

Dear Mr. Augustine:

October 15, 2010

Our virtual paths have crossed again. In the fall of 1991 I joined GE Aerospace and was in a holding tank for 7 months awaiting clearance. During that time the merger was announced and I led a small group that studied the merger and gave presentations on it. (Much more fun than sitting around talking to each other all day with nothing to do.) My portion of the presentation was to find out about you. I read Augustine's Laws for example and found you to be a person of great integrity that we could all be comfortable working under.

I am now retired and have founded a non-profit public charity, the Foundation for Alcoholism Research (FAR). www.alcoholismresearch.org. Recently I received an email from a researcher and member of the Research Society on Alcoholism and she told me about the potential new institute at NIH and asked whether our organization wanted to write letters about this etc.

To this end I spent the better part of 2 days this week watching the video on my computer (all of Day 1 and the second part of Day 2) of the SMRB. How delighted I was to see you as the chair. Throughout the proceedings I was struck by the cordiality of all the participants toward each other and I credit that to you.

I was also discouraged from trying to rally FAR and other organizations that I am in contact with to persuade Dr. Collins to go against the recommendation of the Board.

However, I would like to list a few comments/observations on the meeting, which I am also sending to Dr. Collins:

1. It was useful for me to hear about resources available to researchers should FAR ever get in a position to be able to use them.
2. I was increasingly discouraged to hear that all the conversation centered on the production of drugs until minute 386 on Day 1 when Dr. Varmus noted that - and cited other health approaches. At FAR we would like to see a test for example to determine whether someone is predisposed to alcoholism - not based on behavioral background but scientific - such as brain structure or function, metabolism, genetics.... Then we would like to know what preventive measures may be taken (diet, targeted intervention?). It is folly to think that people can change life circumstances.
3. Dr. Duncan, as well as others, referred to neglected diseases. I feel that alcoholism is a neglected disease. The NIH AIDS budget (~4 million) is about 10 times larger than the NIH NIAAA budget (~400,000) and yet there are 1.1 million people in the US with AIDS and 17.6 million with alcoholism. (See attached chart). CDC does not include alcoholism at all. Yet CDC does address other non-infectious diseases.
4. It was especially encouraging to hear about Translational Medicine and bringing multiple disciplines together. You made an excellent point about older scientists who are confident and ready to look at the larger picture taking on that role of solving larger problems - as do systems engineers. However, that concept of a multidisciplinary approach did not enter into the addiction institute discussion. I

did not note the name of the Dr. who is heading the TMAT effort and who was in German industry but IMHO – HIS organization is where the alcoholism research belongs. And I do stress alcoholism, the disease (vs alcohol or alcohol consumption).

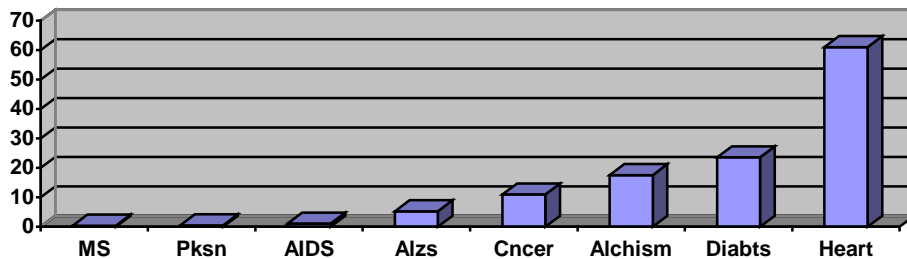
5. The discussion about a manager for taking a concept from basic research to product is exactly the role of the Product Manager in a computer company. That may be a model to look at for that purpose.
6. Dr. Gail Cassell (?) made remarks about perception – eliminating NIAAA as an institute gives the perception of de-emphasizing alcoholism – and as others noted in their remarks, alcoholism is a much greater health hazard as well as burden on society than drug abuse.
7. Dr. Varmus made comments trivializing what it takes to do a merger. Having lived through GE Aerospace/Martin as well as Martin/Lockheed – from the lowly employee perspective – it is not trivial. And from your perspective I doubt that it was trivial. I saw untold hours of employees on the phone with contracts, benefits, - the infrastructure in general – trying to find the right connections, straighten out errors in paychecks, learn who the new counterpart is to get a desk moved etc. etc. In an NIH merger the problems will be different but I can anticipate trying to find out who the person is in charge of this lab or that lab and who needs to sign a requisition to replace a broken piece of lab equipment or buy more beakers or whatever. There is no getting around it – it is disruptive and remains so for an extended period of time.

I thank you for taking the time to read this letter and for your service to the country.

With great respect,
 Peg Calder
 President, Foundation for Alcoholism Research.

Heart Disease	61 million	CDC
Diabetes	23.6 million	CDC
Alcoholism	17.6 million	NIH
Cancer	11 million	ACS
Alzheimer's	5.3 million	Alzheimer's Association
AIDS	1.1 million	CDC
Parkinson's	.5 million	NIH
MS	.4 million	National MS Society

Population in US in Millions



3-D Column 1