

Chairman Jack Kingston
Subcommittee on Labor, Health and Human Services, Education, and Related
Agencies
House Committee on Appropriations
Oversight Hearing – The Future of Biomedical Research
March 26, 2014
Opening Statement As Prepared

Good Morning. I want to welcome everyone to a hearing to discuss the future of biomedical research and the fiscal year 2015 National Institutes of Health budget request.

I am a supporter of biomedical research. The NIH mission is to invest in basic biomedical research to uncover new knowledge that can lead to better health and disease cures for everyone. Historically NIH has enjoyed a great deal of flexibility from Congress as the Committee has not directed spending for particular diseases or research, out of respect for the scientific process. NIH is funded by the American taxpayer; however, and as such it cannot be separated from the political process and public accountability arena.

Dr. Collins, you and I are both aware of a number of questionable NIH funded research grants. I agree that the number of grants in this category may only represent a small fraction, of the 33,000 grants NIH supports each year. However, if I went over to the Library of Congress and tore one page out only a small fraction of the books...or even one book...would that be right. Of course not, we all need to protect public resources and be accountable to the public.

Let me highlight a few examples of these questionable grants that have come to my attention. For example, in last year's hearing, Dr. Harris highlight that a NIH funded a grantee in California with nearly \$7 million over several years to study tobacco issues, including a report that asserted a link between a political group and their potential funding source. When questioned about this activity, I was surprised by the apparent lack of oversight and accountability as NIH claimed to have no knowledge of the research topic that resulted in this study and openly questioned the level of accountability NIH should require for taxpayer funded scientific research.

Other examples include grants on the:

- Influence of Personal Responsibility Rhetoric on Public Health;
- Impact of NYC Sugar Sweetener Beverage Policy on Calories Purchased and Consumed;
- A Randomized Trial of Internet Access to Nicotine patches;
- Research ethics education in the Balkans and Black sea countries;
- Capturing the content of adolescents' Facebook communication;
- Experimental Design of a Social Security System in the Yucatan;
- Cigarette Smoke-Detecting Underwear; and
- Public Health Education and Campaigns in China... to list a few.

It is not clear how these types of grants directly relate to the NIH mission of biomedical research. When asked, NIH quickly points out that they all went through the peer review process. We appreciate the value of the peer review process; however, a federal official has control over what actually gets funded.

Dr. Collins, my intent is to send a clear message that NIH must conduct more rigorous oversight prior to the awarding its limited taxpayer funds to ensure that all grants are connected to the core mission of NIH.

The 2014 Omnibus report requests NIH examine the post-peer review priorities, resource allocation, and the portfolio evaluation processes to ensure that prior to making funding decisions, the federal officials have answers to key questions, such as:

- (a) how the proposed activity significantly advance the body of biomedical science;
- (b) how the proposed activity could contribute to expanding knowledge to improve human health;
- (c) the relationship and impact of the proposed activity to the program goals and objectives; and
- (d) how the proposed activity could impact the overall research portfolio of the NIH and the national research institute or national center involved.

The NIH Director and each Institute and Center Director has an obligation to ensure all NIH research dollars are invested in areas of biomedical research that will lead to uncover new knowledge that can lead to better health and disease cures for all Americans.

Dr. Collins, I am looking forward to receiving the report on the results of the priority setting and scientific strategic planning reviews.

Today we welcome Dr. Francis Collins, the NIH Director, to the Subcommittee. Dr. Collins is accompanied by four of his Institute Directors who can assist in answering specific Member questions. They are:

- Dr. Harold E. Varmus, M.D., Director, National Cancer Institute, Nobel Laureate, and former Director of the NIH;
- Dr. Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases;
- Dr. Story C. Landis, Ph. D., Director, National Institute of Neurological Disorders and Stroke; and
- Dr. Gary H. Gibbons, M.D., Director, National Heart, Lung, and Blood Institute.

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