

Hurricane Katrina: The Clinical Research Community Takes Action

By Norman M. Goldfarb

The residents of the Gulf Coast have borne – and continue bear – the brunt of Hurricane Katrina. But make no mistake about it – the hurricane is a national disaster because it tests our concept as Americans of our national identity:

- **One Country.** Americans are Americans no matter where we live, without regard for race, creed or color.
- **Caring.** We donate of billions of dollars and billions of hours to charities without any legal obligation.
- **Individual Initiative.** In perhaps no other nation are individuals so empowered to take leadership roles without asking for anyone's permission.
- **"Can Do" Attitude.** We pride ourselves on our ability to tackle and overcome tough challenges.

Similarly, the hurricane is a test for the national identity of other countries, many of which are contributing resources for disaster relief.

Hurricane Katrina is also a test for the clinical research community. Are we willing to stand up and be counted among the caring and the "can do"? I believe we are, more so than most communities. After all, the whole point of clinical research is to save lives and reduce suffering.

Some Hurricane Katrina victims are members of our community because they are investigators, study coordinators, clinical research associates, etc. Many more are members because of their contributions as study subjects. Do we have an obligation to help members of our community? I believe we do; that's what it means to be members of a community.

Should we act individually, e.g., contribute to general relief organizations, or as a community? I think at least part of our efforts should be as a community, for several reasons:

- Nobody, other than family and friends (who may not be in a position to help) cares about the members of our community as much as we do.
- We have unique resources for helping members of our community.
- We can advance our community's mission by building bridges to future clinical research subjects.

People who helped each other survive the Katrina floodwaters have an entirely different relationship than people who attended a seminar together. Hurricane Katrina gives us the opportunity to move beyond a community of seminar attendees to become a community that means much more to all of us.

Leadership

I know that other members of our community have already made much larger contributions than I ever can, and may be organizing relief efforts at this very moment. Nevertheless, in the spirit of the above comments, I am volunteering to help lead our community's relief efforts. Please join me in leading this effort. Don't worry about your leadership skills;

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everyone has enough to contribute meaningfully. However, if you do not have the time, there are many other contributions you can make.

If you suspect that I have another agenda, you are correct: My goal in life is to drag the clinical research industry into the 20th century (no typo). If we can work together to help our friends and colleagues in distress, perhaps we can work together to solve other industry problems, such as unreadable informed consent forms.

Three years ago, I started creating a series of industry directories. There are now over 1,100 listings in 17 directories at <http://www.firstclinical.com/directories>. Two years ago, I started MAGI, the Model Agreement Group Initiative, now a group of over 350 sites, sponsors and CROs. We have accomplished something many said could not be done: creating a model clinical trial agreement that is gradually being adopted by the industry. In January 2005, I started the Journal of Clinical Research Best Practices, a free monthly eJournal, now with over 20,000 subscribers, proving that people at least want to read about how we can do things better. There is no charge to participate in or use any of these services. MAGI and the Journal can now play important roles in helping members of our community put their lives back in order.

As a refugee from high-tech, I am proud to be a member of the clinical research industry, and believe we can be a role model for other industries.

Clinical Research Relief Organization (CRRO)

Immediate relief is probably best handled by the Red Cross and people "on the ground." Our efforts should therefore focus on helping the victims put their lives back together. Many members of our community have lost their jobs, their physical possessions, and their financial assets. Imagine going home tonight and finding it underwater – or completely demolished. A lot of people in our community are worse off than that.

A successful relief effort will probably include the following components:

- Establish Executive Committee to coordinate efforts.
- Establish communications network.
- Establish mechanism to collect and distribute donations.
- Identify people who need help; establish communications; find out what help they need.
- Identify people who want to provide help; establish communications; find out what help they can provide.
- Manage contributions and their distribution.

The CRRO website is at <http://www.firstclinical.com/crro>.

What You Can Do

We can get to work without waiting for the CRRO Executive Committee to get up and running:

- **Make Contact with Victims.** Many victims lost their physical address, telephone number, and email service. Only their friends and relatives know where they are (if they are lucky). I will donate \$1 each for the first 1,000 victims with whom CRRO establishes contact.
- **Get the Word Out to Potential Contributors.** Call your colleagues. Forward this article to your email list. (How hard can that be?) I will donate a free ad in

the Journal to the first 10 organizations that send out 1,000 or more emails. I can arrange for a third-party email service. Contact me for details.

- **Donate Cash.** Even the smallest amount will help. Mail your check to The Encina Foundation.* I will send an autographed copy of "Becoming a Successful Clinical Research Investigator", a book that I recently co-authored, to the first 25 people who donate \$100 or more.
- **Donate Incentives.** If you are a product or service provider, you may be able to help motivate contributors. Contact me with your ideas. If you buy products and services, ask what your suppliers have contributed.
- **Contribute in Other Ways.** Victims need housing, transportation, employment, administrative support, etc. Let me know what help you can provide.

* The Encina Foundation is a private, non-profit foundation that I chair. The Foundation will acknowledge all donations for tax return purposes. Encina is located at 836 Ramona Street, Suite 100, Palo Alto, CA 94301. We will also list all (interested) contributors at <http://www.firstclinical.com/crro>.

There are literally hundreds of thousands of professionals in the clinical research community. If even a few of us make contributions, we can make a real difference. And we all know we can do better than that.

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