed the "fundamental questions" where he thinks answers are needed "to be able to set policy for the future." According to the Director the "first and foremost [question is] what is the return on the American people's investment at the National Institutes of Health? Second, what has this NIH budget doubling delivered for the American people? And third, what is our future strategy? Where is NIH heading?" Zerhouni emphasized that "when you talk about medical research, it's important to understand that it's not a 100 meter dash. It's a marathon. And we have to sustain the effort over time."

He reminded the Committee that biomedical and behavioral research has delivered enormous returns to the American people. Citing as an example, coronary heart disease, Zerhouni explained that "if you look at the progress over the past 30 years, there's been a 63 percent decrease in mortality. Over a million early deaths are averted every year because of the research of the past 30 years," he spelled out.

According to the Director, "economists tell us that this is worth \$2.6 trillion dollars in economic return because a cohort of individuals who would have died in their 50s now do not and [now] can produce economic return." Zerhouni stressed that "we have enormously exciting effective strategies for not only curing, but preventing and ultimately eliminating coronary heart disease." The investment related to coronary heart disease made by "each one of us to achieve that," said Zerhouni, "is "about \$3.70 per year for medical research." The "cumulative total over 30 years for heart research is \$110," he said, and submitted to the Subcommittee "that medical research has delivered for an investment that... is extremely effective in its return."

He cited cancer as another example. According to the Director for the first time in recorded history, we have a lower number of deaths from cancer in the United States, despite an increasing population and increasing age of the population. The Nation's investment in cancer research cost us "\$8.60 per year over the past 30 years. The total

investment for each one of us is \$216 over 30 years,” he explained. “I don't think there is an investment that I can describe that any agency can be as proud of as the National Institutes of Health are of their effectiveness,” he argued.

“We have delivered not only better cures, but also a healthier life for Americans who live now longer and healthier lives with a disability rate that has dropped by 30 percent over the past 22 years,” Zerhouni explained. He indicated that “since 1982, the disability rates have dropped by 30 percent. And in the past 30 years, American life expectancy has increased by over six years, for a total investment, cumulative, over 30 years, of about \$1,300 per American per year.” “This is not just what we've done in the past. We continue to deliver,” the NIH director declared.

Zerhouni acknowledged that the advances made in medical research “would not have been possible without the support of Congress.” He cautioned that the realization is that “biomedical research must continue to deliver. The challenge before us, Zerhouni insisted, is the “rising cost of health care and the burden of disease.” He noted that we currently “spend about \$7,100 per American per year on health care costs,” The rate “is not sustainable,” he declared, maintaining that something must be done to “change that picture and “this is the vision of NIH.”

The vision of the scientists at NIH, Zerhouni stated “is to use our investment and deliver a complete transformation of medicine. Because if we keep practicing medicine the way we know it today, 25 years from now it just won't be sustainable. Discoveries and new ways of not only curing disease, but preventing disease, preempting disease all together, is the key,” he insisted.

Responding to Specter's question of how the NIH can continue to deliver with “that kind of budget,” Zerhouni stated that “it's very important to realize that medical research cannot be funded through ups and downs. We have to sustain the investment over time.” He stressed that it is clear that medical research requires the support of scientists. The doubling of the agency's budget generated a new generation of scientists, more than a 50 percent increase. The consequence of the cut in the NIH's budget, he replied is a “loss of scientists.”

Specter requested from Zerhouni “a supplemental memorandum as to what the cuts will mean for [NIH's] ongoing programs” to share with his colleagues in the Senate and the House. He also requested from NIH what it would take to adequately fund the issues the agency is working on, along with what it could “accomplish with the figure it put on the funding as being adequate.

