

05/13/09

Raynard S. Kington, M.D., Ph.D.
Acting Director: National Institutes of Health
Rockville Pike, Bethesda, MD
Bldg 1, Room 328
1 Center Drive, Bethesda, MD 20892

Cc: Anthony Fauci, MD, Director, NIAID
: Rich Smith, CEO & President, American Liver Foundation
: The Honorable Chuck Grassley
: Congressman Jesse L. Jackson
: John Stossel, ABC 20/20

RE: Millions of Hepatitis C bio-medical research funds inappropriately redirected to HIV
: The NIAID Director's actions and status

Dear Dr. Kington,

As evidenced by the attached information compiled from your Research Online Reporting Tool (RePORT), your NIH has redirected millions of hepatitis C research dollars to projects that benefit solely HIV research, HIV/HCV co-infection research and substance abuse researchers to the detriment of hepatitis C mono-infected patients and hepatitis C researchers whose goal is to solve the molecular virology of hepatitis C that will lead to a cure.

Here are just a few examples of inappropriately redirected hepatitis C bio-medical research funds to HIV:

- Couples-Based HIV/STI Prevention for Injecting Drug Users in Kazakhstan,
- Neurobehavioral Effects of HIV & Host Genetics in China,
- Nutritional Status In HIV Hispanic Drug Abusers,
- Risk Factors for HIV-1 infection Among Young Thai Men,
- Drug Interactions in Substance Abusers with HIV Infection.

It is obvious that hepatitis C funds should not be allocated to specific HIV projects as listed above, but rather to hepatitis C research.

Any argument that any HIV/HCV co-infection study should be funded from the \$93 million hepatitis C budget instead of from the \$2.9 billion HIV budget is not valid. The HIV/HCV co-infection studies are necessitated due the presence of HIV, not hepatitis C. If the HIV was absent from the patient, the funds would be going to hepatitis C projects.

Substance abuse research provides no benefit in solving the molecular virology of hepatitis C that might lead to a cure, or at least a drug that does not fail as routinely (~50%) as Peg-interferon and Ribavirin and other similar treatments with their severe side-effects.

We am requesting that you initiate an immediate investigation into this misuse of hepatitis C funds and restore the millions of dollars to hepatitis C molecular researchers that are now being spent on HIV research, co-infection research and substance abuse research.

It is reasonable to expect NIH Institute Directors representing multiple diseases to not be biased in favor of any one disease. Correspondingly, the NIAID and its work for all infectious diseases should have a Director that is not biased toward any one such malady. Dr. Fauci is clearly biased toward HIV research as evidenced by his work and his title as America's top HIV researcher overseeing the NIH's \$2.9 billion HIV budget. Indeed, on his bio page at the NIH, HIV and AIDS are mentioned numerous times, whereas hepatitis C is not mentioned once.

Dr. Fauci's own HIV/HCV co-infection study is funded by hepatitis C taxpayer dollars—you will see it at the bottom of the list—instead of from the large HIV budget. Dr. Fauci consciously taking from the few hepatitis C taxpayer funds for his HIV/HCV project instead of from the billions available to study HIV disease is disrespectful to mono-infected hepatitis C patients.

Accordingly, we are requesting that Dr. Fauci's 25-year tenure at the NIH as Director of the NIAID be terminated and he be replaced with a new Director who has no bias toward HIV, hepatitis C or any other one infectious disease.

Thank you for your consideration of our request and for your reply to us individually or to one of us with a Cc to the others.

Sincerely yours,

Richard Darling, DDS

Richard Darling, DDS: Past Nat. Public Citizen of the Year
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Ray Hill

Ray Hill, Patient Advocate: HIV/AIDS & HCV
ACLU Lifetime Achievement Award for advancing the
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Voted "gay hero" 7 years in a row in Houston
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