Think of Richard Scarborough the next time you swipe a credit card at a supermarket checkout line, get fast cash from an ATM, or stick a fare card into a subway turnstile. Or think of him the next time you boot up your computer and it doesn’t crash immediately.

An electrical engineer, MBA, and executive with Compaq, Digital Equipment, and Citibank, Scarborough was instrumental in establishing the magnetic stripe technology standard for credit cards. He also led Compaq’s worldwide Y2K software conversion program, which headed off electronic havoc when clocks struck twelve on January 1, 2000.

Think of Richard Scarborough the next time you hear the word “bronchiectasis.” Few people have. It’s a lung disease that falls under the broad rubric of COPD. In fact, perhaps as many as one in every five COPD patients ends up with a diagnosis of bronchiectasis. It involves widening and destruction of the large airways, chronic coughing, progressive breathing difficulty, persistent lung infections, and extreme fatigue. There is no cure. Bronchiectasis claimed Richard Scarborough’s life on March 28, 2005, after a courageous battle that spanned most of his adult years.

But now the Scarborough family wants to change the relentless outcome of bronchiectasis for thousands of patients like Richard. Working through the COPD Foundation, they’ve established the Richard H. Scarborough Research Fund for Bronchiectasis to raise awareness of the disease and to find ways of preventing, halting, and reversing its progress. The family has already pledged $200,000 and plans to raise at least $2 million more to sustain an ongoing research endowment.

From Dissatisfaction to Action

“Our family witnessed the degradation of my brother’s health over many years,” says Collin Scarborough, an executive in systems analysis and software development. “Particularly within the last 10 years, it progressively

Remembering Richard

The friends and family of Richard Scarborough aim for nothing less than curing the disease that claimed him.
affected his life and lifestyle. By the last three years of his life, he was unable to travel and was completely oxygen-dependent. Extended hospital stays became more frequent. A once energetic and athletic person (and one who had never smoked) reached the point where he dreaded waking up in the morning.

Frustrated by treatments that offered only stopgaps without addressing the disease directly, the Scarboroughs searched in vain for answers. And they were shocked at how little attention bronchiectasis had received in the research community. “For example, we found that of all the federal research dollars going into lung diseases, nothing was focused specifically on bronchiectasis,” says Scarborough. They decided to turn their dissatisfaction into action. Dr. James Kiley, director of the Division of Lung Diseases at the National Heart, Lung and Blood Institute, referred them to several nonprofit organizations focused on pulmonary research. They first met with John Walsh, CEO of the Alpha-1 Foundation, who in turn directed them to the COPD Foundation. “We became convinced that the COPD Foundation was ideally suited to administer this fund and could be of great help to us,” says Scarborough. “We decided not to pursue other organizations.”

The Scarboroughs have ambitious goals for the research fund established in Richard’s name. “How much did people know about prostate cancer before Michael Milken began funding research into it?” asks Patricia Scarborough, Richard’s widow. “I would say very little. I see this effort as the first step in letting more people know about bronchiectasis. For me, education becomes my biggest goal.”

Speeding Toward a Cure

For the Scarboroughs, Milken has inspired more than their intention to raise awareness of bronchiectasis. They would like to borrow some of the ideas he pioneered to find ways to speed the development of breakthrough therapies.

“A number of concepts have come out of that effort that we want to emulate,” notes Collin Scarborough, “Specifically, a greater collaboration among researchers, sharing of information, and the creation of electronic databases. Too often, what we have in research is a group of silos—researchers working in isolation. We’re hoping that our research grants will stimulate a more collaborative and widespread effort, without being duplicative or unnecessarily competitive.”

And they’re aiming at nothing less than a cure for bronchiectasis. As Collin puts it, “We don’t want to put money into developing treatments that don’t eventually cure the disease or reverse the process.” The first steps toward that goal might involve quantifying the extent of bronchiectasis among the broader population of COPD patients, establishing a database of DNA and tissue samples as a resource for researchers to share, or identifying the exact biological mechanism that holds the most promise for success. The Scarboroughs plan to let their scientific advisors map the precise route.

Collective Commitment

The Scarboroughs remain collectively committed to their quest. “Dick’s illness brought the family so much closer,” says Patricia. “We’ve always been close, Dick and Collin especially. But this has brought us all even closer.” As a model for determination and courage, they look no further than their memories of Richard. Patricia recalls one example in particular. “Dick lived to see our youngest daughter get married,” she says. “Long before that, his doctor had told him, ‘I don’t see you living much more than a year.’ But he stayed very, very upbeat and brave. He lived to walk our daughter down the aisle.”

The entire family hopes that the Richard H. Scarborough Research Fund for Bronchiectasis engenders the same spirit of unity and resolve among the research community. They plan to meet with their scientific advisors and develop a research agenda at the annual meeting of the American College of Chest Physicians in Montreal in November, publish requests for proposals soon after, and award the first grant at the annual meeting of the American Thoracic Society in May 2006. Meanwhile, they’ll continue to recruit interested organizations and individuals for support.

“We envision this as the start of a national collaborative effort,” says Collin. “If this is effective, it may become a model for other research funds. But the best outcome would be to create not just a model, but a cure.”

Organizations, individuals, or families interested in contributing to the Richard H. Scarborough Research Fund for Bronchiectasis can contact the COPD Foundation at 2937 SW 27th Ave., Miami, FL 33133, or call 1.866.316.2673 ext. 398 for more information.