

January 12, 2012

Francis S. Collins, M.D., Ph.D.
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Dear Dr. Collins:

We, the undersigned Aging and Alzheimer's disease researchers, educators and clinicians strongly urge you to include \$1.4 billion, an increase of \$300 million, in the FY 2013 National Institutes of Health (NIH) Budget to support the National Institute on Aging (NIA). This funding is the minimum essential to sustain the research needed to make progress in attacking the chronic diseases that are driving massive increases in our national healthcare costs. That level of funding would make the NIA's baseline to a level consistent with comparable research initiatives conducted elsewhere under the auspices of the NIH.

The NIA leads the national scientific effort to understand the nature of aging in order to promote the health and well-being of older adults, whose numbers are projected to increase dramatically in the coming years due to increased life expectancy and the aging of a baby boom generation that began to turn 65 on January 1, 2011. According to results from the 2010 Decennial Census, "the U.S. population 65 and older is now the largest in terms of size and percent of the population." Further, the U.S. Census Bureau estimates that the number of people age 65 and older will more than double between 2010 and 2050 to 88.5 million or 20 percent of the population; and those 85 and older will increase three-fold, to 19 million.

Increased investment in preventing, treating or curing chronic diseases of the aging, such as Alzheimer's, is perhaps the single most effective strategy in reducing national spending on health care. Chronic diseases associated with aging account for more than 75 percent of Medicare and other federal health expenditures. Unprecedented increases in age-related diseases as the population ages are one reason the Congressional Budget Office projects that total spending on healthcare will rise to 25 percent of the U.S. GDP by 2025 from 17 percent today. Simply put, our nation does not have the luxury of time to wait to address the health research needs of this population.

Standard & Poor's recently issued a Report ("Global Aging 2010: An Irreversible Truth") stating that "[n]o other force is likely to shape the future of national economic health, public finances, and policymaking as the irreversible rate at which the world's population is aging. ... Standard & Poor's Ratings believes that the cost of caring for these people will profoundly affect growth prospects and dominate public finance policy debates worldwide." As we have learned from the experience with polio, heart disease, HIV/AIDS, cardio-vascular, and other diseases, medical research and breakthroughs can have a profound impact in reducing healthcare costs. And the extension of life expectancy from 47 in 1900 to almost 80 in 2000, medical advancements enormously increase national productivity and prosperity. Yet, those benefits can only come about if NIH makes the needed investments in research aimed at preventing, treating or curing aging-related diseases and extending healthy life.

In stark contrast to the rapidly-rising costs of healthcare for the aging, we as a nation are making a miniscule, and declining, investment in the prevention, treatment or cure of aging conditions. While the current dollars appropriated to NIA seem to have risen significantly since FY 2003, when adjusted for inflation, they have decreased almost 18 percent in the last nine years. According to the NIH Almanac, out of each dollar appropriated to NIH, only 3.6 cents goes toward supporting the work of the NIA-compared to 16.5 cents to the National Cancer Institute, 14.6 cents to the National Institute of Allergy and Infectious Diseases, 10 cents to the National Heart, Lung and Blood Institute, and 6.3 cents to the National Institute of Diabetes and Digestive and Kidney Diseases.

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Unfortunately, our nation's declining constant-dollar investment in NIA research has not kept pace with the demands of aging research or the health needs of older Americans. If NIA funding is not significantly increased we stand to lose a generation or more of young and emerging investigators in aging and Alzheimer's disease, abandoning a commitment to the extension of healthy life that was and is a hallmark of the 20th century. The November 11, 2010 issue of Nature noted that "[a]lthough the funding situation is tight all around for NIH-supported investigators, the NIA is in an exceptional predicament....As both the US and global populations age, the prevalence of chronic diseases such as cancer, heart disease and diabetes will also grow, along with neurodegenerative ailments....The NIA deals with age-related aspects of all of these."

Alzheimer's disease and related dementias are a particularly dramatic example of the crisis ahead. The NIA reports that as many as 5.1 million Americans over 65 are today dying with Alzheimer's disease and the numbers of Americans that will die of this disease are projected to increase dramatically in the coming years. It is estimated that over 10 million baby boomers will die of Alzheimer's in addition to today's victims. Alzheimer's disease will also cause physical and emotional impairments on more and more families and caregivers. The growing numbers of Alzheimer's victims and the rapidly-rising costs associated with the disease will put a heavy economic burden on families, businesses and government. Estimates are that the costs of Alzheimer's care will amount to \$2 trillion just between now and 2020. As the lead NIH institute on Alzheimer's disease research, NIA will not be able to move toward a breakthrough without a substantial investment in Alzheimer's research nor meet the new research objectives the NIH expects from the National Alzheimer's Project Act signed into law last year

NIA is poised to accelerate the scientific discoveries that we as a nation are counting on. Research that can be translated quickly into effective prevention and efficient health care will reduce the burden of a "Silver Tsunami" of age-associated chronic diseases. Breakthroughs from NIA research can lead to treatments and public health interventions that could delay the onset or slow the progression of costly conditions such as heart disease, stroke, diabetes, bone fractures, age-related blindness, Alzheimer's and Parkinson's diseases. Such advances could save trillions of dollars by the middle of the current century.

As you develop a proposed FY 2013 NIH budget that includes cost-effective health research for all Americans, we look forward to working with you. Thank you for considering our views, and please do not hesitate to contact Mary Jo Hoeksema, Chair, Friends of the NIA, at 202341-7283 or email paaapc@crosslink.net; or Cynthia Bens, Director, Public Policy for the Alliance for Aging Research at 202-293-2856 or email cbens@agingresearch.org if you have any questions or would like additional information.

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