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Double the N.I.H. Budget

By NEWT GINGRICH - APRIL 22, 2015

MCLEAN, Va. — NO one who lived through the 1990s would have suspected that one day people would look back on the period as a golden age of bipartisan cooperation. But in some important ways, it was. Amid the policy fights that followed the Republican victories of 1994, President Bill Clinton and the new majorities in Congress reached one particularly good deal: doubling the budget for the National Institutes of Health.

The decision was bipartisan, because health is both a moral and financial issue. Government spends more on health care than any other area. Taxpayers spend more than \$1 trillion a year for Medicare and Medicaid alone, and even more when you add in programs like Veterans Affairs, the Children's Health Insurance Program and the Indian Health Service.

Unfortunately, since the end of the five-year effort that roughly doubled the N.I.H. budget by 2003, funding for the institutes has been flat. The N.I.H. budget (about \$30 billion last year) has effectively been reduced by more than 20 percent since then. As 92 percent of the N.I.H. budget goes directly to research, one result is that the institutes awarded 12.5 percent fewer grants last year than in 2003. Grant applications, over the same period, increased by almost 50 percent.

Even as we've let financing for basic scientific and medical research stagnate, government spending on health care has grown significantly. That should trouble every fiscal conservative. As a conservative myself, I'm often skeptical of government "investments." But when it comes to breakthroughs that could cure — not just treat — the most expensive diseases, government is unique. It alone can bring the necessary resources to bear. (The federal government funds roughly a third of all medical research in the United States.) And it is ultimately on the hook for the costs of illness. It's irresponsible and shortsighted, not prudent, to let financing for basic research dwindle.

For example, the total cost of care for Alzheimer's and other dementia is expected to exceed \$20 trillion over the next four decades — including a 420 percent increase in costs to Medicare and a 330 percent increase in costs to Medicaid. Even without a cure, the premium on breakthrough research is high: Delaying the average onset of the disease by just five years would reduce the number of Americans with Alzheimer's in 2050 by 42 percent, and cut costs by a third. And that's not even counting the human toll on both patients and caregivers (often family members), whose own health may deteriorate because of stress and depression.

Yet the N.I.H. is spending just \$1.3 billion a year on Alzheimer's and dementia research — or roughly 0.8 percent of the \$154 billion these conditions will cost Medicare and Medicaid this year, more than all federal education spending.

Alzheimer's isn't unique: Diabetes, kidney disease, heart disease, cancer, stroke and arthritis all cost enormous sums and cause incredible suffering. But the promise of breakthrough cures and treatments for this disease is amazing. The N.I.H. is funding a clinical study that represents a potential paradigm shift in treatment. Rather than try to eliminate the buildup of plaques in the brain after the onset of dementia, researchers are studying interventions in families with a genetic predisposition to early onset Alzheimer's to prevent the disease before symptoms even develop.

The N.I.H. is also pioneering the development of immunotherapies, which are already allowing doctors to spur patients' immune systems to attack cancer and other diseases rather than relying solely on surgery, radiation and chemotherapy. The N.I.H. recently discovered a vaccine that appears to cure an AIDS-like virus in monkeys. The insights from genetics, personalized medicine and regenerative therapies could potentially lead to substantially longer and healthier lives for many. But to achieve that promise will require a greater budget.

Representatives Fred Upton, Republican of Michigan and the chairman of the House Energy and Commerce Committee, and Diana DeGette, Democrat of Colorado, have put forward an initiative, [21st Century Cures](#), to explore ways to promote the discovery of medical breakthroughs as well as access to new technologies. Ms. DeGette and another committee member, Michael C. Burgess, Republican of Texas and a physician, have called for requiring the Congressional Budget Office to factor in the savings from preventive health measures when "scoring" the financial impact of proposed legislation, at the request of Congress. In the Senate, Lamar Alexander of Tennessee, Ron Johnson of Wisconsin and Jerry Moran of Kansas, all Republicans, have championed increasing funding for basic research.

House and Senate negotiators are at work on a budget resolution for the fiscal year that starts on Oct. 1, and the N.I.H. should be a priority. Doubling the institutes' budget once again would be a change on the right scale, although that increase should be accompanied by reforms to make the N.I.H. less bureaucratic, to give the director more flexibility to focus resources on the most common and expensive health problems, and to place a stronger emphasis on truly breakthrough research.

We are in a time of unimaginable scientific and technological progress. By funding basic medical research, Congress can transform our fiscal health, and our personal health, too.

Newt Gingrich, a Republican, was speaker of the United States House of Representatives from 1995 to 1999.