

## **Friends of the National Institute of Nursing Research NightinGala**

### **Mary Woolley's Keynote Address**

**October 14, 2011**

Thank you, Melissa, for that generous and gracious introduction. I am honored to be speaking this evening before F-NINR, the Friends of the National Institute of Nursing Research's NightinGala. As a one-time Board member and longtime friend, I know F-NINR – I know you are dedicated health professionals who play an integral role in advancing research and transforming our health care system. I applaud you. And I want to especially applaud and extend my congratulations to tonight's award recipients – Doctors Carol Landis, Ki Moore, Pamela Mitchell, and Antonia Villarruel. You are living proof that excellence is never beyond our reach. And speaking of excellence, let me do a shout-out to Dr. Ada Sue Hinshaw, the founding Director of the National Institute of Nursing Research, and to Dr. Pat Grady, the current Director. I am proud to have written the forward to their important book, "Shaping Health Policy Through Nursing Research." I commend the book to you, even as I salute the authors' commitment and their accomplishments.

Before I say more about nursing research, I want to be clear. I am not a nurse nor can I say I've walked in your shoes. But I have worked closely with nurse researchers throughout my career, for example as project director and then co-PI for the San Francisco center of the National Heart Lung and Blood Institute's MRFIT clinical trial in the 1970s, and later as CEO of a research institute that valued nurse researchers and their work. That's the good news. Too often during those years and occasionally since, I have been taken aback by the lack of appreciation and support for nursing research. Your work has been undervalued, and even dismissed and ignored; and so I am glad to have witnessed the time when - tired of that dismissive reception -- you were determined to make your voices heard and worked to create the National Institute of Nursing Research at the NIH. Today there is more hard work to do as we see the dismissal of science rear its unwanted head in our political discourse. I will talk about the necessary work I hope you will do to change that but first I want to offer some reflections on the National Institute of Nursing Research.

As Melissa mentioned, several years ago I served as a member of the IOM/National Academy Committee on the Organizational Structure of the National Institutes of Health, alongside your colleague, the inestimable Dean of the Johns Hopkins School of Nursing, Dr. Martha Hill. As many of you know, there was a lot of talk, quite controversial, about recommendations to consolidate the NIH in any number of ways, including eliminating several of the Institutes. However, that route was not what our committee recommended. Without enumerating all the elements of the Committee's report, suffice it to say that the National Institute of Nursing Research remains a vital component of NIH's structure. But NIH organizational structure aside, it is a sad fact that NINR's budget is only point-five percent of the total NIH budget. That indeed must change -- not by taking precious dollars from other NIH institutes, but rather by adding more dollars to NIH overall, with, if you are successful in your advocacy, a higher percentage going to nursing research.

Now, you may well ask, "is it possible; is it realistic to expect or push for more funding for NIH or any federal agency in today's hostile-to-government environment, when Americans are hurting out there as a consequence of a frayed economy, when our debt and deficit crises are compromising our future?" You might well say, "Isn't it more likely that we will see cuts to NIH?" The truth is that in this chaotic time in Washington, anything is possible. For example, a few weeks ago the Senate Appropriations Committee approved a \$190M cut to the NIH budget, not a terrible cut in these difficult times, but a cut nonetheless, and a disappointment. But then the completely unexpected happened. On September 29th, the Chairman of the House Appropriations Subcommittee for Labor, Health and Human Services and Education, Denny Rehberg of Montana, released his draft bill for FY2012. This was not usual practice, which is to mark up the bill in committee, but that markup has been indefinitely postponed. In order to have some impact on the appropriations process, in order to assure the subcommittee has a voice, Chairman Rehberg weighed in. He weighed in by offering a \$1B INCREASE for the NIH budget! What happens next with his bill is a huge unknown, but the fact that he put forward an increase in NIH is remarkable for a Subcommittee Chair who has conducted no hearings on NIH, the largest component of his committee's bill, and who is frequently critical of government spending. How did this apparent turn-around happen? I can only speculate. I can tell you that in the last 6 months, there has been a concerted effort to make sure that people in Montana know

about the value of the NIH. Op-eds in all the major newspapers in the state appeared in May; with news coverage in August and another op-ed on the same day (coincidentally? ask the Great Falls Tribune!) that Chairman Rehberg released his draft. Researchers and those concerned about research -- patients, family members, academic and business leaders and philanthropists -- stepped up, sending letters and making phone calls and making it a point to have conversations about research with the Chairman when he was home in Montana. I'm proud to say that Research!America had a hand in what happened in Montana. I'm glad so many people in Montana who care about research became advocates at this critical time.

Former Speaker Tip O'Neill famously said, "all politics is local." Abraham Lincoln is my personal favorite on that topic; he said: "Public sentiment is everything. Without public sentiment, nothing is possible; with public sentiment, anything is possible." Again: "public sentiment is everything; without it, nothing is possible; with it, anything is possible."

