Meet Your New Representatives!

The election results are in. These members will take their offices at the conclusion of the 2006 Annual Meeting.

- President-elect
  Lisa Gwyther
  Duke University Medical Center

- BS Section Chair-elect
  Pamela Larsen
  University of Texas - San Antonio

- GM Section Chair-elect
  Kenneth Lyles
  Duke University Medical School

- BSS Section Chair-elect
  Ellen Idler
  Rutgers University

- BSS Member-At-Large
  Martha Crowther – The University of Alabama at Birmingham

- BSS Member-At-Large
  Janet Wilmoth
  Syracuse University

- BSS Member-At-Large
  Linda Wray
  Pennsylvania State University

- SRPP Section Chair-elect
  John Williamson
  Boston College

- ESPO Chair-elect
  Sarah Ruiz
  University of Southern California

- ESPO Secretary-elect
  Karon Phillips
  University of South Florida

- ESPO Tech Chair-elect
  Benjamin Bensadon
  University of Florida, Gainesville
Kirkwood Signs On as Annual Meeting Speaker

Thomas Kirkwood, one of Britain’s top experts on the science of aging, has accepted GSA President Charles Longino’s invitation to present the keynote address this November at the 59th Annual Scientific Meeting in Dallas, TX.

Kirkwood is currently the co-director of the Institute for Ageing and Health at the University of Newcastle in England. He first became known in gerontology circles nearly thirty years ago after introducing the “disposable soma” theory, which states that people age because evolution has caused humans to use energy to get food, produce offspring and survive danger — not to repair and maintain cells.

One of Kirkwood’s most widely read publications is 1999’s Time of Our Lives: The Science of Human Aging. In 2001 he was chosen to present the annual entry in BBC’s distinguished and long-running Reith Lecture series. His five talks on the topic of aging were later published in a book titled The End of Age.

These and other media appearances have proven Kirkwood’s unique ability to communicate developments in aging research to the greater public. Three years ago he even collaborated with a theater company for young actors, bringing ideas about gerontology to the dramatic stage.

Prior to his appointment at Newcastle, Kirkwood held positions at the University of Manchester and the National Institute for Medical Research in London. He received his PhD in Biology from the University of Cambridge in 1983.

AJN Report Finds Widespread Depression Among Elderly

The American Journal of Nursing’s (AJN) latest release in their “New Look at the Old” series paints a bleak picture of mental health among older Americans. This report, titled “Shades of Grey: Depression & Dispiritedness in Older Adults,” can be found in webcast format at www.nursingcenter.com/ajnolderadults. (Previous articles are also still available at the site.)

On average, approximately 15 percent of the older adult population is depressed, with 65 to 75 percent of those cases being treatable. The study found that among people aged 65 and older, almost 60 percent feel that depression goes hand in hand with aging.

While many factors do put the elderly at risk for depression, it is not a normal component of aging — nor does it manifest in the same way as in those who are younger. This webcast discusses the benefits of screening for and treating depression, many of the screening tools available, and highlights the success of project IMPACT (Improving Mood: Promoting Access to Collaborative Care).

This is the ninth in a series of 18 webcasts and is a collaborative effort among the AJN, The Gerontological Society of America, and Trinity Healthforce Learning. It is funded by Atlantic Philanthropies with additional support from the Nurses Service Organization. The venture — designed to provide information and skills to improve the care and well-being of older adults — has already received several professional distinctions. Most recently it was bestowed the Silver Award for Best Feature Series from The American Society of Healthcare Publications Editors.
Lubben, Clark Honored at College’s Social Work Milestone

Iowa’s Wartburg College recently honored two GSA members during celebrations for its 60th year of undergraduate social work education. At the school’s May commencement, honorary doctoral degrees were bestowed to Betsy Clark, the executive director of the National Association of Social Workers, and James Lubben, the director of the doctoral program at Boston College’s Graduate School of Social Work and national director of the Hartford Doctoral Fellows Program.

In Memoriam

Former GSA Fellow and Social Research, Policy, and Practice Section Chair Elizabeth Kutza passed away on June 9th after a seven-year battle with cancer. She was formerly the head of the Institute on Aging at Portland State University and served as co-director of the Oregon Geriatric Education Center. Kutza’s work focused mainly on federal aging policy. She authored 1981’s The Benefits of Old Age: Social Welfare Policy for the Elderly, and edited Diversity in Aging: Challenges Facing Planners & Policymakers in the 1990s. She also wrote widely in the area of long-term care and community-based aging services. Kutza was chosen for the first class of the Kellogg National Fellowship Program and was also selected as a Robert Wood Johnson Health Policy Fellow, during which time she spent a year as a professional staff member of the Senate Finance Committee in Washington, DC.

