

Wright's Work

An Interview with Robert C. Wright

EDITORS' NOTE Bob Wright is Senior Advisor at Lee Equity Partners and Chairman and CEO of the Palm Beach Civic Association. He served as Vice Chairman, General Electric, and Chief Executive Officer of NBC and NBC Universal for more than 20 years. Wright also serves on the boards of the Polo Ralph Lauren Corporation, AMC, and the New York-Presbyterian Hospital. He and his wife, Suzanne, founded Autism Speaks in 2005. In Suzanne's honor, he founded The Suzanne Wright Foundation to fight pancreatic cancer. Wright is a graduate of College of the Holy Cross and of the University of Virginia School of Law.



Robert C. Wright

Will you discuss the transition from business to philanthropy and do the same skills apply?

They should. Many successful people in business don't take philanthropy that seriously. They would be very happy in many cases to write a check to a philanthropic cause, especially one that has some family connection. These kinds of efforts, however, generally don't have a business result.

National organizations that are health oriented can be a bit scary because they have a lot of overhead and donors often can't determine what they got for the money they gave – it might have been spent in a better way.

With autism and pancreatic cancer as our causes, we tried to have a business edge, which is not soft. It's a hard-edged approach, and it offends some people, especially those in that area who are thinking they are providing tremendous results.

One also needs to be willing to engage the incumbents, who are generally scientists or possibly pharmaceutical companies. We need to ask why they are or aren't doing certain things and what their time frames are.

I have been dealing with the NIH for 15 years and it has been very difficult. They have leadership there that have been in their positions for 10 years, plus 15 years before that within the agency. Being current is critical in science and health, so we need to get current people running these organizations. They have to use the data and products that people in healthcare are currently using.

I can't get the NIH to acknowledge the fact that they have no intention of dealing with early pancreatic cancer detection; they don't have any intention of dealing with mortality either. They

want to deal with bench chemistry and potential drugs, and that has proven to be completely ineffective for pancreatic cancer. They also won't let anyone new in or grade themselves in any proper fashion, so that's what I'm fighting here.

I've come up with a proposal for an agency, HARPA, a Health Advanced Research Projects Agency, that would focus on building technologies to cure disease. HARPA would leverage federal research assets and the state of the art technologies of the private sector. The NIH does none of this. HARPA, modeled after DARPA at the Department of Defense, would fall under the control of the Secretary of HHS, not the NIH.

I've gotten into the White House and we are making inroads. I also have a group of people in Congress who understand what I'm saying, but they don't want to offend the NIH, which is ridiculous.

HARPA would independently determine which particular situations need medical breakthroughs, starting with those that have to do with mortality.

At Autism Speaks, we have raised over \$600 million ourselves for various research projects over 14 years, but we also raised \$3 billion from the federal government through our advocacy efforts. The majority of this funding went to the Health and Human Services department and was then allocated to the NIH. We could not control how they spent that money.

If business people could get involved in these efforts, they could make a real difference. Healthcare isn't political, but it becomes so with those involved.

How daunting is it to really change the system?

We got insurance for autism passed in 46 states, one state at a time. We pushed several cases to the Supreme Court on the education of children with autism, which changed the rules of the road. We used tough measures to do all this.

I was disappointed in the research because we relied on the NIH, but we were naïve.

If something is really challenging, one needs to set up near-term objectives. People should try hard but fail fast and then move on. One should not hang onto a failing proposition.

I have high hopes for Donald Trump being able to implement certain things. Historically, presidents haven't gotten too involved with health and human services. Therefore, this area

is run by bureaucrats. The president often has a science group around him but they often have very little power, and that's what we're currently dealing with.

Is there a bigger role that corporations should play in this area?

When there are people in organizations that are very engaged, leaders need to pay attention to them and determine if they can be helpful. They have to recognize too that people don't do these things casually, and they know if they're working in any corporation, their first duty is going to be to that business.

How challenging is it for you to be patient with this work?

It tests my patience. I have good people working on this, but it's not easy. We have accomplished a lot. What I'm disappointed in is that I can't get across the finish line.

We go to the White House through all sorts of entanglements and I get parked there. This happens a lot. The White House is a place where a lot of good ideas go to die because they cannot get proper sponsorship or political attention.

I try not to make this political, because it isn't. Congress's support for the NIH has always been there and they do give money to pancreatic cancer, although nothing proportionate to the desperate situation. They now authorize about \$180 million per year for research for pancreatic cancer, which has the highest mortality rate of all major cancers. The number-one killer is still smoking. As smoking deaths go down, it makes it look like they're doing something, but the reality is that the customers are dying – it's not that they've been saved. That will soon cease to be the major killer.

The problem with pancreatic cancer victims is that they die within a few months. At the NIH, there is no sense of urgency. That is my frustration. When I speak with people one on one, they get it, but it's not like breast cancer or autism – I can't bring the people in to lobby in Congress. I can't have them marching because they're dead.

When they die, the families want to move away from it as quickly as possible, and that is a major problem. Organizing the families has proven to be very difficult.

At day's end, what is your hope for where this work will be three to five years from now?

We should have an early-detection device by then – that is my top priority and I have a willing group of scientists who want to work on this project. I just don't want them to have to work on it without the support of the federal government. They should be funded by Congress. ●