Cut of the National Children's Study “Very Disturbing”

Harkin noted that “of all the proposed cuts in the budget,” there is one that he thinks “may be more discouraging than all the rest, and that's the planned elimination of the National Children's Study.” The Congress passed this legislation back in 2000, Harkin explained. “It was going to be the largest long-term study of children's health ever conducted in the United States. It was going to involve 100,000 children from before birth to adulthood. The idea was to better understand the link between the environments

and where the children are raised, and their physical and emotional health and development. We've already spent about \$50 million planning the study, four to five years of planning on it. Now, I understand that the study is going to stop. Why is that?"

Zerhouni replied that the "study has had a pilot phase to it to evaluate feasibility." What you are talking about is a very long study with a large budgetary impact, he explained. "And at the end, it was just a matter of budgetary priorities which led to the decision of not completing the pilot at this time," with the intention, he stressed, "to look at other times when the budgets will be easier." Explaining that if the budget provided the \$70 million in funding needed for the NCS in FY 2007, then the NIH would be "committed to the \$3.2 billion, or thereabout, over the total study. . . . Because once you launch the study, you have to continue recruitment of the 100,000 children, their parents and so on," he said.

Citing the benefits derived from the Women's Health Initiative, Harkin emphasized that "we have learned the benefits of long-term longitudinal studies. "It seems to me, with everything that's impacting on obesity, to diabetes, to mental health, kids and how they grow up, there's just a lot of things that need to be taken into account. And if you do these studies, then you'll be able to factor some of these things in after a longer period of time. I just find this very disturbing, that we're cutting this program. I'm hopeful that we can put this back in the budget," he continued.

Noting that the NCS did not just come up and is actually something that the Congress had talked about for a long time with Zerhouni's predecessor and others, Harkin related that he "just assumed that it was on track and that we were going to do it."

Testifying on behalf of the NCS, Philip Landrigan, Mount Sinai School of Medicine, and principal investigator for the Queens, New York Vanguard Center, emphasized that the "we desperately need the information the Study will provide on preventable causes of the major diseases that confront America's children today." Information from the NCS, Landrigan explained, will "provide a blueprint for prevention."

He acknowledged that "the study is expensive." But countered that "the chronic diseases the study will address cost this nation more than \$600 billion a year. And the very same logic that Dr. Zerhouni invoked this morning, when he spoke of the great declines that have been achieved in heart disease because of the Framingham Study and the Women's Health Initiative, that same logic applies to the National Children's Study," said Landrigan. The National Children's Study is our generation's best hope, indeed, probably our only hope to get on top of the chronic diseases in America's children, he maintained.

'Unnecessary Deaths'

Herman Taylor, professor and cardiologist at the University of Mississippi Medical Center, with appointments to Jackson State and Tougaloo College, testified on behalf of another longitudinal study, the largest study of cardiovascular disease ever undertaken in the African American population -- the Jackson Heart Study. The study is supported by the National Heart, Lung, and Blood Institute and the National Center for Minority Health and Health Disparities.

According to Taylor, in addition to the research, the Study is also involved in "training young people to be scientific leads for tomorrow." He noted the "well documented and

widening gap . . . between blacks and other citizens of this country with respect to cardiovascular health.” While most Americans have enjoyed a 40-year decline in death rates from cardiovascular disease, there has been virtually no change in the death rate from cardiovascular disease for African Americans in the state of Mississippi, Taylor stressed. He noted that “other urban areas in other parts of the country share these equally dismal statistics.”

While the Jackson Heart Study is a very heartening and wonderful undertaking if the intent is to approach these disparities, Taylor posited, what we have done thus far, “can be compared to throwing a 10-foot rope to a man at the bottom of a 40-foot well. It’s a great idea. It’s a good intention. But it comes up short.” He related that former Surgeon General and Centers for Disease Control and Prevention Director David Satcher concluded, after looking at CDC statistics, “that last year, 80,000 African Americans died unnecessary deaths compared to their white counterparts.”

