Chairman Cole, Ranking Member DeLauro, and members of the Subcommittee, thank you for the opportunity to testify on behalf of the funding for the National Institutes of Health. My name is Joseph Haywood and I appear before you in my capacity as President of the Federation of American Societies for Experimental Biology (FASEB). The 27 scientific and engineering societies and more than 120,000 researchers represented by FASEB are profoundly grateful for this subcommittee’s commitment to biomedical research.

It is abundantly clear that our progress in accelerating desperately needed advances in therapies for the devastating diseases affecting my fellow witnesses and their families is dependent on a robust investment in biomedical research. Families caring for loved ones with Alzheimer’s disease and young people recovering from stroke, as well as millions of others with diabetes and other chronic diseases, are counting on Congress and the biomedical research community to give them hope for a better future. We are ALL the spouse, parent, child, dear friend, or acquaintance of someone who is relying on our nation’s scientists and physicians to develop tomorrow’s treatments. In my own family, we have experienced the heartbreak of cancer, meningitis, macular degeneration, severe arthritic disease, and diabetes. In some cases, medical advances made it possible to reverse the disease process, in others the therapeutic successes have not yet occurred. However, throughout these potentially devastating health challenges, we have always
known that research was ongoing and maybe the next cure was around the corner. It is this hope that NIH-supported research offers to families like ours and everyone in this room.

Funding for NIH has failed to keep up with inflation since 2003. This has reduced the agency’s capacity to support research by nearly 23 percent and over the last 10 years has led to a 34 percent decrease in the number of R01-equivalent awards—the primary mechanism for supporting investigator-initiated research.

Basic research discoveries and their subsequent translation to clinical applications can take many years. Budgets that are uncertain and vary in grant support from year to year make such planning difficult. There are long term consequences to the loss of personnel and scientific expertise as highly trained researchers are forced to seek employment in other fields. The future looks especially bleak if the Budget Control Act spending limits remain in place, and Congress does not eliminate sequestration.

To prevent further erosion of the nation’s capacity for biomedical research, and as a first installment of a multi-year program of sustainable increases, FASEB recommends an appropriation of at least $32 billion for NIH in FY 2016. A five year commitment to increases in federal research funding of at least five percent annually would substantially “bend the curve” and ensure that our leadership in science and technology would not be eclipsed by other nations. It would also restore the constant dollar losses NIH has experienced since 2003. We estimate that
with a budget of $32 billion, NIH could support 522 new research project grants at current funding levels with commensurate growth for other vital agency programs. This investment is critical for developing innovative technologies and new global industries to sustain the nation’s continued economic recovery and to expedite progress toward the cures that are so desperately needed for all of our loved ones.

Thank you for the opportunity to offer FASEB’s support and funding recommendation for NIH.