Breast Cancer and Environmental Research Act
Statement of Senator Tom Coburn, M.D.

I am disappointed that the Chairman has scheduled legislation which **flies in the face of the important NIH Reform Act that we passed on a bipartisan basis just this time last year**. This bill is the epitome politicizing disease research—we pretend that politicians know more than the PhDs and MDs over at NIH. And I say that, even as one of only two physicians in the Senate.

In the last Congress more than 80 bills were introduced to change some function of the NIH. Many of the bills introduced focused on a specific disease, disorder, or adverse health condition. Often, the bill sponsors indicated that the need for such legislation was to direct NIH to do more in the respective area of research. However, without a comprehensive reporting system to accurately evaluate the level and degree of effort in these areas at NIH, we are left with an impossible task of determining how to prioritize research activities throughout the 27 research institutes and centers.

Furthermore, several of the proposals demanded that NIH establish research programs that promoted multidisciplinary research and greater collaboration between the 27 institutes and centers. However, the current budget allocations for the NIH, allocated largely by institute and center status, do not accurately reflect the level of trans-NIH research that is currently underway at the agency. Trans-NIH research activities are generally referred to as important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that would benefit from additional research where such research involves the responsibilities of more than one institute or center. The one thing I like about this bill is that the legislation before us highlights an important research direction that the NIH should be pursuing---collaboration between research institutes and centers. Research is not confined to the political silos that Congress has created over the years. We should be encouraging NIH to manage its research activities that reflect the collaborative work of the current state of science.

That's why the NIH Reform Act of last year was so important. The NIH Reform Act requires NIH, for the first time, to create a comprehensive electronic reporting system that will, for the first time, catalogue all of the research activities of the NIH in a standardized format. Instead of thousands of pages of reports from each of the individual research institutes and centers, the NIH Director will compile biennially a report that comprehensively lays out

the strategic plans and research activities of the agency. The Act requires that NIH maintain an accurate, electronic reporting system to track all research grants and programs. With this system in place, NIH should be able to assess which research programs and grants involve collaborative efforts between one or more institutes and centers. Beginning in fiscal year 2008, institutes and centers may only receive funding increases if they report on the level of trans-NIH work that the institute or center has engaged in during the previous fiscal year.

Because of the provisions in the NIH Reform Act, within the next year Congress will be able to more accurately analyze the true level of research activities on breast cancer and the environment that are underway at the NIH. In fact, these activities are already occurring at NIH---without this bill. Once this report comes out we will be able to see if NIH is indeed investing enough effort in this area.

So what are we accomplishing with this legislation?

1. Telling the NIH to do what it is already doing

2. Authorizing another disease specific mandate that will not be funded by the Appropriators. Although it authorizes an expansion of an activity that would be require a direct appropriation. The Appropriators have not directly appropriated a disease specific mandate in over a decade. I'll be curious to see if they are going to start now. And if they do fund it, we have only succeeded in letting politics trump the scientific priority setting process. Is research on breast cancer and the environment more valuable, given current scientific findings, than research on autism and the environment, for example?

3. Giving those in the breast cancer community a false accomplishment. I suggest a simple Senate resolution could accomplish the same thing.

Advancing disease specific mandates for the NIH shows a fundamental misunderstanding of how NIH operates and the current state of science. NIH Directors from both parties have asked Congress---practically begged Congress---to stop this practice. The NIH Reform Act demonstrated that we can support research at NIH without micromanaging science while at the same time demanding the accountability that American taxpayers deserve.

Lining up disease specific mandates at NIH one after the other at every Committee mark-up only undermines the significant step forward we were making with the NIH Reform Act.

I believe so firmly in this policy—that Congress shouldn't single out disease specific bills—that I wholeheartedly supported the NIH Reform Act even though it significantly raised spending authorizations.

The NIH Reform Act did not preference one disease over another, nor one institute over another. Every member of this Committee has a disease or condition that has impacted their lives or impacted the lives of someone in their community. Every member could offer an amendment showing their support for a worthwhile cause or disease. It's when we try to do that—even with the best of intentions—that we ultimately hurt science by us, as politicians, picking winners and losers with patients' lives.

Understandably, the proponents of this bill argue that NIH needs to be directed to "do more" on "name the disease." Technically, NIH is already conducting research on **environmental factors** that may impact breast cancer—to the tune of **$27 million last year**. The real questions we need answers to are: What is NIH doing, and at what level? And how does this work rank in comparison to other disease initiatives at NIH? The NIH Reform bill we passed last Congress did this...the proposed bill does not.

Furthermore, the collaborative, interdisciplinary work that is requested from NIH in this bill could be funded through the Common Fund. Common Fund dollars should be determined based on science and public health need. It should be a competitive process that truly rewards merit. Passing this bill would violate those key principles.

This bill also creates a separate peer review system for this type of research. Changing the scientific peer review system at NIH sets a precedent that assumes politicians know more about science than the folks with PhDs over at NIH.

We are—without the passage of this bill—already paying attention to the needs of breast cancer research. The National Cancer Institute (which includes breast cancer research) is one of the most resource-rich institutes at NIH, receiving nearly $4.8 billion in FY2006. **$585 million of NCI's budget ($716 million NIH-wide) went to breast cancer research and**

$76.7 million went to research on the link between breast cancer and the environment. An additional $27 million went to this research on the link between breast cancer and the environment at NIEHS. Without this bill, we're **already** spending **more than $100 million to research the link between breast cancer and the environment**—and we've been doing that research for 20 years. We're spending almost $1 billion on breast cancer research across the federal government, and rightly so. These data indicate to me that the current scientific structures in place today are working and we should not disrupt them, even with the best of intentions.