



Exploring **The Power of Science Philanthropy**

“Why private funding is so important to the experimenting that makes us smarter, healthier and richer”

We — those of us watching a loved-one face an incurable disease — need the latest insight and advances of diligent medical scientists. It turns out, *the scientists also need us*.

Cataloging the rise of American private charitable groups that foster essential advances in the sciences, Karl Zinmeister of The Philanthropy Roundtable compiled an almanac of philanthropy past and present. Writing from that expertise in *Philanthropy Magazine*, he reveals some of the great accomplishments — and the new importance — of non-governmental monies in the medical sciences.

We’ve summarized some of Zinmeister’s observations here; you’ll enjoy reading and gaining inspiration from his original article, available online and linked below.

“Major breakthroughs funded by philanthropy are not a thing of the past. ... ‘What we are doing would be absolutely impossible to fund except via philanthropy,’” Rick Horwitz of the Allen Institute for Cell Science is quoted as saying.

By volume, the government funds available to scientific discovery are still huge and essential. The American NIH alone receives more than \$30 billion each year of taxpayer funding, disbursing most of that amount into scientific inquiry. This stream of financial support “is an indispensable driver of medical progress,” according to the article. We modern citizens owe a large part of our good health to this public investment.

NIH funding may be indispensable, but it comes with drawbacks, too. Among them, the dollars are *still too few for current national research needs*, and often *allocated in a timid or restrictive way* that charitable dollars need not be.

Zinmeister cites an MIT study to report that at the top 50 U.S. universities, about 30 percent of total research funding comes from private donors! That is, *out of every \$100 spent to purchase microscopes, solutions, post-doctoral salaries or gene sequencing services, \$30 comes voluntarily from a charitable group or private donor*.

According to Zinmeister’s interviewees:

“Government research is powerfully conservative ... and to get an NIH grant today, you essentially have to already have solved the problem in question.” - Charles Mamer, NYU

“When today’s researchers are asked what they do for a living, some joke that their full-time job is grant writing, and their part-time job is research.” And,

“It is increasingly common for doctoral and postdoctoral students, those with some of the most innovative and promising ideas, to leave research because they can’t get funded. Philanthropy dollars are therefore more important than ever.” – Anthony Atala, Wake Forest

Reading the full-length article, you will find the names of many generous philanthropists willing and able to give millions and millions of dollars to medical causes. But, read carefully and you will find dramatic discoveries and breakthroughs using figures as small as \$50,000. For example, Eric Betzeg and eventual Nobel winner Harald Hess created the “super high resolution microscope that could look deep into cells at the molecular level,” by contributing just \$25,000 each of their own money. Leroy Hood, a Caltech professor with an idea for efficiently



sequencing genes at high volume, couldn't get credence or money from NIH, so he turned to a private businessman for support. At first, Hood received just \$200,000 per year in private funding, but he turned his work into a breakthrough that made the human genomic map possible — and created as much as \$800 billion in economic value as a result.

Meanwhile, although NIH funding was increased in the most recent federal budget, Conrad Wehl, a PhD researcher in St. Louis, reports that NIAMS, the NIH institute that deals in sporadic inclusion body myositis (sIBM), “has a payline of 7 percent this year.” Inversely, this indicates that 93 percent of grant applications in this musculoskeletal field of the sciences will go unfunded! Even when substantial government funding is available, it doesn't assure that individual rare diseases are addressed.

Zinmeister writes, “the list of ‘orphan’ maladies that neither government nor corporate funders were much interested in before donors became involved is long. A great many tropical diseases, retinitis pigmentosa, Huntington's disease, malaria, geriatric medicine and other illnesses that once lay neglected are now being aggressively untangled.”

We that hope you will read, enjoy and come away impressed with our philanthropic history.

The Power of Science Philanthropy online:

http://www.philanthropyroundtable.org/topic/excellence_in_philanthropy/the_power_of_science_philanthropy

At Catalyze a Cure Foundation, our one focus is the rare disease sporadic inclusion body myositis, for which no treatment or cure is currently available. sIBM could readily be described as an orphan disease in which not many parties have been much interested (US patient base approximately 20,000). But, that has been changing – and it can be accelerated.

Who has first \$50,000, and then \$200,000 per year, and then millions of dollars to support top-quality medical researchers who will eventually produce a treatment for our ibm-afflicted friends and family members? *We do!* Did you know that about 70 percent of American charitable giving is not from huge foundations, but from *private households*? We friends and family, classmates and neighbors of 20,000 ibm patients, together, have the capacity to sponsor discovery, breakthrough and healing!

You can help!

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