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Biomedical and Health Care Systems Research Should Be Financed From Social Security and Health Insurance Funds. A Permanent Lobby Could Swing it.

I once suggested to Herbert Denenberg, Pennsylvania's Commissioner of Insurance, the establishment of a Pennsylvania Institute for Health Care Systems Research. ${ }^{1}$ The Institute was to be financed from Blue Cross and other health insurance funds. It was hoped that the Pennsylvania "model" would set a pattern for similar institutes in other states and countries. The Institute's main concerns would have been preventive medicine and health administration research. It seemed to me that the health insurance industry, like any other industry, should be concerned also with reducing its costs. The fewer sick people, the fewer hospital admissions; the better hospitals are run, the lower their costs. By extension, our social security system, with its medicare obligations, should be similarly interested in health care systems research and preventive medicine. The recently enacted legislation on HMO's has raised my hopes on this question.

Some of the larger "life" insurance companies have demonstrated token interest in preventive medicine. They, as well as we, benefit from our good health and regular check-ups. It's clearly in their self-interest that payment of death benefits be delayed as long as possible. Their profit is derived from investments based on your premium payments. They clearly want everyone
of us to defy the actuarial tables. (The opposite is true for retirement plans that benefit from our early death.)

Denenberg not only replied to me ${ }^{2}$ but also wrote the heads of five Blue Cross companies suggesting that they should meet with me to discuss the proposal.

After considerable prodding, a meeting finally took place. Results of the meeting were nil, even though 1 complied with Blue Cross' request to submit a brief proposal to establish the Institute ${ }^{3}$. In the press of other business and personal matters, I was forced temporarily to abandon pursuit of the idea.

During the same period, I also contacted numerous individuals interested in research on health administration systems. But no existing institution, to my knowledge, has the scope implied by my proposal. In the future, I intend to review some of the important activities in this field. But clearly we have neither a National Institute for Preventive Medicine, nor a National Institute for Health Services Administration Research.

Now what has all this to do with financing biomedical research? The common thread is that both problems should be similarly financed -- out
of established percentages of the total health care budget.

The time has come to recognize that biomedical research is not an activity to be revved up and throttled down at the whim of this or that Administration, or at the urgent but temporary need of Congressmen for politically useful vote-catching causes. We need a permanent, long-term commitment toward biomedical research, not merely because those of us in the research establishment would like it (which, of course, we would). We need it because it is now the only sensible way to pay more than lip service to the idea that health is a fundamental right, indispensable to that "pursuit of happiness" to which we are presumably entitled. The commitment must not be merely national, but worldwide. But a national commitment is a necessary preliminary. And in the United States, statewide commitments could lead to that national commitment.

We must convince our own and the world's legislators that biomedical research funds should be some imperative percentage of the nation's health budget. Ultimately, scientific research also must be pegged to some minimum but equally imperative percentage of GNP. A nation's health is, after all, quite basic to its economy. If we can promote this sort of commitment, I believe we can eliminate much of the uncertainty of younger people who are considering research careers.

One might argue that it is easy enough to calculate what the actual percentage is today, but that calculating it might produce a higher figure than any it would be possible for legislators to agree upon. I suggest, however, that whatever the figure it be
included in the funds which now support social security and health Insurance. Those funds are inevitably going to rise. Consider: while social security expenditures have risen during the past five years, support of medical research has in comparison declined. But, with biomedical research firmly tied to health care as an established policy, it will only be possible to reduce research allocations when and if health care funds go down. We must remove the question of biomedical research support into another arena. As I see it, we should then have won the war, and can settle down to negotiating and renegotiating the priorities of our alliances.

There are interim alternatives. Get your state legislature interested in the basic idea, but suggest that Blue Cross, or whatever, be required to spend at least $5 \%$ of its operating funds on research programs designed to reduce costs of hospitalization, hospital management, or even its own operation!

Whatever strategies and tactics one recommends for increased and continued support of biomedical research, we must face the fact that we need in Washington a lobby to promote the idea. Was there ever a more'common cause' than this one? I've learned that my previous discussion of such a lobby ${ }^{4}$ was cited in testimony by Dr. Lawrence D. Longo before the House Subcommittee on Appropriations for HEW, and elsewhere ${ }^{5}$. Recently in Chicago, 25 concerned scientists gathered to discuss how such a lobby could be organized and financed. I volunteered to solicit your potential interest in supporting it. This editorial is the first of several planned for the purpose. If you have had the
patience to read to this point, why not drop me a line indicating your impatience with the present situation, and your desire to help, financially or otherwise, to maintain a lobby in Washington. Initially, its focus must be biomedical research as accepted policy. Later, I see no reason why its efforts could not be extended to support of basic resarch in general.

There is a tide in the affairs of men. and this is its time, as far as bio-

1, Garficld, E. 10 May 1971.
2. Denenberg, H. Personal communication. 17 June 1971.
3. Garfield, E. "Proposal to Establish the Pennsylvania Institute for Health Care Systems Research." 17 May 1972.
medical research is concerned. With the energy crisis upon us, and the 'crisis management' reaction to it, most physical and chemical scientists can look forward to another decade of generous funding. So be it; but we must make certain that it is not accomplished by sacrificing the biomedical research effort because it is now politically popular to support energy, environmental or other forms of research
4. $\qquad$ We need a lobby for basic research: here's how it might be done. Current Contents No. 11, 14 March 1973, p. 5-7.
5. Longo, L.D. Some problems facing biomedical research. Federation Proceedings 32(11):2078-85, November 1973.

