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Stories Related to the National Institutes of Health (NIH)  
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## JANUARY 11, 1999, NUMBER 1

### **DRUG ABUSE AND ADDICTION RESEARCH ON WOMEN IS SORELY NEGLECTED**

Drug abuse and addiction are among the most pressing health and social issues facing our Nation, posing serious health risks and often tragic consequences for those who are afflicted and for their families and communities. Although extraordinary progress has been made in understanding these disorders and in finding the best ways to prevent and treat them, unfortunately, research on drug abuse and addiction related to women has, until relatively recently, been sorely neglected, according to National Institute on Drug Abuse Director Alan Leshner.

Leshner made the remarks in the forward of the recently published *Drug Addiction Research and the Health of Women*. According to Leshner, because women traditionally have been underrepresented in research studies and drug abuse treatment groups, the effects of drug abuse are far less understood for women than for men. The volume is the result of a September 1994 two-day conference titled *Drug Addiction Research and the Health of Women*.

Two publications were produced based on the proceedings of the conference: an executive summary and a companion volume that builds on the conference presentations and provides greatly expanded reviews of research in this field. Taken together, the material clearly illustrates the breadth and complexity of drug abuse-related issues that affect women's health, said Leshner. To obtain copies of either publication contact the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, 1800-NCADI-64 (1-800-622-3464) or log on to its webpage: <http://www.health.org>.

## JANUARY 25, 1999, NUMBER 2

### **THE UNEQUAL BURDEN OF CANCER**

According to an Institute of Medicine (IOM) report, the *Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved*, the National Institutes of Health (NIH) should expand its effort to understand why poor Americans and some ethnic minorities are more likely to develop and die from certain types of cancer.

M. Alfred Haynes, the chair of the 15-member IOM Committee, emphasized that with the population becoming increasingly diverse it is critical that we learn why some ethnic minorities and the medically underserved are more prone to cancer and less likely to survive it. Haynes is the former president and dean of Drew Postgraduate Medical School, and former director of Drew-Meharry-Morehouse Consortium Cancer Center in Los Angeles.

At a Senate Appropriations Subcommittee on Labor, Health and Human Services and Education and Related Agencies hearing chaired by Senator Arlen Specter (R-PA) and attended by Full Appropriations Committee Chair Ted Stevens (R-AK) the following day, Specter lauded the promptness of the report. It was Specter's Subcommittee which asked the IOM to examine the issue. "We have to approach health issues with a sense of urgency," Specter noted.

The IOM Committee reported that while the NIH has funded "an impressive array of research" related to cancer, there is not an "overarching strategy" to guide its efforts in studying ethnic or socioeconomic differences.

Accordingly, the Committee recommends that the National Cancer Institute (NCI) "place a greater emphasis on the differences in cancer among the ethnic groups, with a view to determining the roles that diet, lifestyle, and customs play in varying rates of cancer." Studies within and between ethnic groups should be conducted to provide insights into how these factors may affect cancer risk. In addition, the IOM Committee advocates that data collection be expanded across wider geographic range to include such groups as lower-income or poverty-level whites; Hispanics not currently in the database; southern/rural African American communities; and the "culturally diverse American Indian populations."

The IOM Committee noted that the use of racial categories was not intended for epidemiological research and furthermore is "not consistent with the current scientific thinking. There are no known biological boundaries that justify the division into race." According to the committee, a "blueprint or coordinated" plan is needed for addressing questions related to cancer in these populations.

### **NCI Should Increase Behavioral Research**

Noting that the NCI was generous in providing information to the IOM committee, Haynes said that it is clear that the institute, "is undergoing dynamic change." The Committee also commended NCI for its plan "to increase its commitment to behavioral research, especially if some of that research is specifically targeted toward minorities and the medically underserved." In July 1997, NCI appointed Barbara K. Rimer to its newly created Division of Cancer Control and Population Science. The focus of the division is to conduct on populations, behavior, surveillance, special populations, outcomes, and other aspects of cancer control.

The Committee, however, disputed the amount of funding that NCI reports spending to address cancer in ethnic and medically underserved populations. NCI reports spending \$124 million in fiscal year 1997, but IOM puts the figure at about \$24 million. The discrepancy comes from NCI's inclusion of the percentage of minorities enrolled in research studies, while the IOM Committee only counted those funded projects that are focused specifically on minority health issues. At the Senate hearing, Specter noted that the Congress has been generous with the NIH in its appropriations to the agency which received a \$2 billion dollar increase in FY 1999. He further emphasized that he "wanted to get to the bottom of this." "I want to ensure that minorities are being fairly treated," he added. He indicated that he would like NCI to examine the issue and to determine if allocations could be directed more specifically.

Stevens praised Specter for convening the oversight hearing and suggested that additional oversight hearings be held before allocation of the FY 2000 appropriations. He also so indicated that he believes that too little information is aimed at the "people who need help" "the uninsured and the low-income." Stevens added that Alaska is made up of "a series of minorities" with no dominant group. Using his own survivorship of cancer, he emphasized that the poor "do not have the network" that he had available to him as a U.S. Senator.

Richard Klausner, Director of the NCI, noted that the categorization of "societally underserved people by their socioeconomic class, insurance status, or cultural background" is a subject for research. According to Klausner in his written testimony, NCI is pursuing this area of research. He explained that NCI has funded several new initiatives that will enhance its health services and economic research. He closed by saying that NCI alone will not solve the problem. The unequal burden of cancer is rooted in the "reflection of unequal resources, access, power and

opportunities in our society. Ultimately, this uneven burden will only be readdressed by taking responsibility to correct both historic and persistent inequities, he said.

Additional recommendations include:

- g Develop and implement a uniformed definition of special populations with cancer.
- g Include survival data for all ethnic groups in the annual reporting of cancer surveillance and population-based research.
- g Emphasize ethnic groups rather than race in NIH's cancer surveillance and other population research.
- g More adequately assess research and training relevant to cancer among ethnic minorities and medically underserved populations.
- g Identify as one of its highest priorities a focus on the cancer prevention, control, and treatment needs of ethnic minority and medically underserved groups.
- g Increase the collaborations between those that serve ethnic minorities and medically underserved populations .
- g Expand the number of ethnic minority investigations in the broad spectrum of cancer research to improve minority health research; including assessing the relevant areas of research needs and ensuring that trainees represent these disciplines and areas of inquiry.
- g Increase the authority of the NCI's Office of Special Populations Research, providing it with the authority and the resources to coordinate an extensive program of research on cancer among ethnic minorities.
- g Establish a formal reporting system to Congress and the public on cancer studies of these groups.

## OBSSR PROGRESSES TOWARD CREATION OF MIND/BODY CENTERS

The multi-billion dollar Fiscal Year 1999 omnibus appropriations bill included language calling for the creation of Mind/Body Centers within the National Institutes of Health (NIH)'s Office of Behavioral and Social Science Research (OBSSR). The OBSSR is moving closer to the development of these centers through the development of a Request for Applications (RFA) which will foster multidisciplinary research on the interactions among the mind/body and health. The RFA is expected to be released by the end of January 1999.

At a Fall 1998 hearing of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, Subcommittee Chairman Arlen Specter (R-PA) emphasized that mind/body approaches to health are an important part of medical treatment. The Senate subsequently included report language encouraging the OBSSR to establish pilot mind/body medical centers.

The RFA will emphasize both basic and clinical research in three areas:

- 1) research on the influence of beliefs, attitudes, and values on physical health, including research on psychological, behavioral, affective, and biological factors mediating these effects;
- 2) determinants or antecedents of health-related beliefs, attitudes, or values; and
- 3) how psychological stress influences physical health, including (a) basic research investigating how attitudes, beliefs, and values influenced perceived stress, individual differences in the biology of stress, and interactions between stress and behavioral risk factors for disease; and (b) the evaluation of behavioral, psychological, or social stress-management interventions for physical illness and/or biological functioning.

The NIH anticipates making up to five awards at a maximum total cost of \$2 million per award using the Specialized Centers (P50) funding mechanism. The announcement of the RFA will be published in the NIH Guide for Grants and Contracts. General inquiries may directed to: Ronald P. Abeles, Ph.D., OBSSR, NIH, 7201 Wisconsin Avenue, Room 2C234, MSC 9205, Bethesda, MD 20892-9205; Telephone: 301/594-5943; FAX: 301/402-0051; or Email: Ronald\_Abeles@nih.gov.

**NIH SEEKS RESEARCHERS FOR FEBRUARY WORKSHOP**

The National Institutes of Health (NIH) Workgroup on Child Abuse and Neglect will sponsor a technical assistance workshop on February 17 and 18, 1999 to encourage the development of career award applications in child abuse and neglect.

Organizers of the workshop, which will be held in Bethesda, MD, are seeking two groups of researchers. The first group will consist of beginning and experienced child abuse and neglect researchers who have not received NIH funding. The second group will be composed of experienced researchers who have received NIH funding but do not conduct research on child abuse and neglect. These individuals should have received NIH funding for research in areas that are relevant to child abuse or neglect and are interested in extending their research to abused populations or making their research more relevant to understanding abuse and neglect. This research could include, but is not limited to, physical, behavioral, and sexual development and behavior in children and adolescents; risky behavior in adolescence; childhood adversity, including poverty and malnutrition; and environmental influence on child and adolescent mental health.

Workshop participants will be selected on the basis of research experience, and the quality of the research plan and career development plan proposed. It is anticipated that the NIH will provide full support for participants=travel.

For more information, contact Margaret Feerick, National Institutes for Child Health and Human Development (NICHD), by Email at [feerickm@nih.gov](mailto:feerickm@nih.gov), by FAX at 301/480-7773, or by mail: Margaret Feerick, Child Development and Behavior Branch, NICHD, Building 6100, Room 4B05F, 9000 Rockville Pike MSC 7510, Bethesda, MD 20892-7510.

### **NIDA LOOKING TO HIRE ADMINISTRATOR TO INCREASE COGNITIVE-BASED RESEARCH**

The National Institute on Drug Abuse (NIDA) is currently recruiting a scientist administrator to increase the amount of research NIDA funds using cognitive models, techniques, and theories. The Institute, said Jaylan Turkkan, Chief of the Behavioral Sciences Research Branch, is seeking to examine the use of drugs from a cognitive science perspective.

Turkkan noted that it is extremely important to understand how drugs affect cognitive functions and behavior, but it is also important to understand the cognitive factors underlying why people begin to take drugs. According to Turkkan, NIDA is looking for someone to fill the position on a permanent basis. She explained that this would be the Institute's third attempt to find the individual with the expertise it is seeking C someone with extensive research experience. Currently, an impressive amount of NIDA's research, she said, is behavioral and social science research, very little of it is cognitive.

The individual selected will serve as a grants program officer within the Behavioral Sciences Research Branch in the Division of Basic Research and will be responsible for developing and administering a portfolio of research grants in the cognitive and related behavioral sciences. Extramural funding from this branch supports laboratory-based research concerning drug effects on cognitive and behavioral functions, and studies investigating the influence of cognitive, behavioral, emotional, and other psychological factors on the vulnerability to drug use, dependence, and relapse in both animal and human model systems. Detailed information regarding the position can be found at <http://www.nida.nih.gov/Employment.html>.

### **FEBRUARY 8, 1999, NUMBER 3**

### **NIH ADDRESSES CONSUMER REPRESENTATION ON PEER REVIEW PANELS**

At its January 5 meeting the National Institutes of Health's (NIH) Peer Review Oversight Group (PROG) Working Group on Consumer Representation in Peer Review discussed a draft document, *Inclusion of Public Representatives/*

**Participants in Scientific Review**, designed to address the recent trend of the NIH Institutes to include public participants in the scientific review process. Currently, the National Institute of Allergy and Infectious Diseases and the National Cancer Institute use public representatives in a limited capacity in the peer review process.

More recently, the National Institute of Mental Health (NIMH) put out a call for nominations for individuals who have a personal experience with mental disorders to participate in the review of the Institute's treatment and services research.

PROG's chair, Wendy Baldwin, Deputy Director of the NIH Office of Extramural Research, noted during the discussion that several other institutes have also indicated an interest in the use of public representatives on study sections. According to Baldwin, the purpose of the document is to provide those Institutes interested in adding public participants to their study sections **A**general guidelines.<sup>@</sup> The guidelines note that **A**the role of the consumer reviewers is to offer a different perspective to the review process,<sup>@</sup> as well as offering their expertise as it applies to the research under consideration.

According to PROG, it is appropriate for the Institutes to use consumer reviewers **A**when their specific expertise, knowledge or experience will augment the consideration of merit.<sup>@</sup> PROG members underscored the point that these individuals would not **A**replace or reduce<sup>@</sup> the number of scientific reviewers on a study section, **A**but are added, to augment the review.<sup>@</sup> Initially, consumer participants would be temporary members, as is the practice for scientific reviewers. The PROG document notes that an ongoing evaluation should be performed by the Institutes. Likewise, the topic should be an annual agenda item for PROG.

Baldwin said the draft document will be sent to Institute Directors for comment and posted on the NIH's website for internal review.

### **Department of Defense**

The Department of Defense (DOD) has used consumer reviewers in its peer review process since 1993. Congress mandated this based on recommendations from an Institute of Medicine report that the DOD should include public participants in its Breast Cancer Research Program. Colonel Irene M. Rich, presenting the DOD's program to PROG members noted that the DOD has struggled over the last four and a half years with the mandate to include the public. However, as the use of consumer representatives has evolved, DOD has come to appreciate the contributions of consumer reviewers. National Institute of Drug Abuse Director Alan Leshner recently related at the Institute's February 3 National Advisory Council meeting that he found the DOD's process **A**tremendously impressive<sup>@</sup> and that it would be an agenda item at a future council meeting.

### **McCarty Urges NIMH to Reconsider the Use of Consumer Participants**

While the National Association for the Mentally Ill (NAMI) sees this as **A**an important and unprecedented opportunity to help shape the research priorities at the NIMH,<sup>@</sup> American Psychological Association's Richard McCarty urged the council to take a second look. Speaking at the National Institute of Mental Health National Advisory Mental Health Council (NAMHC) on February 5, he emphasized that there have already been a number of changes to the peer review process. McCarty told the council that adding consumers to the process is essentially changing the purpose and the dynamics of study sections. He stressed that **A**peer review grant proposal process is one of the great success stories of the scientific community in this country.<sup>@</sup>

Following a presentation by James McNulty, President of the Manic-Depressive and Depressive Association of Rhode Island in support of the move to include consumer participants and John J. McGowan, Director of the Division of Extramural Activities of the National Institute of Allergy and Infectious Diseases regarding that Institute's use of consumer participants for the last 10 years, the NAMHC voted to reaffirm their previous vote to include consumer participants on its services and treatment study sections.

**APRIL 5, 1999, NUMBER 6****DECREASING THE GAP: NIEHS DEVELOPING A RESEARCH AGENDA ON SOCIOECONOMIC STATUS**

The National Institute of Environmental Health Sciences (NIEHS) of the National Institutes of Health (NIH), in an effort to generate ideas and stimulate discussion to formulate a research agenda designed to enhance the understanding of how socioeconomic status (SES) and hazardous environment exposure interact and contribute to disparities in health, is sponsoring a series of regional workshops. The initial workshop was held January 20-22 in Oakland, California with two additional workshops being planned for May 26-28 in Baltimore, Maryland and July 7-9 in Chicago, Illinois.

The Institute is seeking social and behavioral scientists to participate in the workshops, particularly in the breakout discussions. The breakout sessions will include such topics as: health policy trends, activities, and needs; scientific research and data collection needs; effective models for addressing SES and environmental health; prevention plans and strategies; community participation in research approaches; environmentally induced psychosocial stress and its impact on health; and occupation and environmental health hazards across socioeconomic strata.

For more information, contact Michelle Beckner, Conference Coordinator, Telephone: 703/902-1269, Fax: 703/821-2098, Email: mbeckner@circsol.com.

**APRIL 19, 1999, NUMBER 7****DIABETES RESEARCH IDENTIFIES IMPORTANCE OF BEHAVIORAL FACTORS**

Behavioral factors play a major role in the current management of diabetes and its complications, concludes a recently-released report of the Congressionally-established Diabetes Research Working Group (DRWG). The DRWG was charged with developing a comprehensive research plan for diabetes research. That research plan is divided into three areas: 1) extraordinary opportunities (rapidly expanding, crosscutting areas); 2) special needs for special problems (focused research areas targeted to specific populations, complications, and methodological approaches); and 3) resource and infrastructural needs. Behavioral and health services research is assigned to the special needs for special problems category.

The recently-released report notes that the DRWG recognizes that success in managing diabetes often depend on changing the behaviors of patients, physicians, and persons at risk for developing diabetes. In fact, the report states that the increasing number of individuals who are diagnosed with Type 2 diabetes derives from changes in lifestyle behaviors, particularly those associated with obesity. Type 2 diabetes, formerly known as adult-onset diabetes, is now increasingly common in childhood, especially in minority populations. The disease, according to the report, is closely linked to obesity and atherosclerosis and is creating a major challenge to global public health.

DRWG cites the development of behavioral interventions that produce sustained changes in lifestyle behaviors and the maintenance of weight loss as possible cost-effective ways to prevent obesity and Type 2 diabetes on a broader scale. The Group also acknowledges a role for behavioral research related to the complications of diabetes; addressing such behavioral issues as diet, lack of exercise, stress, depression, and eating disorders.

While only two pages of the DRWG report are dedicated to behavioral and health services research, the group recommends funding this type of research. The Working Group recommends \$8 million in FY 2000 funding to address behavioral and social science research; the recommended amount would continually increase over the next four years: \$13.5 million in FY 2001, \$20 million in FY 2002, \$27 million in FY 2003, and \$40 million in FY 2004.

The DRWG notes that for the past three years Congress has emphasized diabetes research through funding increases to NIH and other initiatives. Thus, DRWG calls for an incremental expansion for NIH's diabetes research portfolio C an increase of \$384.5 million for FY 2000 rising to \$1.166 billion for FY 2004.

Other recommendations include:

- Support clinical behavioral research to develop interventions to improve patients' adherence to diabetes treatment and their quality of life and to promote sustained improvements in lifestyle behaviors, particularly diet and exercise, which will effectively prevent and reduce the risk for diabetes.
- Support research on and development of valid methodologies to measure psychosocial and behavioral factors in diabetes.
- Develop interdisciplinary research teams and training programs to bring together individuals who have training in behavioral sciences with those who have training in diabetes, nutrition, and exercise physiology.
- Support research to address lifestyle risk factors C including obesity, unhealthful dietary preferences, and smoking cessation C and behavioral modification/counseling programs.

