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October 19, 1999 letter from NIH Director, Dr. Harold Varmus to Ralph Nader, James Love and Robert Weissman responding to their request calling on the NIH to provide the World Health Organization, WHO, access to US government funded medical inventions.

(Ralph Nader, James Love and Robert Weissman each received separate letters.)

Dr. Harold E. Varmus Building 1, 126 National Institutes of Health Bethesda, Maryland 20892

James Love Consumer Project on Technology P.O. Box 19367, Washington, DC 20036

Dear Mr. Love:

Thank you for your recommendations on how the National Institutes of Health (NIH) could interact with the World Health Organization (WHO) to provide it with commercial development rights to NIH-owned and -funded health care patents. As we are both aware, the licensing of Government inventions has received much attention in recent months from Members of Congress, patient advocacy groups, representatives of industry and the press. The public debate has been galvanized by concerns about the AIDS crisis in developing countries and the role of anti-AIDS therapeutic drugs in addressing that crisis.

This proposal, if implemented, would have powerful repercussions on the current framework for drug development arising from federally supported basic research. I am concerned that your proposal that the NIH employ its "Government use" license authorities to grant WHO standing authority to contract for the production of Government-supported inventions so as to make anti-AIDS drugs available for less cost than offered by pharmaceutical manufacturers would put the current system at risk without necessarily resulting in greater accessibility to these drugs. I am also troubled by the implications of the NIH intervening on behalf of sovereign foreign governments in a situation in which many of those governments have the authority to achieve the same result and in which U.S. intervention on this matter has not been requested.

Moreover, the AIDS crisis in developing countries is a public health problem involving much broader issues than access to anti-viral drugs. The question of the supply of drug products must be considered in the context of the equally important issues of medical infrastructure, public health programs, treatment monitoring and compliance, and emergence of drug-resistant HIV strains. Unilateral action by NIH with regard to NIHsupported patent rights would consequently be ill-advised and unlikely to succeed.

My specific thoughts on the intellectual property aspects of this matter follow.

Programmatic Background

In the early 1980s, Congress enacted the Bayh-Dole Act and the Stevenson-Wydler Technology Innovation Act (with later amendments, including the Federal Technology Transfer Act of 1986) to encourage the transfer of basic research findings to the marketplace. The primary purpose of these laws is economic development: specifically, to provide appropriate and necessary incentives to the private sector to invest in federally funded discoveries and to enhance U.S. global competitiveness. To implement these mandates, the Department of Health and Human Services (DHHS) has designated NIH as lead agency for technology transfer for the Public Health Service (PHS).

While NIH respects and is sensitive to the economic development intent of the authorizing legislation, it carries out this mandate in accordance with its public health mission. For inventions developed within PHS laboratories, NIH (and PHS) Patent and Licensing policies consider public health needs as well as financial and market forces. For example, the PHS Patent Policy states that patent protection should be sought where further research and development is necessary to realize a technology's primary use and future therapeutic, diagnostic, or preventive uses are to realize a technology's primary use and future therapeutic, diagnostic, or preventive uses are policies of solutions of patient solutions are protection of patient solutions and the protect of the protect of the protect solution of patient protections are protected by the protect solution of patient protections are protected by the protect solution of protect solutions are protected by the protect solution of protections are protected by the protect solution of the protection of protection protection protections are protected by the protection of protection protecting protection protection protection protection

In principle, the U.S. Government can license patent rights to the WHO. Even if the doubts regarding WHO's authority to practice inventions under the Government use license could be overcome, I do not believe that the lack of such a license from the NIH is inhibiting developing countries from addressing their needs. As you stated, many of authority to date can do so if they choose. The economies of scale you mention could be achieved by cooperation among these countries or direct interaction with WHO. The role of NIH in these sovereign matters is, appropriately, extremely limited.

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the Government use license has never been employed as you propose, as a blanket measure to facilitate direct competition with a commercial licensee.