Australian gerontologist and long-time GSA member Gary Andrews died on May 18th. He was President (1997-2001) of the International Association of Gerontology and organized its 1997 Congress in Australia. He also served as a special advisor on aging to the United Nations (1998-1999) and was instrumental in developing an international research agenda for the World Assembly on Aging. His most recent appointment was as director of the Centre for Ageing Studies at Flinders University and the University of South Australia. His international work began in the late 70s when he was extensively involved with the World Health Organization and was responsible for the establishment of a series of population-based studies of the health and social aspects of aging in 16 countries.

Colleague Connected!

This month’s $25 amazon.com gift certificate winner:

Suzan Rodiek

(Shé became eligible after referring new member Greg Hunteman.)

For more details on the Colleague Connection promotion, which includes a chance to win free lodging at the annual meeting, visit www.geron.org/ColleagueConnection.htm

New Member Publication

Design Innovations for Aging and Alzheimer’s: Creative Caring Environments, by Elizabeth Brawley. Published by John Wiley & Sons.

New Personnel Expand Office Family

GSAs Washington, DC headquarters has added a number of new faces over the past few months. Please join the staff in welcoming:

Robert Lehman
IT Manager

Jessica Clark
Receptionist/Administrative Assistant

Rebecca Finer
Hartford Program Coordinator

Ashley Groth
Hartford Program Assistant/GSA Awards Coordinator

Lubben (far left) and Clark (2nd from right) are pictured with two Wartburg College officers.
Some of us walked into graduate school with a plan for our dissertation or thesis. We knew from the start what we wanted to study, what our research question would be, and how we, as researchers, were going to fill a void in the existing body of scholarly knowledge. We may have even decided to enter graduate school because of that question. Others of us may have stumbled upon our topics, perhaps while working on a term paper for a course or working as a research assistant for a professor in our department. We may have received guidance from a mentor who pointed us towards a topic in need of further study or thought of the question while attending a session of interest at GSA’s Annual Meeting. Thesis and dissertation topics are deeply personal – when they finally come to us we must live with them for some (often long) period of time. When choosing a topic, it is important to find something that interests us, and something we believe a better understanding of will advance the field of gerontology.

When a topic is finally settled upon, we must find the best data to answer our research questions. Some of us are fortunate enough to have research questions that may be studied using existing data. Some large surveys such as the Health & Retirement Study, the U.S. Census and the National Long-Term Care Survey have public use data sets which are available to researchers free of charge. Other data sets are available for purchase through the research institution. Not all research questions can be answered using existing data, however. Some of us find that in order to really understand a specific phenomenon, we must interview, survey or observe participants ourselves. We may develop our own survey instrument or use an existing tool to study a new population. This type of research is often resource intensive, but many find it personally rewarding.

Because many graduate students are not in a financial position to be expending personal resources to complete data collection for a thesis or dissertation, it is useful to look into grant and fellowship opportunities available through a variety of different agencies throughout the country. While some fund only specific types of aging research, others are more broad. The Association for Gerontology in Higher Education (AGHE) has compiled lists of funding opportunities for graduate students both in social and clinical sciences. This information may be found on the Careers in Aging website (www.CareersInAging.com) under the Funding Streams link. The Geriatric Social Work Initiative has also put together an extensive list of funding sources. Their list may be found at www.gswi.org under the Funding Opportunities link. Because the timeline for submission and the award schedule varies depending on the organization, it is useful to research grant opportunities well in advance. Finding funding may be the difference between researching a topic you love and having to change directions!

Hartford Doctoral Fellows Program

Application Deadline: August 1, 2006

The Hartford Doctoral Fellows Program is funded by the John A. Hartford Foundation and administered by The Gerontological Society of America (GSA). It is a component of the nationwide Geriatric Social Work Initiative (GSWI), which seeks to expand the training of social workers who can improve the health and well-being of older persons and their families. The grant is intended to enhance quality research and professional development, supplement academic career guidance, and build upon peer networking opportunities through various institutes and meetings. Two-year grants of $25,000 per year will be provided to those awarded.