Sanford Garfield, Senior Advisor of Biometrics and Behavioral Research at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), cites the Working Group's report as a major breakthrough for behavioral research in the field of diabetes research. He notes that the Institute will be releasing soon two Program Announcements (with funding attached) to address the issues of Type 2 diabetes and racial disparities. Additionally, NIDDK, along with the Office of Behavioral and Social Sciences Research, is developing a diabetes conference in behavioral science research which will review where the field is and identify any successes. The conference, to be held this fall, will bring together researchers from diverse areas to review and determine cases where behavioral interventions have resulted in treatment advances.

## **MAY 3, 1999, NUMBER 8**

### **NIH PUBLIC ADVISORS MEET FOR FIRST TIME**

On April 21, National Institutes of Health (NIH) Director Harold Varmus convened the inaugural meeting of the NIH's Council of Public Representatives (COPR). The COPR (pronounced "copper"), a new advisory committee to the NIH Director, is designed to be a forum for discussing issues affecting the broad development of NIH policy and research programs. The 20 members selected for the committee will also advise the Director on increasing the public understanding of the NIH and public participation in NIH activities.

COPR was established in response to the 1998 Institute of Medicine report, *Scientific Opportunities and Public Needs*. Recommendation eight of the report states that: ***The director of NIH should establish and appropriately staff a Director's Council of Public Representatives, chaired by the NIH director, to facilitate interactions between NIH and the general public*** (See *UPDATE*, July 13, 1998).

NIH is among the government agencies that interacts most dramatically with the public, noted Varmus in his opening remarks, and the perception is that NIH was not doing enough, particularly the Office of the Director. Varmus says that COPR will help the NIH enrich its already extensive interactions with the public by bringing a greater diversity of perspectives and ideas, and by helping the [NIH] ensure that more Americans understand the NIH and its work.

He noted that the themes for COPR emerged from an earlier meeting held by NIH September 23, 1998 with 23 members of the public. That meeting was convened to develop eligibility criteria for nominees to COPR. According to Varmus, the NIH received 250 excellent applications that were vetted by an outside group. Varmus made the final selection of the 20 COPR members. Because advisory committee members normally serve three-year terms, this first group's terms have been staggered with members serving 1-, 2- and 3-years so that every year one-third of the council will consist of new members. The 230 people not selected have been invited to join a *COPR Associates*

program and to serve as links between the NIH and the public. Varmus explained that COPR Associates may be asked to comment or advise on COPR agenda items, and may serve on future COPR or NIH committees.

COPR will have two main meetings a year C one in April and a one in October. Their responsibilities will include participating in Institute and Center Directors=reviews, and implementation of the Government Performance and Results Act. Varmus noted that COPR will have specific emphasis on issues that affect special populations, public health issues, ethical and privacy issues, and issues around consent. Volatile public policy issues will also be brought to this group, said Varmus. He added that initially, at each of the meetings, four Institute Directors will make presentations on models of public participation within their Institutes.

The initial COPR membership is multiculturally and geographically diverse. Members=ages range from the 20's to the 70's. Most, if not all, have personal and professional experience with a broad span of disease conditions and physical and mental disabilities. Each member has agreed to subordinate his or her individual interest or involvement in specific disease or programs. COPR members include Melanie C. Dreher, a nurse, a medical anthropologist, and currently Dean and Professor at the College of Nursing, University of Iowa; Barbara Lackritz, a speech/language pathologist for a St. Louis public school district; and Rosemary Quigley, currently an honor graduate student in a joint degree program at the University of Michigan Law School and School of Public Health.

### Health Disparities Discussed

One of the first issues discussed by COPR was the issue of health disparities. Varmus noted that a number of factors contribute to differing health outcomes, including education, rural versus urban, environmental exposures, age, and inheritance. Despite the numerous factors, much of the focus is on minority populations. He stressed the importance of understanding the differences and how they can contribute to equity in health outcomes.

A panel consisting of: John Ruffin, Associate Director of the NIH Office of Research on Minority Health; Ed Sondik, Director, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention; Norman Anderson, Associate Director for Behavioral and Social Science Research; Otis Brawley, Director, Office of Special Populations for the National Cancer Institute; and Michael Gottsman, Deputy Director for Intramural Research, presented various aspects of the problem.

Ruffin emphasized that the most difficult part of having a dialogue on health disparities is convincing those who are in key positions that the issue is real and scientifically quantifiable. AThis is progress,@ claimed Ruffin, since Athis is the first time we seem to be unified in acknowledging the disparities in health outcomes.@ The issue, said Ruffin, is complex and serious and includes such issues as access to health care, biology, cultural factors, socioeconomic status, and environmental and psychosocial stresses. He also noted that the issue of health disparities is one of the NIH Special Areas of Emphasis for FY2000.

Sondik reiterated that disparities in health outcomes are the result of a variety of risk factors and cited several examples of disparities in health from the NCHS=publication, *Health, United States, 1998*. We know that in order to reduce the gap, explained Sondik, we need to do the research, test the interventions, and apply the resources. Echoing Varmus and Ruffin, Sondik emphasized that health outcomes are not uniform. For example, he said, statistics that show that individuals who live in the southeastern United States have a lifespan of 60-68, whereas individuals from the north-central part of the U.S. live to be 74-80 years of age.

A second example cited by Sondik regarded life expectancy and family income. Life expectancy is related to family income; people with a lower family income die at younger ages than those with a higher income. During 1979-89, white men who were 45 years of age and who had a family income of at least \$25,000 could expect to live 6.6 years longer than men with family income less than \$10,000 (33.9 years compared with 27.3 years). Adults with low incomes are far more likely than those with higher incomes to report fair or poor health status.

In adjourning the meeting, Varmus recited a number of topics and asked the COPR representatives to think about them and to decide in which of these areas they had an interest. The topics included: participating in the NIH's annual

budget retreat; participating in organizing town meetings; working with the COPR Associates; working to implement the Government Performance and Results Act; reviewing the Institute directors and which ones; and any other item in which individuals have an interest. He further asked them to let him know what issues they would like to see as agenda items, such as patient protection; if they would like to hear from other science agencies, such as the CDC; if they would like information on the newly created center C National Center for Complimentary and Alternative Medicine; health communications; ideas for greater access to information on the Internet but not available any other way; technology transfer; NIH and proprietary research; and genetics and medical privacy.

## **MAY 17, 1999, NUMBER 9**

### **NIH BUDGET PRIORITIES PROCESS EXPLORED**

At this year's annual Senate Labor, Health, and Human Services Appropriations Subcommittee hearing to establish the National Institutes of Health's (NIH) budget for FY 2000, Subcommittee Chair Arlen Specter (R-PA), noted that the NIH may be the Aonly crown jewel of the federal government.@ Specter said that his Subcommittee had taken the lead in increasing the allocation for NIH. He cautioned, however, that the Subcommittee was looking at a Avery tight budget@ for FY 2000. While the NIH, he said, has done some marvelous things, the issue had been raised as whether or not the Congress should establish how much is spent on each disease.

Senator Tom Harkin (D-IA), the Subcommittee Ranking Member, commended Specter for calling the hearing to Adiscuss the process by which funds are allocated among the various programs, diseases, and activities at NIH. But, frankly, we wouldn't need to have this hearing if Congress could just find a way to get the NIH the resources they need to do their job.@ Until the Senate can effectively do that, this funding process Awill always be subject to criticism.@

Harkin emphasized that while NIH should make the final funding decisions through its peer review system, Congress also Ahas an important role to play in setting priorities for medical research. We are talking about the National Institutes of Health not the National Institutes of Basic Research C the societal impact of disease is an important consideration when making funding decisions,@ he said. He cited several examples of the Aneed for, and positive impact@ of the Congress= involvement, including the recent creation of the National Center for Complementary and Alternative Medicines. Congress, he concluded, Amust maintain a rigorous oversight role over NIH to assure that taxpayers= dollars are well spent and that important areas aren't neglected.@

NIH Director Harold Varmus, who testified at two hearings in 1997 regarding priority setting since his ascension as NIH director, discussed five issues to bring the Senators up to date on the subject.

**1. What Are NIH's Criteria for Allocation of Research Funds? C** Noting that the allocation of funds to medical research is complex, Varmus said that there are five broad criteria that guide the planning and spending of the NIH budget. He further noted that these criteria were endorsed by the Institute of Medicine Report, AScientific Opportunities and Public Needs: Improving Priority Setting at the National Institutes of Health.@ (See *UPDATE*, July 13, 1998) These criteria include: 1) quality of the research; 2) prospects for important discoveries; 3) public health needs; 4) a broad portfolio across all of science relative to health; and 5) the necessary infrastructure for the conduct of research.

**2. Is it Possible to Plan? C** Discovery is unpredictable, said Varmus. He noted that he has asked each of the Institute and Center directors to develop a 2 - 5-year strategic plan, which Aincludes input from scientists, patient advocates, and health care providers with the goal of making these written plans available to the Administration, Congress, and the public early in FY 2000.@

**3. Who Provides Advice to NIH Leadership? C** Varmus emphasized that NIH has a broad range of advisors. There is a Acomplex dialogue@ with scientific review groups, advisory councils, and workshop and town meeting participants. He highlighted NIH's new efforts to build upon and improve access to and communication from the

NIH, including a new webpage to serve as the focal point for NIH public liaison activities:

<http://www.nih.gov/welcome/publicliaison>.

**4. Measure of Disease Burden Is an Insufficient Way to Allocate Resources** C Varmus explained that the NIH considers disease burdens in its decisions, but in spite of the agency's extensive efforts to gather and analyze data, the information on disease burdens is imperfect. He emphasized that estimates of spending by disease, while consistent from year to year for any single disease, do not allow for meaningful comparisons across diseases.

**5. Science Is Not a Commodity. You Cannot Buy Discoveries.** C A New scientific efforts are also driven by evidence that under-explored opportunities exist and that they can attract talented investigators, newly trained scientists, or scientists from other fields.@

## **SOCIOECONOMIC STATUS AND HEALTH DISPARITIES CONFERENCE**

According to Norman Anderson, Director of the Office of Behavioral and Social Sciences Research (OBSSR), there is a cultural shift occurring at the National Institutes of Health (NIH).@ Anderson made the remark at a New York Academy of Sciences conference, *Socioeconomic Status and Health in Industrial Nations: Social, Psychological, and Biological Pathways*, jointly sponsored by the John D. and Catherine T. MacArthur Foundation Research and hosted by the NIH with educational grants from the OBSSR, and the National Institute on Environmental Health Sciences (NIEHS).

The conference, held May 11-12, highlighted recent research results which show that there are a range of issues, beyond health behaviors and access to healthcare, which affect health throughout people's lives. The meeting was also convened to examine the data on socioeconomic status (SES) and health, specifically focusing on the impact of SES throughout the lifetime. Conference participants discussed the Agradient of health@ and the relationship between health and such indicators as income, education, occupation, and neighborhood and community characteristics.

Anderson told conference attendees that the NIH is Avery committed to research on SES and health,@ citing NIH Director Harold Varmus= inclusion of health disparities as one of his new AAreas of Research Emphasis@ for FY 2000. Varmus, said Anderson, is Aintellectually intrigued@ with the social and behavioral sciences, further noting that Varmus had made health disparities a topic of the NIH Directors Retreat. Designation of an Area of Research Emphasis by the NIH Director provides for a A renewed emphasis on research to understand the causes of disease; to identify and increase knowledge of risk factors for disease; to determine reasons for health disparities that may be associated with race, ethnicity, gender, or socioeconomic status; and to understand the role of personal behaviors and environmental factors in health disparities.@ NIH's approach to SES, said Anderson, is an integrated one. Researchers, he emphasized, need to begin to think about multidiscipline and cross-discipline approaches. Solving the mystery of SES and the health gradient requires a multilevel perspective, he said.

The conference was organized into five sessions: 1) an Introductory Session moderated by Nancy Adler from the University of California and a conference co-chair; 2) Developmental Influences Across the Life Span, moderated by Teresa Seeman, University of California; 3) Effects of the Social Environment, moderated by George A. Kaplan, University of Michigan; 4) Psychobiological and Psychosocial Pathways and Mechanisms to Disease, moderated by Mark R. Cullen, Yale University; and 5) Aspects of Policy Implications C For Health and Research, moderated by Katherine Newman, Harvard University.

### **SES: A Powerful Determinant of Health**

Adler emphasized that research has shown that a person's SES Ais a powerful determinant of his or her health,@ noting that the effect is not A simply the result of the extreme effects of poverty, but is found across the whole range of SES.@ This means that on average the more A advantaged individuals are, the better their health.@ There are still a number of questions that remain unanswered regarding the SES-health gradient, Adler emphasized, including:

1. Is the gradient the same in all populations? Most of the research has been done on white males in the U.S. or Western Europe. Are there some groups for whom the gradient is less defined or even reversed?
2. Is the gradient due to the impact of SES on health or the impact of health on SES?
3. Does the gradient occur for all diseases? Does the patterning of diseases for which the gradient holds shed light on causative mechanisms?
4. What is it about SES that influences health? Are the effects of SES on health due to the material resources associated with the traditional indicators of SES? Are they due to the impact of differential social status and relative rather than absolute deprivation?
5. What are the multiple pathways by which SES influences health? What is the role of the social environments in which people live and work, of their psychological traits and responses, of health-related behaviors, and biological responses? To gain a full understanding of how SES impacts health we need to study the intersection of these pathways, said Adler.

### **Social Capital and Health**

Ichiro Kawachi, from the Harvard School of Public Health, discussed social capital and community effects on population and individual health. Noting that enormous variations in health status have been observed across geographic areas of the country, including states, counties, and neighborhoods, Kawachi emphasized that population health is determined by features of the social environment as well as by the behaviors of individuals. Recently, Kawachi said, researchers have turned their attention toward examining the influence of social capital on population and individual health. Social capital, he said, refers to features of social organization such as levels of interpersonal trust and norms of reciprocity that facilitate collective action and promote public health. Intervening to reduce socioeconomic disparities in health requires that we focus on the characteristics of places as well as people, he said.

### **SES and Ethnicity**

David Williams, from University of Michigan's Institute for Social Research, discussed the complex ways in which race and SES combine to affect health. Racism is an added burden for individuals who belong to stigmatized racial/ethnic minority populations, said Williams. Individual and institutional discrimination, along with the stigma of inferiority can adversely affect health by restricting socioeconomic opportunities and mobility. He stressed that there are large racial differences in SES and that SES accounts for much of the observed racial disparities in health. Yet, even when SES levels are the same, racial differences in health persists, noted Williams. Despite this presentation, several participants of the conference publically expressed frustration and concern that the conference largely ignored the role of racism.

### **What Next?**

According to Norman Anderson, several of the NIH Institutes and Centers are in the process of developing Requests for Applications (RFA) and Program Announcements (PA), or are currently actively seeking applications RFAs and PAs that have been released, including:

—PA-98-098 **Socioeconomic Status and Health Across the Life Course** the National Heart, Lung, and Blood Institute; the National Institute on Aging; the National Institute of Child Health and Human Development; the National Institute of Environmental Health Sciences; and the National Institute of Mental Health, are seeking research grant applications to study the cumulative and contemporaneous relationships between SES and physical and mental health and functioning over the life course and across generations;

—the National Institute on Dental and Craniofacial Research is planning a major RFA for Centers for research on health disparities;

—the National Institute on Aging is placing new emphasis on ethnicity, SES, and health in its Baltimore Longitudinal Study of Aging (an Intramural Program) to move the field forward;

—the Fogarty International Center is planning a workshop on international health and economic development; and

—the NIEHS is aggressively developing a research agenda on environmental aspects of SES, as well as coordinating a trans-NIH funding initiative on SES and health.

## **MAY 31, 1999, NUMBER 10**

### **IOM/NAS EXAMINE RESEARCH AND TRAINING ISSUES**

There has been a recent explosion of studies being initiated and conducted regarding social and behavioral research and training issues at the Institute of Medicine (IOM), the National Academy of Sciences (NAS) and National Research Council (NRC).

On May 14, the Commission on Behavioral and Social Sciences and Education's (CBASSE) newly organized study committee, the Board on Behavioral, Cognitive, and Sensory Sciences (BBCSS), held its inaugural meeting in preparation to develop a set of research priorities for consideration by the National Institutes of Health's (NIH) Office of Behavioral and Social Sciences Research (OBSSR). In addition to considering the intersections among the social, behavioral and biological sciences and health needs, the BBCSS will address the **A**range of interactions among social settings, behavioral patterns, and important health concerns, seeking areas of scientific opportunity, where significant investment is most likely to improve national and global health outcomes.® The study is the first analysis by the newly created Board.

According to Burton H. Singer, Professor of Demography and Public Affairs at the Woodrow Wilson School, Princeton University and chair of the BBCSS, the public session provides the opportunity for **A**information gathering® designed to facilitate the maximum amount of information transfer. Singer specifically noted that the discussion represents the views of the panel and not the views of the National Research Council.

OBSSR Director Norman Anderson, explained to the Board that his office is seeking the assistance of the scientific community in identifying the research areas of highest priority in the behavioral and social sciences. The exercise, **A**stimulated® by NIH Director Harold Varmus approximately one year ago, relates to all of NIH, Anderson told the Committee. The purpose of developing priorities, he said is **A**to guide the OBSSR as it fulfills its goals, especially concerning the development of trans-NIH funding initiatives, workshops, and conferences.®

Anderson charged the group to **A**develop a set of recommendations for research priorities in the behavioral and social sciences, with emphasis on those **A**areas that cut across Institute boundaries (i.e., of relevance to two or more institutes).® Institute-specific areas, however, are not precluded, he emphasized. Anderson also stressed that the perspective of NIH is critical and that the Committee should consult, as needed, with an NIH Liaison Committee established to provide the BBCSS with information on topics of interest to the NIH Institutes and Centers. The interaction between the Committee and NIH is essential, he said, because any recommendations will likely be reviewed annually by a NIH-appointed panel to ensure that the priorities continue to reflect the health needs of the public and the areas of scientific opportunity.

Anderson reiterated what he told the COSSA Annual Meeting in November 1998 that the development of the priorities should be guided by three organizing principles. **1.) Overarching considerations C** the most pressing national and international health problems; research areas representing the greatest scientific opportunities; and the health concerns of the public for which behavioral and social sciences research may provide solutions. **2.) Domains of research C** identification of disease risk and protective factors; the understanding of basic behavioral and social processes; the understanding of basic biological, behavioral, and social interactions; and the development of new treatment and prevention approaches. **3.) Levels of analysis C** sociocultural and environment, behavioral and psychological, and biological.

On May 27, the IOM's Committee on **Building Bridges in the Brain, Behavioral, and Clinical Sciences** within the Board on Neuroscience and Behavioral Health met for the first of a series of four meetings. Terry C. Pellmar is the study's director.

