

September 17, 2012

Via Electronic Transmission

Francis S. Collins, M.D., Ph.D., Director
National Institutes of Health
Building 1, Room 126
1 Center Dr.
Bethesda, MD 20892-2152

Dear Dr. Collins,

I appreciate your excellent work as director of the National Institutes of Health (NIH). We are at the forefront of exciting discoveries in biomedical research, and you have led our nation's efforts well. Patients around the world benefit from your hard work and dedication.

I seek your input on the recalcitrant cancers bills – originally specific to pancreatic cancer – that have been making their way through both houses of Congress. Newer versions of the bill call for the creation of “scientific frameworks” and working groups to identify the directions that research should take. Even with these changes, I believe these bills are still unnecessary to your work and lead us in a harmful direction to micromanage NIH. Scientists I have heard from are skeptical of these bills.

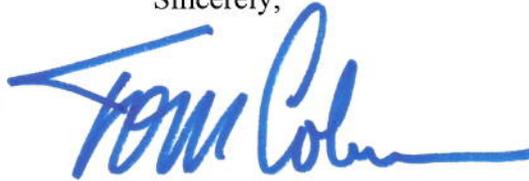
While my colleagues and advocacy groups have laudable desires to spur on research of these cancers that are difficult to fight, I believe these types of bills may hinder the goals of fighting recalcitrant and other cancers. NIH should certainly have research plans and strategic initiatives to address many specific diseases, such as Alzheimer's disease. Those plans, however, should arise, in most cases, when your agency determines they are necessary.

Every time Congress passes legislation directing NIH in these endeavors, we further restrict the agency's freedom to respond to groundbreaking discoveries and to allocate resources as the science requires. What is more, medical research today is often not distinguishable by disease or cancer, but rather it is highly interdisciplinary. Congressional mandates typically maintain an unhelpful framework of approaching research on a disease-by-disease basis. Yet, patients will benefit most when NIH officials and the research community are free to make plans in response to emerging science, not to comply with Congress.

In your view,

1. Does NIH already have the ability to create strategic plans and working groups without a legislative mandate to do so? When does the agency utilize them? Please provide an example.
2. Is legislation that directs NIH to address a specific disease, or a group of diseases, necessary for the agency to achieve groundbreaking discoveries?
3. When NIH is legislatively directed to focus on a specific disease – or a group of diseases – to what extent is the agency’s ability to freely study basic biology and mechanisms and to best allocate resources hindered?
4. With the recent advancements in genetics over the last decade, how has research moved away from a disease-specific focus to one that focuses more broadly on underlying mechanisms?

Sincerely,

A handwritten signature in blue ink that reads "Tom Coburn". The signature is stylized with a large, sweeping initial "T" and a long horizontal line at the end.

Tom A. Coburn, M.D.
U.S. Senator