For more information and an application, please visit www.gswi.org.

23rd Annual UCLA

Intensive Course in Geriatric Medicine and Board Review

September 13 - 16, 2006

Marina del Rey Marriott Hotel
Marina del Rey, California
(Los Angeles Area)

Course Fee: $895
(Other Fees & Scholarships Available)

Earn up to 35.5 Hours of Category 1 CME Credit

For more information, please contact:
Ms. Janet L. Adriano
David Geffen School of Medicine at UCLA
310.312.0551 | jadriano@mednet.ucla.edu
or visit www.geronet.ucla.edu
AGHE Announces 2006 Administrative Leadership Award Recipient
AGHE’s staff and leadership congratulate John M. Hughes, PhD, as this year’s Administrative Leadership Award recipient. Dr. Hughes is Associate Provost for Research and Dean of the graduate school at Miami University in Oxford, Ohio.

The Administrative Leadership Award honors member-school administrators who have made exceptional efforts in support of gerontology or geriatrics education. Dr. Hughes was formally recognized and presented his award at the Opening Plenary session of AGHE’s 32nd Annual Meeting.

Congratulations Extended to AGHE’s 2006 Part-Time Faculty Honoree
Kaye Herzer of Spokane Falls Community College was the recipient of AGHE’s 2006 Part-Time Faculty recognition. Nationwide, reliance on part-time and/or adjunct faculty to teach gerontology courses is very high. Without the efforts and dedication of these individuals, often at extremely low compensation, gerontology programs might not be able to deliver a full curriculum. AGHE’s staff and leadership congratulate Herzer on this achievement.

New Edition of AGHE’s Standards and Guidelines for Gerontology Programs Available
This publication outlines standards and guidelines for the development of gerontology instruction in institutions of higher education. The document includes a set of recommendations for gerontology program development that apply to any program regardless of academic level or type of credential awarded, as well as specific curriculum and policy recommendations for gerontology programs that offer an associate degree or certificate, a bachelor’s degree, a bachelor’s certificate or minor, a continuing education certificate at the undergraduate level, a master’s degree, a graduate certificate, or a doctoral degree. A chapter on future issues in gerontological education and a glossary of terms are also included. This new Fourth Edition includes updates and minor edits for all previous chapters. Also included, is an expanded chapter on doctoral degree programs and a new chapter addressing on-line programs in gerontology. For the first time this resource is available on CD-ROM. The cost is $20 for individuals from AGHE member institutions, $40 for those at non-member institutions, and can be purchased online through the AGHE website at www.aghe.org.

Remember! July 17 Deadline for Technical Assistance Workshop
On November 16-17, 2006, the National Institute on Aging (NIA) will hold the Technical Assistance Workshop for Minority and Emerging Scientists and Students, a two-day interactive forum where minority and emerging scientists and students receive feedback from NIA staff on their current or planned research as well as general information about applying for NIA grants. The workshop will be held immediately prior to the annual scientific meeting of the Gerontological Society of America in Dallas, TX. Participation is by competitive application. NIA encourages applications from members of groups under-represented in aging research and investigators committed to research careers related to minority aging issues. Applicants should be pre-or post-doctoral students or recent recipients of Ph.D., M.D. or related doctoral degrees; new to the NIH application process and/or embarking on an independent program of research; investigators with less than five years of research experience; and U.S. citizens, non-citizen nationals or permanent residents.

Applications are due by July 17, 2006. For information and application forms, please contact Jamie Gulin at 301-496-0765; gulinj@nia.nih.gov.
House FY 2007 Appropriations Bill Cuts
Federal Investment in Research

On June 7th, the House Labor-HHS-Education Appropriations Subcommittee approved its FY 2007 spending bill by a party line vote of 9-7. The bill provides $141.9 billion in discretionary funding, an increase of $712 million (0.5 percent) over the comparable FY 2006 funding level, and $4.136 billion more than proposed by the Bush Administration.

The measure additionally provides $28.250 billion for the National Institutes of Health (NIH), a decrease of $306,000 from the current year’s level. The Centers for Disease Control and Prevention (CDC) was allotted $6.1 billion, a $27.5 million (0.5 percent) decrease below FY 2006.

