



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington D.C. 20201

OCT 25 1995

**FACSIMILE**

DATE October 25, 1995

*rec*

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Carol Rasco  
Assistant to the President  
for Domestic Policy

456-2249

Attn: Julie Deneo

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Kevin Thurm  
Chief of Staff

690-6133

RECIPIENT'S FAX NUMBER: ( ) 456-2878

NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET): 5

COMMENTS:



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

OCT 10 1995

The Honorable Michael Kantor  
United States Trade Representative  
Washington, DC 20506

Dear Ambassador Kantor:

I read with interest the letter you forwarded from Frank Rothman, who supports a proposal by the Intersociety Council for Research of the Kidney and Urinary Tract to create a national center for kidney and urologic diseases at the Department of Health and Human Services' National Institutes of Health (NIH).

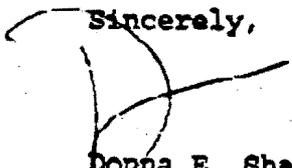
The Department is committed to conquering kidney and urologic diseases and easing the burden on patients and their families as well as that placed on the Nation's health care system. Toward that end, in fiscal year 1994, the NIH expended more than \$355 million for research related to kidney and urologic diseases. In fact, these programs are among the fastest growing research areas within the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the NIH Institute responsible for research on these diseases.

However, the Department believes that a separate NIH center for kidney and urologic diseases would hinder rather than enhance research in these areas. Such research currently has a productive scientific interrelationship with other research programs of the NIDDK, including programs in diabetes, endocrinology, nutrition, and hematology.

Furthermore, in accordance with the National Performance Review, which calls for streamlining government, the NIH is striving to lower employment ceilings and other costs of administration. The establishment of a new NIH center would require expansions in personnel and related administrative costs that are not compatible with streamlining efforts. I would prefer to use available funds to support NIDDK's current, growing programs in kidney and urologic diseases research.

While we differ in our approach, I can assure you and members of the Intersociety Council for Research of the Kidney and Urinary Tract that I, along with NIH officials, share the common goal of eradicating kidney and urologic diseases.

Sincerely,

  
Donna E. Shalala

THE UNITED STATES TRADE REPRESENTATIVE  
Executive Office of the President  
Washington, D.C. 20508

29 August 1995

MEMORANDUM FOR SECRETARY DONNA SHALALA

FROM: AMBASSADOR MICHAEL KANTOR

SUBJECT: Creation of a National Center for Kidney and Urologic Diseases

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Attached is a letter from Frank Kothman, who writes in support of the creation of a National Center for Kidney and Urologic Diseases at the National Institutes of Health.

As evidenced by the attached "Rational for the Creation of a National Center for Kidney and Urologic Diseases," prepared by the InterSociety Council for Research of the Kidney and Urinary Tract, the creation of a National Center is of paramount importance to doctors working in kidney and urinary tract research. The InterSociety Council represents more than 16,000 providers and scientists for kidney and urologic diseases.

I appreciate your time.

cc: Ms. Carol Rasco  
Assistant to the President  
For Domestic Policy

9508300074

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TORONTO**

**August 15, 1995**

**Ambassador Michael Kantor  
United States Trade Representative  
Winder Building 600  
Seventeenth Street, N.W.  
Washington, D.C. 20506**

**Dear Mickey:**

**I certainly recognize how busy you are with your excellent work in Washington, and I feel somewhat presumptuous in writing this letter to you.**

**I am confident that you will understand the importance of this letter and how much I would appreciate anything you might be able to do to help accomplish the goals for the creation of a National Center for Kidney and Urologic Diseases.**

**As you know, I owe my life to the excellent doctors who performed research on kidney diseases. Through their expertise, I am still fighting in the courtroom everyday. I feel a special closeness to their cause because I know that it is one which is worthy and one which, in the long run, will save many lives.**

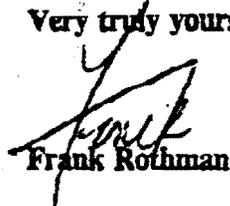
**The creation of a national center is of paramount importance to the doctors working in kidney and urinary tract research. I am enclosing an internal memorandum which sets forth the rationale for the creation of the Center.**

**Mickey, I would consider it a personal favor if you would direct this material to the proper source. Any words of encouragement which you could bring to the cause would be deeply appreciated.**