The study, which is being jointly sponsored by the National Institute of Mental Health (NIMH), the OBSSR, the National Institute of Aging, and the National Institute of Nursing Research, will: **1)** examine needs and strategies for interdisciplinary training in the brain, behavioral, social, and clinical sciences to enhance the translation of brain/behavior to clinical settings and vice versa; **2)** define necessary components of true interdisciplinary training in these areas; **3)** examine the barriers and obstacles to interdisciplinary training and research; and; **4)** review current educational and training programs to identify elements of model programs that best facilitates interdisciplinary training.

OBSSR Director Anderson told the group that the NIH needs researchers to work across what he termed the levels of analysis (social/ environmental, behavioral/psychological, organ systems, cellular and molecular). The use of the committee, he said, is important because the **question is how do you train people to work across these levels?** There is a need, Anderson emphasized, for systematic training, yet there are currently no models to do so. He added that their work was just one part of three to four activities in which the OBSSR is involved, noting that the **Future Directions for Behavioral and Social Sciences Research at the National Institute of Health** Committee expressed concern regarding the role of training social and behavioral scientists in addressing any priorities that are established. He also noted that a Social Science Research Council work group is examining best practices in biobehavioral research and is looking for models of interdisciplinary research teams.

NIMH Director Steven Hyman stressed that within his Institute there is a mismatch between research needs and what academic institutions are training behavioral scientists and clinicians to do. Citing the **knockout mouse** as an area where behavioral scientists are needed to think about how to map behavior on the brain, Hyman told the committee that genetic technology is **going to be worse than wasted** without the expertise of behavioral scientists and an ability of researchers from different disciplines to work together. People will think we have discovered things we have not, he added. The question, he said, is how to get more behavioral scientists to feel that they own the most exciting part of the brain. Hyman also noted that there are structural and cultural barriers to interdisciplinary research within the NIMH Intramural Research Program. He further cited the issue of adherence, topic of a recent COSSA congressional briefing (See *UPDATE*, May 3, 1999), as another example of the need for interdisciplinary research. Not everything is brain ready, he continued, social psychologists and social scientists have a lot to offer to this enormous problem. It is a problem, Hyman said, that we are a long way from solving.

A third project, **Capitalizing on Social Science and Behavioral Research to Improve the Public's Health**, within the IOM's Division of Health Promotion and Disease Prevention, is designed to identify important areas of behavioral and social science research that may prove to be fruitful for wider public health application, says the study director Brian Smedley.

According to Smedley, to fulfill the charge the committee will: identify focus areas of behavioral and social science research that offer promise for larger-scale application to effective public health practice; select researchers to prepare commissioned papers for each identified area; sponsor a public symposium at which the papers are discussed; and develop conclusions and recommendations about the nature of interventions, including demonstration projects, which could be developed based on research findings. A report of committee's findings and recommendations will be written.

Meanwhile, the results of an earlier study, **Health and Behavior Research, Practice, and Policy**, updating the 1982 study entitled **Health and Behavior: Frontiers of Research in the Biobehavioral Sciences** are anticipated to be released late fall/early winter, says the study director Wendy Pachter. According to Pachter, the data collection is complete. Regarding the differences between the other studies currently within the IOM, Pachter emphasized that the Health and Behavior Research study provides an overview of the field. At their core, all of the studies are different, she said.

A fifth study, *Committee on Future Directions for Cognitive Research on Aging*, also within CBASSE but not yet officially posted, is scheduled to hold its first meeting (closed to the public) in June. A workshop, which will be open to the public, is scheduled for November. While the scope of the project has yet to be defined, members of the Committee have been selected.

Finally, there is the periodic review of the *National Needs for Biomedical and Behavioral Research Personnel* by the National Research Council's Office of Scientific and Engineering Personnel (OSEP). The update is the eleventh in a series of reports since Congress passed the National Research Service Award of 1974 and subsequent amendments. The report will describe the nation's overall need for research personnel, assess the adequacy of current training programs, identify the availability of research positions, and determine what modifications should be made to the programs established by the legislation. According to OSEP, the study will broaden its perspective and examine in more detail other issues specified by the sponsor. The most recent iteration of the report was completed in 1994; the next report should be available later this year.

## **JUNE 14, 1999, NUMBER 14**

### **OPPORTUNITIES FOR SOCIAL AND BEHAVIORAL SCIENTISTS/RESEARCH AT THE NATIONAL CANCER INSTITUTE**

Since the launching of its initiative to support basic biobehavioral studies on cancer-related behaviors, the National Cancer Institute (NCI) has become a place of opportunity for social and behavioral scientists. The Institute's creation/reorganization of its Division of Cancer Control and Population Sciences (DCCPS) in 1997 has steadily provided these increased opportunities.

In October 1998, the DCCPS created the Behavioral Research Program (BRP) led by Robert T. Croyle, Ph.D. BRP is the result of the implementation of the 1997 Cancer Control Review Group report which urged the expansion of the behavioral science mission at NCI. Similarly, an NCI Program Review Group recommended that NCI pursue a vigorous effort to seize existing and emerging opportunities in behavioral and prevention control . . . [and] facilitate research in basic behavioral science, primary prevention, and cancer screening.®

Research within the DCCPS, headed by Barbara Rimer, is the focus for NCI-sponsored research programs aimed at studies in populations, behavior, surveillance, special populations, outcomes, and other aspects of cancer control. Cancer control, as supported by NCI, addresses the barriers to the use of medical knowledge by the public through research on behavioral, psychosocial, health services, community and cancer surveillance. Aspects of translating proven techniques and tested methodologies into routine practice in the community.®

### **Help Wanted**

In a recent meeting with COSSA staff, Croyle noted that he currently has 17 open positions, at all levels. According to Croyle, BRP is interested in basic behavioral and social science research relevant to cancer issues and public health. Behavior change, cognition, persuasion, health communication, decision making, new media, Internet.

The opportunities for funding are there, notes Croyle, emphasizing that NCI is in the position to rescue® researchers who are submitting quality and meritorious applications to other NIH Institutes, but are not being funded due to budget constraints. Additionally, Croyle stressed that the BRP is seeking to become a friendly place for social science disciplines (e.g., political science, sociology, and anthropology, among others) to submit their grant applications. In FY 1998, there was a success rate of 32 percent for NCI research projects.

### Small Grant Program

Evidence of the NCI's sincerity in attracting other disciplines is evidenced by NCI's Small Grants Program for Behavioral Research in Cancer Control (PAR-99-006, <http://www.nih.gov/grants/pa-files/PAR-99-006.html>). The Small Grants Program, says Croyle, is a great way for new investigators, or behavioral scientists new to the cancer domain, to get started with NCI funding. NCI has a special review committee for these grants, which are reviewed 3 times a year [December 20, April 20 and August 20].@ The Program is designed to aid and facilitate the growth of a nationwide cohort of scientists with a high level of expertise in behavioral cancer control research.

The grants are short-term awards to provide support for pilot projects, or innovative projects that provide a basis for more extended research. According to the position announcement (PA), new investigators in relevant fields and disciplines (e.g., medicine, public health, health promotion, health communications and informatics, epidemiology, anthropology, social work, nursing research, nutrition, health policy, health services research, and behavioral sciences, such as psychology, health education, and sociology) may apply for small grants to test ideas or do pilot studies.

### NCI's Behavioral Research Program

There are six branches within the BRP. Croyle is currently recruiting branch chiefs for 4 of the 6 branches.

***The Basic Biobehavioral Research Branch (BBRP)***, Michael Stefanek, Ph.D., Chief C BBRB's priorities include research that explores the links between biology, behavior, and the environment as they pertain to cancer and cancer risk-related behaviors. The Branch is currently expanding and is seeking an individual with an interest in behavioral and biobehavioral research.

***The Applied Cancer Screening Research Branch (ACSRB)*** [Chief position vacant] C ACSRB's mission includes: 1) planning, developing, coordinating and maintaining a comprehensive research program to promote proven cancer screening methods to reduce cancer morbidity and mortality; (2) planning and conducting a grant-supported program aimed at developing methods to increase the numbers of Americans from diverse socio-economic, cultural, racial, and ethnic backgrounds who seek appropriate cancer screening and receive appropriate follow-up after screening; (3) planning and conducting studies to identify barriers to screening and how to overcome these barriers; (4) synthesizing and disseminating findings, recommendations and priorities to target organizations and individuals; and (5) planning, directing, and conducting ongoing evaluations of the success of the strategies developed to overcome barriers.

***The Health Promotions Research Branch (HPRB)***, Linda Nebeling, Ph.D., MPH, R.D., Acting Chief C HPRB coordinates research on non-tobacco behavioral prevention of cancer in diet, physical activity, energy balance, virus exposure, and sun exposure; leads efforts to develop measurement techniques in these research areas and evaluate effective strategies in clinical, community, and policy settings; and plan, administer, and evaluate demonstration project research, including diffusion and dissemination of effective behavior change strategies. The branch is currently seeking a Chief, for more information contact: 301/402-2789.

***The Tobacco Control Research Branch (TCRB)***, Cathy Backinger, Ph.D., M.P.H., Acting Chief C TCRB is the focal point for tobacco control research within DCCPS. The branch plans, develops, implements and maintains a broad spectrum of basic and applied research in the behavioral, social and population sciences on the prevention and cessation of tobacco use among both youth and adults.@ According to Croyle, tobacco use, along with health communications, will be one of three priority areas for NCI in FY 2001.

NCI and the National Institute on Drug Abuse (NIDA) are currently evaluating grant applications (P50) for a Specialized Program of Research Excellence (SPORE) in tobacco use research. SPORE's focus is on research that is designed to convert novel ideas with the potential to reduce cancer incidence and mortality, improve survival, and improve quality of life into interventions that can help people with cancer or people at risk.@ The initiative is designed to provide support for the creation of transdisciplinary tobacco use research centers (TTURCs). To stimulate

research advances, scientists from diverse disciplines are expected to work collaboratively to solve problems. The Branch is also searching for a Health Scientist Administrator or Medical Officer.

***The Health Communications and Informatics Research Branch (HCIRB)*** [Chief position vacant] **C** The area of health communications, according to Croyle, will probably experience the biggest growth in the next few years. This research area is scheduled to be one of NCI's top research priorities in FY 2001.

Accordingly, NCI is currently seeking grant applications for the NIH Academic Research Enhancement Award (AREA, R15) for Multimedia Technology/Health Communications Grant for Small Businesses/Non-Profit Organizations. The objective of the award is to assist investigator-initiated research in cancer prevention/control in medical and community settings that focus on biomedical and behavioral factors that modify cancer risk.

Grant applicants are required to develop, implement, and test the effectiveness of new or existing models of behavior modifications or informational/educational applications using a variety of media technology including computer applications, videotext, television, radio, or the Internet in various research categories. These research categories may include: innovative alternative teaching methods, lifestyle models, nutrition interventions, communication techniques and systems for the public. AREA, R15 is designed to provide support to domestic health professional schools and other institutions offering baccalaureate or advanced degrees for future research scientists, except those that have received NIH research grants and/or cooperative agreements.

***The Applied Sociocultural Research Branch (ASRB)***, Sherry Mills, M.D., Ph.D., Chief **C** ASRB's mission is to address the profound and disproportionate impact of cancer within underserved communities **C** the subject of a recent Institute of Medicine Committee and subsequent Senate hearing (See *UPDATE*, May 17, 1999). The Branch promotes and facilitates grant-supported prevention and control research in populations that experience a greater burden of cancer.

### **Career Development Awards For Social and Behavioral Scientists**

In 1998, several major reviews were conducted of NCI's programs in cancer prevention and control sciences. One consensus of the various reviews is that NCI's previous support for training in cancer prevention and cancer control and the single discipline emphasis of these programs was completely inadequate to take advantages of the new opportunities for reducing cancer incidence, morbidity, and mortality. In an effort to generate new opportunities for multidisciplinary training in collaborative environments, DCCPS created several career development awards.

The ***Cancer Prevention, Control and Population Sciences Career Development Award (K07)*** is designed to support the career development of investigators who have made a commitment to focus their research endeavors on cancer prevention, control, and the population sciences. The K07 mechanism provides 3-5 years of support for specialized didactic study and mentored research for individuals with a health professional or science doctoral degree who are not fully established investigators and who want to pursue research careers in the cancer prevention, control, population, and/or behavioral sciences. For more information see: <http://www.nih.gov/grants/guide/pa-files/PAR-99-108.html>.

The ***Cancer Education and Career Development Award, (R25)*** [PAR-99-095] is designed to support the development and implementation of curriculum-dependent programs to train predoctoral and postdoctoral candidates in cancer research settings that are highly inter-disciplinary and collaborative. The award is particularly applicable to cancer prevention and control, epidemiology, nutrition, and the behavioral and population sciences. According to NCI, the R25 grant mechanism affords institutions the flexibility needed in both program design and cost structure to allow for the development of complex, multidisciplinary education and career development programs. For more information see: <http://www.nih.gov/grants/guide/pa-files/PAR-99-095.html>.

Finally, there is the *NCI Transition Career Development Award (K 22)* [PAR-99-094], with receipt dates on June 1, 1999, October 1, 1999, and February 1, 2000. The K22 is designed to provide protected time for newly independent investigators to develop and receive support for their initial cancer research programs. The award is designed to facilitate the transition of investigators from the mentored to the independent stage of their careers in cancer research. NCI again recognizes many individuals in fields considered critically important to the future of cancer research need protected time to develop successful independent research programs. The Institute further recognizes that this is particularly true for medically-trained individuals and for individuals pursuing cancer research careers in the prevention, control, and population sciences. For more information see: <http://www.nih.gov/grants/guide/pa-files/PAR-99-094.html>.

## **JUNE 28, 1999, NUMBER 12**

### **NIMH CRAFTING STRATEGIC PLAN; SEEKS COMMENTS**

The National Institute of Mental Health is seeking input on its strategic plan. The NIMH's Plan is in response to increased public and congressional interest in how the National Institutes of Health (NIH) sets priorities and plans science manifested in the Institute of Medicine report, *Scientific Opportunities and Public Needs: Improving Priority Setting and Public Input at the National Institutes of Health*. All of the NIH Institutes are working to have their strategic plans completed by the end of the year. An initial draft outline of NIMH's plan is available on the Institute's webpage for review at: <http://www.nimh.nih.gov/strategic/strategicplan.htm>.

The Institutes' strategic plans will identify programmatic areas for research emphasis over a 2 - 5 year period and describe major scientific opportunities and strategies for achieving them. The plans, however, will not include budget estimates for carrying them out.

The NIMH's current draft plan contains three broad goals that correspond closely with its congressionally authorized programs (i.e., research and training). **Goal 1:** Understanding mental illness; **Goal 2:** Understanding how to treat and prevent mental illness; and **Goal 3:** Assuring an adequate national capacity for research and dissemination addressing research infrastructure needs, such as training, research resources, and information dissemination.

According to NIMH Director Steven Hyman, the NIMH is seeking public participation in its annual priority-setting process which will be reflected in the Institute's Plan. The Institute is really interested in your input, said Hyman, at the Institute's Third Annual Research Roundtable. A series of public meetings will be held over the summer that will involve both public constituencies and scientists.

During his introductory remarks at the Roundtable, Hyman stressed that translation of research findings is critical. One of the greatest reasons for failure of treatment, he said, is the lack of adherence to the treatment the subject of a recent COSSA-sponsored Congressional briefing (See *UPDATE*, May 3, 1999). Many of the problems in behavior are related to public health. A sustained change in human behavior is necessary, citing as an example how hard it is to get individuals to take full regimens of antibiotics prescribed by physicians, instead of stopping the medication once they start to feel better. With depressed individuals who feel that they may not be worthy of treatment, Hyman noted, the task is even more difficult. Hyman asked, How do we actually address this behavior? We need to get the social psychologists and the anthropologists to help us think about this kind of problem, he added. Echoing his earlier comments before an Institute of Medicine panel in May, Hyman noted a major activity is to think about how to get basic behavioral scientists involved in translational research (See *UPDATE*, May 31, 1999).

Another important issue for NIMH, and one which affects the entire biomedical research community, according to Hyman, is the issue of research ethics in clinical settings. The NIMH, he said, has done a number of things to address the concerns raised. The Institute is trying to balance the protection of people who volunteer for clinical trials

with the research endeavor. It would be immoral to retreat from the research agenda," he continued, "when we are far from where we want to be."

## **OAR RELEASES FY 2000 PLAN FOR HIV-RELATED RESEARCH**

The National Institutes of Health's Office of AIDS Research (OAR) recently released its Fiscal Year (FY) 2000 Plan for HIV-related research. The comprehensive plan is the collaborative effort of hundreds of individuals, says the Office's new director, Neal Nathanson. He notes that the Plan serves as the framework on which the development of the budget is based, as the basis for determination of the use of AIDS-designated dollars, and as a tracking and monitoring mechanism for those expenditures. The full plan is available on OAR's webpage at: <http://www.nih.gov/od/oar/FY2000PLN.PDF>.

The NIH Revitalization Act of 1993 (Public Law 104-43) mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS Research. The statute requires the Director of OAR to plan, coordinate and evaluate research and other activities conducted or supported by the agency, as well as provide for behavioral research and social sciences research.

The FY 2000 plan notes that while important advances have also been made in diagnosis and prevention of perinatal HIV infection, to reduce transmission further, additional research is necessary. Additionally, the plan emphasizes that it is crucial to develop interventions to address the specific behavioral and psychosocial risk factors.

The plan is divided into seven major areas of emphasis: behavioral and social sciences, natural history and epidemiology, etiology and pathogenesis, therapeutics, training, infrastructure and capacity building, and information dissemination.

OAR, in the plan, emphasizes that presently, the most effective way to prevent or reduce the spread of HIV/AIDS is through behavioral change, noting that the primary modes of transmission in the U.S. results from unprotected sexual intercourse with an HIV-infected person and the use of HIV-contaminated injection drug equipment. The primary goal of NIH-sponsored AIDS related behavioral and social science research is to discover how to change the behaviors that lead to HIV transmission and how to maintain protective behaviors once they are adopted. Because of the notable shift in demographics of the HIV/AIDS epidemic in the United States over the past decade, there is a need to develop and refine behavioral and social science interventions that take into account the complex interplay of gender, age, cultural context, and HIV risk, the plan notes.

The behavioral and social science section of the plan is organized into scientific issues/gaps in knowledge listed in priority order, objectives (the scientific question to address the scientific issue), and a number of strategies that are not prioritized, but serve to define avenues and approaches that may be pursued within the scope of AIDS and AIDS-related research:

### **Reducing and Preventing HIV Transmission**

As the epidemic evolves, effective strategies are required for reducing or preventing HIV transmission in many populations not yet reached by these interventions or for whom effective interventions have not yet been developed. Further development of comprehensive interventions are needed to address the varying profiles of risk factors, including combinations of alcohol and drug use, mental health issues, and sexual-risk-taking behaviors, that are related to HIV-infection and transmission in diverse populations.

