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Months before walls of water washed away whole communities in South Asia, visitors to the Carnegie Museum of Art's 54th Carnegie International were offered a peephole view of epic disaster. *Magma Spirit Explodes. Tsunami Is Dreadful*, a 40-foot long-mural by Chiho Aoshima, is impossible to ignore, like a premodern Japanese print brought to life by an animé hallucination.

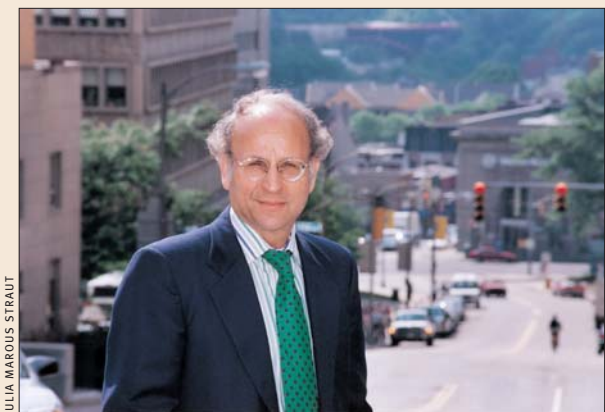
Aoshima shapes what would otherwise be gruesome into a hauntingly flat narrative. Volcano, fire, war, and tsunami are spawned by a giant pretty-eyed cartoon priestess belching flames and fury. Atop the monster waves crashing down, drawn very small, is a girl bobbing adrift in a boat. Just one oar in the oarlocks. She doesn't fight the waves, but instead lies languorous, staring down the viewer. Is her struggle over? I don't know what the prescient Aoshima had in mind when she created this character, but the girl seems a metaphor for those we so easily forget.

Tsunami is dreadful, indeed. The groundswell of support for relief efforts heartens: Here's proof that people really do care about the suffering of others. It's also useful to note, as Nicholas Kristof did in a recent *New York Times* op-ed, that many times more people die each year of malaria than did in the recent tsunami. (Estimates range between 1.5 and 3 million, depending on the year.) How might we respond to these quieter calamities that befall millions as a matter of routine health circumstance? Four million children born each year don't see life beyond one month. In the developing world, millions suffer from neglected diseases such as tuberculosis, leishmaniasis, and encephalitis. If they're treated at all, it's often with old, ineffective, and sometimes toxic drugs. Yet, the pipeline of drugs for these diseases is just about empty. Merely 3 percent of all health research dollars are spent on the global disease burden. For instance, from 1975 to 1999, of the 1,393 new drugs marketed, only 13 were for tropical diseases.

In some cases, more money is spent to treat pets with such afflictions (namely, leishmaniasis). How does it feel to watch loved ones die knowing resources exist elsewhere? It must seem that there is, to borrow the great poet Fernando Pessoa's words, "out there a great silence like a god asleep."

Our system for drug research and development has failed these patients. Why? The price tag of discovering and developing a new drug has reached \$1 billion, so the industry focuses on diseases that will yield the highest profits. We see the repercussions at home. More than 6,000 "orphan diseases" affect 25 million Americans. (An orphan disease is one that afflicts fewer than 200,000 people). Nearly one in every 10 people in this country has been diagnosed with a disease for which there is little hope for a cure.

Academia can position itself to respond to these issues in ways that commercial pressures don't allow. I'm pleased to report that Pitt is establishing a Drug Discovery Institute, to be housed in the new Biomedical Science Tower. This novel institute will be dedicated to unearthing small molecules that can heal. One of our major focuses in this effort will be the discovery and development of drugs for the treatment of orphan and neglected diseases.



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