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British Gene Therapy Center in Disarray

Plans to give Britain a world-class center for gene therapy research are in turmoil following the resignation of geneticist Kay Davies as director of the Medical Research Council (MRC)'s Clinical Sciences Center in west London.

Scheduled to be up and running next month, the \$30-million center is slated for work on diseases such as muscular dystrophy and fragile X syndrome, which Davies has studied at the Institute of Molecular Medicine (IMM) in Oxford. Unless a new director with similar interests can be found, however, those plans may have to change. Indeed, some MRC sources admit privately that it may be impossible to retain the gene therapy focus.

Davies could not be reached for comment as *Science* went to press. Her resignation, however, is thought to be linked to moves by the British government to reorganize health-care services in London. In March, the Department of Health decided to merge Hammersmith Hospital, which houses the MRC center, with Charing Cross Hospital. The move raised the possibility that some of Hammersmith's clinical departments—as well as the patients needed by the MRC center—might be relocated. "In that uncertainty...it's hard to recruit top class scientists," says IMM director David Weatherall.

Davies' resignation is also bad news for the Wellcome Trust, which had invested some \$4.5 million to build extra lab space at the Center for researchers working on gene-therapy projects. "I just don't know what we'll do" now, says trust director Bridget Ogilvie.

MRC chief executive Dai Rees issued a statement saying that the MRC "remains firmly committed to the center....[W]e will be seeking to appoint a new director as soon as possible." Given the turmoil surrounding Hammersmith Hospital, however, suitable candidates may be hard to find.



Room for improvement. NIH will launch a grant program to help persuade minority physicians to do research at its Clinical Center.

Disadvantaged Docs Wanted at NIH

Under fire for having fostered a white male-dominated work force, the National Institutes of Health (NIH) is about to step up efforts to recruit minority clinical researchers. This fall, the agency plans to launch a program that will repay medical school loans of "disadvantaged" physicians who commit to 2-year stints at NIH's Clinical Center.

Starting in July, NIH will enroll about 20 physicians in the program. In addition to paying salaries, NIH will make up to \$20,000 in loan payments and pay federal tax on the grants.

The loan program—priced at

\$500,000 next year—shows that NIH "is willing to spend more dollars in recruitment and retention of minorities," says program director Marc Horowitz. The offer, however, isn't just for minorities. Also eligible are physicians from families with incomes below poverty level, regardless of race.

NIH officials hope the loan program will help erase a second blemish on the agency's record: A poor history of enrolling minorities in clinical trials. According to Michael Gottesman, NIH's intramural research chief, minority physicians "offer a friendly face" to prospective study participants. The more friendly faces the better, he says.

Language Law Threatens French Science

And you thought tourists were the only victims of French linguistic pride. Well, the next target may be scientists: The French Parliament is considering a bill that would require a significant portion of publicly funded research results to be published in French journals.

The amendment, tacked onto a broad bill to stem the use of foreign languages (especially English), is causing an uproar in the French scientific community. If researchers were forced to publish their most important work in French, "it would be a catastrophe" because they would lose readers, says Jean-Pierre Hansen, physics chief at the Ecole Normale Supérieure in Lyons.

Much of the scientists' dismay stems from the scarcity of French publications. Hansen says he knows of only one French physics journal, for example. The result is that a flood of papers washes up on foreign shores: According to AIDS researcher Luc Montagnier of the Pasteur Institute, nearly 80% of the work coming out of CNRS—France's largest public research agency—is published in English.

And the few existing French journals appear to be often overlooked. Montagnier says his lab's first paper on AIDS and apoptosis—published in the proceedings of the French Academy of Sciences—was "completely forgotten." "I don't think the deputies understand our situation," he says. "If we want our work to be known, we have to publish in English."

The French Senate is now considering the bill. If the amendment is retained, the last hope for scientists who don't wish to go native lies with the government, which would write regulations based on the law.

Battle Looms Over NIH AIDS Office

Those who get ahead by politics also risk political setbacks, as illustrated by the plight of the Office of AIDS Research (OAR) at the National Institutes of Health (NIH). Created by Congress, OAR is in danger of being undermined by a congressional move to control its budget.

Legislators established OAR last year as a nerve center for disbursing NIH's \$1-billion-plus AIDS budget. At first, many researchers and NIH officials opposed having all their golden eggs in one basket, especially since it was unclear who'd divvy them up. Their fears, however, were mostly quelled this February when NIH tapped veteran immunologist William Paul to head the office.

But now some in Congress are having second thoughts. The House appropriations committee that oversees NIH is considering options for bypassing OAR, such as earmarking AIDS dollars to the institutes. The reason: Members such as John Porter (R-IL) want to avoid further "Balkanization" of NIH, while others want to limit the influence of AIDS activists. The committee's alternatives, says one staffer, are "symbolic"—no matter how the money is appropriated, NIH can still ask OAR to dole it out.

But the congressional caprice rankles NIH officials and scientists alike. If OAR fails to get explicit budget authority, apportioning money "could be a very painful and unpleasant process," says Paul. Now eight top scientists—including Nobelist David Baltimore and Aaron Diamond Center director David Ho—are lobbying for OAR to receive all the funding in a lump sum. In a 6 May letter to Appropriations subcommittee chair Neal Smith (D-IA), they warned, "Paul will only be able to guide our nation's AIDS research if OAR is given the fiduciary authority to do so."

The House committee is expected to decide which course to take when it marks up NIH's funding bill in the next few weeks.