To address this issue, the OAR plans to support research to develop, evaluate, and diffuse effective social and behavioral interventions at the societal, community, organizational, social network, dyadic, and individual levels to prevent HIV transmission and acquisition by reducing HIV-related risk behaviors and increasing protective behaviors.

**Strategies include:**

- Support intervention research that addresses the impact of alcohol and or drugs on sexual encounters that may contribute to HIV transmission;
- Support intervention research that identifies effective attention to contextual risk factors for groups disproportionately affected who continue to demonstrate high-risk behaviors. This research should also identify which public health applications most effectively attend to cultural contexts;
- Support research that investigates the impact of laws and policies on HIV transmission.

**Need for Basic Behavioral and Social Science Research**

Basic behavioral and social science research is needed to understand the implications of the spread of the HIV/AIDS epidemic to the most severely underserved populations that is concurrently occurring with important improvements in HIV treatment and care. Research is needed to understand the antecedents and consequences of risk and protective behaviors at the societal, community, organizational, network, dyadic, familial, and individuals levels. Additional basic research is needed to identify the behavioral, psychological, cognitive, cultural, contextual, and social factors that affect HIV treatment and disease management.

To facilitate this understanding, the OAR will support basic social and behavioral research to strengthen the understanding of the determinants, processes, and culture and contextual issues influencing HIV-related risk, protective behaviors, and the consequences and impact of HIV disease, including treatment and management of HIV infection.

**Strategies include:**

- Conduct basic research to better understand the impact of HIV therapeutic regimens on adherence, sexual risk behaviors, drug-related risk behaviors, and psychosocial adaptation;
- Support research on the economic and social implications for retired and older individuals who provide support and care to younger family members or friends with HIV/AIDS and their dependents;
- Support multidisciplinary research that investigates the biobehavioral and sociobehavioral determinants and mechanisms of sexuality, including processes of sexual and gender identity formation

**Interventions and HIV Infection**

There is a need for research on interventions to improve treatment adherence and to ameliorate negative physical, behavioral, psychological, cognitive, and social consequences of HIV infection. Qualitative and quantitative research methodologies should be further developed to address adherence, quality-of-life, and health care delivery issues.

The OAR plans to support research for the development, evaluation, diffusion, and adoption of strategies to increase early identification, to improve treatment adherence, and to prevent or minimize the negative physical, psychological, cognitive, and social consequences of HIV, including the stigmatization of persons with or at-risk for HIV.

**Strategies include:**

- Support research on adherence to treatment regimens, including communication techniques to improve shared decision making between health care providers and HIV-infected individuals, and behavioral strategies to manage symptoms secondary to treatment protocols;
- Promote research to identify and remove barriers to effective health care utilization among persons with or at-risk of HIV infection, including access, engagement, follow up, and adherence to health and social services across the continuum and across the life course; and
- Support research on the decision-making processes of health care workers in screening and identifying HIV cases, especially cases of early and acute infection.

**Behavioral and Social Science Methods Key to Understanding Aspects of HIV-Infection**

Behavioral and social science methods have greatly enhanced understanding of HIV transmission, consequences of HIV infection, and health maintenance among at-risk and HIV-infected individuals.

To further the understanding of HIV-infections, the OAR will support research to advance innovative quantitative and qualitative methodologies to enhance behavioral and social science research to prevent and treat HIV.

**Strategies include:**

- Develop improved methodologies **C** including methods for obtaining and validating self-report data, culturally appropriate standardization of measurement tools for survey, and the measurement of change over time **C** based on assessment of the current status of qualitative and quantitative methodologies for studying behavioral and social factors associated with HIV and AIDS;
- Develop and strengthen culturally, linguistically, and age-sensitive and -appropriate research instruments for subpopulations; and
- Support health services research and evaluation research to determine the impact of changes in the health care delivery system on HIV/AIDS care.

**JULY 12, 1999. NUMBER 13**

**WHAT ARE THEY WORRIED ABOUT AT THE NATIONAL INSTITUTES OF HEALTH?**

According to National Institutes of Health (NIH) Director Harold Varmus, while the perception is that NIH does not have a lot to worry about, they do worry. Varmus, speaking at a forum of the American Association for the Advancement of Science, noted that on the same day the NIH received its 15 percent increase for FY 1999, Senator Pete Domenici (R-NM), asked who's watching these guys? In his view the question was rhetorical. However, he noted, the members of the Budget Committee took the statement literally and invited Varmus to discuss how the NIH was planning to allocate the unprecedented \$2 billion increase in the NIH's budget with the committee. The NIH provided a literal breakdown of how it was going to spend the increase.

Four themes, said Varmus, reflect what is worrying NIH: 1) exploiting genomics **C** accelerating the human genome project; 2) reinvigorating clinical research; 3) harnessing allied disciplines; and 4) reducing health disparities at home and abroad.

With regards to reducing health disparities, Varmus emphasized means defining the disparities, seeking explanations, testing interventions, training personnel, and building international research capacity. This may mean training more minorities, he stressed. In other parts of the world, it may mean establishing a more effective science base, he continued. He further indicated that the NIH is investigating the idea of a NIH Academy to provide intensive mentoring, in a university type setting, for those who aspire to conduct medical research.

**A National Center for Research on Health Disparities?**

Varmus also indicated that the NIH is worried about legislation, H.R. 2193, that would establish a National Center for Research on Domestic Health Disparities. The bill, introduced with seventy-one cosponsors, would convert the current NIH Office of Research on Minority Health (ORMH) into the National Center for Research on Health Disparities. A Center/Institute would give its director grant-making authority, an authority that the offices within the Office of the Director, including the Office of Behavioral and Social Sciences Research do not have. Varmus stressed that the NIH has a vast set of initiatives addressed to health disparities and finds the creation of a Center/Institute **A**problematic. While he says he understands the motivation behind the legislation, he says the population would be poorly served by such a move. Such a Center/Institute, says Varmus, **A**cannot possibly have the kinds of expertise that is currently across all of NIH. **@**

At a hearing in March of this year, examining an Institute of Medicine report *The Unequal Burden of Cancer*, Louis Sullivan, former Secretary of Health and Human Services under the Bush Administration and current president of the Morehouse School of Medicine, noted that the culture, structure, and programs of the NIH serve the white population well, but fall short in addressing the needs of ethnic minorities. Likewise, during FY 2000 appropriations hearings in the House Labor, Health and Human Services and Education Appropriations Subcommittee, Representative Jesse Jackson, Jr. (D-IL), the chief sponsor of H.R. 2391, asked Varmus whether ethnic minorities would be better served with an elevation of the ORMH to a center.

### H.R. 2391

H.R. 2391, as it is currently drafted, emphasizes that despite suffering disproportionate rates of illness, death, and disability, minorities have not been proportionately represented in many clinical research trials, except in studies of behavioral risk factors associated with negative stereotypes. The legislation specifically calls for culturally sensitive approaches to research . . . to encourage minority participation in research studies. The bill also echoes the national need for minority scientists in biomedical, clinical, and health services research.

The proposed legislation directs the Director of the Center to:

- g Identify projects of research on minority health that should be conducted or supported by the Center and the other agencies of the National Institutes of Health, including the national research institutes;
- g Identify multidisciplinary research relating to research on minority health that should be conducted or supported;
- g Encourage the conduct of such research by entities receiving funds from the national research institutes;
- g Recommend an agenda for conducting and supporting such research; and
- g Promote the sufficient allocation of the resources of the Institutes for conducting and supporting such research.

The bill authorizes \$100 million in funding for such a Center in FY 2000 and such sums as may be necessary for each of the fiscal years 2001 through 2004.

## **SEPTEMBER 13, 1999, NUMBER 16**

### **OVERHAUL OF NIH-S PEER REVIEW PROCESS; PANEL SEEKS COMMENTS**

The Panel on Scientific Boundaries for Review, of the National Institutes of Health's Center for Scientific Review (CSR), is conducting a comprehensive examination of the organization and function of the review process managed by CSR. CSR manages the peer review process for the majority of the grant applications submitted to the NIH. The Panel is currently seeking comments on its Phase I draft report. According to the Panel, the purpose of the evaluation is to position the CSR peer review system to foster the expanded research opportunities created by the stunning successes of the biomedical research enterprise, as well as to permit the review system to keep pace with the accelerating rate of change in the way biomedical research is now performed. The examination will occur in two phases.

According to CSR Director Ellie Ehrenfeld at a CSR Advisory Committee earlier this year, the Boundaries Panel's task is to recommend a peer review system, including the appropriate alignment of study sections and initial review groups (IRG) along with some guiding principles. The Committee is playing a key role in advising Ehrenfeld on all aspects of CSR function, and has initiated a number of activities to improve the peer review process at CSR.

The Boundaries Panel, as was the CSR and the NIH Behavioral and Social Sciences Review Integration Working Group, are included in the six priority areas of the CSR, including (1) study section organization; (2) reviewer quality and study section composition; (3) perception that segments of the community are ill served; (4) speed and consistency of the receipt, referral, and review process; (5) responsiveness to NIH funding Institutes and Centers; and (6) enhanced function of the Scientific Review Administrators.

Both the Panel and the Working Group fall under the study section organization priority. The Working Group was in response to a 1992 statute that required the movement of the three agencies that made up the former Alcohol, Drug Abuse and Mental Health Administration into the NIH. Ehrenfeld saw the requirement as an opportunity to reexamine the review of all behavioral and social science carried out by CSR. The Working Group recommended, with extensive comments from the extramural community, including COSSA, 16 study sections. (See *UPDATE*, October 12, 1998)

These were combined with the existing epidemiology and nursing study sections into three IRGs: Biobehavioral and Behavioral Processes (BBBP); Risk, Prevention and Health Behavior (RPHB); and Social Science, Nursing, Epidemiology and Methods (SNEM). A description of the IRGs can be found at <http://www.drg.nih.gov/review/bss.htm>.

The new report will be instrumental in determining how NIH study sections are organized and, thus, should be of interest to all NIH grantees. Phase I (to be completed in November 1999) will result in the development of a set of **A**ntegrated Review Groups<sup>@</sup>(IRGs), or clusters of scientifically related study sections, designed to **A**facilitate the review of contemporary scientific areas and opportunities, and thereby contribute to the translation of progress in the basic science laboratory into progress at the bedside, as well as to move the progress from the bedside to the laboratory bench.<sup>@</sup>

The Panel expects the revised structure to assist CSR in anticipating emerging fields of research and to accommodate the rapid pace of scientific change. Four guiding principles were used by the Panel in designing the proposed set of IRGs:

1. There should be a home for the review of all science that is relevant to contemporary biomedical research;
2. The research topics encompassed by each IRG should be sufficiently cohesive to allow the external advisory group of scientists for that IRG to judge its entire scope of science;
3. The research related to a given system of disease, including fundamental studies, should be clustered for review within a single IRG or a related set of such IRGs;
4. The organization should be flexible enough to adjust to the rapid changes in scientific opportunities expected in the years ahead.

The Panel recommended 21 IRGs including: Health of the Population, Risk Prevention; Health; Behavioral and Biobehavioral Processes; Integrative, Functional, and Cognitive Neuroscience.

### **Cultural Norms Outlined**

The Panel also outlined cultural norms that it believes should govern the CSR review process. The report notes that adoption of the cultural norms need not wait for the completion of the proposed reorganization. The system, according to the report, could benefit from implementation of them now. The norms address:

1. Who is a peer?
2. What is the role of a peer reviewer?
3. What are the roles and responsibilities of the Scientific Review Administrators (SRAs), Chairs, and study section members?
4. What is the appropriate relationship between study sections and disciplines?
5. What types of research have the potential to have an impact on the ability of the NIH to achieve its mission?
6. What should a grant application propose?
7. What perspective should be used in review, and how should the results of the review be communicated?
8. What is the role of preliminary data?

### **Phase II**

During Phase II, beginning in the year 2000 and continuing through the next two years, expert groups of extramural scientists and NIH staff will create the scientifically-related study sections that will make up each IRG. These sections will be based on the principles outlined in the report. According to the report, recommendations will

be implemented with extensive involvement of the extramural research community. The Panel believes that study sections should be created according to the following principles:

- g The range of science considered should not be too narrow or too broad;
- g To allow for flexibility in the review process, overlap of scientific expertise of study sections within an IRG and often between IRGs is desirable;
- g Whenever appropriate, basic research should be connected to specific diseases or organs;
- g Connected to basic science;
- g When it is necessary or desirable there should be a density of experience in the same study section;
- g There should be a balance of breadth and depth of study section members;
- g To achieve sufficient breadth and depth of expertise on each study section and create flexibility, study section members should function as mobile experts, moving from one study section to another as required; and
- g Where possible, study sections should serve more than one NIH Institute.

The NIH welcomes comments through October 15, 1999 at: <http://tango0.cit.nih.gov/csr/boundaries.taf>.

### **NICHDS ALEXANDER RECEIVES LOUTTIT AWARD**

National Institute of Child Health and Human Development's (NICHD) Director Duane Alexander received the Richard Louttit Award from the Federation of Behavioral, Cognitive and Behavioral Sciences (Federation) for fostering significant advances in behavior and the application of that research. According to Richard McCarthy of the American Psychological Association (APA), the Louttit Award is not for those who show promise, but for those who richly fulfill the promise. The award is named after Richard Louttit, the long-time director of NSF's Behavioral and Neural Sciences Division. National Institute of Drug Abuse (NIDA) Director Alan Leshner was last year's recipient.

Society for Research in Child Development (SRCD) Executive Director John Hagan, who introduced Alexander, noted that the NICHD is a key federal funding agency for SRCD members and commended Alexander for his insistence that the activities of the NICHD include behavioral science and applications. Hagan emphasized that SRCD, APA, and the Federation owe a great deal of gratitude to Alexander, stressing that he was the first NIH Director to recognize that human health is more than biology, behavior, and environment C that it is instead a product of the mixture of the three. Hagan cited as an example the dramatic reduction in infant deaths attributed to SIDS [Sudden Infant Death Syndrome] C literally millions of infants C as the result of a simple behavioral intervention.

### **SEPTEMBER 27, 1999, NUMBER 17**

#### **A TOUGH YEAR FOR THE NIH CENTER FOR SCIENTIFIC REVIEW**

Fiscal Year 1999 was a tough year for the National Institutes of Health's (NIH) Center for Scientific Review (CSR), according to Director Ellie Ehrenfeld. She explained that the \$2 billion budget increase for the NIH in the FY 1999 allowed NIH's Institutes and Centers to work on new efforts. The unprecedented budgetary windfall for NIH, however, has had an adverse impact on the agency's peer review system, concluded Ehrenfeld.

Speaking at the Center's September advisory council meeting, Ehrenfeld noted that the budget boost has increased the workload for CSR staffers and has complicated the review process, including devising new types of reviews called for by new areas of research. The existing CSR structure, she said, was not equipped to handle the increased workload that resulted from its being asked to evaluate new types of applications that would have normally been reviewed by Institute review committees. At the same time, Ehrenfeld noted, the Institutes' and Center's own review capacity was saturated. Furthermore, many of the new initiatives were sponsored by multiple Institutes. At the May Advisory Committee meeting, she noted that because her Center has been extremely short-staffed in recent years,

CSR had to borrow Institute staff during the last review cycle. She admonished, however, that this was not a long-term solution.

Furthermore, FY 1999 also saw the incorporation of the National Institute on Drug Abuse and the National Institute of Mental Health into CSR without the timely transfer of staff and resources, she said. She observed that it was clear that what was being asked from the Institutes was not more of the same.

Additionally, lamented Ehrenfeld, CSR has also implemented a very large number of changes to the structure of CSR, including: changes in the Small Business Innovation Research grants, a shortening of the review cycle, developing a system for electronic receipt of applications, establishing new study sections, as well as reorganizing and starting new study sections in neuroscience and the social and behavioral sciences. CSR also has a shortage of management staff to coordinate and manage the changes, which causes a loss of flexibility to accommodate the changes, she said. Nevertheless, Ehrenfeld said that she is *absolutely overwhelmed* by the effort made by CSR. *The response is absolutely outstanding. . . lots of good things are happening* at CSR, she concluded.

The Advisory Committee also discussed the recently released *Panel on Scientific Boundaries for Review Phase I Report* for which comments are being sought. (See *UPDATE*, September 13, 1999). A Working Group of Advisory Committee members convened to discuss the report generally found the document to be *thorough* and felt that it *addressed important issues* and *documents the problems*. A Committee member, however, noted that health services research was *insufficiently addressed*. Another member noted that *there are a lot of things that are not mentioned* in the Boundaries Report. Comments are welcome through October 15, 1999. To view the report, go to: <http://tango0.cit.nih.gov/csr/boundaries.taf>.

## **OCTOBER 11, 1999, NUMBER 18, PART 2**

### **VARMUS AND ANDERSON TO LEAVE NIH**

NIH Director Harold Varmus announced on October 7, that he will be leaving his post at the end of the year to head the Memorial Sloan-Kettering Cancer Center in New York City.

Head of the federal government's biomedical and behavioral research agency for six years, Varmus has been the beneficiary of tremendous support from the Congress, which has put his agency on track for a doubling of its budget within five years. In her released statement, Health and Human Services Secretary Donna Shalala emphasized that *[h]istory will judge him as the leader who brought new energy, vision and excitement to the world's greatest scientific institution . . . The solid, generous, bipartisan support NIH now enjoys is due in large part to his leadership*.

For the social and behavioral sciences, Varmus has been educated by the Office of Behavioral and Social Science Research about the importance of the social, behavioral, and cultural factors that influence health. This had led to a number of initiatives on prevention, social-cultural factors in health, and pressure to examine health disparities. However, as the Senate report language indicates progress has been slow and funding has been limited.

Doing a lot of the educating of Varmus, was the head of the OBSSR, Norman Anderson. After more than four years, Anderson has also announced that he will be leaving NIH in mid-January. Anderson has accepted a position as Professor of Health and Social Behavior at the Harvard School of Public Health. He will also become a Vice President for Research and Development of and a Principal of Behavioral Sciences Unlimited, a new startup company that will be part of the Abacus Group.

Anderson, the OBSSR's first director, officially opened the OBSSR on July 1, 1995. He has worked tirelessly ever since to integrate the social and behavioral sciences throughout the NIH health research enterprise. For the very

small budget under which it operates, Anderson's contributions to the social and behavioral sciences at NIH are many and lasting. While we are disappointed that he is leaving the OBSSR, we are pleased that he will continue as a leader and spokesperson for the social and behavioral sciences while at Harvard. NIH will form a search committee to find a replacement for Anderson. In the interim, it is expected that an acting director will be named.

## **NIDA CELEBRATES A QUARTER CENTURY OF SCIENTIFIC PROGRESS**

The National Institute on Drug Abuse (NIDA) held a day-long symposium September 27 at the National Institutes of Health's Clinical Center as part of a year-long celebration of a quarter century of scientific progress against drug addiction. The symposium highlighted 25 years of research that has been instrumental in changing the perception from drug abuse as a character flaw, to a clear understanding that drug abuse is a preventable behavior and that addiction is a treatable brain disease, noted NIDA Director Alan Leshner.