Also included were $163.6 million for Title VII health professions, a 12.7 percent increase above FY 2006, and $150 million for Title VIII nursing, which is level with the current year. The bill restores the GEC funding to the FY 2005 level of $31.5 million. The public health, preventive medicine, and dental public health programs, which were funded at $7.9 million in last year’s budget, are eliminated.

The Agency for Healthcare Research and Quality (AHRQ) receives $318.7 million, the same level of funding as in FY 2006, but money is to be given via direct appropriations, rather than through evaluation tap funds, which funded the agency last year. The bill provides $106.7 million for the National Institute for Disability and Rehabilitation Research within the Department of Education, the same as the current year’s level.

The bill also includes approximately $1 billion for earmarked projects requested by Members of Congress, including $285 million for health care-related facilities and activities under the Health Resources and Services Administration. The FY 2006 Labor-HHS bill did not include earmarked projects.

The House Appropriations Committee considered and then passed the bill on June 13, and the bill was expected to go to the House floor the week of June 19.

While this passed through the House Appropriations Committee, the issues are still pending full House Committee and Senate action. It is, therefore, still important that members continue to follow up with their Congressional representatives on the NIH, GEC and other aging funding.

To learn more about the threats facing NIH research, see “NIH at the Crossroads: Strategies for the Future,” a detailed slide presentation by NIH Director Dr. Elias Zerhouni at http://www.nih.gov/about/director/strategiesfortheFuture.pdf

Multidisciplinary Guidebook for Clinical Geriatric Research

The Gerontological Society of America’s latest publication is a pocket-sized “survival guide” designed to help health care professionals address the unique challenges of conducting scientific studies involving older persons.

Topics featured:

- Designing a research study
- Constructing a research budget
- Finding funding
- Conducting research with human subjects
- Conducting responsible research
- Analyzing Data
- Publishing and presenting research findings
- Collaborating with researchers in other disciplines
- Mentoring

All scholars — especially those new to the field — will find these guidelines invaluable. They offer benefit not only to those in clinical settings, but to anyone addressing the needs of America’s rapidly-expanding senior population.

To order, visit: www.geron.org/guidebook2006.htm
Penn State’s 14th Annual Symposium on Family Issues
October 5-6, 2006

Intergenerational caregiving will be the focus of Penn State’s 14th annual Symposium on Family Issues, October 5-6, 2006. “Caring and Exchange Within and Across Generations” will be addressed by 16 top scholars from major institutions in the disciplines of gerontology, sociology, economics, demography, and human development. The symposium is innovative for the integration of perspectives from multiple social sciences as well as for addressing policy implications. The intent of the symposium is to consider factors that account for variation and change in relationships within and among generations, the strengths and weaknesses of existing information that can be used to understand change in inter- and intra-generational relationships, and implications for social policies, in light of the dramatic changes in family composition. Information and registration at: www.pop.psu.edu/events/symposium/2006.htm or contact Carolyn Scott (814)863-6806 • css7@psu.edu.

Passionate about working with elders?
Join our interdisciplinary team of geriatric mental health providers for rewarding, varied work with elders. Full or part time employment available providing assessments, therapy, consultation, behavioral planning and staff training in long term care, community settings and outpatient office working with older adults and their caregivers. Our practice is expanding and we are looking for an individual with compassion and commitment to join us in creative services to meet the mental health needs of elders. Community Services Group offers competitive pay, excellent benefits and opportunities for professional advancement.

Interested parties should forward resume, references and salary requirements to:
Kelly O’Shea Carney, Ph.D.
Eldercare Division, Community Services Group
54 S. Commerce Way, Ste. 170
Bethlehem, PA 18017
or via email to fertalm@csgonline.org
EOE

Riverside Methodist Hospital in Columbus, Ohio
Director of their Geriatric Fellowship Program

Riverside Methodist Hospital in Columbus, Ohio is seeking a full-time clinician educator to be the Director of their Geriatric Fellowship Program.

This one year fellowship, established in 2003, is part of a nationally recognized Family Medicine Residency Program. Our goal is to develop a Geriatric Program with a similar reputation.

The ideal candidate should be a highly skilled clinician, effective teacher, innovative leader and experienced in developing educational programs for residents and fellows. Minimum qualifications include board certification in Family Medicine and Certification of Added Qualifications in Geriatrics or eligibility for the CAQ.

Riverside Methodist Hospital is a 1,045 bed, tertiary care teaching hospital that is regionally and nationally: one of Solucient’s Top 100 Hospitals and recognized by U.S. News & World Report as one of “America’s Best Hospitals”.

