

The Whitecoats Are Coming!

Before I decided to come back to get an undergraduate degree in biology at Yale at the age of 45 and start a PhD in epidemiology at 48 years of age, I worked in science policy for more than 20 years, much of that time pushing for funding for HIV/AIDS research and then more broadly for funding for the National Institute of Health.

I was not always an NIH booster: I started out protesting the NIH and other federal agencies for their sluggish response to the epidemic as a member of the AIDS Coalition to Unleash Power (ACT UP). ACT UP marched by the hundreds on the NIH campus in leafy Bethesda one day in April 1990 with placards, colorful smoke bombs and banners, never seen before or after that spring morning. However, only a few years later, we became some of the most avid champions of the institution because we knew that the success of the NIH was literally a matter of life and death for our loved ones and us.

Over the course of two decades, I got to see what worked and didn't work in influencing lawmakers on the House and Senate Appropriations Committees. We tried many tactics, from the usual letters from Nobel Prize winners explaining the benefits of biomedical research, to the more aggressive strategies for the recalcitrant, including ads in senators' and representatives' hometown newspapers decrying their failure to support life-saving efforts to combat the AIDS epidemic and, when all else failed, die-ins under the Capitol dome itself.

One of the most successful strategies though for reaching members of Congress back then was to put them face-to-face with researchers in their district or states. First, beyond the hometown appeal, scientists in their districts or states are voters, and elected officials usually don't turn away those who put them into office in the first place. Second, scientists have an appeal for politicians on both sides of the aisle. Science seems to have a mystique for many laypeople who treat it as if it was some sort of magic out of the Harry Potter novels with its arcane technical terms and miraculous discoveries. My proposal for increasing support for biomedical research in the US depends on this very basic strategy that we used with HIV/AIDS,

but scaled-up as a national event.

The White Coats Are Coming will be a new, annual national day of advocacy both in Washington, DC and in district offices for representatives and state offices for senators, where local researchers will meet with their respective members of Congress, with lab-coats optional. This event will require the support of the major lobbying groups supporting NIH in DC to participate, but also the disease-specific groups as well. Though the disease groups often put the interests of their constituents first, on this day, everyone will be speaking with one voice.

This is a vital piece of the campaign. In the 1990s, I witnessed the disease wars, where advocates for heart disease and Parkinson's disease, started pitting their needs against those of people with HIV/AIDS, using coarse metrics such as the number of people affected by each disease in the US to make a case for robbing Peter to pay Paul—to shift allocations at the NIH rather than increasing the NIH budget overall.

It was the late Christopher Reeve who intervened among the disease groups in the 1990s to ask people to start working together to grow the budget pie rather than squabble for crumbs from the table. In these times of partisan strife, reclaiming some of this unity among advocates for NIH to push for a new golden era in biomedical research is critically important. Back in the early 1990s, I didn't think doubling the NIH budget was possible, but it happened and it can happen again, even in this austere economic climate.

So my proposal is simple: use scientists to advocate for science. It has logistical challenges: who will pay for it? Who will organize the event? It has political ones: can we really get everyone to work together? Will scientists be willing to step away from the bench and dip a toe into Congressional lobbying? All these difficulties will require leadership, but all great changes in American social life have occurred when those most affected by an issue, speak up, stand up and are willing to be counted. There is no substitute for this kind of courage. Men didn't lead the movement for women's suffrage, Americans of European descent didn't lead the civil rights movement; it will have to be scientists who lead the struggle for a better and healthier future for this country based on a robust investment in biomedical research.

I am 50 years old. I've had a successful career in global health. The joy of science—actually doing it—is a privilege that I never thought I'd receive, particularly this late in life. I am confident I'll be able to use my new skills once I graduate, whether I employ them in a traditional academic setting or in the field, with a non-governmental organization (NGO) or private research institution.

However, the young people in my PhD program at Yale are looking at an uncertain future—they don't have my experience and history to fall back on. What happens to the NIH will determine their fates. Most of them desperately want to do science, are working long hours for small stipends, with the hope that they'll secure a post-doc, a faculty appointment, a NIH grant soon.

Right now, the future for my young friends is a gamble, and a high-stakes one at that.

We can change the odds; but it means young scientists as well as established PIs need to join the struggle.

The NIH's fortunes rise and fall with the decisions of a few hundred people in Washington, DC. These powerful men and women make choices every day. If we want them to choose science, we have to tell them so. That's the not-new, not-sexy, inescapable fact.