NIDA, established in 1974 to bring the power of science to bear on the Nation's drug abuse problem, has provided groundbreaking scientific discoveries about the nature of drug abuse and addiction, and what to do about them. Together, these discoveries have established that addiction is a quintessential biobehavioral disorder — a brain disease with embedded behavioral and social aspects. Leshner noted that at the time of NIDA's inception, many people incorrectly viewed drug addiction as simply a moral problem. Today, thanks to the research accomplishments of thousands of scientists, . . . we have moved far beyond simplistic ideologies to a better understanding of complex biological, behavioral, and social components of drug abuse and addiction.

NIDA, said Leshner, is proud of its scientific accomplishments and the tremendous progress it has made thus far. The symposium, said Leshner, is an opportunity to reflect on NIDA's past accomplishments and to embark upon a new millennium of promise.

### **Shalala Praises NIDA for Bold and Brilliant Work**

Health and Human Services Secretary Donna Shalala, NIH Deputy Director Ruth Kirchstein, and White House Office of National Drug Control Policy Director General Barry McCaffrey joined NIDA in its celebration. Shalala, recognizing NIDA as the world's leading braintrust on the causes and consequences of drug abuse, spotlighted three insights NIDA-supported research has provided: 1) clarifying how and where drugs work in the brain to cause their addictive effects; 2) providing complex models to explain drug-taking behavior to improve treatment and rehabilitation strategies; and 3) producing ground-breaking work on nicotine addiction — work that has led to the development of more accessible and cost-effective treatments such as nicotine gum and skin patches. Thanking NIDA for its bold and brilliant work, Shalala stressed that we are beginning to more clearly understand the lure of illicit drugs . . . and how they seduce human beings into risking harm to their bodies, to the health and welfare of others, to the fabric of their relationships, and to their very lives. Shalala concluded, I am proud of your past, honored to be a part of your present and excited about our future.

Herbert D. Kleber, from the College of Physicians and Surgeons of Columbia University, stressed that future treatment approaches for drug abusers will continue to involve the combination of pharmacological and behavioral interventions. Kleber noted that current pharmacotherapies, both successful and failed, have generally relied on medications developed for non-drug abuse indications, while successful behavioral interventions have derived either from preclinical laboratory data or cognitive psychology.

Kleber echoed predictions he made in 1978 and predicted that in the next decade the nation will have a large number of addicts; cocaine will remain endemic with only a gradual decrease in the numbers of users; heroin use will continue to increase to at least 1 million users from 800,000 plus users before leveling off; methamphetamine will remain a problem in the western U.S.; and marijuana use will continue to rise and fall periodically as it has in the past. The primary drugs of today will remain the primary drugs of the next decade, he emphasized.

He underscored that the next few decades will see the development of agents to block existing drugs of abuse. Despite this expected development, he stressed that because human nature will not have changed the majority of addicts will want nothing to do with any of these. Therefore, he concluded, better behavioral interventions will be critical. The interventions, he said, will need to be targeted rather than general, including interventions to increase compliance with a blocker, and skills to avoid relapses while a drug abuser is taking an agonist or reparative agent. Kleber warned that there will be a need to reach out to new disciplines and knowledge bases to craft these new behavioral tools.

### **NIDA= Future**

NIDA's goals for the 21<sup>st</sup> Century include:

- ~ Broaden research on gender-differences in drug abuse and addiction, particularly in women.
- ~ Design, develop, and test new behavioral therapies in diverse patient populations.
- ~ Analyze the organization and financing of drug abuse treatment and its benefits to the larger health care system.
- ~ Identify the protective and resiliency factors that enable some individuals with multiple risk factors to avoid drug abuse, so that more effective prevention techniques can be developed.
- ~ Strengthen the research infrastructure by providing additional opportunities for research training and career development for clinical researchers, and improved mechanisms for training and mentoring of minority researchers.
- ~ Expand the use of scientific information to educate the public about the nature of drug abuse and addiction.
- ~ Broaden the dissemination of research findings to improve drug abuse prevention, treatment, and policy.

### **Clinical Trials Networks Launched**

In an effort to dramatically improve treatment throughout the country, NIDA has awarded \$55 million over five years to establish a clinical trial network. The network is designed to more rapidly move promising science-based drug addiction treatments into community settings. The five centers awarded grants in September are collectively known as the foundation for the National Drug Abuse Clinical Trials Network (CTN). CTN will provide a research infrastructure to test drug addiction treatments in real life settings with diverse populations. The CTN was recommended by the 1998 Institute of Medicine Report, *Bridging the Gap Between Research and Practice*, as the single mechanism most likely to improve drug abuse treatment.

When it is complete, the CTN will include 20 to 30 regional research centers. Yale University, University of Pennsylvania, Johns Hopkins University, University of California at Los Angeles, and Oregon Health Sciences University will be the core institutions of the first five regional centers. Each core will be linked to five community treatment programs throughout the region.

### **OCTOBER 25, 1999, NUMBER 19**

#### **NIH LOSING A CHAMPION; PORTER ANNOUNCES PLANS TO RETIRE**

Representative John Edward Porter (R-IL), a 21 year veteran of the House and an ardent supporter of the National Institutes of Health (NIH), announced October 12 that he will not seek reelection in 2000. Porter made biomedical and behavioral research one of his highest priorities, and effectively advocated for the NIH, providing large budget increases in a very difficult environment. His leadership will be sorely missed. The announcement comes after NIH's unprecedented 14.6 percent increase in its FY 1999 budget, and an expected 15 percent increase in FY 2000.

As chairman of the House Labor, Health and Human Services, and Education, Appropriations Subcommittee Porter, along with his Senate counterpart Arlen Specter (R-PA), is widely credited for providing the NIH with its recent budget increases. Porter noted in his released statement that as the representative of his northeastern Illinois

district, he has been allowed to focus on human rights, environmental issues, biomedical research, education, Social Security reform, gun control, family planning, foreign affairs, and other policy matters . . . that I have felt are important to our nation. I have attempted to be quietly effective while always acting within a framework of fiscal responsibility.

As chair of the powerful appropriations subcommittee that provides funds to the NIH, and the Departments of Education and Labor, Porter is giving up one of the most highly coveted subcommittee positions in the Congress. Had he returned to Congress, Porter would not have continued as Labor-HHS-Education appropriations chair because of rules limiting members to six years of service as the chair of any one committee. Thus, would-be suitors are already positioning themselves to become the next chair of this subcommittee.

With Porter's retirement, the list of NIH champions leaving in 2000 grows. Earlier this year, Senator Connie Mack (R-FL) announced that he would retire upon the completion of the 106<sup>th</sup> Congress after spending 12 years in the Senate and six years in the House. Additionally, NIH Director Harold Varmus and Office of Behavioral and Social Science Research (OBSSR) Director Norman Anderson recently announced their intentions to leave the agency (See *UPDATE*, October 11, 1999).

## **NIH ESTABLISHES MIND-BODY RESEARCH CENTERS**

The National Institutes of Health's (NIH) Office of Behavioral and Social Sciences Research (OBSSR) and 12 cosponsoring NIH Institutes awarded \$10 million to establish five Mind-Body Research Centers to support research on mind-body interactions and health. The research supported by these new centers will seek to understand how beliefs, attitudes, values, and stress affect physical and mental health.

These new research centers represent innovations in the integration of behavioral, social, and biomedical research. It is hoped that the findings they produce will accelerate our understanding of mind/body interactions, and lead to more effective approaches for the treatment and prevention of disease, said OBSSR Director Norman Anderson.

Congress, in its FY 1999 multi-billion dollar Omnibus Appropriations bill, included language calling for the creation of Mind/Body Centers within the NIH's Office Behavioral and Social Sciences Research, and provided \$10 million for OBSSR to coordinate the initiative. That mandate was the result of a Fall 1998 Senate hearing held by the Senate Appropriations Subcommittee on Labor, Health and Human Services and Education. At the hearing, Subcommittee chair Senator Arlen Specter (R-PA) emphasized that mind/body approaches to health are an important part of medical treatment.

Twelve NIH Institutes agreed to cosponsor the initiative, but five Institutes will support the five new centers: the National Cancer Institute (NCI), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Child Health and Human Development (NICHD), the National Institute of Dental and Craniofacial Research (NIDCR), and the National Institute of Mental Health (NIMH).

The locations of the five centers are:

- University of Pittsburgh Medical Center, Department of Psychiatry and Carnegie Mellon University Department of Psychology;
- University of Michigan School of Public Health, Department of Epidemiology;
- University of Wisconsin Department of Psychology;
- University of Miami Department of Psychology; and
- Ohio State University, College of Medicine and Public Health, Department of Microbiology and Immunology.

The seven other Institutes supporting the initiative are the: National Institute on Aging, National Institute on Alcohol Abuse and Alcoholism, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institute on Drug Abuse, National Institute of General Medical Sciences, National Institute of Neurological Disorders and Stroke, and the National Institute of Nursing Research.

At this time, there are no plans for an immediate re-issue of the RFA for Mind/Body Research Centers. It is possible that the RFA will be re-issued in a few years to allow for re-competition. At that time, new applications and renewal applications will be solicited. Researchers interested in this area, however, may submit proposals for unsolicited Research Project (R01) and Program Project (P01) grants through the regular extramural research programs of the NIH Institutes. For answers to questions regarding program project grants, individuals should contact the NIH Institute most likely to fund their project. Permission must be obtained from an Institute prior to submitting a grant application costing more than \$500,000 in one year. The web address for the NIH is: <http://www.nih.gov>.

## **AFROM CELLS TO SELVES;® NICHD SEEKS COMMENTS ON ITS FRAMEWORK FOR STRATEGIC PLAN**

The National Institute for Child Health and Human Development (NICHD), like the other Institutes of the National Institutes of Health (NIH), is seeking comments from the extramural community on its strategic plan.

In developing its plan, the NICHD has convened several expert panels to help the Institute identify critical scientific topics, and within those topics key research or strategic emphasis areas. The results of those panels are currently posted on the NICHD's website: [http://www.nichd.nih.gov/strategic\\_plan.htm](http://www.nichd.nih.gov/strategic_plan.htm). The Institute is seeking comments on the following topics by November 1, 1999 to help it refine NICHD's strategic directions: Biology and Genetics of Development; Biobehavioral Development; Genetics of Disease Susceptibility; and Reproductive Health for the 21<sup>st</sup> Century.

### **Research Emphasis Areas in Biobehavioral Development**

*Biobehavioral Development* research is defined by NICHD as research that focuses on the study of the emergence and interrelations of molecular, genetic, cellular and neural systems, and whole organ processes, with behaviors and environmental factors, to understand how these interrelations contribute to maturational factors in normal and atypical development in humans and in animal models.® Behavior includes both internal and external actions or responses originating from such factors as: cognition, language, learning, memory, academic skill acquisition, affect, cognitive-based social interactions, and planned motor function. Environment includes external factors such as nutrition, health care, environmental toxins, schooling, and the full range of positive and negative experiences of children in the family, community and broader society.

Biobehavioral Bases of Developmental Continuities and Discontinuities: From Birth Through Parenthood including research on influences of sex/gender throughout the developmental process; fetal behavior; development of children with disabilities and chronic diseases; comprehensive biobehavioral research on adolescence; and interaction of neuroendocrine and environmental influences; developmental neurobiology underlying the emergence of social behaviors (prosocial versus violent and aggressive social behaviors).

The plan also targets specific technical development areas relevant to research in biobehavioral development including data collection and analysis related to neural networks and dynamic systems for analysis of development (innovative methods of statistical/mathematical analysis).

### **Reproductive Health for the 21<sup>st</sup> Century**

NICHHD's plan emphasizes that reproductive health impacts significantly on the overall health of individuals and society and has been the subject of increased attention both from a health standpoint as well as from an economic one. To explore the new opportunities in management of fertility, NICHHD proposes to undertake research on male reproductive behaviors; behavioral factors leading to infertility, the use of infertility services, and the ethics of infertility treatment.

## **NIH NAMES DIRECTOR TO HEAD ITS NEWEST CENTER**

On October 6, Stephen Straus became the first director of the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH). Secretary of Health and Human Services Donna Shalala made the announcement October 5, and noted that "Straus brings exceptional expertise and leadership to this position and will continue to ensure high-quality complementary and alternative medicine treatments and modalities." Straus replaced NCCAM Acting Director William Harlan, who returned to his position as director of the NIH Office of Disease Prevention.

Since 1991, Straus has served as the chief for the Laboratory of Clinical Investigation at NIH's National Institute of Allergy and Infectious Diseases (NIAID). According to NIH officials, he has a broad basic and clinical research experience related to many diseases for which there are alternative remedies, including chronic fatigue syndrome (CFS), Lyme Disease, AIDS/HIV, and chronic hepatitis B virus. NIH Director Harold Varmus said, "The appointment of Dr. Straus, with his experience in alternative therapies and his expertise in clinical evidence, will result in significant expansion of clinical research in this field."

## **NOVEMBER 8, 1999, NUMBER 20**

### **NATIONAL INSTITUTE ON AGING SEEKS COMMENTS ON ITS 2001-2005 STRATEGIC PLAN**

Noting the remarkable growth of the older population world-wide poses both opportunities and challenges, National Institute of Aging Director Richard Hodes is seeking comments on NIA's draft strategic plan. He welcomes the extramural community's thoughts, ideas, and insights on refining the plan's goals and objectives. In his director's message, Hodes also notes that notable progress in a number of areas of research—biomedical, social, and behavioral—have improved health and function, and contributed to reduced rates of disability, for older people.

*NIA will be accepting public comments on the plan until December 10, 1999.* Comments are welcome on all aspects of the plan, including the balance and accuracy of the content, and its responsiveness to the needs and challenges facing aging research and the communities it serves.

Hodes notes, as have other NIH directors, that in developing NIA's new strategic plan for aging research, the Institute collaborated closely with the National Advisory Council on Aging and other public and private organizations to establish research priorities for the next five years. According to the Institute's draft strategic plan these priorities will address scientific topics that hold the greatest promise for advancing knowledge in areas such as the basic biology of aging, geriatrics, and social and behavioral functioning.

### **NIA's Research Goals for 2001-2005**

NIA's plan will address four major goals. According to the plan's overview, the first three goals represent broad areas that NIA will pursue in years to come. The goals are not meant to be mutually exclusive, and have many areas of overlap and interdependence. The fourth goal will complement the first three goals, ensuring that aging research benefits from a strong infrastructure to support future research, program management, and information dissemination.

**1. Improving Health and Quality of Life of Older People** - NIA's plan states that research has shown that lifestyle and other environmental influences can profoundly impact outcomes of aging, and that remaining relatively healthy and emotionally vital into very advanced ages is a realistic expectation. Improving health and quality of life for older adults therefore depends upon progress in achieving three research objectives:

- ~ Preventing or reducing age-related diseases, disorders and disability;
- ~ Maintaining physical health and function; and
- ~ Enhancing older adults' societal roles and interpersonal support, and reducing social isolation.

**2. Understanding the Principles of Health Aging Processes** - NIA underscores that research on the biology of aging has led to a revolution in aging research. Aging today is viewed as many processes, interactive and independent, that determine life span and health. Lifestyle choices, including diets, physical activity, and other health habits, as well as behavioral and social factors, also have a potent effect on aging processes. Research subgoals within this goal include:

- ~ Unlocking the secrets of aging, health, and longevity; and
- ~ Maintaining and enhancing brain function, cognition, and other behaviors.

**3. Reducing Health Disparities among Older Persons and Populations** - NIA's strategic plan notes that health disparities are associated with a broad, complex, and interrelated array of factors. Risk factors, diagnosis, progression, response to treatment, caregiving, and overall quality of life may each be affected by aspects such as race, ethnicity, gender, socioeconomic status, age, education, occupation, and yet unknown lifetime and lifestyle differences. Citing recent research that found a striking relationship between socioeconomic status, health and longevity, the NIA plan underscores that causes of such results require in-depth research. The plan further stresses that understanding these differences and interactions is critical for developing behavioral and public health interventions to reduce the burdens of illness and increase quality of life. Research objectives include:

- ~ Increasing active life expectancy and improving health status for older minority individuals;
- ~ Understanding health differences associated with race, ethnicity, gender, environment, socioeconomic status, geography, and culture; and
- ~ Monitoring health, economic status, and life quality of elders and inform policy.

**4. Enhancing Resources to Support High Quality Research** - NIA's strategic plan also addresses developing infrastructure to support future research, program management, and information dissemination including:

- ~ Training and attracting a diverse workforce of new, mid-career, and senior researchers necessary to conduct research on aging;
- ~ Developing and sustaining a diverse NIA workforce and a professional environment that supports and encourages excellence;
- ~ Disseminating accurate and compelling information to the public, scientific colleagues, and health care professionals; and
- ~ Developing and distributing research resources.

The Internet version of the draft strategic plan contains several direct links for feedback and comments. Comments can also be sent via FAX, e-mail, or regular mail. To submit comments via FAX: (301) 496-2793; e-mail: NIAPlan@nia.nih.gov; U.S. Mail: NIA Draft Strategic Plan Comments, Attn: Gail Jacoby, Building 31, Room 5C05, 31 Center Drive, MSC 2292, Bethesda, MD 20892-2292.

**DECEMBER 6, 1999, NUMBER 21**

**JOB PLACEMENTS . . . AND ANNOUNCEMENTS**

**Associate Director for OBSSR**

The National Institutes of Health (NIH) has announced a national search for an Associate Director for the Office of Behavioral and Social Sciences Research (OBSSR) to replace Norman Anderson, who is expected to leave in March 2000 (See *UPDATE*, October 11, 1999, Part Two). While a search committee is currently being formed, the agency has released an announcement (NO. OD099-7145) which closes January 31, 2000. A copy of the announcement can be found at: <http://www1.od.nih.gov/ohrm/hrinfo/ses/vacancy>.

The Associate Director is responsible for providing leadership and direction in the development, refinement, and implementation of a trans-NIH plan to increase the scope and support of behavioral and social sciences research; developing an overall strategy for expansion and integration across NIH Institutes and Centers; developing initiatives designed to stimulate behavioral and social sciences research and integrate a biobehavioral perspective across the research areas of NIH; establishing and maintaining organizational linkages on NIH behavioral and social science issues across the Department of Health and Human Services, other Federal agencies, academic institutions, and health organizations; seeking advice and guidance from the behavioral and social sciences research community; coordinating the development of NIH policies, goals and objectives, among other duties. The Associate Director will also serve as the principal staff advisor to the NIH Director, and as NIH spokesperson on matters related to behavioral and social sciences research.