Think about it. Lincoln, and O'Neill, didn't say, "the truth speaks for itself," or "experts agree and so we will set policy accordingly." They said that they pay attention to their constituents; the people back home. They made it clear that public sentiment is everything.

It is impossible to over-emphasize the importance of being sensitive to and influencing public sentiment about support for research, because we are not out of the woods yet in the appropriations process and for science and public health policy writ large. For one thing, Chairman Rehberg's bill eliminates the Public Health Prevention and Trust Fund and cuts funding to the Centers for Disease Control and Prevention and to AHRQ. These and other aspects of the bill are steps in the WRONG direction for research and for health and prosperity and economic growth in this country. But before you draw the conclusion that in order to protect AHRQ, the CDC and the Prevention Trust Fund, we should take money from the proposed NIH increase, let me urge you to think again. The American public strongly -- very strongly -- supports medical research and ALSO supports prevention as goals we must achieve sooner rather than later. Even Tea Party sympathizers, who as we know are eager to cut almost everything involving government, mostly give our issues a pass -- in the sense that these are not voting issues for them, if nothing else. What I'm saying, counter-intuitive as it may be to some, is that this is the time to ADD not SUBTRACT dollars for public health priorities. It's not only the right thing to do for health, it is the smart thing to do for our struggling economy. Investing in

research is a major means of ramping up our economy. We need to look no further than at those other countries that have already made that decision, correctly drawing on the example of the U.S., which in past decades has invested heavily in science, and reaped the subsequent economic, as well as health, rewards. The United States may choose to pull back on research and development and cede to others the innovations and whole industries that will be created, or we could choose to remain globally competitive. It is a choice, it's not an inevitability, that the United States remains a global leader in science. Let's help our elected representatives make that choice. We don't and shouldn't discourage other nations from achieving - for their economies and their citizens - all the benefits of science and innovation, but we don't need to give up American health and economic benefits in order for others to benefit as well.

If you are not familiar with the economic arguments for stronger investment in research, they are worth boning up on. Economists have long recognized the importance of investment in research and development as a driver of technological development and U.S. economic growth. In fact, research and development accounts for approximately 50 percent of our economic growth. A recent report from United for Medical Research notes that last year alone, NIH research funding led to the creation of almost 500,000 jobs. Several other reports tell similar stories; indeed, to repeat the point, other nations don't have to be persuaded of the case for heightened government investment in research. Why does ours, at this very critical time? It may be as politically simplistic as the knee-jerk counter-positioning of our two major political parties. There is certainly an excess of "if you're for it, I'm against it" rhetoric in what passes for political discourse today. But I think there is more than that to this story. Not only do we have the Denny Rehberg example, but other leaders in the Republican Party. Research for health is not, after all, a partisan issue. But what leaders for research most have in common is that they listen to their constituents. Public sentiment is everything; all politics is local. Which is where you come in.

YOU, the leaders of nursing, nurse research and nurse education in our nation, are in fact THE BEST advocates. As everyone agrees (and they do!) nursing has long been greatly valued in our society. Pioneers -- like Florence Nightingale, whom you name this Gala for; like Clara Barton, the world-renowned battlefield nurse of the Civil War; Mary Breckinridge, founder of the Frontier Nursing Service; Lystra Gretter who changed the model of nursing education; and Florence Wald who improved the care of terminally ill patients -- built a strong foundation that

transformed your profession into one that has won the respect of patients, health care professionals, and politicians. Those nurse leaders, like today's counterparts – YOU -- overcame unfathomable challenges in order to advance the quality of health care. They spoke up to address inhumane conditions and inspired others to join their ranks to improve the full range of our health care system. They weren't satisfied with the status quo. They pushed boundaries and demanded change when faced with overwhelming challenges. And let me add that even if those nurse heroes of the past weren't explicitly conducting research, they were acting like researchers – seeking new and better ways forward; applying evidence-based innovations, relentlessly seeking improvement, standing up to the nay-sayers and persuading others to join their cause.

As Clara Barton once said, “I have an almost complete disregard of precedent, and a faith in the possibility of something better. I defy the tyranny of precedent. I go for anything new that might improve the past.” Clara Barton didn't have to use the 21st century terms "innovation" and "advocacy" because she epitomized both!

Although nurses have a storied history of impacting policy through the conduct of research and the application of evidence -- and impacting it by advocacy! -- now, in 2011, is the time to do more than ever before. This is a time of heightened challenge and threat. It is critical now to assert greater influence in the public policy and decision-making process. Your leadership is a must. This country needs nursing leaders like you to become advocates for policy change. In this current political environment, we are besieged with challenges to science and logic that could undermine advances in health and health care delivery, based on research, based on evidence. We also face challenges to the economic stability of our country that will ultimately impact the level of resources devoted to the advancement of research and to the improvement of health and well-being. Congress has to make tough choices to reduce our deficit and put our economy on stable footing. What does that mean for us? Funding for research could well be cut – cut drastically, in fact, if Chairman Rehberg does not prevail and/ or the so-called Super Committee fails in its task, or does it in ways that are insensitive to our case. Within a few months' time the handwriting could be on the wall in permanent ink, cuts taken that will impede scientific discovery and evidence-based health care delivery for a generation or more -- impeding innovative work by younger researchers in particular - young researchers who are already making alternative career choices or decamping to more science-friendly nations, and cuts that

will slow rather than stimulate job growth and weaken our global competitiveness. We are facing an uphill battle to protect and boost funding for research; the question is, are you ready to engage? This battle can be won!

