



ASSOCIATION OF AMERICAN UNIVERSITIES

President

January 5, 2012

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

Dear Francis:

On behalf of the Association of American Universities (AAU), representing 61 leading public and private research universities, I write in response to your request for suggestions on management of NIH's fiscal resources which you presented at our October membership meeting. AAU applauds NIH for considering how to invest its resources strategically during an era of fiscal constraint, as well as for seeking broad response from the extramural research community.

AAU strongly supports the overarching principle that funding decisions made by NIH should be primarily based on the best peer reviewed science available. However, we also recognize that the mission of the agency is to improve the health of the nation and that addressing pressing public health needs must also factor in the decision making process. The data related to funding policies (i.e., number of awards per investigator, capping investigator salaries, etc.) publicly posted by NIH are useful in that they clearly show that no one of these solutions can address the potential funding restraints that NIH might unfortunately be faced with in the near future.

We also note that NIH comprises 27 Institutes and Centers (ICs), where funding decisions and policies are generally made, and that these ICs have unique and diverse missions such that the impact of the proposed management strategies will likely be varied, depending on each IC's portfolio, its specific mission, and where projects are in the funding cycle. Similarly, because our institutions reflect the diversity of scientific capacity that is key to the successful partnership between NIH and research universities in enabling the tremendous advancements in biomedical research and human health, consensus on the impact of grant-level funding policies is difficult, if not impossible to reach. Uniformly applying centralized cost-savings strategies seems at odds with the decentralized approach the ICs and their extramural partners currently use to fund the best science.

Given this complexity, AAU recommends that NIH and its ICs consider the following general principles in addressing the ongoing funding crisis:

- Protect the basic research component of the research portfolio, to ensure long-term sustainability of scientific and medical progress;
- Recognize the critical partnership between NIH and its extramural partners and the extraordinary fiscal constraints also faced by those partners, which could exacerbate the negative impact of policies relating, for example, to indirect cost reimbursement or salary limitations;
- Ensure that NIH is supporting the best and most promising research possible through subjecting its entire portfolio, both intramural and extramural, to a system of rigorous merit review;
- Balance the critical investment in investigator-initiated, fundamental research with unique and promising opportunities in translational and clinical science to advance human health;
- To make certain that strategic funding decisions are evidence-based, continue to foster strong scientific leadership within NIH and transparency of data related to NIH funding, while maintaining a robust system of consultation with extramural stakeholders.

It is a difficult time for the leaders of both research universities and federal research agencies, and again, we appreciate your desire to work together to address these challenges. AAU looks forward to continuing to work with NIH as we strive for a sustainable and healthy biomedical research enterprise.

With best wishes,



Hunter R. Rawlings III
President