## NIH APPROPRIATIONS STORIES

### JANUARY 11, 1999, NUMBER 1

#### **106<sup>TH</sup> CONGRESS OPENS FOR BUSINESS: IMPEACHMENT DOMINATES EARLY AGENDA**

On January 6<sup>th</sup> the 106<sup>th</sup> Congress commenced. The following day the Senate opened the impeachment trial of President Bill Clinton. The House, which ended the 105<sup>th</sup> Congress by impeaching the President in a bitter partisan debate and votes, chose a new Speaker who promised cooperation and a Democratic leader who talked of burying the hatchet. Bill Clinton is the first United States President impeached since Andrew Johnson in 1868. Yet, he retains the support of the American people with poll numbers indicating around 70 percent approve of his stewardship of the presidency. Welcome to 1999 in Washington.

Despite the historic events surrounding the impeachment trial, routines continue. The President's Fiscal Year 2000 budget is currently scheduled for release on February 1 and another year of debating federal spending priorities will begin. Those debates will take place in the context of additional projected budget surpluses and a determination to save Social Security. It will take place with so-called spending caps still in place that will continue to squeeze discretionary spending. Although Congress demonstrated last year that where there is a will to break the caps, there is a way. As always, leaks have indicated some of the President's funding priorities: increased defense spending, more dollars for after school programs. A new major initiative in information technology is also expected, which should provide the National Science Foundation some new money.

The **National Institutes of Health (NIH)**, having received a \$2 billion present from the Congress last year, will receive a very small increase from the President's budget, it is rumored. Congress will likely ignore the administration's concern with NIH's ability to absorb all these new funds, and may continue the plan to double the NIH budget in five years. The NIH funding situation has also raised questions about the balance of the nation's science and technology portfolio. Some have argued that the concentration of riches in health research at the expense of significant increases for basic research in all the sciences as well as research on agriculture, education, crime, and other areas is not healthy for the country.

The new Speaker has vowed that the House will pass all 13 appropriations bills by the summer, or it will not leave town for the traditional August recess. The Senate is too busy right now with impeachment to worry about enacting appropriations bills on time. Whether the bills pass Congress and are signed by the President before Fiscal

Year 2000 begins on October 1, 1999, may depend on how many controversial non-spending policy riders are in the legislation.

Unlike last year, the Congress hopes this year to pass a Budget Resolution to start the process off right. The non-binding resolution gives the respective House and Senate Budget Committees a chance to assert their priorities within the spending functions and provide guidelines for the appropriators. A budget resolution also allows the Congress to promote its ideas for fiscal policy. The Republican majorities in the House and Senate hope to work out their differences and enact a significant tax cut this year.

### **The New Leadership**

A former high school teacher and wrestling coach has been lifted from semi-obscurity and named the new Speaker of the House; third in line of succession to the Presidency. Representative Dennis Hastert (R-IL) replaces the retired Newt Gingrich and the soon-to-be-retired Bob Livingston (who only made it to ASpeaker-designate@) as the leader of the House. Hastert had been serving as Chief Deputy Whip, key assistant to Majority Whip Representative Tom DeLay (R-TX). The Whips are responsible for keeping party members in line and for counting noses for upcoming floor votes. Although some see Hastert as a front man for DeLay, whose nickname is AThe Hammer,@ and who has been one of the most partisan of Republicans; others see a different fellow. One of the first people to greet Hastert after his swearing-in as Speaker was his former colleague from Illinois, former Minority Leader Bob Michel. Michel was viewed by Gingrich and his followers as too mild mannered and accommodating to Democrats. While Hastert surely will promote the House Republican agenda of large tax cuts, limited government, rebuilding defense, and local control of education, he made it clear in his inaugural address that he was willing to meet the Democrats half-way, if not more. With only a 223-212 GOP margin, this may become necessary more often than not.

Committee and subcommittee rosters, including leadership positions, remain incomplete. House Democrats have not made their assignments for ranking members of the appropriations subcommittees. The House Science Committee has not organized, so a new leader for the Basic Research Subcommittee has not been selected. The full House has passed a package of rules, that gives the Government Reform Committee (formerly the Government Reform and Oversight Committee) another waiver to continue its Subcommittee on the Census. There had been some discussion of giving jurisdiction of the Census to the House Administration Committee (formerly Oversight).

In instances where decisions have been made, Representative Michael Castle (R-DE) was chosen to lead the Early Childhood, Youth and Families Subcommittee. It will have jurisdiction over the Office of Educational Research and Improvement (OERI). The Ways and Means Committee has chosen Representative Clay Shaw (R-FL) as the new head of the Social Security Subcommittee, making him a key player in any attempt to revise that system. Representative Nancy Johnson (R-CT) takes over Shaw's slot as head of the Human Resources Subcommittee. She has indicated a strong interest in reviewing the impact of welfare reform and examining the federal role in child care as part of her agenda for the panel.

If and when Congress gets past the impeachment process, other issues awaiting action include: the much-postponed juvenile crime legislation, the continuation of the fight over sampling in the Census, especially if the expected Supreme Court ruling is not definitive, a renewal of the debate over data base protection legislation, and the reauthorization of the Elementary and Secondary Education Act. In addition, there might be great debates about the future of Social Security and Medicare, and the new National Security issue of protection against terrorism, including the administration's embrace of a missile defense system.

### **FEBRUARY 8, 1999, NUMBER 3**

### **FY 2000 BUDGET RELEASED: DEBATE OVER SURPLUS BEGINS**

On February 1 the Clinton administration released its Fiscal Year (FY) 2000 budget proposal. The President said the new budget charts a progressive but prudent path to our future; a balanced budget that makes vital investments. Despite a predicted \$117 billion (Office of Management and Budget) or \$131 billion (Congressional Budget Office) surplus for FY 2000, the administration was constrained by still-in-place caps on discretionary spending, the President's promise to reserve 62 percent of the surplus to save Social Security first, and other priorities, such as education and defense improvements, that the President laid out in his State of the Union address on January 19. The Republicans have made an across-the-board tax cut a priority and accuse the President of trying to renege on his promise that the era of big government is over.

The budgets of the science agencies show promise. The administration's major initiative in the research and development area is a \$366 million increased investment in Information Technology (IT) announced by Vice President Al Gore at the American Association for the Advancement of Science meeting on January 24. Spread over six agencies, the new program builds on the earlier High Performance Computing and Communication initiative. The IT proposal includes long-term information technology research, building advanced computing machines, and research on the economic, and social implications of the Information Revolution. This last item accounts for \$15 million of the \$366 million increase and includes efforts to help train additional IT workers.

The budget proposes a \$217 million or 5.8 percent increase overall for the National Science Foundation, bringing it to a total of \$3.954 billion. Its research and related activities account increases by \$195 million or 6.9 percent to a total of \$3.004 billion. It receives \$146 million of the IT funds, of which \$10 million is for implications research. Another \$50 million of the increase would go towards an initiative on Biocomplexity that includes Environment and the Human Dimension (urban communities research is a part of this), and Global Environmental Change (the impact of human activities on natural processes is under this rubric). The Social, Behavioral, and Economic Sciences Directorate's (SBE) budget would increase by almost \$6 million or 4.2 percent to a total of \$143 million.

Following the large 15 percent increase for the **National Institutes of Health** (NIH) in its FY 1999 appropriation, the administration has asked for only a \$320 million or 2 percent increase to put the proposed NIH FY 2000 budget at \$15.9 billion. With many in Congress still supporting a doubling in five years notion, the administration may have conceded that they could lowball NIH, knowing its supporters in Congress would rescue it. Senate Budget Committee Chairman Pete Domenici (R-NM) and a small group of other members are questioning NIH's ability to absorb continued large increases and are calling for accountability measures for NIH. The FY 2000 request for NIH's Office of Behavioral and Social Science Research is \$13.2 million, up \$347,000.

The President's budget requests \$3.1 billion for the Centers for Disease Control and Prevention, a \$201 million or 7 percent boost over FY 1999. The Agency for Health Care Policy and Research received a program level of \$201 million, up \$35 million or 21 percent.

For more information on these agencies and many others, the next issue of COSSA Washington *UPDATE* will be the annual analysis of the President's budget. It should appear around March 5.

## **MARCH 22, 1999, NUMBER 5**

### **NIH OFFICIALS APPEAR BEFORE CONGRESSIONAL APPROPRIATORS**

Congressional Appropriations Committees want to complete their appropriations hearings by April 22, 1999, instead of June 11, as happened last year. Thus, officials from the National Institutes of Health (NIH) have already appeared before both the House and Senate Appropriations Subcommittees on Labor, Health and Human Services, chaired by Representative John Porter (R-IL) and Senator Arlen Specter (R-PA), respectively.

On February 23, NIH Director Harold Varmus and all of the NIH Directors appeared in a single hearing with Department of Health and Human Services Secretary Donna Shalala before the Senate Appropriations Subcommittee. According to Senator Specter, the NIH's professional judgment budget (how much the agency could reasonably spend to respond to current scientific opportunities) is \$19.3 billion. Varmus quickly noted that the figure was in response to Specter's specific request and that the agency could operate effectively under the President's budget of \$15.9 billion.

Senator Tom Harkin (D-IA), the ranking Democrat on the Subcommittee, noted that last year the Subcommittee was able to provide a record \$2 billion increase for NIH setting a course to double NIH funding in five years. He added that the President's request for a 2.1 percent increase does not even keep up with medical inflation, let alone continue along the path of doubling the NIH budget over 5 years.

Harkin has not been alone in his disappointment with the President's budget; members from both sides of the aisle have voiced their concerns publically. In a March 16 press conference, COSSA joined more than 300 organizations including the leaders of NIHx2, the Ad Hoc Group for Medical Research Funding, the Campaign for Medical Research, the National Health Council, and Research!America to call attention to the administration's lack of commitment to medical research. The groups were joined by Sam Donaldson (a cancer survivor), Morton Kondracke (executive director of *Roll Call* newspaper), and several congressional leaders, including Senators Specter, Harkin, Connie Mack (R-FL), and Representative Nita Lowey (D-NY). Former members of Congress Bob Michel (R-IL) and Paul Rogers (D-FL) also joined the groups in support of doubling the funding for NIH by the fiscal year 2003.

### House Appropriations Subcommittee Holds Hearings Early

On February 24 the House Appropriations Subcommittee on Labor, Health and Human Services and Education and Related Agencies Chair Porter began a two-week hearing process with each of the Institutes appearing before the Subcommittee. Porter apologized several times for the condensed schedule and cited the need to complete all of the Subcommittee's hearings by April 22.

With all of the Subcommittee members in attendance, Varmus noted that the strong support for the NIH is inspired by the importance the public places in the government's role to combat disease. Using the analogy of a war against disease, Varmus told the Subcommittee that over several decades of medical research, we have learned that disease is a complex and evolving enemy one that draws upon the combined forces of heredity, environmental insults, infectious agents, the aging process, personal habits, and other factors, and act upon a variety of tissues and organs. These diseases, he continued, can be fought with medicines and vaccines, with surgical procedures and medical devices, with behavioral modification, and environmental remediation.

Below is a summary of the various Institute Directors' testimony regarding social and behavioral science.

**Office of Behavioral and Social Sciences Research.** NIH Deputy Director Ruth Kirschstein, testifying on behalf of the Office of Behavioral and Social Science Research (OBSSR) within the Office of the Director, noted that many of our most serious health concerns are related to behaviors. Kirschstein highlighted the OBSSR's three trans-NIH initiatives: Innovative Approaches to Disease Prevention through Behavior Change; Educational Workshops on Interdisciplinary Research; and the Mind/Body Research initiative developed in response to Congressional concern regarding the impact of stress on numerous medical conditions. (See *UPDATE*, January 25, 1999)

**National Institute on Alcohol Abuse and Alcoholism.** National Institute on Alcohol Abuse and Alcoholism (NIAAA) Director Enoch Gordis emphasized that just as careful, controlled trials are needed for medication development, they are equally necessary for proving the effectiveness of prevention efforts. Gordis noted the Institute has an extensive prevention portfolio and that one of its major areas of concern is alcohol use among young people. He also noted that the NIAAA's National Advisory Council has formed a subcommittee on college-age drinking. The subcommittee, composed of ten college presidents and 12 leading researchers, will advise the Institute on a productive research agenda in this area.

**National Institute of Child Health and Human Development.** National Institute of Child Health and Human Development Director Duane Alexander testified that new research challenges are emerging as we move into the 21<sup>st</sup> Century. He noted that at least 30 percent or 15 million of our nation's children fail to develop adequate reading skills, with poor and minority children at the greatest risk. Alexander told the Subcommittee that each year, thousands of children from homes where Spanish is the primary language spoken enter school and struggle to read in English. He further emphasized that there is a lack of sound experimental evidence indicating the most effective way to teach English skills to Spanish-speaking children.

**National Institute of Nursing Research.** National Institute of Nursing Research (NINR) Director Patricia Grady testified that NINR continues to refine interventions that are responsive to age, gender, cultural identity, and socioeconomic environments. Grady cited several studies that exemplify the Institute's contributions to improving health and preventing disease: The Cardiovascular Health in Children (CHIC), an eight-week education and exercise intervention study that is being conducted in rural and urban elementary schools across North Carolina; and NINR-supported research on coping-skills training for young adults with diabetes. In FY 2000, said Grady, NINR will increase its emphasis on diabetes research, including looking at diabetes self-management strategies that include cultural, ethnic, and age-related factors. NINR will also identify ways to facilitate adherence to regimens that require close adjustments in medication and food intake, said Grady.

**Office of AIDS Research.** Recently appointed Director of the NIH Office of AIDS Research (OAR) Neal Nathanson said that the \$7 million in additional funding provided to the OAR will fund the Clinton Administration's and the Congressional Black Caucus's October 1998 initiative to address the disproportionate impact of HIV/AIDS on minority populations. The resources, said Nathanson, will support projects to: increase the number of minority investigators conducting behavioral and clinical research; target the links between substance abuse, sexual behaviors, and HIV infection; and increase outreach education programs for minority physicians and at-risk populations. Nathanson said that the OAR is focusing on interventions that address co-occurrence of other STDs, drug abuse, mental illness, as well as those that consider the role of culture, family, and other social factors in minority communities.

**National Institute on Aging.** National Institute on Aging Director Richard Hodes emphasized that studies are showing that America's older population is becoming healthier and more fit. The Institute will continue to promote research on the causes and economic consequences of the decline in disability rates with the goal of further accelerating these improvements, said Hodes. He emphasized that lifestyle changes can effectively reduce the risk of major disease.

**National Institute on Drug Abuse.** Alan Leshner, Director of the National Institute on Drug Abuse (NIDA), told Subcommittee members that while there is a strong scientific base to more systematically approach how we treat people with addictions. . . there are a number of other promising therapies that have not yet been tested on a large scale or in diverse populations. Leshner cited this as one of many reasons that NIDA is launching the National Drug Abuse Treatment Clinical Trials Network. (See *UPDATE*, January 25, 1999) The plan is to establish the necessary infrastructure to enable the field to more rapidly test and bring new science-based treatments to real-life settings. He noted that building the Network is a major priority for the drug abuse field and was the principal recommendation of the Institute of Medicine's report *Bridging the Gap Between Practice and Research*. Regarding prevention research, Leshner noted that NIDA is entering what many would consider the next generation of drug prevention research. NIDA's agenda will reflect the Institute's commitment to direct prevention interventions to the specific needs of different groups of young people at risk for drug abuse.

**National Institute of Mental Health.** National Institute of Mental Health Director Steven Hyman reminded the Subcommittee that according to the Global Burden of Disease study, sponsored by the World Health Organization and the World Bank, four of the ten leading causes of disability are mental disorders, including the number one cause, major depression. In his written testimony, Hyman emphasized that there is a dearth of qualified investigators in the

field of children's mental health research. To address this, NIMH has issued a special Request for Applications to create incentives for experienced investigators to move into this field.

**John E. Fogarty International Center.** Appearing before the Subcommittee for the first time, FIC Director and NIH Associate Director Gerald T. Keusch, told the Subcommittee that he hopes to foster new partnerships among institutions involved in global health, including development agencies and industry. According to Keusch, research ethics are one of the Center's new initiatives for FY 2000. FIC proposes to develop novel training programs designed to increase the number of investigators in developing nations with expertise in applied research ethics. Keusch also noted that an initiative planned in cooperation with the World Bank will examine the economic implications of health investments. Several lines of evidence suggest that health may be a precondition for economic enrichment of a society at the population level and for its lowest income groups at the household level, said Keusch.

## **APRIL 19, 1999, NUMBER 7**

### **CONGRESS ADOPTS BUDGET RESOLUTION: LIMITS ON SPENDING REMAIN**

The House and Senate agreed on the Budget Resolution for FY 2000 on April 15, thus meeting the statutory deadline for only the second time since enactment of the 1974 budget act. The Republican leadership did not want a repeat of last year when House-Senate differences prevented any resolution from adoption. Budget resolutions set parameters and guidelines for the appropriations and tax committees to do their work later in the year. The President does not sign or veto the resolution and thus, it does not have the impact of law.

The adopted resolution assumes that Congress will stick to the spending caps or limitations from the 1997 balanced budget agreement. This could severely limit the appropriators from meeting all the demands for new spending on defense, the **National Institutes of Health (NIH)**, education, and other activities of the federal government. The resolution provides \$536.3 billion in discretionary budget authority for FY 2000 and \$570.9 billion in outlays, compared to FY 1999 totals of \$566.3 billion in budget authority and \$572.9 billion in outlays. Budget authority (BA) is the commitment of funds in one year that may be spent over a period of years. Outlays are the funds actually spent by federal agencies during a fiscal year.

The outlays for domestic spending programs including research and education could be hit, because of a demand for increased defense spending, although not on defense research. The resolution set non-defense discretionary spending at \$246.3 billion, or \$43.7 billion less than the appropriated level for FY 1999 including the emergency spending, that provided a way out of the caps dilemma last year. Non-defense outlays are set at \$293.2 billion or \$6.1 billion below last year. A possible solution and a way around the budget caps, thus relieving the pressure on domestic programs would be to include the proposed defense increases in the supplemental appropriations bill now under discussion to pay for the operations in Kosovo.

Another opportunity to circumvent the caps could come in July. The Congressional Budget Office (CBO) is expected to announce its mid-year forecast for FY 2000. CBO's earlier forecast projected a \$130 billion surplus. This figure relies on the excess in the Social Security Trust Fund, leaving a non-Social Security deficit of \$5 billion. Republicans want to keep the Social Security surplus off-limits from increased spending. If the CBO forecast provides a real surplus, one without relying on the Social Security Trust Fund, then appropriators may be given some leeway.

Complicating this further is the budget resolution's direction that the Senate Finance and House Ways and Means committees will report by mid-July legislation that would cut taxes by \$143.5 billion in the next five years and by \$777.9 billion in the next ten years. Although there is no assumed net tax cut in FY 2000, Republicans are hoping to squeeze about \$15 billion in reductions, also using the new CBO forecasts as justification.

