



Treatment Action Group

Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG works to ensure that all people with HIV receive lifesaving treatment, care, and information.

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EXECUTIVE DIRECTOR

Mark Harrington

November 19, 2015

Senator Roy Blunt (R-MO)
Chair, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Senator Patty Murray (D-WA)
Ranking Member, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Senators Blunt and Murray,

I would like to offer comments to correct the record on statements given by Senator Bill Cassidy (R-LA) at the October 7, 2015, hearing on the National Institutes of Health fiscal year 2016 budget. Several of his comments to the committee and NIH Director Francis Collins were incorrect or misleading. If his erroneous statements about AIDS research funding at the NIH are mistaken for fact, we will set a dangerous course for current and future research being conducted at the agency and undermine the prioritization process under way at the Office of AIDS Research (OAR).

Senator Cassidy on AIDS Research at the National Heart, Lung, and Blood Institute (NHLBI)

“We pulled the minutes from the 2013 National Institute of Heart, Lung, Blood, and they’re speaking about how the success rate of applications, non-AIDS applications, are 18%, but for AIDS applications they’re 42%, meaning it took a less quality project to be approved. And they hope to encourage more submissions of AIDS projects and hope to understand the barriers to submission. And then I see that the current project being done is looking at the comorbidities, the cardiovascular comorbidity in HIV along the lines of that which you have proposed.

And yet then we found out, I think we found out, that of the 610,000 people who die every year of heart disease, only roughly 1,800 of them have HIV as a determinative cause. But nonetheless the money we’re spending on this study is 21% of the budget of the National Heart Lung Blood Institute, so we’re spending 21% of a budget for .29% of those who die of HIV. Now if we’re going to focus on comorbidities, spending 21% of an institute’s budget on the .29% who happened to be coinfectd with

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HIV, it seems like we're going in the wrong direction."

In the second part of these comments, Cassidy was referring to the REPRIEVE trial. The NHLBI is not spending 21% of its budget on this trial or anywhere close to it; in FY 2015, funding for the trial represented 0.14% of the NHLBI budget. * Cassidy's misrepresentation was twofold: first, he discussed the NHLBI's *AIDS program* budget as if it were the entire institute's budget—in FY 2015, the AIDS program constituted a little over 2% of the total NHLBI budget. Second, he appeared to have calculated the proportion of the *annual* NHLBI AIDS program budget represented by the total amount of the multiyear REPRIEVE trial grant (which ends in 2020).

REPRIEVE is a large, randomized trial that will answer a critical question about the role of statin therapy in preventing cardiovascular disease-related morbidity and mortality in people with HIV. Funding for this trial is crucial.

In the first part of these comments, Cassidy stated that he was referring to minutes from a 2013 meeting of the National Heart, Lung, and Blood Advisory Council—this was an error; the minutes he was discussing are from June 13, 2012. Cassidy sought to contrast the reported success rates for AIDS research applications versus non-AIDS applications but, again, this was highly misleading because the AIDS research applications were to the NHLBI's AIDS program, which represents a small fraction of the overall institute budget (according to the minutes, \$68 million in FY 2012). The non-AIDS applications were to the general NHLBI research project grant budget, which was over \$2 billion in FY 2012.

Cassidy was therefore incorrect in claiming that the higher percentage of successful NHLBI AIDS research grant applications meant: "that it took a less quality project to be approved." The higher success rate was a result of fewer applications being submitted for grants from the NHLBI AIDS program budget compared with the vastly larger non-AIDS NHLBI research project grant budget.

Cassidy also attempted to imply that the NHLBI intended to allocate more funding to AIDS research grants despite the higher success rate of applications. In fact, the NHLBI AIDS program budget has declined by over \$3 million since FY 2012.

Senator Cassidy on a Chinese Study of Men Who Have Sex with Men:

"I have a study here, there's been a million dollars that has gone to study behaviors of Chinese men having sex with men in some city in China. A million dollars over the last four years. It would have been great to put that to Alzheimer's or to Oregon where the guy, where [Sen.] Merkley's researcher would find...one of your predecessors, [former NIH Director] Zerhouni, said that 'we're not the International Institute [sic] of Health, we're the National Institute [sic] of Health,' and why are we spending a million bucks on a behavioral health study in China?"

Although it is not possible to offer detailed analysis absent identification of the specific grant to which Cassidy refers, it seems extremely likely that the goal of this research is to enhance HIV prevention efforts. Contrary to the response offered by Francis Collins that this research would likely not be funded under the new OAR research priorities, *HIV prevention is the first of these priorities.*

While Cassidy quoted a previous NIH director's statement, "it's not the International

Institutes of Health,” as a way to criticize this particular grant, Cassidy’s nearsighted perspective neglects to consider that our national interest extends beyond our borders, and that those borders are invisible to infectious disease. Cassidy’s dismissive comments also do a great disservice to the admirable, longstanding collaborative relationships between scientists here and in China.

While Cassidy is entitled to his opinion that “it would have been great to put that [money] to Alzheimer’s,” it is both hubristic and nonsensical for him to imagine that he is qualified to make such a judgment. The HIV/AIDS research budget did not grow by shifting money from Alzheimer’s or other diseases that any one legislator considered less important. If this were how research at the NIH were prioritized, science would be a matter of total irrelevance. The personal whims of any nonscientist could set the medical agenda for the nation.

The AIDS research budget grew as a result of wise increases in overall investment in the NIH, and this is the best way to ensure that important diseases such as Alzheimer’s, neurodegenerative diseases, and dementia receive the additional support they deserve.

We hope that the subcommittee will keep in the spirit of the hearing, which was to discuss overall increases to the NIH budget and to leave the management of research priorities to the NIH researchers and community/patient advocates who can make informed and responsible decisions.

Sincerely,



Mark Harrington
Executive Director
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Sources:

U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing on the National Institutes of Health Fiscal Year 2016 Budget – October 7, 2015

<http://www.c-span.org/video/?328619-1/nih-director-dr-francis-collins-testimony-fy-2016-budget>

National Heart, Lung, and Blood Advisory Council (NHLBAC) Minutes – June 13, 2012.

<http://www.nhlbi.nih.gov/about/committees/nhlbac/2012-06-minutes>

NHLBI Fiscal Year 2012 Budget Overview.

<http://www.nhlbi.nih.gov/about/documents/factbook/2012/chapter7>

NHLBI Fiscal Year 2015 Budget.

http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/NHLBI_final%20for%20508%20compliance_508.pdf

NHLBI Fiscal Year 2015 AIDS Program Budget.

http://www.oar.nih.gov/budget/pdf/2016_OARTransNIHAIDSResearchBudget.pdf

* The REPRIEVE trial is being funded through NHLBI grants U01HL123336 and U01HL123339. According to the *NIH Reporter*, total funds allocated for FY 2015 are \$4,339,715. This represents 0.14% of the enacted FY 2015 NHLBI budget of \$2,995,865,000.