We know from a recent poll commissioned by Research!America that 94 percent of Americans believes accelerating, NOT REDUCING, our investment in research to improve health should be a national priority. And even in the midst of heated Tea Party rhetoric, 50 percent of Americans believes that federal funding for health and medical research should be exempt from budget cuts. Why? They know that research is the future. They know that research is not a deficit reduction strategy. They know that research advances the frontiers of knowledge. They know that research is key to improving wellness and prevention. They know that research strengthens our global competitiveness. But what people -- including many members of Congress -- DON'T know is that research is at risk, because we haven't told them - not in the numbers and with the passion that the story must be told.

So here is my challenge to you tonight. I challenge you to pass what I call the "Starbucks Test."

Here's how it goes: you are in your favorite caffeine emporium and you spot your Senator or Congresswoman or, this being election season, their challenger, on the same caffeine errand.

First question: Can you identify by sight the person you have elected to represent you or the person who wants to succeed them? Do you know what that public servant, representing you, is doing to make research for health a higher national priority? If you don't, ask yourself why not? This person was elected to represent you and your interests; that's what you should expect.

What you can't expect is that your elected official can read your mind, much less your latest publication. You have to make an effort here.

Which leads to part two of the Starbucks test: does your elected representative recognize YOU by sight? Does she know you by name? Does she know what you are doing to serve the public's interest? I assure you that people in office or running for office know what other people in their community do to serve the public's interest -- they know what the small business owner is doing to serve the public's interest; they know what a teacher is doing to serve the public's interest; they know what bankers and attorneys are doing to serve the public's interest -- and they know

these people, and lots more, by sight and by name. Researchers are, on the other hand, largely invisible because we - you - are not making the connection for the policy-maker and would-be policy maker between what research is doing and what they, the policy-makers, are doing. Too often this invisibility is by choice: researchers don't see themselves as operating in a public and a "small-p, non-partisan" political frame. But that frame is reality, after all: the consumer, the tuition-payer, the philanthropist, the taxpayer, -- especially the taxpayer -- are paying the research bill. The best way to say and convey accountability to the public who pays the bill is to say and convey: "I work for you." "I serve the public's interest." It's important to talk to the people who are actually paying the bill and to do so in their language. You can do that; it's a matter of willingness, not ability. And the best way to talk to the policy-maker is in terms of what you share: pride in serving the public's interest.

By the way, does your Senator or Congressperson ask your expert opinion? Do you regularly advise her on the health and research issues of the day? Effective advocates can say yes to these questions. Effective advocates have agreed to accept the challenge of engaging the public and the public's decision-makers. I challenge you to become that level of advocate.

Let me conclude by suggesting three specific things I recommend you do:

1. Request face-to-face meetings with your 2012 election candidates or one of their aides to tell them why research and nursing research in particular should be a central part of their agenda. Tell them it is central to you and central to our nation's future. Especially if you live in Montana, but also if you are a leader who can speak for, say, a School of Nursing or a University or an association, contact Congressman Rehberg to thank him for his leadership and to let him know that research AND prevention must be a higher national priority. Do the same thing for every member of the Super Committee. This work can't wait.

2. Make a mental note of our website, [YourCandidates-YourHealth.org](http://YourCandidates-YourHealth.org), a voter education initiative to be released in January. Make it one of your new year's resolutions to see where the candidates and other elected officials stand on research-related issues. You will be able to contact them using the links on the website of *Your Candidates-Your Health* to tell them why more support for research is important. Then tell them that you plan to vote on this issue.
3. Throughout 2012, make it a priority to attend rallies and town hall meetings in your community to tell the candidates and other elected officials that investing in research helps Americans live healthier lives, grows our economy and strengthens our global competitiveness. Tell them to make research for health and wellness a priority. Make it a voting issue for many people you know and people you can reach out to.

With the combined impact of all of you taking up the advocacy challenge, and the added power of many more whom you will recruit to the cause, we can navigate today's uncharted political currents by advocating with assurance a positive course forward for our nation. Policy is often inspired and influenced by leaders like you – those who have the courage to take on challenges that others find daunting -- those who know first-hand the benefits of research to improve health. That's the history of nursing and nursing research. And this is the time to write the next chapter in that history. I urge you to bring the dedication and perseverance that you devote everyday to your profession to the policy arena, to demand support for research and nursing research. I'm confident that your actions will force policymakers to take notice and give you the respect and admiration that has come due and is richly deserved. We will all – all of us all over this country and all over the world – be the better for it.

Thank you, and good evening.