

AIDS: A Justifiable Share

At an appropriations hearing on 26 February, Representative Ernest Istook (R-OK) asked whether the National Institutes of Health (NIH) had its research priorities straight. He suggested to the witness, NIH director Harold Varmus, that NIH ought to align its funding decisions more closely with health-care costs. Citing a small study of Medicare spending, Istook noted that NIH spends a relatively small percentage of its dollars on diabetes and other common diseases that rack up big Medicare bills. NIH research, complained Istook, "is focused instead on a disease that, although it is terrible, is not more terrible than many other diseases, and certainly does not represent the same degree of threat to nearly as many people in this country. ..."

At that point, Varmus cut to the chase: "Let's talk specifically about AIDS, because that's obviously what's on your mind."

Istook's thinly veiled attack on the AIDS budget at NIH—currently, about \$1.5 billion is spent on the disease—mirrors an approach used during the past few years by several disease advocacy groups (see main text). Some groups say they deserve a funding allocation that corresponds to the size of their patient population, noting that AIDS gets a large allocation, while the number of HIV-infected people is relatively small.

But many biomedical research leaders say it is risky to focus attention on whether specific diseases get their fair share of research dollars. Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, which gets most of NIH's AIDS funding, says he long has encouraged advocacy groups not to lobby Congress to increase funding by disease category. "When you start getting jockeying for more money by constituencies of a certain disease, that, in the long run, doesn't help. Everybody benefits," says Fauci, when the NIH budget increases "as a whole."

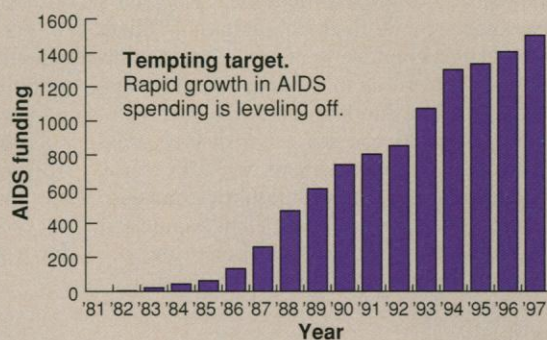
AIDS advocates offer a harsher judgment. "The American Heart Association and other groups are preying on the prejudices of certain members of Congress to advance their own parochial goals," says Gregg Gonsalves, an AIDS activist with the Treatment Action Group. "There's such a cross-pollination in the world of science that lobbying for specific diseases is counterproductive."

Varmus himself staunchly defends the spending on AIDS research. At the 26 February hearing, Varmus pointed out to Istook that AIDS is the country's leading cause of death for 25- to 44-year-olds. And in a phone interview, he argued that the disease should get special attention because it is new and still spreading. "We're responding to a public health emergency," adds William Paul, head of the NIH's Office of AIDS Research, who says that for this reason, AIDS should be evaluated differently from established diseases.

And Arthur Ammann, president of the American Foundation for AIDS Research, argues that AIDS should not be compared to diseases like cancer and diabetes for a practical reason: AIDS is caused by an identified virus, and history has shown that vaccines can stop such pathogens. "We put big resources into polio, and then there was a vaccine," he says. The same is true of many other infectious diseases.

Michael Stephens, a former staff director of the House subcommittee that monitors the NIH budget who now consults for biomedical research advocates, says that even if the critics are correct and AIDS is getting more than its fair share, the "distortion is not radical." Stephens takes a historical view, arguing that AIDS research is only following a pattern previously set by cancer. After Richard Nixon declared war on cancer in 1971, funding for cancer research shot up, leveling off in the '80s. And now with AIDS, says Stephens, "the system is in fact sort of settling itself back down."

—Jon Cohen



SOURCE: AMERICAN FOUNDATION FOR AIDS RESEARCH

lion suffer congestive heart failure, and this disease remains the nation's number-one killer.

Breslow plans to argue in testimony to Porter's panel this week that heart-related research suffered "a serious shortfall" at NHLBI and the National Institute of Neurological Disorders and Stroke (NINDS) during the decade when the AIDS budget grew rapidly. The AHA claims that while funding for NIH overall has increased 35.9% in constant dollars since 1986, the heart program at NHLBI and NINDS declined 5.5%. Breslow is planning to ask that NHLBI's budget be raised from \$1.4 billion in 1997 to \$1.65 billion in 1998. Asked if AHA is targeting the AIDS set-aside, Breslow says, "We're not trying to take anything away from other diseases." But he insists: "We are very upset that we have been neglected ... and we're not going to take it anymore."

The AHA isn't the only group singing the blues. The JDF is arguing that diabetes research, too, has been overlooked. The JDF is

pushing for special increases for the institute that chiefly funds its area—the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). It is using a different tactic, however—that of an eager partner demanding more attention. The JDF is unusual in that it plans to donate \$67 million over a decade to projects that are peer reviewed, co-selected, and co-funded by NIH.

On 1 April, JDF hired Robert Goldstein, an extramural research director for immunology at the National Institute of Allergy and Infectious Diseases, to be its own director of research. He is teaming up with the management firm of McKinsey & Co. to conduct a review of diabetes funding and develop a strategic plan for diabetes. JDF officials say NIDDK funding has grown only 53% in a 10-year period when overall NIH funding has increased 97%. And Goldstein says that when parents of a child with diabetes see these numbers, they ask, "Why isn't my child just as important" as other patients.

The JDF wants to increase funding for NIH by 9%, for NIDDK by 12%, and for diabetes research by 15%. Advocates have already prepared draft legislation to mandate a national diabetes research plan.

Another targeted bill—the Morris K. Udall Parkinson's Research and Education Act—was introduced into Congress last week. It would authorize NIH to spend \$100 million on Parkinson's research (NIH now spends about \$32 million) and create 10 special centers around the country for collaborative research. More than 100 members of the House and 34 senators are co-sponsors.

And it's not just the arguably neglected who are out campaigning. On 8 April, the National Breast Cancer Coalition, which has helped nudge hundreds of millions of dollars' worth of earmarks through Congress, announced that it is forming a political action committee. The purpose, says coalition president Fran Visco, a Philadelphia attorney, is to do "electioneering"—such as