Responding to Specter’s question regarding the “the reason for the higher incidents of deaths among blacks,” Taylor explained that “this is a principle focus of the Jackson Heart Study and studies like it to figure that out.” Clearly, there are high levels of risk factors, such as obesity, hypertension, and diabetes. But one must ask the question why are those risk factors higher? We can’t simply say, there’s more hypertension, therefore, we expect more deaths. The question is why is there more hypertension and related problems?

Noting that access to care clearly is a major part of this, Taylor emphasized that “historically, African Americans, as a group, have been understudied with regards to what are the true determinants of poorer health.” Studies like the Jackson Heart Study will help unravel these questions and give us detail that we might not even suspect at this point, he continued. He also noted that the Study “includes [research] into genetic underpinnings of various illnesses. But on the opposite end, perhaps, of the spectrum, he explained, we look very carefully at psychological determinants of ill health; and social and behavioral parameters that may also impact how well people do in terms of their overall health.”

COMMITTEE ON NATIONAL STATISTICS CELEBRATES 100TH MEETING

The National Academies’ Committee on National Statistics (CNSTAT) celebrated its 100th meeting on May 11. Established in 1972 upon the recommendation of the President’s Commission on Federal Statistics, CNSTAT provides an independent, objective resource for evaluating and improving the work of the decentralized U.S. federal statistical system and undertakes studies on a broad range of research and program agencies of the federal government.

Among its many publications over the years include: “*Principles and Practices for a Federal Statistical Agency*,” *Measuring Poverty: A New Approach*; *Measuring Racial Discrimination*; *At What Price: Conceptualizing and Measuring Cost-of-Living and Price Indexes*; *The Polygraph and Lie Detection*; *Modernizing the U.S. Census*; and “*Private Lives and Public Policies: Confidentiality and Accessibility of Government Statistics*.”

The Committee is currently chaired by William Eddy of Carnegie Mellon University. Among its past chairs are: John Rolph of the University of Southern California; Norman Bradburn of the University of Chicago; Burton Singer of Princeton; Lincoln Moses of Stanford; Stephen Fienberg of Carnegie Mellon; the late Conrad Tauber of Georgetown University, a longtime Census Bureau official; and the late William Kruskal of the University of Chicago.

The celebration included an invited address by Tim Holt, President of the Royal Statistical Society and former director of the United Kingdom's Office for National Statistics. Noting that "statistics matter" because they are "at the heart of public policy," Holt focused on the challenges any statistical system faces to be "wider, deeper, quicker, better, and cheaper." Statistical systems need to have greater range, more detail, improved timeliness, better quality, and more efficiency in their collection and dissemination, he asserted.

To accomplish all these in what Holt called a "deteriorating environment" will be difficult. That environment includes rising non-response rates to surveys, more mobile people, the increasing tenuousness of the link between people and a single place of residence, the rise of economic globalization in all its forms, and a training or pipeline problem. Yet, the increased emphasis on accountability of public policies means more monitoring and more statistical metrics to measure success, particularly in the delivery of goods and services. Holt also noted the increasing need for international standards so the cross-country comparisons that the European Union is using to make large funding decisions and to monitor national economic performance make sense. In addition, Holt argued, issues of data quality and the independence and integrity of statistical agencies become even more important as the information provided becomes tangled with political needs.

Holt touched on the use of administrative data as a way of reducing response burden and as a source of auxiliary information for survey estimation. Although there are significant methodological issues such as measurement error, coverage biases, and the speed with which the information gets updated, their use Holt indicated "has benefits that are needed."

Responding to Holt's presentation, Janet Norwood, former Commissioner of the U.S. Bureau of Labor Statistics and former COSSA President, noted that in this country "our federal system, with responsibility frequently divided between the states and the federal government, in many cases, results in a reduction of pressure on the federal statistical system to monitor some public policies." However, the Government Performance and Results Act (GPRA), which Norwood called "unevenly implemented," has required federal agencies to develop measures of federal outputs. In these situations, the statistical agencies have acted as advisers "to help agencies to understand how to produce data once their departments have defined what is to be collected."

