



AUG 24 2006

National Institutes of Health  
Bethesda, Maryland 20892  
[www.nih.gov](http://www.nih.gov)

Richard Darling, DDS  
President and CEO  
The FAIR Foundation  
78629 Bougainvillea Drive  
Palm Desert, CA 92211

Dear Dr. Darling:

I am responding to your letter of May 31, 2006, and the slight correction added on June 16, 2006. Our records show that we responded in October 2003 to a previous letter from you. Earlier, in May 2001, Susan Quantius, former Associate Director for Budget, NIH, sent you a copy of the pamphlet *Setting Research Priorities at the National Institutes of Health* and summarized a number of points regarding the NIH priority setting process and the burden associated with HIV/AIDS. The October 2003 communication, a detailed letter from Dr. Lana Skirboll, addressed the role of public health burden in NIH priority setting and a number of considerations specific to AIDS funding.

I want to assure you that NIH does continue to strive to improve its responsiveness to public health burden and to better coordinate assessment and management of its overall portfolio of funded research, especially in scientific areas that cut across the missions of institutes and centers. NIH recognizes that it needs more transparent processes and cutting-edge tools in place to analyze, assess, and manage the array of research it supports, and to provide better information to support planning and priority-setting in areas of shared Institute and Center (ICs) interest. To achieve these goals, in FY 2005, I established the Office of Portfolio Analysis and Strategic Initiatives (OPASI). OPASI's goals include enhancing the process by which the NIH assesses public health needs and integrates them into funding priorities and creating a more transparent infrastructure to assess and coordinate funding of research areas that cut across or fall between the missions of individual ICs. Ultimately, OPASI will enable the NIH to be more proactive in addressing such promising scientific opportunities, and, therefore, more responsive to emerging public health needs and burdens.

I would like to directly address a few of the points made in your letter. I note that, despite the change of name from ProrateNIH to the FAIR Foundation, the data in your letter and the attached brochure appear to continue to reduce the issue of disease burden to simple metrics of U.S. mortality, which can be misleading. NIH takes a far broader and more complex view of burden of illness, and the data leads us to rather different conclusions. Moreover, as Dr. Skirboll explained in her letter, although health burden is a very significant driver of NIH funding priorities, scientific opportunity is another factor of crucial importance in funding decisions, and a broad and balanced portfolio of basic research is key to generating new knowledge for progress against the many diseases and disabilities that effect our Nation and the world.

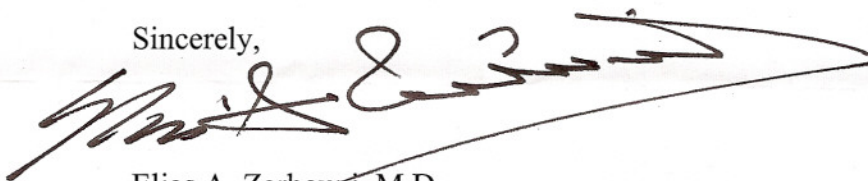
Page 2 – Richard Darling, DDS

NIH is very proud of the progress made in HIV/AIDS treatment and prevention research. According to a recent study, increasingly effective HIV therapy has provided 3 million years of extended life to Americans with AIDS since 1989. Drs. Walensky and Freedberg estimate that advances in HIV care have yielded a total survival benefit of 2.8 million years in the United States. Nonetheless, AIDS remains a fatal disease, and its continuing toll requires much more work to be done. Many patients receiving antiretroviral therapy do not fare well on their treatment regimens due to the development of drug resistance, drug toxicities, and side effects. The increasing incidence of metabolic disorders, cardiovascular complications, major organ dysfunction, and physical changes associated with current antiretroviral drugs underscores the critical need for new and better treatment regimens. More deaths occurring from liver failure, kidney disease, and cardiovascular complications are being observed in this patient population. Moreover, the continuing spread of the AIDS pandemic around the world demonstrates that the currently available tools for prevention are not adequate. The defeat of HIV/AIDS will require a multi-pronged effort but will be difficult, if not impossible, without a safe and effective HIV vaccine.

The metrics used by FAIR do not take into account the impact of HIV/AIDS on international stability and on U.S. security. AIDS is the deadliest epidemic of our generation. HIV/AIDS strikes a relatively young population compared to many other diseases and thus has a substantial long-term effect on society, especially in the developing world. The pandemic affects the future of families, communities, agriculture, business, healthcare, child development, education, national security, military preparedness, political stability, and national economic growth in countries around the globe. You might like to review: "The National Security Implications of HIV/AIDS" (by Harley Feldbaum, Kelly Lee, Preeti Patel. *PLoS Medicine*, June 2006, Vol. 3, Issue 6. [www.plosmedicine.org](http://www.plosmedicine.org)) and "The Future of AIDS." (N. Eberstadt. *Foreign Affairs*. (2002) 81: 2245.

I appreciate the interest of the FAIR Foundation in accelerating biomedical research and your support for the NIH.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elias A. Zerhouni', written over a large, sweeping horizontal line that extends across the width of the signature area.

Elias A. Zerhouni, M.D.  
Director