



Research!America

## Straight talk with... Mary Woolley

As the US presidential campaign heads into the final stretch before the election in November, advocacy groups in Washington, DC, have ramped up their calls on the candidates to support science. One such group is Research!America, a nonpartisan alliance that strives to put health research high on the political agenda. It points out that the stakes for medical research have never been higher in any other election cycle: at a time of fiscal turmoil, the nation faces the difficult challenge of finding cost-effective treatments that can assist an aging generation of baby boomers. Notably, only 19% of the people surveyed in a recent national opinion poll by Research!America believe that elected officials in Washington are focused enough on the burden of serious diseases in the US, says Mary Woolley, president and chief executive officer of the nonprofit. Woolley, who also currently serves on the governing council of the US Institute of Medicine, began her career in research, at one point serving as San Francisco project director for the Multiple Risk Factor Intervention Trial, an effort funded by the US National Institutes of Health (NIH) and designed to identify ways of preventing heart disease. She spoke with **Roxanne Khamsi** about what it will take to get the lawmakers elected in November to catalyze support for biomedical research.

### **Do you remember the moment when you decided to shift gears from being a researcher to getting involved in policy?**

I think it was when the president of the research institute I was then working at [the Medical Research Institute of San Francisco] said to me, “You know what, I’d like to have you come work for me on the bigger issues here; think about that.” And I really did have to think about it long and hard, because it was a choice that I knew was not going to be one I could easily undo. I’ve really been very fortunate in my career to have people suggest to me that I had talents in other areas and could work in new ways to advance research.

### **You joined Research!America in 1990. This is your sixth presidential voting cycle there. Has there been a change in the past two decades in terms of the degree to which the White House administration affects biomedical research?**

I think it’s constant—it’s just different from administration to administration in terms of what they home in on. Sometimes it’s about an individual president’s personal interest or something in his family, and sometimes it’s not research *per se* but a broader health concern—for example, George W. Bush’s focus on the PEPFAR program.

### **Does it matter who ends up in the White House?**

Yes, I think it does matter. [But] Governor [Mitt] Romney is not on the record with, for example, whether and to what extent he would support the National Institutes of Health and other agencies. He has said that he believes it’s the role of government to support basic research, but we don’t know much beyond that. And he has, to date [Woolley spoke with *Nature Medicine* on 13 September], declined to respond to a questionnaire that we put out every election cycle called ‘Your Candidates—Your Health’. We’re still optimistic, but we don’t have that, and that means the stakeholders in the future of health don’t have that.

### **Would you say that congressional elections have exerted more influence on biomedical research in recent years than in the past?**

I’d say at least as much as presidential elections. Medical research is a bipartisan issue; it always has been. And elections matter enormously to it, in that if research isn’t being talked about and raised to a priority status then it tends to get overlooked by members of either party. I think we’re in one of those moments right now, as a matter of fact. The stakeholder community for research is not being heard at the same volume as, for example, the defense stakeholder community. [And] since we’re not being heard, candidates for the Congress aren’t talking research much, if at all.

### **What is the best motivating factor to get politicians to fund research?**

The health of the nation. And I think probably, given this fiscal environment that we’re living in, we’ve got to face facts that Medicare costs are going to bankrupt the nation. And until we get an approach that’s based on research that’s going to drive down costs instead of letting them continue to escalate, we’re not going to get a handle on it. And I use the example of polio a lot of years ago now, but it makes a lot of sense to think about Alzheimer’s in the same frame. If research had not found a way to essentially limit polio, we’d still be building more facilities to essentially warehouse polio victims. The same thing is happening now with Alzheimer’s patients; we’ve got to find the answer.

### **So how do you get politicians to pay attention to combating disease?**

It takes a lot of people standing up to call attention to it. We take a lot for granted, broadly speaking, in the research community; particularly, the scientist members of the community don’t see it, typically, as part of their job to engage with nonscientists and tell them about what they’re doing with tax dollars to advance health via working on research, so we’re kind of invisible. Two-thirds of the American public can’t identify anywhere—anywhere—where research is being conducted.

### **Congressional representatives have passed bills supporting specific disease areas. Is there a risk of funding becoming too fragmented?**

Most of the time, when NIH funding has taken leaps forward, it has been around single disease areas, with the exception of the doubling of the NIH budget and the stimulus funding a couple of years ago. The war on cancer caused a big increase in the NIH budget; similarly, the AIDS activist community caused a big increase. Those increases did not only help the science in those particular fields, they helped more broadly, because some of that money was used in the basic side of things.