Norwood also indicated that the off-shoring of goods and services has also made comparability of data across countries more important. Although the Bureau of Labor Statistics and the Bureau of Economic Analysis have begun to develop data to measure this phenomenon, she called on other U.S. statistical agencies to "increase their efforts to understand these developments and to measure their effect – on the economy, on wages, on education, and on workers."

She also encouraged increased efforts to enable non-government researchers to get “timely access to micro data for statistical and economic research,” while continuing to maintain pledges of confidentiality. Norwood decried the lack of funding for statistical agencies to conduct research on the “dynamic world in which we live” and how it affects the way businesses work and workers are employed. This hinders the ability of our statistical system “to keep its output up to date,” she declared.

Finally, echoing Holt, she argued “that nothing is more important than the political independence under which government statistical systems operate, and the accuracy and relevance of their data.” This was particularly significant, Norwood emphasized, because “we here in the United States have had experience with these difficulties.”

The celebration concluded with a dinner at which current CNSTAT director Connie Citro cleverly thanked the Committee’s supporters, and former CNSTAT directors Margaret Martin, Andrew White, and Miron Straf explained the joys and difficulties of providing statistical advice to the government.

CONSENSUS PROCESS REPORT ON SEXUAL HEALTH AND RESPONSIBLE SEXUAL BEHAVIOR RELEASED

In 2001 during his tenure as U.S. Surgeon General David Satcher, now Interim President of the Morehouse School of Medicine, released “The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior.” In 2004, Satcher convened representatives of groups with disparate views on sexual health and responsible sexual behavior to participate in a National Consensus Process (NCP) to determine if agreement could be reached on ways to implement the call to action.

After nine meetings over a two-year period, the group released an Interim Report at a press conference at the National Press Club on May 18. Eighteen organizations, including COSSA, stuck out the two years of discussions, seven others dropped out along the way for various reasons.

The most significant agreement reached by the participants was on what constitutes “Best Practices for Research on Sexual Health and Behavior.” Recognizing the highly contentious nature of the debate over research findings in this area, the agreement stressed the importance of data collection, the use of scientific criteria to assess the quality of individual studies, the protection of human subjects, the attention to personal, professional, and financial conflicts-of-interest, the use of proper research designs, the importance of peer review, and the weight of evidence needed for informed public policy making.

The group developed a research agenda including the collection of large data sets that would include trend data on the incidence of: STDs/STIs; persons with multiple partners; heterosexual, homosexual, and bisexual behavior; and adolescent sexual behavior. In addition, the group recommended a longitudinal research trial on abstinence education and comprehensive sexual health education as well as cross-cultural sexual health research among countries and among diverse communities in the United States. The report also calls for the inclusion of older persons in the study pools for sexual health research.

Other areas where the group reached consensus included a common vision of what constitutes sexual health and on what constitutes the core elements of education and discussion on these topics for youth by parents or legally responsible adult care givers.

Initial steps were taken to identify areas of agreement regarding HIV, STDs, STIs, sexual abstinence, responsible sexual behavior, and sexual orientation. However, on these topics true consensus remained elusive. The group decided that obstacles to agreement in these areas included the multiple meanings of words that complicate dialogue (e.g. abstinence and reproductive health) and how difficult it can be to engage deeply-held perspectives (e.g. the etiology of sexual orientation).

Satcher and the participants concluded that the NCP worked to get people who sometimes do not talk with each other to understand different perspectives. The goal, Satcher explained at the beginning of the process, was to foster a “mature discussion” of sexuality in this country. At least for those in the NCP that goal was achieved. The bigger challenge is to extend that achievement to the rest of the country.

For information about obtaining copies of the Interim Report, contact Christian Thrasher, Program Manager for the Sexual Health Program at the Morehouse School of Medicine, at Cthrasher@msm.edu.

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