On balance, I am not convinced of the benefit of the standardized transfer of manufacturing and distribution rights to the WHO or any other nonprofit organization. Critical to successful technology transfer is the assurance that the Government will exercise its intellectual property rights in a responsible, prudent, and consistent manner. Undermining licensed intellectual property rights would, I believe, unnecessarily jeopardize the development of important therapeutic drugs.

NIH and WHO Interaction

Not all technologies that would be of use to developing countries are currently licensed. In the past, the NIH and WHO have worked together on licensing joint inventions and in negotiating with third parties. In one notable instance, NIH approached WHO with the possibility of manufacturing certain vaccines important of developing countries. Unfortunately, limitations of resources did not permit WHO to take advantage of such an offer. NIH welcomes, and is pursuing, further discussions with WHO on what can be done to assist developing countries with health care needs. I have directed my technology transfer staff to engage WHO on the intellectual property aspects of this matter. Discussions between my staff and WHO representatives are currently being facilitated by Dr. Stuart Nightingale of the Food and Drug Administration.

I appreciate the opportunity to explain our position on this issue.

Sincerely,

Harold Varmus, M.D. Director

September 3, 1999, Ralph Nader, James Love, Robert Weissman <u>letter to Dr. Harold</u> <u>Varmus, Director of NIH, asking for NIH to give the World Health Organization, WHO,</u> <u>access to US government funded medical inventions</u>.

In conjunction with the patent strategy, the PHS licensing strategy gives preference to nonexclusive licenses so that market competition and broad distribution are fostered. Exclusive licenses are granted when such rights are believed to be necessary to ensure product development. As to inventions developed with NIH funding, the Bayh-Dole Act gives NIH grantees and contractors authority to retain title patents and to license inventions that arise from the NIH funding.

As you have pointed out, the Government has a royalty-free license to practice and have practiced an invention it owns or has funded on behalf of the United States and on behalf of a foreign government or international organization pursuant to a treaty or other agreement with the United States. This royalty-free license provides the Government with no-cost use of a technology it invented or funded. It does not provide rights or access to a licensee's final product. The Government use contemplated by this provision has been interpreted generally to include research use, although its full scope has not been determined. Providing the owner of the technology (licensor) freedom to do further research is a common and reasonable provision of exclusive licenses. To our knowledge,

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IN a Recent speech,

The opening remarks of Sen. Birch Bayh, co-sponsor of the Bayh-Dole

nt speech said:

After a quarter century of what by most objective standards has been an exceptional success, the Bayh-Dole law is under increasing attack today.

Most of the attacks have come from individuals who have little experience with the comprehensive nature of how the law is implemented. They do not know what Bayh-Dole does and does not do, and why certain features were incorporated in the law. Equally important, these nay-sayers have no appreciation for the factors that motivated our efforts to develop this legislation in the first place. Most unfortunate of all, these modern-day experts in technology transfers apparently do not understand the basic factors on which our nation's free enterprise system is based.

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the Directur of NSH, Such as that of Pr. Hanold E. Vormers .. It is well documented that technologies with potential as therapeutics are rarely developed into products without some form of exclusivity, given the large development costs associated with bringing the product to the market. No benefit accrues to the public if the technology is left to languish and no product reaches the marketplace. 16 of romse, the above is supported by the many thenapruties neaching the manked place after NIII's administrative change in policy IN 1968 to permit such etclusivity Rt to my and to we This is compand to the fostauted 40 such a througentic prior Note: the founding claims the the of theme existence. It should be noted that such Aut only manden BP But is pausided worden the "captan Pauq Act to encompanye chronnye The development of the appendices that whethen initially Goodel government Funded in Not. (the bublic Lomain LH (