If you would like to learn more about this opportunity please contact:
Cyndi Tussing, Riverside Methodist Hospital
Phone 614-566-3649 • Fax 614-566-3646 • Email: physicianrecruiting@ohiohealth.com
Research on Aging announces a call for papers for a special issue on Race, Socioeconomic Status, and Health in Life Course Perspective to be guest edited by Scott M. Lynch of Princeton University. We invite papers utilizing a life course perspective combined with longitudinal data to assess the changing relationships among race/ethnicity, socioeconomic status, and health. Any health outcome—ranging from mental health outcomes to physical health and mortality—is appropriate, and we welcome papers using a variety of measures of socioeconomic status and race (including ethnicity) and diverse analytical methods.

Inquiries about this special issue may be directed to the guest editor, Scott M. Lynch, Department of Sociology, Princeton University, Princeton, NJ 08544 (email: slynch@princeton.edu).

Submissions should be sent to: Angela M. O’Rand, Editor, Research on Aging, Department of Sociology, Box 90088, Duke University, Durham, NC 27708. The deadline is January 15, 2007, although submissions before that date will receive immediate attention.

Harvard School of Public Health • Department of Society, Human Development, and Health

Assistant Professor in the Area of Social Epidemiology of Aging

The Department of Society, Human Development, and Health at the Harvard School of Public Health seeks candidates for a tenure-ladder position as assistant professor in the area of social epidemiology of aging.

Applicants should have a record of research and teaching in issues related to lifecourse development and aging, social determinants of aging, and multidisciplinary methodological approaches to health, functioning, and aging. The ability to contribute to the department’s efforts in social determinants of health, innovative approaches to quantitative methods, and lifecourse approaches to health and aging is desirable. We are especially interested in the extent to which candidates address issues related to health disparities or policy issues. Applicants should hold a doctorate in epidemiology, sociology, demography, or a related field.

The successful candidate will be expected to develop an independent research program and to collaborate with others in the department. S/he will teach courses in aging and in research methods, specifically in quantitative approaches to lifecourse and human development issues, and will advise master’s and doctoral students and direct doctoral students in their dissertation research.

Please send a letter of application, including a statement of current and future research interests, a curriculum vitae, sample publications, and the names of three referees to the following address. Applicants should ask their three referees to write independently to this address:

Chair, Search Committee in Social Epidemiology and Aging
c/o Toby Bernstein
Department of Society, Human Development, and Health
Harvard School of Public Health
677 Huntington Avenue, Kresge 710
Boston, MA 02115
The Gerontological Society of America Announces 2006 Hartford Pre-Dissertation Award Winners

The Gerontological Society of America is pleased to introduce the twenty recipients of the 2006 Hartford Doctoral Fellows Pre-Dissertation Award. With funding from the John A. Hartford Foundation, the program provides this cohort with the opportunities for successful careers in gerontological social work.

The awards are administered by The Gerontological Society of America and co-sponsored by the Association for Gerontological Education and Social Work (AGE-SW). The program is overseen by National Hartford Fellows Director James Lubben of Boston College and Carmen L. Morano of the University of Maryland.

Each awardee will be given stipends to attend both GSA’s November 2006 Annual Scientific Meeting in Dallas, TX and The Society for Social Work and Research (SSWR) January 2007 Annual Meeting in San Francisco, CA. There they will attend workshops designed to develop their research skills.

The recipients are listed below:

Donna Aguiniga
University of Texas-Austin
(sponsor: Namkee Choi)

Erica Auh
University of California-Berkeley
(sponsor: Andy Scharlach)

Kathleen Bailey
Arizona State University
(sponsor: Suk-Young Kang)

Aisha Bonner
Howard University
(sponsor: Elizabeth Bertera)

Mary Dennis
University of Michigan
(sponsor: Ruth Dunkle)

Marissa Hansen
University of Southern California
(sponsor: Maria Aranda)

Jessica Haxton
University of Denver
(sponsor: Colleen Reed)

Camille Huggins
New York University
(sponsor: Jeane Anastas)

Hyo Jin Jung
Washington University-St. Louis
(sponsor: Nancy Morrow-Howell)

Dennis Kao
University of Southern California
(sponsor: Iris Chi)

Shawn King
Ohio State University
(sponsor: Virginia Richardson)