**Ambassador Michael Kantor**  
**August 15, 1995**  
**Page 2**

**Both Mariana and I miss seeing you. We wish you the very best, and hopefully, we will get together in California in the near future.**

**Very truly yours,**



**Frank Rothman**

**FR/bh**  
**Encl.**

**cc: Dr. Shaul G. Massry, Nephrology Department**  
**University of Southern California School of Medicine**

THE WHITE HOUSE  
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO  
Assistant to the President for Domestic Policy

To: \_\_\_\_\_

Draft response for POTUS  
and forward to CHR by: \_\_\_\_\_

Draft response for CHR by: \_\_\_\_\_

Please reply directly to the writer  
(copy to CHR) by: \_\_\_\_\_

Please advise by: \_\_\_\_\_

Let's discuss: \_\_\_\_\_

For your information: \_\_\_\_\_

Reply using form code: \_\_\_\_\_

File: \_\_\_\_\_

Send copy to (original to CHR): \_\_\_\_\_

Schedule ? :  Accept  Pending  Reply

Designee to attend: \_\_\_\_\_

Remarks: \_\_\_\_\_

**FYI**

Someone  
keep in  
tickler

Julie Ash  
HHS to send  
me cc of  
only  
response.

fax to MaryBeth

THE WHITE HOUSE  
WASHINGTON

FAX COVER SHEET

OFFICE OF THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY  
SECOND FLOOR, WEST WING  
THE WHITE HOUSE  
WASHINGTON, DC 20500  
(202)456-5392 PHONE  
(202)456-2878 FAX

TO: Mary Beth Donahue

FAX #: 690-7755

FROM: JULIE DEMEO

NUMBER OF PAGES (including cover sheet): 8

COMMENTS: Please cc: Carol Rasco on any response from HHS to USTR. Thanks again!

If you have any problems with the fax transmission, please call Julie at (202)456-5392.

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Wendy Beth Donohue  
610-252-2222

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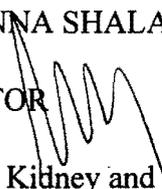
Thanks again!  
Please cc: Carol Rocco on  
responses from HHS to UTR.  
Dina

THE UNITED STATES TRADE REPRESENTATIVE  
Executive Office of the President  
Washington, D.C. 20506

AUG 30 1995

29 August 1995

MEMORANDUM FOR SECRETARY DONNA SHALALA

FROM: AMBASSADOR MICHAEL KANTOR 

SUBJECT: Creation of a National Center for Kidney and Urologic Diseases

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As evidenced by the attached "Rational for the Creation of a National Center for Kidney and Urologic Diseases," prepared by the InterSociety Council for Research of the Kidney and Urinary Tract, the creation of a National Center is of paramount importance to doctors working in kidney and urinary tract research. The InterSociety Council represents more than 16,000 providers and scientists for kidney and urologic diseases.

I appreciate your time.

cc: Ms. Carol Rasco  
Assistant to the President  
For Domestic Policy

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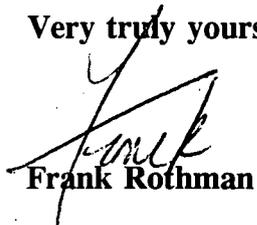
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**Frank Rothman**

**FR/bh**  
**Encl.**

**cc: Dr. Shaul G. Massry, Nephrology Department**  
**University of Southern California School of Medicine**

# THE INTERSOCIETY COUNCIL

for Research of the Kidney and Urinary Tract

## Rationale for the Creation of a National Center for Kidney and Urologic Diseases

The community of physician-scientists involved in kidney and urologic diseases needs a higher profile of administrative authority at the National Institutes of Health. The societal costs of chronic kidney diseases, kidney transplantation, and prostatic and bladder cancers are enormous, amounting to over \$65 billion dollars annually. Such diseases account for 8% of direct costs of all diseases in this country. It is estimated that by the year 2000, one in every thousand Americans will suffer from kidney failure. While the therapies of dialysis and transplantation are life-saving, scientific advances are needed desperately to make transplantation more available and more permanent. We need to improve transplant and dialysis patient survival rates now. The clinical care and attendant support services required to manage children with chronic renal failure (CRF) are the most difficult, time consuming and expensive aspect of pediatric nephrology. Despite successful implementation of a variety of metabolic, hormonal, dialysis and transplantation therapies for such children, many fundamental aspects of the pathogenesis of their underlying renal diseases as well as their adaptation to CRF are incompletely understood or unknown. Furthermore, renal replacement therapies offered these children must be tailored to the special requirements of a growing and developing child. Clearly, research in pediatric nephrology should be directed at a combined effort to reduce

