The Price of Sushi

As an American postdoc at the end of a 27-month research (24 months) and "tourist" (3 months) visit to a Japanese government laboratory, I tire of seeing the high cost of living in Japan cited in *Science* as a valid reason for foreign scientists shunning Japan (Random Samples, 3 May, p. 655; Science in Japan, 18 Nov. 1994, p. 1181). Living costs should have little influence on scientists' decision-making about Japan (in contrast to those of potential exchange students) because generous salaries, free housing for most foreign researchers, employer-purchased plane tickets, and favorable tax settings more than compensate for the costs. (These circumstances explain why almost all foreign researchers I have met here are happy.)

In my case, I am returning home with a net worth of about $50,000 more than when I arrived. My 1995 taxable income, in Japan and the United States combined, was zero.

The language barrier and the lack of technicians are real considerations that prospective visitors must weigh, along with appropriate employment for a spouse and schools for children. But the price of sushi is not a concern. Worrywarts can always order the cheap omelete variety in fast-food restaurants where dishes arrive on a conveyor belt.

David K. Yamaguchi
Forestry and Forest Products Research Institute, 7 Hitsujigaoka, Toyohira, Sapporo 062, Japan

Current address: c/o Mr. and Mrs. Guy Mamiya, 16515 12th Place SE, Renton, WA 98058, USA.

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Preventing AIDS

Peter Piot's editorial "AIDS: A global response" (28 June, p. 1855) correctly assesses the magnitude of the AIDS pandemic, but the response is misguided. With, as he rightly notes, 40,000 new HIV infections in the United States in 1995, and more than 3 million around the world, the planet is indeed "becoming a dangerous place for all." Consequently, it is curious that the search for appropriate therapeutic and preventive measures as discussed by Piot is largely confined to drugs and vaccines.

Although vaccines fall well within the rubric of primary prevention, so too does behavioral change, which would be far less costly, take less time to institute, and be at least as efficacious, if not more so. Behavioral change—avoiding sexual partners who are likely to be infected, limiting the number of anonymous partners and type of sexual activity, using condoms, and abstinence—would show benefits early on, thereby reducing the anticipated mortality, and cost less than any chemical method.

Behavioral change is the preferred approach for heart disease and lung cancer. Why not AIDS?

Melvin A. Benarde*
6 Thorngate Court, Princeton, NJ 08540, USA

*Director Emeritus, Abestos and Lead Center, Temple University

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Tokamak in India

In the News & Comment article "Korea plans new tokamak machine" by Jeffrey Mervis and Dennis Normile (22 Dec. 1995, p. 1918), there is no mention of the steady-state superconducting tokamak (SST) 1 being fabricated at the Institute for Plasma Research in Gandhinagar, India. This machine will be completely superconducting—with elongated plasmas, lower hybrid current drive, and steady-state (about 1000-s) divertor operation. Its conceptual design was completed in 1995 and was reviewed by an international panel of experts headed by Jim Sinnis of the Princeton Plasma Physics Laboratory in January 1996. The preliminary conceptual design of this machine has also been presented at international forums and conferences. The engineering design of SST 1 is now under way, and the machine is likely to be commissioned by the end of 2000. SST 1 is a successor to the Indian tokamak ADITYA, which has been operating since 1989 and has made interesting contributions to the physics of edge turbulence in tokamaks.

P. K. Kaw
Director, Institute for Plasma Research, Bhat, Gandhinagar 382 424, India
E-mail: kaw@plasma.ernet.in

Letters to the Editor

Letters may be submitted by e-mail (at science_letters@aaas.org), fax (202-789-4669), or regular mail (*Science*, 1200 New York Avenue, NW, Washington, DC 20005, USA). Letters are not routinely acknowledged. Full addresses, signatures, and daytime phone numbers should be included. Letters should be brief (300 words or less) and may be edited for reasons of clarity or space. They may appear in print and/or on the World Wide Web. Letter writers are not consulted before publication.