The Science function (#250), which includes National Science Foundation (NSF), National Aeronautics and Space Administration (NASA) and the Department of Energy science programs, received \$18.2 billion in budget authority

and \$18.0 billion in outlays in the resolution. This is about a \$900 million decrease in BA from 1999 and a freeze in outlays. The budget resolution includes language that a continuation of the pattern of budgetary increases for biomedical research will occur.

With the budget resolution passed, attention now turns to the appropriations subcommittees, who will begin their markups sometime next month. Before those decisions are made the division of the allocation to the appropriations subcommittees, known as the 302(b) process will take place. This will provide how much, for example, the House Veterans Affairs (VA), Housing and Urban Development (HUD) and Independent Agencies panel will have to allocate funds to NSF, NASA, HUD, VA, Environmental Protection Agency, and the other agencies under its jurisdiction. The House hopes to complete action on the 13 appropriations bills before June 30. Although most observers believe before the August recess is more realistic. The Senate will move somewhat more slowly, as usual, with the huge Labor, Health and Human Services, and Education bill likely to move the slowest of all. Of course, by then the President will also become an important player in the process. Stay tuned!

## **MAY 31, 1999, NUMBER 10**

### **APPROPRIATIONS OFF TO ROCKY START: CAPS LEAD TO CUTS IN ALLOCATIONS**

The march toward passage of the Fiscal Year (FY) 2000 appropriations bills is stalled in the quagmire of the spending limitations imposed by the Balanced Budget Agreement of 1997. The caps on spending, viewed as unrealistic in this new era of budget surpluses, have led one appropriations staffer to suggest playing golf until September, when serious negotiations between the Congress and the White House will begin. The words "government shutdown" have already appeared in the press.

Despite all this, both Houses have tried to move the process forward. The allocations to the thirteen Appropriations Subcommittees have been made. Many view the allocations as tentative and are already seeking ways to ameliorate some of the damage. The Defense Subcommittee received a significant increase over last year's appropriated level; \$19 billion in the House and \$14 billion in the Senate. To accommodate this boost, the Labor, Health and Human Services, Education Subcommittee received \$10 billion less in the House and \$8 billion less in the Senate. To try and double the **National Institutes of Health's (NIH)** budget under these numbers would create havoc with the other portions of the bill. The allocation to the VA, HUD, Independent Agencies Subcommittee, funder of the National Science Foundation, was \$5.7 billion less in the House and \$9.6 billion less in the Senate. Under these allocations, NSF could not possibly expect an increase, since VA Medical Care and HUD Section 8 housing are higher priorities for the Subcommittee. The former because of traditional support, the latter because of legal requirements. The Commerce-Justice-State Subcommittee received \$3 billion less in the House and \$2.5 billion less in the Senate. If these numbers hold, which most expect they will not, it will be very difficult to enact the three bills.

House Speaker Dennis Hastert's (R-IL) hope to pass three of the thirteen appropriation bills before Memorial Day will not happen. Representative Tom Coburn (R-OK) has stalled the agriculture bill by trying to amend it to death. Coburn has threatened to offer 115 amendments to the bill, including attempts, so far unsuccessful, to reduce research spending. Coburn is upset that the bill spends too much. The Appropriations Committee has already reduced the National Research Initiative program by almost \$14 million from the FY 1999 level. It also continued to prohibit funding of the Fund for Rural America and the Initiative for Future Agriculture and Food Systems.

The Republican leadership pulled the Treasury, Postal Service, General Government bill from full committee markup, because of threats by Democrats to add gun control amendments. Thus, Representatives James Walsh (R-NY) and David Price (D-NC) never got a chance to offer their amendment prohibiting the implementation of the

changes to OMB Circular A-110 regarding data release policy until a study is made (See *UPDATE*, May 17, 1999). The Legislative Branch bill never made it to the House floor either.

### **JUNE 14, 1999, NUMBER 11**

#### **APPROPRIATIONS TRAIN STARTS MOVING; CAPS STILL IN PLACE**

After a meeting of House Republicans where Speaker Dennis Hastert (R-IL) implored his colleagues to stick together so that the House could pass legislation and also maintain their slim majority in the 2000 election, the Fiscal Year (FY) 2000 appropriations process began to pick up a little speed this past week. Hastert also conceded that his earlier strategy of trying to move the "easy" appropriations bills by providing them extra allocations was not working. He agreed to shift funds from the allocation for the defense bill to domestic spending bills, including the two most troublesome, Labor, HHS and Education, and VA, HUD, and Independent Agencies, (including NSF). The caps, or spending limitations, that have made this year's process so difficult, remain in place, however.

Whether these shifts will be enough to make up for the still significant shortfalls for these latter two bills is unclear. One indication that they will not is the continuing complaint of Labor, HHS, Education Subcommittee Chairman Representative John Porter (R-IL), who maintains his Subcommittee still lacks the funds to provide for the National Institutes of Health (NIH), other health related agencies, and the education programs that he wants to accommodate.

In the meantime, the House has passed the FY 2000 Agriculture and Rural Development, and the Legislative Branch appropriations bills. The Transportation bill has moved out of full committee and is ready for floor action. The Treasury, Post Office, and General Government funding has still not reached full committee markup yet. Thus, the Walsh-Price amendment to overturn the provision regarding scientific data release through the Freedom of Information Act remains unoffered.

On the Senate side, the FY 2000 Defense Appropriation bill has passed. The Commerce, Justice, State, and Judiciary, the Energy and Water Development, the Legislative Branch, Military Construction, and Transportation bills have emerged from the full committee markup. Senate Appropriations Committee Chairman Ted Stevens (R-AK) has noted that the Committee would work within the budget caps, and pledged that the Committee would approve all 13 appropriations bills by the July 4<sup>th</sup> holiday recess.

### **JULY 12, 1999, NUMBER 13**

#### **NEW SURPLUS ESTIMATES STIR SPENDING- TAX CUT BATTLE**

As Congress returns from the Independence Day recess, it faces the ever familiar budget battles that Congressional leaders vow to push forward to solve before the August recess, but that usually are not resolved until the new fiscal year looms in late September or even after it begins in early October. Once again, the legislative task may be eased by the latest estimates from the Office of Management and Budget and the Congressional Budget Office of a growing surplus. However, as election year politics have already begun, the Republicans have urged major tax cuts, while the administration has other ideas.

With estimates of the surplus hitting over a trillion dollars over the next ten years, the arguments over spending limitations that have bogged down this year's appropriations process seem silly. Yet some of the surplus forecasts are based on maintaining spending discipline in order to provide reduced interest payments in the future. The administration seems poised to accept some tax reductions, mostly targeted, but not without some solutions to the shortfalls in Social Security and Medicare. The administration would also like to see some targeted spending

increases, particularly in education. The House Republicans, through Ways and Means Committee Chairman Representative Bill Archer (R-TX) are set to propose across-the-board tax rate reductions. Archer's counterpart in the Senate, Finance Committee Chairman William Roth (R-DE), appears to favor a more flexible approach to cutting taxes and Social Security and Medicare solutions. A compromise somewhere down-the-road appears in the offing, although there are some in Congress who might like a campaign instead of a solution.

### **Appropriations Committee To Move Bills**

The GOP leadership has vowed to keep the appropriations process moving, even though some of the bills that emerge from the Committee deliberations will likely cause much consternation without some adjustments to provide increased funds for the panels to divide. So far, seven of the 13 bills have passed the Senate, but only three have received House approval. The VA, HUD, Independent Agencies bill, which funds the National Science Foundation (NSF), is expected to be considered in both the House and Senate committees in the next two weeks. If the committees do not receive increases in their allocations, the numbers for NSF may not look very good. The House and Senate committees will also try to produce a Labor, Health and Human Services, Education appropriations bill to fund NIH, the other health related agencies, and the education programs. Again, severe problems with the allocation may make it difficult to repeat the 15 percent increase for NIH advocated by the health research community. If the large increase does occur, education programs may suffer severely.

The Senate has moved the Commerce, Justice, State bill through its committee (See *UPDATE*, June 14, 1999) without too much controversy on the Census. It has been the House that has always provided the more difficult path for this bill, which also funds the National Institute of Justice and the Bureau of Justice Statistics. Mark up in the House should also occur in the next few weeks.

The Agriculture and Rural Development funding bill is one of the few that has passed the House (See *UPDATE*, June 14, 1999). The bill emerged from the Senate committee on June 17, but it has yet to reach the Senate floor. The Senate panel, like the House, rejected the administration's major increase for the National Research Initiative Competitive Grants program (NRI). The Senate committee provided \$119.3 million, the same as last year for the NRI, and \$13.9 more than the House. The Senate committee report also included language encouraging greater support for economics research in the NRI. For the Hatch Act Formula Grants, the Senate committee matched the House number of \$180.6 million, same as last year, and another rejection of the administration's attempt to reduce funding for this program. Special grants received \$54.3 million from the Senate panel, less than the \$62.9 million in the House. In the past the final appropriation for Special Grants has usually exceeded both the House and Senate figures.

The Economic Research Service (ERS) received \$65.4 million from the Senate committee. This includes \$12.2 million for food assistance studies and evaluations, of which \$2 million is transferred to the Food and Nutrition service. The House provided \$70.3 million. The National Agricultural Statistics Service was appropriated \$99.4 million, a decrease from the \$104 million allocated in FY 1999, and slightly less than the House level of \$100.6 million. From the FY 2000 recommendation, the Senate panel provided \$16.5 million for the Census of Agriculture.

All other appropriation bills are expected to move forward in the process before the August recess. However, some may remain mired down in disputes that do not necessarily have to do with funding levels. The Treasury, Postal Service, General Government bill has been held hostage in the House until some resolution occurs on gun control legislation. The full appropriations panel will try to complete the markup on July 13. A vote is expected on the Walsh-Price amendment to delay implementation of the A-110 circular revisions regarding data release through the Freedom of Information Act.

**JULY 26, 1999, NUMBER 14**

**CONGRESSWOMAN PREVIEWS LABOR, HHS, EDUCATION APPROPRIATIONS**

Seeking to develop a FY 2000 appropriations bill, despite a \$12 billion allocation shortfall due to congressionally-mandated budget caps, Representative John Porter (R-IL), Chair of the House Appropriations Subcommittee on Labor, Health and Human Services and Education and Related Agencies scheduled a markup of his Subcommittee's bill Wednesday, July 21. Indicative of just how hard a task it will be to pass such a bill, the markup was canceled. House leaders have cited the inability to come up with the necessary resources to pass the bill. Senate Appropriations Chairman Ted Stevens (R-AK) reportedly has indicated that he will seek to break the budgetary spending caps by adding nearly \$10 billion to the Senate version of the bill.

Representative Nita Lowey (D-NY), a member of the Subcommittee, told a breakfast meeting sponsored by the Ad Hoc Group for Medical Research Funding the morning of the postponed markup, that Chairman Porter intends to propose a \$1.3 billion, or nine percent increase, for the National Institutes of Health (NIH). Lowey suggested that nine percent is a "stunning increase" for the NIH given the budget constraints this year and that the agency "cannot have it all." Funding for NIH, she said, "should not come at [the expense] of all other programs" funded within the bill. Lowey noted that Porter would really like to provide a \$2.3 billion increase in FY 2000 funding for NIH. Noting his description of the unprecedented 15 percent increase in FY 1999 as "dollars from the sky," Lowey said the numbers floating around for FY 2000 budget are not real.

She noted that there are so many good, important, programs with strong constituencies in the Subcommittee's bill. It is a constant battle to fund them all at reasonable levels, Lowey explained. No one wins when we pit one program against another. Citing her support for education, the Centers for Disease Control and Prevention, the Agency for Health Care Policy and Research, Health Services Resource Administration, Substance Abuse and Mental Health Administration, school-to-work programs, worker training programs, as well as for NIH, Lowey emphasized that there is room for streamlining and elimination. She stressed that evaluation components were needed for some programs. The problem, she said, is how to legislate excellence. It is very difficult to do, said Lowey.

Added to the numerous sticking points in the bill, Lowey indicated that Representative Jay Dickey (R-AR) may offer an amendment regarding stem cell research during full Appropriations Committee consideration of the bill. C should the bill make it there. The amendment would reverse an NIH legal opinion allowing the use of stem cells by NIH-funded researchers. Lowey noted that it was a difficult issue and that more research on the ethical, legal, and social implications of the research is necessary. The use of stem cells in research provides the possibility for treatment, cure and relief of suffering. The possibilities are "too great to close off the research," she concluded.

## **SEPTEMBER 13, 1999, NUMBER 16**

### **CONGRESS RESUMES WORK: NSF CUT \$10 MILLION MORE IN HOUSE**

Congress returned to Washington on September 8 faced with a new Fiscal Year only 23 days away and an appropriations process mired in spending cap induced difficulties. With the President poised to veto the tax-cut bill Congress passed earlier in the year and the limitations on spending produced by the 1997 budget agreement still in place, there is endless speculation on end-game scenarios. For the moment, neither the White House nor the Congress appears ready to move to compromise.

Only two of the thirteen FY 2000 spending bills have reached the President's desk. The other 11 are in various stages of the process. The most difficult bill, the Labor, Health and Human Services, and Education appropriation has yet to receive a mark-up in either the House or Senate subcommittees. Many of the bills further along in the process are threatened with presidential vetoes, including the VA, HUD, Independent Agencies bill, which funds the National Science Foundation, and the Commerce, Justice, State bill, which funds the Census Bureau and the Department of Justice's research and statistics agencies. As the new Fiscal Year looms and the appropriations process stalls, preparations are already underway for a (or a series of) Continuing Resolutions to allow the government to function.

## **SEPTEMBER 27, 1999, NUMBER 17**

## **SENATE SUBCOMMITTEE APPROVES LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION FUNDING BILL**

Chock full of accounting gimmicks and sleight-of-hand, the House Labor, Health and Human Services, and Education Appropriations Subcommittee approved by an 8-6 party-line vote the bill which funds the National Institutes of Health and the Department of Education. Subcommittee Chair Representative John Porter (R-IL) designated nearly \$15 billion as forward funding C an accounting gimmick that puts off funding until Fiscal Year 2001 and, therefore, does not count against the FY 2000 budget caps. The bill will next be considered by the full House Appropriations Committee, likely to occur the week of September 26.

### **NIH Receives Another Big Increase**

Reflecting an ongoing commitment to biomedical research, the Subcommittee-approved bill increases the National Institutes of Health's budget by \$1.3 billion or 8.5 percent from its FY 1999 funding level of \$15.6 billion to \$16.96 billion in FY 2000. The President had requested a funding level of \$15.9 billion for the agency. Other programs within the Public Health Service, however, were funded at or near their FY 1999 levels.

The Centers for Disease Control and Prevention (CDC) received a less generous 1.6 percent or \$44 million increase from the Subcommittee, raising its funding to \$2.81 billion from \$2.77 billion.

The Agency for Health Policy and Research (AHCPR) is funded at \$175.1 million, an 1.3 percent increase of \$2.2 million in FY 2000 funding. The allocation is \$31 million less than the president's request and \$50 million less than the \$225 million recommended by the Friends of AHCPR.

Currently, the Senate Labor-HHS-Education Subcommittee chaired by Senator Arlen Specter (R-PA) is scheduled to mark up its version of the FY 2000 bill, Monday, September 27 at 6:00 pm. The Senate Appropriations Committee will consider the Subcommittee bill on Tuesday, September 28. The House Appropriations Committee is scheduled to consider its Subcommittee's bill on Thursday, September 30. This schedule, of course, is subject to change at a moment's notice.

## **OCTOBER 11, 1999, PART 1, NUMBER 18**

### **FULL SENATE AND HOUSE COMMITTEE APPROVE LABOR-HHS-ED FUNDING BILL**

The full Senate on October 7<sup>th</sup> and the House Appropriations Committee have approved their separate versions of the appropriations bills that provide funds for the Departments of Health and Human Services, including the National Institutes of Health (NIH); the Department of Education, including the Office of Educational Research and Improvement (OERI); and the Department of Labor, including the Bureau of Labor Statistics (BLS). The full House is expected to consider its bill starting October 12<sup>th</sup>.

The two bills contain a large amount of advanced or forward funding which allowed each of the appropriations committees to provide funding for programs without breaking the highly constricting budget caps established through the 1997 Balanced Budget Act. The Senate bill included \$16.5 billion as advanced funding, while the House Committee included \$20 billion as forward funding. While providing room for the 2000 fiscal year, this accounting gimmick will likely put Congress in an even tougher position next year when it attempts to craft spending bills for FY 2001.

### **National Institutes of Health**

Despite the fiscal restraints of the cap, both the House Appropriations Committee and the full Senate provided generous budget increases for the National Institutes of Health (NIH) for Fiscal Year (FY) 2000. The House

Committee, chaired by Representative John Porter (R-IL), provided an 8.5 percent or \$1 billion increase to raise NIH funding to \$16.96 billion from its current year funding level of \$15.6 billion. The full Senate, following the lead of the Appropriations Subcommittee chaired by Arlen Specter (R-PA) and the full Appropriations Committee chaired by Senator Ted Stevens (R-AK) provided an even more generous budget, recommending a \$2 billion increase, providing the NIH with a budget of \$17.61 billion for FY 2000.

In its report the Senate observed that **A**[r]esearch is the bridge that supports the continuum of scientific progress - from inventive ideas to practical application. The keystone of that bridge is the National Institutes of Health.<sup>@</sup> The issue of priority setting, the subject of congressional hearings earlier this year (See *UPDATE*, May 17,1999), is **A**regrettably, . . . a by-product of fiscal pressures that bear no relation to the valuable contributions medical research has made to society.<sup>@</sup>

The Senate report noted that it **A**rejects any approach that would essentially reduce medical research funding to a competition pitting one disease against another. Except in rare circumstances, research priorities reflect a collective judgement that should take into account health factors, disease burden, public input and scientific opportunity.<sup>@</sup> Further emphasizing that it will turn to the **A**scientific experts<sup>@</sup> at NIH and elsewhere for guidance, the Committee stressed that it ultimately **A**bears the responsibility for determining how taxpayers=dollars are spent and will maintain vigorous oversight over the NIH's stewardship of appropriated funds.<sup>@</sup>

Similarly, the House Appropriations Committee emphasized that it **A**views NIH as one of its very highest priorities and has made difficult resource allocation decisions throughout the bill to provide what it believes is the necessary funding level for the NIH.<sup>@</sup> The Committee also highlighted that it **A**believes that NIH should distribute funding on the basis of scientific opportunity . . . [stating that it has allocated] the Institute appropriations consistent with the distribution recommended by NIH and reflecting the Director's judgement of scientific opportunity.<sup>@</sup> Accordingly, the House Committee report contains far less direction for the NIH than that of the Senate **A**to enhance NIH's flexibility to allocate funding based on scientific opportunity.<sup>@</sup>

**Social and Behavioral Science C** Recognizing the growing awareness of the behavioral underpinnings of disease: heart disease, AIDS, suicide, lung cancer, liver disease, developmental, neurological, and cognitive disorders, among many others, can be directly or indirectly attributed to unhealthy behavior, the Senate urged the NIH to provide a detailed description of the agency's ongoing work in behavioral sciences **C** both training and research activities.