Constituent Societies:  
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American Society of  
Nephrology  
American Society of  
Pediatric Nephrology  
American Urological  
Association  
National Kidney  
Foundation  
Polycystic Kidney  
Research Foundation  
Renal Physicians  
Association  
Society of Urologic  
Oncology  
Society of University  
Urologists  
Council on Kidney of  
the American Heart  
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or eliminate causes of CRF in children as well as providing them with new and optimal renal replacement therapies. The situation for urologic diseases is similar. The mortality rate for prostatic cancer has been increasing at 1% for each of the last 20 years, and is now the second leading cause of death in men. Disturbances of bladder function in women are certainly more numerous than funded projects to understand them.

Unfortunately, the NIH spends only 3% of their \$11.3 billion budget for research in these diseases. Currently, clinical and basic research support for kidney and urologic diseases is only a part of the mission of the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK), the National Cancer Institute (NCI) and the National Institute of Allergy and Infectious Diseases (NIAID). Even though the NIDDK supports the largest percent of research into kidney and urologic diseases, in FY '94 this amounted to only \$118 million of the \$783 million appropriated for the Institute's overall program.

We are proposing the creation of an NIH *National Center for Kidney and Urologic Diseases*. The leadership of all major organizations representing patients and providers believe the moment to achieve that end is at hand.<sup>1</sup> Altogether, the

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<sup>1</sup> The InterSociety Council for Kidney and Urologic Research at its January, 1995 meeting adopted unanimously a proposal to have a *National Center for Kidney and Urologic Diseases*. Subsequently, each voting Society ratified the proposal. Those societies include the American Association of Genitourinary Surgeons, American Society of Nephrology, American Society of Pediatric Nephrology, American Society of Transplant Physicians, American Urological Association, National Kidney Foundation, Polycystic Kidney Research Foundation, Renal Physicians Association, Society of Urologic Oncology, and the Society of University Urologists.

InterSociety Council represents over 16,000 providers and scientists for kidney and urologic diseases, and speaks as one voice in this matter. A *National Center* would be an administrative vehicle to bring substantial parts of the currently fragmented research support for these diseases under one administrative authority.

Currently the President is implementing a restructuring of many federal government agencies, including the Department of Health and Human Services, of which NIH is a part. Further, certain Congressional committees are reviewing reforms in the structure and size of the central government. Underlying both initiatives to reform government is the desire to achieve a higher degree of efficiency and productivity. The creation of a *National Center* by President Clinton would conform to the goals of the Chief Executive and of the Congress by centralizing the management, setting strict priorities, and assuring accountability to a now fragmented administrative structure for all kidney and urologic diseases. In this regard, it must be emphasized that the creation of a *National Center* would not require funds except perhaps for the most modest of increased administrative costs in the first year of creation.<sup>2</sup> A *National Center* will afford these diseases the emphasis and prominence they deserve on the roster of human research.

The process required to create a *National Center* is rather straightforward. The President has the authority to make certain administrative changes in the executive branch by Executive Order. Such would be the vehicle for the *National Center for Kidney and Urologic Diseases*. There is ample precedent for structural change at the NIH. For example, in recent times a Nursing Center (which was later

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<sup>2</sup> An estimated budget for the *National Center for Kidney and Urologic Diseases* would be about \$220 million, with \$196 million for externally funded research, \$15.5 million for intramural research performed at the NIH, and \$8.5 million for management and support services.

changed by Congress to a Nursing Institute) and a Center for Rehabilitation Research were created. At present, there are four centers within the NIH. Attached is the language for the Nursing Center which would serve as a template for the *National Center for Kidney and Urologic Diseases*.

Thus, at a time when the science of molecular genetics and cell biology can be applied directly to the study of kidney and urologic diseases, which affect a continually increasing fraction of the entire American population, we are asking your support for the creation of a *National Center of Kidney and Urologic Diseases* to take advantage of a unique opportunity to effect a substantial improvement in the life of these patients and prevent such diseases in the future.