



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<sup>4</sup> was cited in testimony by Dr. Lawrence D. Longo before the House Subcommittee on Appropriations for HEW, and elsewhere<sup>5</sup>. 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 research in general.

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

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

1. Garfield, 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.
4. .... 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.