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**From:** FAIR Foundation [mailto:fair@dc.rr.com]  
**Sent:** Sunday, March 23, 2008 2:19 PM  
**To:** 'editorial@nytimes.com'  
**Cc:** 'oped@nytimes.com'  
**Subject:** Op-ed in response to "No Way to Run Health Research"

TO: Editorial Page Editor, New York Times  
From: Dr. Richard Darling, DDS: President and CEO: FAIR Foundation

Dear Editorial Page Director:

Please accept the op-ed below for consideration for publication as a follow-up submission to your excellent editorial, "No Way to Run Health Research." I have included links to the corroborating information and assume you will title it as desired.  
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Your editorial, "No Way to Run Health Research" was excellent; however it failed to address the critical need for redistribution of bio-medical research funds at the National Institute of Health.

Responsible individuals and families utilize a budget to assure proper allocation of existing funds to appropriate expenses. When we are short in one area, we have to redistribute from one expense to another. With the multi-year freeze on NIH research increases, the same prudent use of tax-payer funds must be utilized in Congress and at the NIH as it applies to federal bio-medical research funding allocations.

Deaths from HIV disease [have plummeted over 90 percent in many states](#) and are reported by the CDC at [16,316](#) compared to 871,500, 72,815 and 72,696 for cardiovascular disease (CVD), diabetes and Alzheimer's disease. Although such great success has been made against HIV/AIDS, it still receives ten percent of the entire NIH research budget and such exorbitant funding results in our government spending [\\$3,052 on each HIV/AIDS patient versus only \\$29, \\$50 and \\$124](#) on each CVD, diabetic and Alzheimer's patient respectively.

It is now time to start redistributing a significant portion of HIV funding to other illnesses.

"But AIDS is affecting more women and children than ever, and it is a global pandemic deserving of even more funding," AIDS researchers and activists state.

In women, heart disease and lung cancer kill 267,000 and 68,122 respectively compared to [4,128 deaths in women with HIV/AIDS](#). In children, the CDC estimates [68 children under the age of 13 have AIDS with seven deaths](#) (compare to [2,162](#) deaths in children in just one disease: sudden infant death syndrome).

Globally, the World Health Organization and UNAIDS report that the AIDS infection rate is [less than 1 percent](#) in every country except Sub-Saharan African and the Caribbean. What do they need: more research dollars? No, they need the same solutions we have employed to achieve plummeting HIV/AIDS deaths: namely, the effective drugs that have already been developed, prevention education, harm reduction policies, clean water & food and health infrastructures to deliver these remedies.

Our government's top HIV/AIDS researcher, Anthony Fauci, MD, has said, "...the scientific advancements that have been made in HIV [research] are breathtaking [with] highly effective drugs to suppress HIV to the point where what was a death sentence in the early eighties to now having patients who look and feel well, who are leading very productive, very gratifying lives.. (see video [here](#))".

It is now time to redirect a portion of HIV/AIDS research funding to other diseases that are currently receiving billions less than HIV/AIDS, including [the sixteen](#) that kill over a million more Americans than AIDS annually.

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Thank you for your consideration of publishing my opinion-editorial.

Gratefully,

*Richard*

Dr. Richard Darling, DDS: [Past National Public Citizen of the Year \(NASW\)](#)

President and CEO: [The FAIR Foundation](#), a national organization with thousands of members and supporters whose goal is to reverse inequities in NIH research funding and to institute [new organ-donor policies](#) to reverse America's organ-donor crisis

Founder: [The FAIR Foundation Liver Disease & Transplant Support Group](#)

Author: [Coma Life](#), an autobiographical memoir of life "within" coma and survival over hepatitis C induced liver cancer, coma, 3 liver transplants, heart attack, diabetes & Muscular Dystrophy (Myasthenia Gravis)

Address: 78629 Bougainvillea Drive, Palm Desert, CA 92211

Disease	2007 NIH Research \$	Deaths Per Disease	\$ Per Patient Death	\$ Per Patient
<b>HIV/AIDS</b>	2.9 Billion	<b>16,316</b>	<b>\$ 178,046</b>	<b>\$ 3,052</b>
Cardiovascular Dis.	2.3 Billion	871,500	\$ 2,639	\$ 29
Diabetes	1 Billion	73,965	\$ 14,236	\$ 50
Alzheimer's Dis.	644 Million	72,696	\$ 8,859	\$ 124
Prostate Cancer	373 Million	27,350	\$ 13,638	\$ 192
Parkinson's Dis.	205 Million	17,898	\$ 12,403	\$ 148
Hepatitis C	121 Million	12,000	\$ 10,166	\$ 25
Hepatitis B	36 Million	5,000	\$ 6,600	\$ 32
COPD**	66 Million	126,128	\$ 500	\$ 5
Breast Cancer	716 Million	40,910	\$ 17,501	\$ 3,967
All Cancers	5.5 Billion	559,650	\$ 9,888	\$ 3,830
West Nile Virus	63 Million	161	\$ 390,304	\$ 14,932

\*\* COPD = Chronic Obstructive Pulmonary Disease

Statistics derived from the CDC & NIH facts. See: <http://www.fairfoundation.org/factslinks.htm>  
[Fourteen million](#) Americans have impaired vision. [702 million is spent on "eye disease" research](#), which is only \$50 per patient.

Join the FAIR Foundation today: <http://fairfoundation.org/join.htm> (free)

[NIH Orphan Drug Allocation of \\$1.2 Billion](#) for 6000 diseases equals only \$200,000, on average, for research on each disease