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DUKE UNIVERSITY MEDICAL CENTER

Department of Pediatrics Division of Infectious Diseases

September 20, 1990

June E. Osborn, M.D. Dean The University of Michigan 109 South Observatory Street Ann Arbor, Michigan 48109-2029

Dear June:

Thank you for your response to my letter of August 31. I assumed that you had not yet had a chance to receive my letter and certainly felt that our meeting at the Institute of Medicine was friendly and we were both busy at that time. The comments in the letter are certainly not personal ones but were meant to provoke some thought in particular directions on the part of the Commission.

The Commission does have the opportunity to help move the response to the epidemic forward. However, I feel very deeply that part of our country's ability to respond is dependent on provision of health care for the disenfranchised. If we do not acknowledge the problems but rather blame the clinical trial system we will not be able to progress. Drug rehabilitation and care for the impoverished requires funds and a particular commitment on the part of our government. One would wish it had happened long ago. It would also help with immunization delivery.

The clinical trial system can be criticized. Individual units may function less well than others but will be forced to compete for their funds with all units. It is possible that poor function will result in the failure of an ACTU to obtain continuation support. This process is well underway and I think it is important to appreciate that there is self-criticism taking place within the framework of the clinical trial system.

It is extremely important to acknowledge some of the positive contributions of the clinical trial system if funding is to continue. Again, please listen to the perspective of the ACTU leadership.

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You have done and are continuing to do an enormously important job. I appreciate your taking my comments seriously and sharing them with the Commission. Sincerely, Catherine M. Wilfert, M.D. Professor of Pediatrics and Microbiology CMW:rr