Memorandum for: Members of the AFEB

1. The enclosure is a current draft of a letter to Dr. Davenport from us regarding the work of his Commission as we discussed it at our last meeting, and as Dr. Hammon and Dr. Jordan pursued the matter since then. There was initial consideration given to the propriety of having this communication go to certain military offices at the same time that it went to the Commission. However, we ultimately regarded this review of a Commission's program as AFEB homework, and for this reason we chose to direct the analysis by Dr. Hammon and Dr. Jordan to Dr. Davenport as a letter from the Board. Each of us concerned with this letter thus far has tried to present an evaluation on which we believe the Board agrees, in a way that would make it acceptable to Dr. Davenport. If this has not been achieved in the present draft, please let me have your suggested modifications by August 29. I believe that we should aim to have this letter reach Dr. Davenport early in September, so that if he wishes to review it with his Commission membership, he can do so before our Board meeting of October 24.

2. I spent part of last Friday in the AFEB office, after having given the Commencement address as part of the graduation proceedings for the 6th class in Global Medicine at Walter Reed. The graduation was a happy event in many ways, and I enjoyed being the Board's representative. You might like to know that COL Greenberg now has responsibility for all training programs at Walter Reed and that COL Bartley is in charge of the Global Medicine course. COL Prior reminded me that we had two new Surgeons General and suggested that we consider inviting them to our October 24 meeting. Although this will be a relatively short meeting, I thought that we could make accommodations for short presentations by the Surgeons General or their representatives. COL Prior will determine whether the new Surgeons General can meet with us on October 24 and if they can, then I will so plan the agenda. If you have particular items for the agenda, please forward them to me by September 15.

Gustave J. Darmin, M.D.
President, AFEB

Enc.
Dear Dr. Davenport:

At its meeting in May, the Board devoted much of one of its executive sessions to a review of Commission programs, particularly in relationship to the stated missions of the Commissions. Such reviews have of course been conducted periodically before. However, a more detailed review was deemed necessary now because of the recently prepared mission statements and because of the need for the Board to appraise its programs with a view to restricting, or possibly reducing expenses where feasible.

With reference to your Commission and the Commission on Acute Respiratory Diseases, the Board had been asked previously whether or not the activities of these two Commissions were not similar enough to permit their combination into a single Commission. By some it was felt that the presence of two large Commissions in the same general area of acute respiratory infections research represented unnecessary duplication leading therefore to excessive expenditures. This matter was discussed again at the Board meeting in May, at which time the Board reaffirmed its former position and defended the need for both Commissions.

Following its review of your Commission's program, the Board prepared a statement which I present below. I transmit the statement to you in behalf of the Board and hope that you will welcome it and also find it helpful.

The persistence of epidemic influenza as a problem for both military and civilian populations stands as testimony to the continued need for more successful measures of prevention and control. New approaches to the basic biology of the viral agent(s) must be employed and newer knowledge of its transmission generated. The magnitude of the problem posed by viral influenza requires the full and concentrated effort of one Commission. The Board believes that your Commission should have the sole responsibility for the Board's work in this field, and that this also be your prime responsibility. Thus, your mission statement could read: "The mission of the Commission on Influenza is to accomplish the control or elimination of influenza as a significant cause of morbidity in the military services".
The "Current Objectives" of the Commission could similarly be modified to read: "To assist the military services in achieving maximal use of all methods currently available for the study and control of influenza". Similarly, "Intermediate Objectives" and "Long Range Objectives" need modification to concentrate more on influenza as the target of a broad attack by the Commission in conjunction with the military.

The Board also reviewed the cost of contracts which are part of the present program. Although recognizing the importance of the influenza problem, the Board observed that the budgets for contracts submitted for approval at the May, 1969 Board meeting total approximately $680,000. This sum is larger than that for any other Commission, counting all contracts recommended for approval at the last meeting plus those approved earlier for funding the same period of time. It appears to be disproportionately high relative to the importance of the many other research areas for which the Board feels it must recommend support. A total contract sum reduction is therefore proposed, reflecting for the most part the above-proposed change in the Commission's mission and research program.

It is understandable that field investigators studying acute respiratory illnesses must in some degree work with a variety of other infectious agents when they seek out or encounter influenza. Such broader studies should continue, but supported wherever possible from other or multiple sources, for it is evident that the efforts of investigators on one Commission will complement the efforts of those in another. The Board feels it is appropriate to have the Commission on Influenza place major emphasis on laboratory and field studies focused on the control of influenza per se. In furtherance of this objective, the Board believes that the membership of the Commission should be constituted of investigators with particular interest in and knowledge of influenza, so that the research program of the Commission will bring new insights into the biology of the organism and new approaches to possible control of the disease in man.

Sincerely,

Gustave J. Dammin, M.D.