(X) for RN (T.)
R — 10/29/79 - ang

NATIONAL ACADEMY OF SCIENCES

OFFICE OF THE PRESIDENT
2101 CONSTITUTION AVENUE
WASHINGTON, D. C. 20418

October 23, 1979

Dr. William O. Baker
Chairman of the Board
Bell Telephone Laboratories, Inc.
600 Mountain Avenue
Murray Hill, New Jersey 07974

Dear Bill:

In retrospect, it seems to me that the meeting of our Standing Committee on Scientific Affairs with the Board of Visitors to the Hospital was probably reasonably useful to the University but not necessarily for the original purpose that led to that meeting. Through most of the meeting I had a feeling of discomfort that I did not quite understand. The basis for that unease became evident only in the last few moments when I appreciated the significance of the formal title of the Board with whom we were meeting. They are, indeed, a Board of Visitors to the Hospital. Their terms of reference had asked them to concern themselves with the status of the hospital qua hospital. As I indicated, however poorly, that was the essence of what was troubling me. It was because of that frame of reference that the formal report which they had previously submitted was so concerned with what I would have considered to be essentially internal matters and which was, consequently, of so little help.

Let me, therefore, recapitulate my own view of the circumstance:

(1) The University hospital has largely been supported through a single NIH grant which will shortly be up for renewal. Quick inspection of the magnitude and nature of the research efforts at the University

to file RGH Handle OCT 29 1979 reply.

which utilize that facility reveals that neither the size nor the quality of the effort currently justify such federal support or, for that matter, any substantial level of university support.

(2) For the Board of Trustees and the President there is, indeed, a real problem--the future programs and financing of the Hospital. But that should not be the question that should be posed to a Board of Visitors. They should be thought of not as a "Board of Visitors to the Hospital" but rather as an external "Advisory Committee on the Current Status of Clinical Research." As so cogently summarized for us by Dr. Kipnis, most of current research addressed to the problems of disease is quickly reduced to activities that occur in a laboratory (rather than a hospital) and utilizes animals, microorganisms, tissues, enzymes, etc. Alternately there are the great epidemiological problems of our time--the true etiological basis for cancer and for atherosclerosis, for example, and clinical trials that attempt to alter those outcomes. These are field studies that may bring patients in sporadically for brief examinations of some sort but do not require prolonged intensive bed-stays.

A relatively small fraction of all current disease-oriented research is conducted by intensive use of humans--ill or otherwise--in hospital beds. Such studies in CRC units elsewhere are extraordinarily intensive, viz., after careful planning, a large team of physicians, scientists, technicians, etc., is brought to bear on a single patient. To fully utilize a single such bed requires a very large commitment of staff and other resources. A ten-bed unit would satisfy the needs of a major academic center with its full complement of clinical investigators. Accordingly, it appears to me to be unwise for the Trustees to take as given the proposition that the University is committed, for the indefinite future, to operation of a clinical research center on the present scale.

The challenge to the University, with which we should be assisted by that Board of Visitors (External Advisory Committee) is identification of that field or fields of clinical science to which, in the next cycle, the University will be in particularly felicitous position to make unusual contributions and an indication of what additional appointments and resources would be necessitated thereby.

Each of us can provide tentative responses to such a question. Patently, the response should find at least part of its origin in the great intellectual resource of the University as presently constituted. "Reductionist biology" is our current forte. One can easily imagine extension into studies of genetic disease of humans, of neurological disorders, or of "metabolic" aspects of psychopathy. The clinical subjects are surely obtainable from the surrounding medical institutions. I cannot be certain of the nature or magnitude of the clinical facility required. Perhaps none at all!

In contrast, we scarcely seem positioned to undertake large field epidemiological studies or large-scale clinical intervention trials.

What certainly did emerge from our discussion is that the present clinically-oriented faculty has diminished to a subcritical level. If the institution is to regain a significant position in clinically-oriented research, the staff must be augmented on a scale that may be larger than any that has been contemplated by the Board for the near future. It does not seem to me that one or two new senior appointments simply will suffice.

In any event, I for one would be pleased to have the Board of Visitors reconvene to meet in a seminar with appropriate members of the current faculty and the Standing Committee on Scientific Affairs to discuss the central question--the most exciting opportunities and challenges for clinical investigation. Thereafter, the Trustees and the President can more rationally concern themselves with the matter of financing whatever may become of the Hospital in the light of that discussion.

I have read the above to Roy Vagelos and he fully concurs.

Sincerely yours,

Original signed by
Philip Handler

Philip Handler
President

cc: Dr. Joshua Lederberg
Dr. Patrick Haggerty