

inactivate the virus, and factor VIII preparations are now probably safer than whole blood transfusions.

While rates of infection in the high-risk groups are being intensively studied, far less is known about spread of the virus in the general population. Partly for this reason, there is an intense debate among researchers about the likely extent of the epidemic. Many researchers argue that AIDS, like other sexually transmitted diseases, will spread by any type of sexual intercourse and more and more cases will start showing up among heterosexuals.

So far, this has not happened. The disease pattern has undergone "remarkably little change," notes Harold Jaffe, who heads epidemiological studies of AIDS at CDC. In late September, CDC reported that heterosexual transmission had been documented in only 133 diagnosed cases of AIDS out of more than 13,000 that had then been reported. Only 15 of these cases involved transmission from women to men.

Heterosexual transmission is, howev-

er, strongly suspected in scores of other cases where no obvious risk factors could be determined. But the number of both documented and suspected cases of heterosexual transmission has not increased in relation to the total during the 4 years since the disease was first recognized.

Some researchers argue that heterosexual transmission is unlikely to play a dominant role in the spread of the disease because the AIDS virus is not like many other sexually transmitted agents. It appears to require direct insertion into the bloodstream to cause infection, and this is more likely to occur during anal intercourse than vaginal intercourse. Moreover, this argument suggests that transmission from women to men would occur very infrequently, a suggestion supported by the very low incidence of documented cases of heterosexually acquired AIDS among men.

Although the pattern of diagnosed cases shows little heterosexual spread of AIDS, far less is known about the spread of the virus itself. According to Jaffe, a

small study by CDC in collaboration with the Atlanta Red Cross indicated that blood donors who had antibodies to the AIDS virus belonged almost exclusively to high-risk groups. CDC is about to begin a much larger study of antibody-positive donors in New York City to determine whether they follow the same pattern.

If AIDS is not spreading widely into the heterosexual community in the United States, it will be difficult to equate this with what appears to be happening in Africa. According to many recent reports, AIDS is afflicting Africans in roughly equal numbers, and it has all the hallmarks of a heterosexually transmitted sexual disease. (A separate article on African AIDS will appear later in this series.)

"The potential for heterosexual transmission is pretty clear to me," says William Blattner, an epidemiologist at the National Cancer Institute. "We have underestimated this virus from time to time in the past," he warns.

—COLIN NORMAN

Reagan Vetoes NIH Bill; Override Is Likely

A year ago, Congress passed an NIH bill that mandated the creation of two new institutes at the National Institutes of Health—one for arthritis and another for nursing research. President Reagan killed the bill with a veto. This fall Congress again passed comprehensive reauthorization legislation for NIH (*Science*, 1 November, p. 525). On 8 November, the President vetoed it. The second bill, written with an eye to securing White House approval, provided for the establishment of an arthritis institute but omitted provisions for the controversial nursing institute and settled for a nursing center within NIH instead. But the compromise was not enough to satisfy the Administration, which objected to other features of the legislation as well.

But this time it looks as though Congress may well prevail. Within days of receiving the President's veto message, the House voted overwhelmingly to override the veto. The Senate will take the matter up shortly after Reagan returns from the Summit meeting in Geneva. The bill has strong support in the Senate and chances that it, too, will vote to override are said to be very good.

In his message to Congress, the President attacked the bill (H.R. 2409) as one that would "adversely affect the pursuit of research excellence" by giving legislators far too much say about the day-to-day conduct of biomedical research. In Reagan's view, the bill imposed too many administrative and program requirements on NIH and created unneeded new organizations and committees "which would lead to unnecessary coordination problems and administrative expenses while doing little to assist biomedical research endeavors. . . ." The bill, he said, "is overloaded with objectionable provisions that seriously undermine and threaten the ability of NIH to manage itself. . . ." NIH officials and certain biomedical organiza-

tions, including the Association of American Medical Colleges, heartily agreed and the AAMC's executive committee has been letting senators know that it would be happy to see the veto sustained.

However, Senator Orrin G. Hatch (R-Utah), one of the bill's chief Senate sponsors has vowed to see it become law after nearly 5 years of negotiation to come up with legislation that could win congressional approval. In the House, Representative Henry A. Waxman (D-Calif.) led the move to override the veto. Waxman has long sought greater congressional input in NIH's affairs. Speaking on the floor of the House just before the vote to override was taken, he said, "We feel that if the taxpayers' dollars, \$5 billion a year, are being used for biomedical research, we ought to spell out some of the priorities. We ought to tell NIH what we think they ought to be looking at." Among those things are disease prevention (the bill mandates the appointment of assistant directors for prevention in several institutes), spinal cord injury and learning disabilities.

Although the President opposes this bill, the veto message revealed that the Administration had reconciled itself to the idea of a new institute for research on arthritis and related musculoskeletal diseases. "In recognition of the plight of the millions of arthritis victims and society's costs," the President said he would see to the creation of the institute by an administrative order. However, if the veto is overridden, the institute will be established by law.

In attacking H.R. 2409, the Administration signaled its opposition to congressional micromanagement of government agencies, and this bill seemed a safe vehicle for conveying that message because the veto had no effect on the NIH budget, which is handled through separate appropriations legislation.—BARBARA J. CULLITON