# The Dish: Why Do We Need the *All of Us* Research Program?

[www.youtube.com/watch?v=C9GwwpPuoT8](http://www.youtube.com/watch?v=C9GwwpPuoT8)

## Scene

Eric Dishman speaking.

## Eric Dishman:

So I will get friends and other people emailing to me saying, you know, like, “Why are you doing this *All of Us* Research Program? Why are you spending tax payer dollars to go do this program? What’s it about?” And I think those are great questions. And I kind of answer it in three ways: kind of from a patient perspective, a provider perspective, and a researcher perspective.

And if we start just with what all of us experience as patients, the vast majority of us do not have access to precision medicine–based cures, because this field is in its infancy—great progress in some places, like cancer, but the vast majority of conditions don’t have a path to figure out, “What can I possibly take as this individual who’s unique?” And that means we’re all still treated as the average of the people who happen to have been studied with your particular condition, and we’re kind of in this one-size-fits-all medicine. And that means, especially if you have a complex illness, a lot of trial and error, right? Side effects from this drug. “No, that didn’t work. Let’s try this one. Let’s try this one.” And everything in the care system is well intentioned, but man, suffering through that expensive and painful trial and error is not a great way to live as a country.

Now let’s think about the providers, right? Not a great way to live for them either. They’ve got more and more pressure to see more patients per day. Half the time, they don’t even have the, like, complete medical history of that patient that’s right in front of them saying, “Please help me.” And then they don’t have that much science and evidence behind a lot of the conditions that they’re expert in to be able to know exactly, “How do I deliver care right now to this patient?” And on top of that, they’ve then got the challenge of—at the same time, there’s huge amounts of new scientific discovery that are coming in literally every day. They’d have to sit around reading all the time and never lay hands on a patient to keep up with the latest scientific literature.

And then the third piece of this is the researchers. We have observed biomedical researchers at the cutting edge of precision medicine, sometimes getting three-, four-, five-year grants and awards, but they’ll spend 40% to sometimes 70% or 80% of that time on building up the IT infrastructure: the computing and the data and “how do I secure the data?” And they’ll spend even more time trying to recruit people to participate in that study. Eighty-five percent of clinical trials have to stop early because they can’t recruit enough people to be part of that. So that’s an enormous cost and drain. And as soon as you get your award done, you know, you give it a little bit of science on that award, and all of a sudden, you’ve got to start over with the next one. “Start again. Here we go. We’ve got to build up the cohort. We’ve got to build the technology. We’ve got to build the research protocol.”

This public resource of the *All of Us* Research Program says, “Get to the research faster. We’re going to hand you one of the largest cohorts in the world that will be the most diverse. You don’t have to go recruit anybody. We’re going to hand you a bunch of data that’s already being cleaned and curated and made it easy for the researchers to use that, and we’re going to hand you the computing and technology and infrastructure that you don’t have to spend your time on. Get to the science faster.” And if those researchers get to the science faster, then those providers will have more options to offer to that patient standing in front of them saying, “Help me; cure me.” And we as patients will have more options, less trial and error, and more specificity to get it right the first time when we walk in saying, “Help me; cure me.”

## Closing slide

*All of Us* Research Program

JoinAllofUs.org