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Washington, D.C. 20036
(202) 296-4435

May 7, 1980

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Field Office, 1990 M St., N.W., Suite 360
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Mrs. Albert D. Lasker
870 United Nations Plaza
Apartment 24 E
New York, New York 10017

Dear Mary:

In response to your request for details on the legislation renewing NIH authorizations, with particular reference to arthritis, I send you the following info:

(1) The text of H.R. 7036 as it went to the full Interstate Commerce Committee. The full Commerce Committee (Staggers) is winding up the mark-up today, and a new bill print should be available early next week. I will send you a copy when it is available.

As we discussed earlier, the House bill contains specific ceilings for each Institute. Viewed in the light of Carter's Fiscal 1981 budget, they are rather generous. I had breakfast this morning with Dr. Ted Cooper to discuss major points in the legislation before he went up to Capitol Hill. Ted is somewhat annoyed that Patricia Harris, after a meeting with Waxman, gave in on her opposition to ceilings, in return for which Waxman gave her some language putting more authority over NIH in the Office of the Secretary. It is a very technical matter; I don't agree fully with Ted on the language business -- I really think it is much ado about nothing.

(2) As to the arthritis picture:

The authorizations for the National Institute of Arthritis, Metabolism and Digestive Diseases in the Waxman bill, in my opinion, are pretty good -- \$393 million for Fiscal 1981, \$447 million for Fiscal 1982 and \$504 million for Fiscal 1983. This compares with the present Fiscal 1980 authorization of \$341 million for the Institute.

In the arthritis area, the specific authorizations are:

(a) Multipurpose Arthritis Centers --

Operation of new and existing centers for arthritis research, training, diagnosis, prevention, control and treatment. Support of any one center not to exceed five

years. The sums authorized are \$14 million for Fiscal 1981; \$17 million for Fiscal 1982, and \$20 million for Fiscal 1983.

(b) Arthritis Demonstration Projects --

Five million dollars for each of the next three Fiscal years.

(c) Arthritis Data Collection --

\$1,500,000 for each of the next three Fiscal years.

(3) The major innovation in both bills is the specific targeting of research responsibilities and goals within the previously nebulous mandate for the National Institute of Arthritis, Metabolism and Digestive Diseases. The House bill splits the Institute up into four practically distinct and self-governing entities -- arthritis and related musculoskeletal diseases; diabetes, endocrinology and metabolic diseases; digestive diseases, and kidney and related diseases. Each of these distinctive divisions gets an Associate Director responsible for the total program of each division.

The Institute Advisory Council is composed of 23 members. However, each of the program divisions (arthritis, diabetes, etc.) is really supervised by a Council Subcommittee which reviews and approves research grants. The specific disease Subcommittees also have important policy functions; in the Senate bill, for example with regard to arthritis, the Subcommittee shall "review and evaluate the arthritis program and recommend to the Council such changes in the administration of the program as the Subcommittee determines are necessary."

The legislation also establishes an Arthritis Interagency Coordinating Committee. Its major job is to coordinate and keep up with all arthritis research being done in any of the National Institutes of Health and suggest possibilities for cooperative research. This is not a paper committee -- it must meet at least four times a year, and it must make quarterly reports on its work.

The legislation continues and strengthens the National Arthritis Advisory Board created in the 1974 National Arthritis Act. The Board is composed of 18 members, is given a paid staff and required to meet four times a year and prepare an annual report evaluating progress in arthritis research, treatment and education.

(4) Summary Evaluation of Legislation

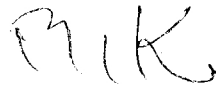
In essence, what I have summarized above is probably what will come out of conference if a bill is passed this year. There is no doubt that arthritis is clearly singled out and made a separate targeted entity under both House and Senate bills. I cannot stress too much the fact that Don Whedon no longer presides over a vaguely directed enterprise -- he is now given a set of clear marching orders.

In the case of arthritis, he has a strong Council Subcommittee, an Arthritis Advisory Board and an Interagency Committee looking closely over his shoulder.

You raise the question of the establishment of a separate Arthritis Institute. To me, the provisions of this bill lead in this direction. For the first time, you are really breaking arthritis off and giving it the first step in visibility. Furthermore, the National Arthritis Advisory Board, which has a strong overall policy function, goes out of existence no later than September 30, 1983. Before it goes out of existence, it is given the responsibility of recommending any structural changes in the arthritis picture. It could very well recommend a separate Institute, and our job is to get to members of the Board and work them over.

There is a clear analogy here in the mental health field. During my years as a member of the National Advisory Mental Health Council, I was interested in getting a separate spot for alcoholism because it received so little of the total research take. After three or four years of pushing, I finally got a separate Section on Alcoholism headed by a Director who ran the division pretty much on his own. This really paved the way for the effort in 1969 and 1970 which culminated in the establishment of a separate National Institute on Alcoholism. The Nixon administration was against it; Cap Weinberger was adamantly opposed to it; Dr. Yolles said he would resign if it happened, and so on. Surprisingly -- but not really -- we made it. Yolles did not resign -- he was fired two years later.

Cordially,



Mike Gorman
Executive Director

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