The Senate also cited its concern regarding the progress made by the NIH and the Office of Behavioral and Social Sciences Research (OBSSR) in increasing the behavioral and social science research portfolio. The Senate stated in its report that **A**while some progress has been made . . . two-thirds of morbidity and mortality cases have behavioral origins. It also encourages additional growth in the areas to help improve the health outcomes of Americans.<sup>@</sup> OBSSR is further urged to emphasize the need for all of the NIH Institutes to fund behavioral and social science research to improve adherence to medical regimes, exercise, and weight reduction programs. The Senate also expressed its concern regarding the lack of implementation of the National Academy of Sciences=recommendations to enhance behavioral research training.

### **NIH Urged to Provide Additional Funding to OBSSR**

The Senate commended the OBSSR, however, for its leadership on the NIH-wide priority of reducing health disparities and examining the interactions of the mind and body in determining health. NIH is urged **A**to provide additional funding for OBSSR to continue and expand efforts to promote interdisciplinary research and training in areas where psychological, environmental, and biological conditions intersect to determine health status.

NIH Institutes and Centers pursuing cancer-directed research agendas are urged by the Senate to increase their funding for population and behavioral research, including increasing their recruiting and training efforts to attract more candidates from ethnic minority and medically-underserved populations. The House Committee also recommended that the NIH develop a strategic plan to address the recommendations of the Institute of Medicine report, *The Unequal*

*Burden of Cancer.* (See *UPDATE*, January 25, 1999). NIH is again encouraged by the House Committee to enhance funding for population, behavioral, socio-cultural, communications, and community-based research, in addition to enhancing its recruitment efforts.

The House Committee further stated its belief that the NIH should place a greater emphasis on population-based research strategies targeted at precluding the development of disease or postponing its symptomatic onset through personal habits and factors in the social and physical environment. The NIH Director is requested to be prepared to testify on population-based prevention research at the FY 2001 appropriation hearing.

**National Cancer Institute (NCI) C** The House Committee recommended a funding level of \$3.163 billion (a \$261.4 million increase); the Senate recommended \$3.286 billion (a \$384.5 million increase) for NCI.

The Senate, which held hearings earlier this year on the unequal burden of cancer, stated that it believes health service research involving and affecting women and girls, particularly minorities, has not received adequate attention.

NCI is encouraged to develop and evaluate behavioral interventions for health promotion and disease prevention for minority women and girls, including changing diet and exercise; smoking cessation; and the impact of psychosocial factors on the primary prevention of cardiovascular disease, and breast, cervical, and ovarian cancers in African-American women.

NCI is commended for its behavioral science research, specifically for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. The Committee is particularly interested in expanding health promotion research focused on children and adolescents. NCI is encouraged to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

**National Institute of Child Health and Human Development (NICHD) C** NICHD is provided an appropriation of \$848 million, a \$76.3 million increase by the Senate and \$817.5 million, a \$69.1 million increase over FY 1999. Both the House Committee and the Senate encouraged the Institute to continue its support of demographic research on fatherhood, early childbearing, welfare-to-work transitions, health disparities, and the causes and impacts of migration within and across U.S. borders. NICHD is also urged to address training and infrastructure needs in demographic research.

Recognizing that NICHD is the lead agency on the National Longitudinal Study of Adolescent Health (Add Health) which has already begun to yield invaluable information on family, schools, and communities—effects on the behaviors of teenagers and its impact on their health, the House Committee encouraged NICHD to continue the study. Likewise, the Senate also commended NICHD for the Add Health study and also encouraged the Institute to fund a follow-up study to provide for a fuller picture of the health, and health risks of adolescents.

The Senate lauded NICHD for building the infrastructure to enhance research on child development and behavior. The report urges NICHD to identify how the behavioral roots of chronic diseases are established, and to help mediate critical behaviors that can lead to life threatening events. NICHD is further encouraged to support projects that investigate family functioning and child rearing practices and their effects on child well-being and success among cultural minority groups.

The Senate also noted that as increasing numbers of adolescent women become sexually active, it is important that factors associated with young women's sexual decision making, particularly within an interpersonal context, be understood. NICHD is encouraged to focus attention on social, behavioral, and developmental factors that contribute to sexual decision making among minority women, particularly young people.

**National Institute on Aging (NIA) C** The Senate recommended \$680.3 million (a \$80.2 million increase) and the House Committee recommended \$651.7 million (a \$51.5 million increase). NIA, like NICHD, is commended by both the House Committee and the Senate for building and sustaining high quality data infrastructures needed to examine

the changing patterns of old age, disease, and disability.<sup>6</sup> Both the Senate and House Committee noted the importance of the Health and Retirement Survey.

**National Institute of Nursing Research (NINR) C** The Senate provided NINR \$90 million (a \$19.9 increase), with the House Committee providing \$76.2 million (a \$6.2 million increase). The Senate encouraged the Institute to take advantage of significant new research opportunities: enhancing adherence to diabetes self management behaviors; biobehavioral research for effective sleep in health and illness; collaborative clinical trials for adherence, decision making, and managing symptoms in AIDS and cancer.

NINR's slow growth compared to the rest of NIH in general is highlighted by the Committee. Accordingly, NIH is urged to increase funding in this area to permit NINR to take advantage of these significant new research opportunities. The Institute's efforts to understand and reduce the burden of health problems in multiple socioeconomic, race, and age groups is commended for its responsiveness to society's present needs. The Committee also agreed that research is needed to understand the complex relation between behavior and the immune system.

**National Institute on Alcohol Abuse and Alcoholism (NIAAA) C** The Senate provided a budget recommendation of \$291.2 million (a \$32 million increase) and the House Committee provided a recommendation of \$279.9 (a \$20.7 million increase) for NIAAA. The efforts of the NIAAA's Advisory Council Subcommittee on College Drinking are strongly supported by the Senate. The House Committee, noting the correlation between alcohol abuse and domestic violence, commended NIAAA for pursuing this line of research and urged its continuation.

**National Institute on Drug Abuse (NIDA) C** The Senate recommended \$682.5 million, (a \$74.6 million increase), while the House Committee provided \$656.6 million (a \$48.6 million increase).

The Senate stated that it understands behavioral intervention is a critical element in halting drug abuse.<sup>6</sup> It continued to support NIDA's expansion of its behavioral science portfolio and views NIDA as a model of how to approach its behavioral science and public health responsibilities.<sup>6</sup> The House Committee noted that it is pleased that NIDA has developed a children and adolescent research initiative. NIDA is encouraged to expand its research portfolio into areas of co-occurring mental disorders, developmental consequences, prenatal exposure, genetic vulnerability, and environmentally protective and risk factors.

**National Institute of Mental Health (NIMH) C** The Senate provided \$969.5 million, (a \$93.5 million increase) and the House Committee recommended \$930.4 million (a \$75.2 increase) for FY 2000.

The Institute is encouraged by the Senate to focus more attention on research into the prevention, intervention and treatment of violence against women, including behavioral and psychosocial factors, and large-scaled clinical trials. Noting that twice as many women as men are affected by a depressive disorder in the United States, the Senate stated that more research is needed to understand, treat, and prevent these disorders in women, including the link between hormonal, psychological, social, and cultural factors. The Committee further noted that more research is particularly needed to identify risk and protective factors during girls=adolescent years and other populations of women.

**John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) C** The Senate recommended a budget of \$43.7 million (an increase of \$8.3 million); the House Committee recommended a budget of \$40.4 million (a \$5 million increase) for the FIC.

The Senate underscored FIC's three new interdisciplinary initiatives in bioethics, health and economic development, and ecology of infectious diseases. The report noted that the new programs will address a number of important issues: research and research ethics to improve understanding of local value systems in interpreting and implementing ethical precepts in internationally-based research; the correlation between the health status of people and an increase in economic productivity; and the assessment of habitat-level changes in biodiversity that may affect disease prevalence in humans.

**Office of AIDS Research (OAR) C** Both the full Senate and the House Committee continued to not provide a direct appropriation for the OAR as requested by the President. As such, funding for AIDS research is included in each of the Institutes=and Centers=appropriation. The recommendation, however, included a general provision directing the funding for AIDS research, as determined by the NIH Director and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with its AIDS research plan. The 3 percent transfer between Institutes and Centers is retained.

**National Institute of General Medical Services (NIGMS) C** The National Institute of General Medical Sciences is noted for its lack of support for behavioral science research training by both the House Committee and the Senate, and is urged to consult with the Office of Behavioral and Social Sciences Research to develop a plan. The Senate further urges NIGMS to follow up an Institute-sponsored symposium on the Biology of Stress with a request for applications. The House Committee encourages the Institute to support basic behavioral research and training and to consult with the behavioral science community and other Institutes to identify priority research and training areas.

**National Institute of Allergy and Infectious Diseases= (NIAID) and National Institute of Arthritis and Musculoskeletal and Skin Disease (NIAMS) C** The Senate notes that the portion of NIAID and NIAMS research portfolios devoted to social and behavioral sciences research are Asignificantly lower than the NIH average.@ NIAID and NIAMS are urged to fund promising social and behavioral science. Additionally, both Institutes are further admonished to give favorable consideration of research that pertains to social and behavioral factors relating to the adherence to medical regimens.

### Centers for Disease Control and Prevention

Not as lucky in its receipt of funding from appropriators as the NIH, the Centers for Disease Control and Prevention (CDC) received barely more than a 1 percent increase in its budget C not enough to keep up with inflation. The Senate provided the agency with a FY 2000 funding level of \$2.802 billion, \$31.5 million above the FY 1999 funding level, \$17.6 million below the President=s request, and \$ 7.6 million below the \$2.810 billion recommended by the House Committee.

**Prevention Centers C** The Senate recommended \$15.5 million, a \$2 million increase, while the House Committee recommended \$17.5 million, a \$4 million increase. The Senate encouraged the CDC Ato consider establishing a focus on prevention marketing and behavior change strategies for enhancing health in disadvantaged communities.@ The Senate also observed that it is Asupportive of a peer review process that takes into account the scientific and public health merits of proposals.@ The Committee stressed that it continues to support within the prevention center program a tobacco prevention research network Ato increase the knowledge base on the most effective strategies for preventing and reducing youth tobacco use, as well on the social, physiological and cultural reasons for tobacco use among children.@

**Chronic and Environmental Disease Prevention C** The Senate recommendation included \$318.4 million (a \$19 million increase). The House Committee provides \$315.5 million (\$21.1 million increase), with an additional \$5 million for the Public Health and Social Services Emergency Fund for the environmental health laboratory.

The Senate noted that A[i]n many instances, premature death, avoidable illness, and disability are caused by personal behavior, exposure to toxic substances, and/or natural disasters. Prevention for the occurrence and progression of chronic diseases, therefore, is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promoting practices, detecting disease early to avoid complications, assessing human risks from environmental exposure, and reducing or eliminating exposures to environmental hazards.@

Both committees emphasized that diabetes remains a leading cause of early death and disability and underscored that obesity and lack of physical activity continue to place adults at greater risk of diabetes. The House Committee

further encouraged the CDC to enhance funding for diabetes prevention activities as well as the comprehensive grant program highlighted in the Diabetes Research Working Group Report. (See *UPDATE*, April 19, 1999)

**Injury Control C** For the CDC's injury control efforts, the Senate recommended \$82.8 million (a \$25.2 increase). Included in the recommendation is an additional \$6 million from the violent crime reduction trust fund for domestic violence activities authorized by the Violence Against Women Act. The House Committee recommended \$57.8 million (last year's level). The House Committee report also retains a limitation included in previous Appropriation Acts to prohibit the National Center for Injury Prevention and Control from engaging in any activities to advocate or promote gun control.

The Senate report includes \$11 million for additional services, research and public education geared toward the reduction of violence against women. The Injury Control Research Centers are recognized for their outstanding achievements in multiple research areas and for having excelled in discovering what prevention and treatment measures work.

**Health Statistics C** For the CDC's National Center for Health Statistics (NCHS), the Senate recommended a program level of \$109.6 million to be provided from the Public Health Service (PHS) one-percent evaluation and set-aside funds, matching the President's request (a \$15 million increase). The House Committee provided a total of \$94.6 million in funding, \$71.8 million of that is from the one-percent evaluation set-aside.

The Senate increase in funding is for the National Health and Nutrition Examination Survey (NHANES), the only national source of objectively measured health status data. The Committee noted that the national health care system and the PHS would be well served by the development of a public health index that would serve as a benchmark for the overall progress of the nation's health status. NCHS is called upon to begin feasibility studies on the establishment of a national index and to report to the Committee within six months after passage of the legislation.

**Self-care and Preventive Medicine C** The Senate emphasized that it is aware of unique opportunities in research and training from self-care techniques that integrate mind-body approaches to health. The Committee urges the agency to establish a sustainable pilot program that would begin an interdisciplinary approach to the mind-body medicine and to assess their preventive health impact.

**Violence Against Women C** Both the House Committee and Senate, in identical language, note that they expect the CDC to take the lead in a collaborative effort between CDC and the Department of Justice in researching the behavioral and psychosocial factors relating to violence against women, especially as women seek health care. The House Committee also encouraged CDC to support efforts to change social norms by working with key national partners to reach children and adolescents . . . and conduct research on behavioral change to help understand the specific social norms that support violence against women.

### **Assistant Secretary for Planning and Evaluation (ASPE)**

The Senate recommended \$15 million for ASPE, \$1 million more than the current year funding and the administration's request. The House Committee recommended funding ASPE at the current year's funding level, or \$14 million.

### **Agency for Health Care Policy and Research (AHCPR)**

For the AHCPR, the Senate recommended \$211.3 million (a \$38.4 million increase); the House Committee recommended \$175.1 (a \$4 million increase) in funding for FY 2000. The Senate urged the agency to enhance its investment in health services research devoted to improving the quality and outcomes of children's health care, including support for research, research centers, and training. AHCPR's efforts to rebuild its investigator-initiated research and career development program is commended by the Committee. Similarly, the Committee noted that it is supportive of AHCPR's effort to establish a children's health services agenda.

**NOVEMBER 8, 1999, NUMBER 20****NIH RECEIVES BIG BOOST IN VETOED SPENDING BILL**

The vetoed Labor-HHS-Education appropriations bill provided the National Institutes of Health (NIH) a generous increase. For the second year in a row, NIH's budget received a double-digit boost of 14.7 percent (\$2.3 billion) over the FY 1999 funding level. This would increase the agency's budget to \$17.9 billion in FY 2000. The proposed across-the-board cut, however, would reduce the agency's appropriation by \$174 million to \$17.739 billion, a 13.6 percent decrease. Conversely, the conference agreement includes a provision that prevents the NIH from spending \$7.5 billion of its FY 2000 budget until September 29, 2000.

For the Centers for Disease Control and Prevention (CDC), the conference report provides \$2.798 billion in funding for FY 2000, \$965 million would be delayed until September 29, 2000. The CDC's National Center for Health Care Statistics (NCHS) is provided a total of \$100 million; the President requested \$109.57 million. Seventy-one (\$71.69) million of the total appropriated to NCHS is designated under the Public Health Service one-percent evaluation set-aside funds.

For CDC's chronic and environmental diseases program, the conference report provides \$361.70 million with increases for the following activities: \$500,000 for oral health; \$500,000 for prostate cancer; \$500,000 for colorectal cancer; \$500,000 for autism; \$1 million for women's health/ovarian cancer; \$2 million for diabetes; \$5 million for nutrition/obesity; \$10 million for cardiovascular diseases; and \$27 million for smoking and health/tobacco.

The conference agreement provides \$86 million for CDC's injury control program, including the following earmarks: \$2.5 million to expand injury control centers; \$12.5 million to initiate or expand youth violence programs, of which \$10 million is for national academic centers of excellence on youth violence prevention and \$2.5 million for a national youth violence prevention resource center.

The agreement also includes \$1 million in funding to the Office of the Director to establish a sustainable pilot program that would initiate an interdisciplinary approach to mind-body medicine and assess their preventive health impact. Thirty (\$30) million is included for health disparities demonstration.

**DECEMBER 6, 1999, NUMBER 21****CONGRESS COMPLETES BUDGET: PRESIDENT AND GOP CLAIM VICTORY**

The 106<sup>th</sup> Congress completed its first session on November 20 and headed home. Seven weeks after the start of Fiscal Year (FY) 2000, Congress and the President finally agreed on all the appropriations bills. The last five were bundled together in an omnibus bill that included funding for the Departments of Labor, Health and Human Services (including the National Institutes of Health (NIH)), Education, Commerce, Justice, State, Interior, Agriculture, and the District of Columbia.

Both the President and Congress claimed victory for their priorities in the FY 2000 budget. The President achieved his goal to fund the hiring of more teachers and police officers, and to repay dues in arrears to the United Nations. The Republican-led Congress claimed it passed a budget that did not raid the Social Security Trust Fund surplus. (This is an item of much debate, depending on whose numbers you use.) They also accomplished their aim of providing more flexibility in how education funds can be spent in the States.

For final numbers regarding FY 2000 appropriations. Some of the totals may be affected by the 0.38 percent across-the-board cut agreed to in the omnibus bill. The administration and each Department determine how to implement this cut and no agency can have its budget reduced by more than 15 percent.

### **A Few Budget Highlights . . .**

The NIH led by its champion Appropriations Subcommittee chairs Senator Arlen Specter (R-PA) and Representative John Porter (R-IL) kept the momentum for doubling the agency's budget within five years. The increase of \$2.3 billion, brings NIH funding to \$17.9 billion. According to the agreement, however, \$3 billion of those funds cannot be spent until September 29, 2000. The Centers for Disease Control and Prevention received a 14 percent increase to \$3.2 billion, including the Public Health and Social Services Emergency funds. The Agency for Health Care Policy Research received a 19 percent increase, boosting its total to \$205 million. The Fund for the Improvement of Postsecondary Education (FIPSE) was once again the agency for directed spending on particular items of interest to appropriators and its budget increased to \$77 million. The Javits Fellowship program survived again, as part of the Graduate Assistance in Areas of National Need program. It received funding for two years allowing for new awards for graduate students in the social sciences, arts, and humanities.

A number of non-budgetary items remain stalled including juvenile justice legislation, which contains a version of the reorganization of the Office of Justice Programs. In addition, the reauthorization of the Elementary and Secondary Education Act and the Office of Educational Research and Improvement (OERI) remain on the agenda for the second session scheduled to begin on January 24, 2000.