

Medical researcher: “Our chance of solving health problems will be significantly smaller”

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The following is an interview between Will Morrow and a longstanding researcher of respiratory disease in Australia.

WM: There are widespread reports that medical research will be cut in the federal budget this year.

RT: Emails have been circulating prior to and following a recent conference of the Thoracic Society of Australia and New Zealand. Normally at these conferences there is a speaker who gives tips for younger researchers on how to maximise the chances of receiving a research grant with the National Health and Medical Research Council [NHMRC].

This time however, a speaker associated with the NHMRC gave quite a grave warning of the cuts which were to come. Reportedly, he was passing on what he had been told by Warrick Anderson, the president of NHMRC. Other members of the body who were present had been instructed that it would amount to at least \$400 million in cuts over three years.

WM: What would the effect be on the lives of researchers?

RT: That depends. Some researchers rely on hard money in order to survive, meaning they are paid by hospitals or institutes to do research. These researchers might be on a three-year grant, so the reduction won't affect them as immediately.

Some may depend on money from work for pharmaceutical companies, but this sort of work is drying up. Some private companies have moved parts of their research offshore in an effort to lower costs. People who work in independent research often use these jobs to supplement the financial support to their departments.

Then there is a whole group of young people who recently finished their studies and now have a PhD, but have no idea where to go and are concerned about the limited

opportunities in independent research. They all do not necessarily want to work for industry.

People who rely on “soft money,” the wage provided for researchers doing a project under a grant, will be the hardest hit. For these people, the cuts can mean long periods of unemployment, or accepting large salary cuts. If you are relying on money from grants, you really feel like an actor. You are literally not guaranteed anything.

For two years, I have not received a grant from NHMRC and have up until now been living mainly off my savings, hoping that I will get a grant in the future. As of March I have begun to hit the wall, and will most likely have to move out of my apartment and into a house owned by a relative where I can get cheaper rent.

I have been working part-time as a researcher at a hospital, but my wage is roughly 80 percent of my rent. At my work they have offered to pay me for full-time work, but the problem is that they themselves have a limited pool of money. If I worked full time, that money would run out a lot faster.

It impacts on your ability as a researcher to be creative in your ideas, when you're worrying about survival all the time. I can't imagine what scientists will do if they are forced into unemployment and are forced to pay off their university debts.

Researchers who have devoted all their studies to the science itself have nothing to fall back on. It gets to the point where you would be better off working in a bar. Deviating not only from your job, but your whole career pathway, is just heartbreaking.

There will certainly be a time when I will realise that I need to stop, and right now I am basically hanging on by my fingernails.

WM: What would the impact of the cuts be on the quality of medical research?

RT: There has been a demand for more funding over the past ten years. In 2002, there were around 1,500 NHMRC applications and 500 approved grants. By 2005 the number of applications had increased to 2,000, but the number of approved grants actually fell slightly. Last year there were over 3,500 grant applications and there is expected to be a 10 percent increase this year.

Last year, Labor was preparing to cut spending on medical research, and a compromise was reached in which there would be no more money allocated to research. Over a long period of time, they have been starving the demand that is definitely here. Last year, it appears NHMRC tried to maintain the approval rate for grants by decreasing the funding given per grant. In one case I know of, a research project was provided only half the money it required.

The effect has been pronounced. A conference that I attended on the developments in respiratory research was quite lacklustre—this area has seen a dramatic reduction in funding and you could see that. The quality and quantity of innovative research had diminished from previous years.

Australia is a leading developer in respiratory medicine, and has comparatively a high prevalence of asthma in the world. But project grants are the driving force of research and these are now being cut, so the much-needed developments in the area will slow down.

There will be significant cuts to hospital funding in this year's budget, and the researchers could be the first to go. But this is absolutely crazy, because hospital-based research is possibly the most important area of study of all. This is where the primary clinical questions develop, where we get our ideas.

A greater proportion of researchers may attempt to gain work for private companies. But the beauty of independent research is that it allows us to ask questions fundamentally important to human need, not the profit interests of the company hiring us. Often, working for a private company, we investigate a prospective drug, or a part of a drug, in order to enhance its marketability. These businesses are not really interested in developing new treatments, but getting a greater share of sales of the existing market.

WM: What would be the impact on healthcare as a whole?

RT: In Australia, research covers a very broad area, including cardiovascular and respiratory disease, as well as cancer, to name a few. There will be impacts to health right across the board.

There are developments in so many areas that still need to be made, in treatments and procedures. By cutting funding, the government is not only hitting the pause button on this research, but in many ways it moves things further back. Research that has already been done loses its value because it can't be connected to future research.

Our chance of solving health problems will be significantly smaller, if not impossible.

It is not just a national question. People here have made discoveries that will impact on the treatment of diseases internationally. There is also significant international collaboration. I personally have worked with people from more than half a dozen countries. A drop in our work will disrupt their own.

WM: What do you think the cuts signify about this government?

RT: Well, the picture becomes pretty clear when you see that at the same time as bringing out these cuts, the government is trying to ram through a reduction in the corporate tax rate.

There are owners of major businesses—in the medical industry and also in the mining industry and elsewhere—that are making phenomenal amounts of money. Yet cuts to something that is so vitally essential to society seem to be made with ease.



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