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Canlici re onted suppor ed authoris before addressing som we need to address the authors' repre the Act itself. Act 7h ithors b e that: 1244100 "Bayh-Dole encouraged American universit es to acquire patents on inventions resulting from e7 . government-funded research and to issue exclusing a licenses to private firms [5,6]...." (emphasis hdded) te e five The Act is limited to providing a first option to title to such Con Thus clea to pormit the gov's funded inventing organia Zaters inventions (4) so as to be able to elect to function under Article I. Section 8, of the Constitution (5) or not. The Act is entirely neutral as to whether universities exercise licefise exclusively whether the u that option and if they do, how the The Act does not address n, wht inds a c Much of the author's article is directed to non-exclusive licensing unde renter Bayh-Dole. The record clearly shows that a large portion of executed licenses are 019 4 non-exclusive rather than exclusive. In this context, the authors discuss the nonexclusive licensing of the Cohen-Bayer and Axel patents. In these situations, the ATTINATINg ? involved universities had the good sense to recognize that the patents involved Ultomate Ale we important processes that were useful in the possible creation of many life science

inventions which are now the basis for the numerous start-ups that make up the bio

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tech industry. That the university is aware of the importance of pursuing non-

exclusive licensing of patented process or biological material invention useful in the

making of life science products is evidenced by the authors reference to "Nine Points

to Consider in Licensing University Technology.

UN fon for all y However, the authors make clear that they would not be satisfied even if

the university community successfully identified all the process and biological

material inventions that should appropriately be licensed on a non-exclusive basis as

they indicate such licensing is unnecessary, primarily because a cost to the licensee is

attached.

This position demonstrates the authors failure to understand a primary

purpose of not only Bayh-Dole but the patent system itself. In the 17th century age of

enlightenment, John Locke pointed out as a natural right that "Man hath a right to

what he has mixed his labors with" (6). This served as the underpinning of the British

patent system that in turn served as the foundation for the founding fathers inclusion

of Article I, Section 8 of the Constitution (7). (The footnote supports this.)

Bayh-Dole permits the use of non-exclusive licenses as intended by the

patent system as an incentive and reward to inventors and the university licensor to

remain involved in the difficult iterative process of research and development. The

drafters of Bayh-Dole knew, for example, that failure to recognize inventor rights

we vik ness it-resulted in documented failures to report inventions and instances of patent protection DUNIVING retrut protection num downante 1 cases, 1.C. on their own behalf, (F.N.)

Further, the complaints listed by the authors regarding the costs attached

to non-exclusive licensing are no more than what would be expected from potential

"buyers" when bargaining with a "seller" in an open market. Such buyers should have

no expectation whatever of a free ride on the seller's effort to provide the services

offered along with the expertise on its intended use. The author's description of such

services by the seller as a "tax" is both derogatory and completely unjustified, as the

cost involved is the seller's estimate of the cost entailed with a reasonable profit.

The authors conclude their comments regarding non-exclusive licensing

by indicating that:

"Where exclusive licenses are not required for commercialization, one may ask whether universities and public sector labs should be patenting research at all."

Clearly they believe that universities and their inventors are deserving of

no consideration whatever for the efforts expended in bringing their inventions into

public use. We need note here that there is nothing in Article I, Section 8 which

excludes inventors and their assignees from the benefits bestowed by the patent

system notwithstanding that their invention has been partially funded with federal

funds.

The author's position on exclusive licensing of government funded

inventions is not explicitly discussed other than their comment that they:

"... should not be exclusively licensed unless it is clear that doing so is necessary to promote the commercialization of that research."

We would submit that it is now exactly the reason universities chose to

grant exclusive licenses rather than a non-exclusive license. However, even if the

above comment is acceptance of the Bayh-Dole policy of permitting university exclusive licensing if they believe that necessary, the authors tie that decision to a government requirement that the invention so licensed be monitored to see that they are "priced fairly". This concept was unsuccessfully tried by NIH from 19_?___ to 19__?__ and abandoned after industry refusal to enter into any licensing agreements with NIH during that period (8) and is not required by Bayh-Dole. To mandate such a requirement would require amendment of both Bayh-Dole and the FTTA and would on the basis of the NIH experience make BD, FTTA and SB1R inoperative for their intended purposes.

We now turn our attention to the author's primary reliance on the work of individuals characterized by Senator Bayh.

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Clearly the author's suggestion of mandatory government rules

concerning the affordability of end products is beleface price fixing which has no

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