In May of this year at a Congressional hearing about funding for the National Institutes of Health (NIH), long-time champion for NIH Senator Arlen Specter (D-PA) stated that “The scientific community is going to have to become a lot more politically active in blowing [its] own horn.” A few days earlier, House Appropriations Chairman Representative David Obey (D-WI) offered this comment, “I’ve been disappointed by the lack of aggressive activism on the part of so many professionals in the field.”

Perhaps you agree that advocacy is important, but for someone else, not you. The reluctance of the science community to actively engage in advocacy is attributable to a range of explanations: I don’t have time; I am a scientist not a communications person; I am not allowed to advocate, that’s lobbying; no one will listen to me; my professional society does the advocacy for me; there is no career track incentive for this. These statements are familiar and, for many, persuasive. However, leaving advocacy for research funding to someone else is a short-sighted strategy and leaves the funding for your work in someone else’s hands.

Historically, Americans have shown strong support for health and medical research. Similarly, for the 18 years that Research!America has been commissioning public opinion surveys, trend data demonstrate unwavering support for research to improve health. In a June 2009 national poll (Figure 1), most (92%) Americans indicated that research is important to the U.S. economy. In spite of Americans’ concerns over their personal economic circumstances, more than two-thirds (68%) would be willing to pay $1 more in taxes if they were certain that all the money would be spent on additional research to improve health. Asking specifically about U.S.-funded global health research, most (34% and 47%, respectively) said that this research is very/somewhat important. Furthermore, most (90%) Americans agree that the United States has a responsibility to conduct research to prevent diseases that disproportionately affect poorer countries (Figure 2).

And yet, despite these high levels of support, a significant disconnect exists for Americans when it comes to linking advances in health that benefits people everywhere with who or how that research happens. It often comes as a shock to the science community that nearly two-thirds (64%) of Americans cannot name any institution, company, or organization where medical or health research is conducted (Figure 3). In addition,
approximately three-fourths (73%) cannot name a living scientist (Figure 4) and, perhaps most disturbing, less than 1 in 10 (9%) recognize the NIH (Figure 5). Research and those who conduct it are invisible in our society.

Americans’ belief in the hope that research offers does not fluctuate with election cycles or political parties. Every parent, family member, or friend expects that research will deliver when it comes to their sick or injured loved one. To ensure that research continues to deliver, whose responsibility is it to help members of Congress—who determine research funding levels—to better understand the value and importance of what you do? Very simply, the answer is you. It is the responsibility of the science community, individually as well as collectively, to provide policy makers with useful information they can use to make the case for an increased U.S. investment in research.

There is often a marked difference between what policy makers, Congressional staff and academics consider useful information. Here, researchers need to think like policy makers, accountable to the needs and requests of their constituents. Today and for the foreseeable future, every policy maker is concerned about three things: jobs, jobs and jobs. Your useful information, in the form of talking points (3–5 minutes), should include the amount of NIH dollars your global health research brings to your institution; the number of direct jobs created or supported; the real, yet indirect, economic impact of your use of laboratory suppliers, delivery services, or other secondary vendors such as the coffee shop you stop at every morning; and how the United States also benefits from your research—making the explicit point that America’s health is global health. Disease knows no time zone or country border.

Campaign season and the 2010 mid-term election offer the science community a timely opportunity to make the voice of research heard. Educate yourself on the candidates. Where do they stand on science issues? Is funding for research, a key economic driver for the United States, part of their platform? Visit www.yourcandidatesyourhealth.org, a voter education initiative, which asks all candidates for federal office to answer important top-line questions on issues related to research funding and health. If your candidates have not stated their position, use the links on the site to contact their campaign.

**Americans Don’t Know Where Research is Conducted**

Do you know of any institutions, companies or organizations where medical or health research is conducted?

- Don’t know: 64%
- Johns Hopkins University: 1%
- St. Jude: 1%
- Pfizer: 1%
- National Institutes of Health: 1%
- Cleveland Clinic: 1%
- University of Michigan: 1%
- Children’s Hospital: 1%
- Merck: 1%
- Other: 28%

**Few Americans Recognize the National Institutes of Health**

What is the name of the government agency that funds most of the medical research paid for by taxpayers in this country? (First volunteered responses)

- National Institutes of Health: 50%
- Food and Drug Administration: 19%
- Dept. of Health and Human Services/Health Dept.: 13%
- Centers for Disease Control: 6%
- Other: 3%
- Don’t know: 9%

**Most Americans Can’t Name a Living Scientist**

Can you name any living scientist? (% total volunteered responses)

- Stephen Hawking: 13%
- James Watson: 2%
- Jane Goodall: 2%
- Michio Kaku: 1%
- Richard Dawkins: 1%
- Other: 14%

**U.S. has Responsibility to Conduct Research to Prevent Disease Globally**

How much responsibility, if any, does the U.S. have to conduct research that would prevent diseases that disproportionately affect poorer countries?

- Great deal of responsibility: 49%
- Some responsibility: 41%
- No responsibility: 10%
Take a step towards engaging with your policy makers. They need to hear from you and they need to hear from you regularly. Work with Research!America as part of your institution’s membership. If you’re not a member, join us. We have the experience and the tools to help you better inform individuals making decisions related to our nation’s investment in research for health. Advocacy is everyone’s job, you individually, not just your professional society or Research!America. As Research!America’s chair John Edward Porter, a former U.S. Congressman who chaired the subcommittee that funds all federal health programs, including NIH, stated in an editorial in *Science*, “Your country needs you. If all you do is vote, you’re definitely not doing enough. Get off your chair, do something outside of your comfort zone, and make a difference for science. All of us must be creative about what we can do to make a difference for the things we believe in. Now is the time.”

Received August 9, 2010. Accepted for publication August 9, 2010.

Note: The author was employed by Research!America at the time this editorial was written and submitted to the journal.

Author’s address: Karen A. Goraleski, American Society of Tropical Medicine and Hygiene, 111 Deer Lake Rd, Suite 100, Deerfield, IL 60015, E-mail: kgoraleski@astmh.org.

REFERENCE