Robert Larson
Hunter College
(sponsor: Irwin Epstein)

Amanda Lehning
University of California-Berkeley
(sponsor: Andy Scharlach)

Mary Morrissey
Fordham University
(sponsor: Pat Brownell)

Jeannine Rowe
University of Wisconsin-Milwaukee
(sponsor: Rhonda Montgomery)

Paul Sacco
Washington University-St. Louis
(sponsor: Nancy Morrow-Howell)

Erica Solway
University of California-San Francisco
(sponsor: Carroll Estes)

Donna Wang
Fordham University
(sponsor: Cynthia Poindexter)

Karla Washington
University of Missouri-Columbia
(sponsor: Debra Parker-Oliver)

Erin Weir
University of Michigan
(sponsor: Ruth Dunkle)
Anxiety and anger are rife among the biomedical research community over the dwindling fortunes of the National Institutes of Health (NIH). The anxiety is justified: Success rates for grant applications have fallen, on average, from over 30% in 2003 to under 20% (and to even less at some Institutes), and the Bush administration’s budget projections imply further declines. But the anger is another matter: Much of it is mistakenly directed at NIH itself and threatens to undermine the credibility of the agency with both its federal patrons and its public constituencies.

Between 1999 and 2003, NIH enjoyed extraordinary largesse as Congress and two successive administrations doubled its budget to about $27 billion.

During this period, as expected, NIH awarded more multiyear grants, committing itself to increasing fiscal obligations in the ensuing years. At the same time, the average grant size grew beyond the rate of inflation and the number of applications also rose significantly.

After such expansion, a gradual decline toward more customary increases is required to ensure that substantial uncommitted funds are available for new grants. But the hoped-for “soft landing” did not occur. Most federal budgets, including NIH’s, have flattened in the service of larger budgetary agendas, such as tax cuts and financing the war in Iraq. Congress has turned a skeptical eye on NIH, demanding to know at an unrealistically early stage what exceptional benefits the doubling has brought to those suffering from diseases and asking why NIH cannot prosper with its doubled budget. Now, facing its third consecutive year of sub-inflationary increases, NIH is likely to have 11% less spending power in 2007 than it did in 2004.

Rather than galvanizing political action to restore at least inflationary budgetary increases, these developments have precipitated an irrational response from some members of our research community. They have begun to blame the agency itself, accusing the NIH administration of mismanagement and ill-conceived adventures.

The favorite whipping boy is the recently developed NIH Roadmap. The contents of the Roadmap were shaped a few years ago by extensive consultations with extramural scientists, not invented unilaterally by the NIH leadership, and represent a response to converging forces, including demands from Congress—and from diverse physicians, disease-research advocates, and scientists—for a greater sense of mission, more risk-taking, and expanded interdisciplinary research. In its first couple of years, the Roadmap has launched laudable programs, supported mainly by highly competitive awards to individual investigators, to encourage creative but high-risk research (the
Pioneer Awards); new approaches to biomedical computing, structural biology, nanomedicine, and chemical biology; and a reconfiguring of the infrastructure for clinical research.

Despite its high ambitions, the Roadmap has required no more than a modest 1.2% of the NIH budget. “Shelving” the Roadmap, as called for by one recent commentary, would not heal NIH’s financial maladies. But it just might persuade Congress and other potential critics that members of the biomedical research community are hopelessly inured to change and less concerned about the commonwealth than the professional well-being of scientists.

What then is to be done? First, stop blaming NIH—it is a victim, not a culprit, and it urgently needs our collective help. Second, redirect the hue and cry to Congress and the White House. Professional societies and disease-advocate groups have taken up the cause, but investigators in the trenches have been singularly silent. And third, support NIH in its efforts to manage resources prudently: Understand the nature of its difficulty and the rationale for restricting the size of awarded grants; encourage favored treatment of applications from scientists seeking their first awards; and accept opportunities to provide advice by serving on NIH’s advisory and review panels.

This is a time for concern and action, not despair. Biomedical research has found itself in seemingly dire straits before, yet recouped rapidly when Congress learned that the health sciences were adversely affected by budgetary shortfalls. NIH still has potent allies in Congress. The public enthusiastically supports health research and recognizes that modern science is making rapid progress against feared diseases. Scientists should reinforce those alliances by making common cause with the leadership of NIH, rather than unjustly undermining its credibility.