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AFCR President, 1988–1989

The American Federation for Clinical Research, AFCR, had its 50th anniversary in 1989–90, when I was its President. It was a different organization from the one we see today. There were two main activities of the organization: the annual meeting and advocacy for federal support for biomedical research. The Annual Meeting was transitioning from being held in conjunction with the ASCI and the AAP – they were the "young turks" and the "old farts" – and we were the "young squirts." We were considering other partners such as the Society for General Internal Medicine, or FASEB, to provide a more enriched and enriching meeting for our membership. The evolution since then has been fascinating. The name change, the association with clinical and translational research, the rough ride at the NIH, protracted residencies and fellowships, leading to later age at research independence for physicians, has catalyzed a shift in self-image of the contemporary AFMR.

The advocacy effort, in those days, was strong. We formed alliances and argued for increased funding for the NIH – and we nearly always achieved increases in the NIH budget. The only question was, how big? We laid the groundwork for "the doubling." We had champions in Congress, who were proud to make the NIH their cause. Of course, there were a few detractors, but no hard line budget hawks as we see today. In retrospect, those were halcyon days! Now we can see that "the doubling" had unintended consequences, for it encouraged expansion of academic facilities and work force beyond a level that is sustainable in tougher times. It also left the impression in Congress that NIH has already had its fair share of federal investment. And, we talked a lot about the promise of biomedical research, which now proves slower than we had hoped to fulfill. My own field, cystic fibrosis research, is a highly collaborative and well funded academic, patient, and pharmaceutical community with all possible coordination and advantages, due largely to the good offices and strategic funding of the Cystic Fibrosis Foundation. Still, it was 23 years from the discovery of the cystic fibrosis gene to FDA approval of a drug aimed directly at the basic defect – and then only for a small cadre of patients with particular CF genotype. Yet, the therapeutics DID come, and WILL come, and WILL change the face of the disease. On even a broader scale, we can now point to the decline in mortality from cardiovascular diseases over the last few decades and, finally, in recent years, from cancer as well (long after Nixon declared War on Cancer!) The human genome project has not yet had its fair chance to change the world of medicine. It's taking a long time, but it WILL come. AFCR/AFMR has always stood for the promise of the physician scientist, the new ideas of youth, strength of purpose, and resolute adherence to the dream of better health through understanding of the human condition.