

Hi Bill, I've just returned from a fairly long session at WHO/Geneva, which as you know had preempted my participation at the SUMEX-AIM workshop. I hope soon to be briefed by my colleagues here on how that went; meanwhile I seek your advice on some other matters related to WHO.

Mahler (the still fairly 'new' director-general of WHO) has asked me to return in September for 2-3 weeks to serve as an informal staff to him in thinking through WHO's new orientation for the next 5 years. As you may know he is a passionate -- one dare-say 'driven' -- personality determined to do something consequential for public health, regardless of political obstacles to him. He has not been too keen on research as an answer, but has gradually been re-educated about relevance, particularly in response to some new initiatives that a group of us have been formulating about 'parasitic' disease which of course predominates so intensely in the poor, tropical countries. There are also some very exciting new developments about the use of genetic hybrids of E. coli x Salmonella typhi, and analogous things with cholera and dysentery for producing live-vaccines for these large scale killers.

For now all this has little to do with SUMEX-AIM, considering how difficult it is to get much lower levels of sophistication to an operational level [though I think our teleconferencing could be used to very great efficacy and economy in the way WHO works from day to day; and I am very sure there will be many other wrinkles.]

What I am asking you about is who in NIH I might be talking to [quietly!] for sources of radical new but good ideas in world health programs. There is nothing to limit this to lab, research; in fact Mahler himself is mostly focussed on health-SERVICES and manpower upgrading, as you might imagine but there are no fixed limits to the discussion.

It is not settled that I will take this on [it would be a substantial bite into my time and energy during the next year]; this depends mostly on whether I can formulate any ideas that I would give much credit to myself. But it does seem like a potentially high-yield opportunity to respond to a tremendous challenge.

In some ways, the WORLD health system would be easier to model into an inductive inference planning system than more local issues, because one would be working only with the larger-scale concepts -- but I have no illusions about being able to program this very usefully at the present level of our art. But to illustrate an example of 'combinatorial' (hence mechanizable) inference, it did occur to me to look into WHO trying to sponsor a pharmaceutical development cooperative industry, to be a public-sector response to the kinds of problems that private-enterprise [with FDA on its back] is really structurally unable to handle.

Need I say that TESTING such hypotheses is perhaps even more difficult than a molecular formula in DENDRAL!

Josh

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