not. It could simply be that a healthier subset is interested in the prevention logic of the HMOs. If there is any problem, it is with the reimbursement logic, not with the provider. Similarly, there is no implication that the PACE sites may have been disingenuous either.

What the preliminary data do suggest, however, is that a fuller discussion of the basis for PACE capitation payments in particular, and PACE reimbursements in general, are in order. To that end, I had prepared another manuscript, one that argues that the current HCFA financial reporting requirements make it virtually impossible to know how much the PACE programs cost in terms of public and private monies. Unfortunately, HCFA has not released that manuscript for peer review in order to enlighten this important discussion.

In summary, our original article did not conclude that niche marketing/skimming was in fact occurring, but raised the possibility. But this concept is a proverbial hot button in our field because of its implications. Clearly, HCFA does not want anyone suggesting that they are overpaying, and the sites do not want anyone saying that could reduce their capitation payments. But these are public monies and public discussion is warranted. I urge Dr. Vladeck to override his staff and release the subsequent manuscript.

Laurence Branch, PhD
Professor of Gerontology
Duke University
Center on Aging

Reference

"The Alzheimerization of Aging": A Response

Dear Editor,

In his article, “The Alzheimerization of Aging,” Richard C. Adelman (Adelman, 1995) commented that the National Institute on Aging (NIA) invests a disproportionately large share of its resources in research on Alzheimer’s disease at the expense of other interests of the broader scientific community in gerontology. He believes that the support of Alzheimer’s disease is so large that only trivial amounts of support are available for other areas of interest in gerontology.

Readers of The Gerontologist need to take into account several key issues in reflecting upon Dr. Adelman’s commentary. We agree that funding for fundamental gerontology research is unfortunately low and support advocacy by the gerontology community. We strongly disagree, however, that current funding for Alzheimer’s disease is disproportionately large or that it can be blamed for inadequate funding of other areas of research. The explosive growth of neuroscience research and of research on Alzheimer’s disease in particular is not the result of market-
in these periods when it is difficult to find funding for new initiatives, our best hope may be to maintain current levels of funding. Extending cultural wars in gerontology to the political arena is unnecessary and will only diminish the combatants.

Sid Gilman, MD  
Norman L. Foster, MD  
Department of Neurology  
University of Michigan  
1500 East Medical Center Drive  
Ann Arbor, MI 48109-0316

References

Dr. Adelman’s Response

Dear Editor,

My UM colleagues, Gilman and Foster, are superb advocates for Alzheimer’s disease-related research and neuroscience, as well as fundamental science in general. In those contexts, I concur with much of what their letter offers. At the same time, however, several of their comments warrant rebuttal, as follows:

Webster’s Dictionary defines the term “cabal” as “a small group of persons joined in a secret, often political intrigue” (Guralnik, 1974). The likelihood of significant contributions by any such entity to the current status of NIA support for Alzheimer’s disease-related research is a fascinating, although perhaps excessive speculation that the Gilman/Foster letter contains, whereas my article (Adelman, 1995) does not. The significance of science-driven intellectual growth to this area of research is both self-evident and also within the abstract of my letter. At the same time, to profess that social forces do not shape science is a naïve denial of recent history (e.g., Zuckerman, 1988) and a still-growing body of research.

The issue of budgetary balance within the Federal support of science is extraordinarily complex. For example, to what relative extent is Gilman’s and Foster’s example of the billion dollar budget of the National Cancer Institute a consequence of scientific accomplishment and/or the use/abuse of knowledge by interest groups (e.g., Proctor, 1995)? Furthermore, what will it take to make the U.S. Congress and the general public understand that the most important medical discoveries are most often the serendipitous result of curiosity-driven science, rather than Federal declarations of war against disease?

The scope of public perception of the relative importance of Alzheimer’s disease awaits completion of ongoing research, notwithstanding one stipulated priority of the recent White House Conference on Aging.

Finally, I am most saddened by Gilman’s and Foster’s concluding sentence:

“Extending cultural wars in gerontology to the political arena is unnecessary and will only diminish the combatants.”

The traditional exponential growth rate of science is diminishing (De Solla Price, 1986) as society challenges science’s values, credibility and fiscal base (e.g., Adelman, 1995). At least in my opinion, society has the right to do so in the context of equally important alternative needs. However, within the context of available funding, it is the active scientists whose priorities are most important. Thus, this type of interchange does not demean us; it is as critical as our data to the survival of meritorious science. That is precisely why the primary intent of my article is to provoke the basic science community and its advocates (e.g., GSA) in gerontology to develop the sophisticated social presence that already characterizes the Alzheimer’s movement and others.

Richard C. Adelman, PhD  
Director, Institute of Gerontology  
Professor of Biological Chemistry  
University of Michigan  
300 North Ingalls  
Ann Arbor, MI 48109-2007

References