

the CDMS team says, all appear to be due to neutrons. If so, chances are that the DAMA team is seeing familiar particles, too. Stanford physicist Blas Cabrera says, "With respect to the DAMA results, we're ruling out the signal that they've seen."

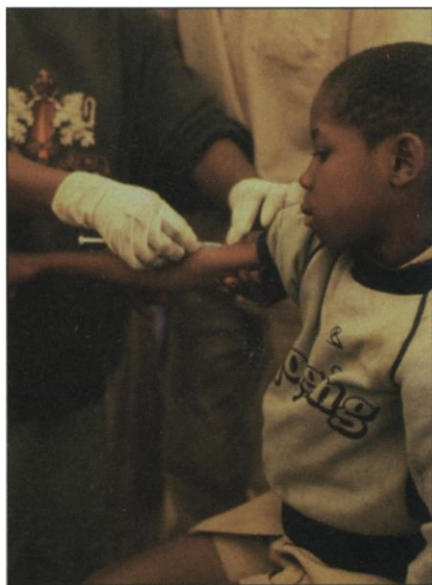
Whether or not the DAMA result holds up, Turner says, the search for dark matter may be speeding toward an end. In recent years, researchers have determined that other once-prime suspects, such as neutrinos and brown dwarfs, cannot account for all the missing mass. But WIMPs might, and new experiments scheduled for the next few years will be capable of spotting particles as massive and as weakly interacting as theory says they ought to be. "It's a 70-year detective story," Turner says. "An arrest is imminent."

—ADRIAN CHO

## GLOBAL HEALTH

### Group Urges Action on Third World Drugs

How can the pharmaceutical industry be enticed to make drugs and vaccines for infectious diseases that sicken or kill billions of people worldwide, yet offer little in the way of economic returns? That conundrum occupied a group of senior policy officials last week at the Global Health Forum, a closed-door meeting hosted by the Institute for



**Shot in the arm.** Industry needs incentives to develop drugs and vaccines.

Global Health in San Francisco. The 3-day affair, which boasted an "all-star cast" of global health experts, came up with few new ideas, but its message is being heard loud and clear: President Clinton has already signaled his interest in launching an initiative aimed at narrowing the seemingly in-

tractable gap in health between rich and poor countries, and last week a bill was introduced into the U.S. Senate that would incorporate many of the forum's suggestions.

Pharmaceutical companies already have the scientific knowledge and tools they need to develop drugs and vaccines for scourges such as malaria, AIDS, and tuberculosis. What's more, such drugs could save millions of lives and spur economic development in poor countries, said the panel, which included representatives from the White House, the U.S. Congress, the World Health Organization, the World Bank, the World Trade Organization, and pharmaceutical giants Glaxo Wellcome and Merck. Yet these diseases attract minimal attention from the pharmaceutical industry because executives don't see a market. And even when effective drugs are available—such as the cocktail of AIDS drugs that has slashed mortality in wealthy countries—they may be too expensive for countries in Africa and Asia.

The solution, according to the panel, lies in a package of incentives that would make it worthwhile for the pharma and biotech industries to step in. One approach is for governments and multilateral organizations to push research and development by subsidizing part of the huge costs, either directly or through tax breaks. Another is to assure companies of a future market—for instance, by establishing "purchase funds" and agreeing to buy certain quantities of a product once it becomes available. The panel also lauded partnerships in which publicly funded scientists work together with industry, such as the recently created Global Alliance for Vaccines and Immunization (GAVI), to speed drug discovery and development.

The Global Health Forum's approach has already found a receptive ear in Washington. In his State of the Union address, President Clinton announced a \$50 million U.S. contribution to GAVI, as well as a tax credit of up to \$1 billion for companies investing in new vaccines for malaria, AIDS, and TB. A delegation from the Global Health Forum was scheduled to meet with Clinton this week to present their findings and discuss Clinton's proposals, which are "absolutely on the right track," says Richard Feachem, who directs the Institute for Global Health.

Meanwhile, Senator John Kerry (D-MA) introduced an ambitious bill, dubbed the Vaccines for the New Millennium Act, on 24 February. Kerry proposed to "change the death spiral" by making childhood immunization "a major goal of U.S. foreign policy." His bill calls for donations of \$150 million to GAVI and \$30 million to the International AIDS Vaccine Initiative. It also proposes several tax credits for industry and a purchase fund to buy and distribute

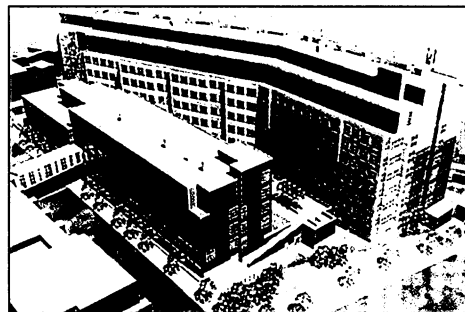
vaccines as soon as they are approved. To cover the cost, Kerry is asking Congress to set aside \$100 million a year for the next 10 years. The political fate of these plans is uncertain. Even so, Feachem is encouraged by these and other initiatives in the European Union and Japan. Says Feachem, "The global awareness of this challenge is running at a level which we haven't previously seen."

—MARTIN ENSERINK

## RESEARCH FACILITIES

### Glittering Future for Yale Medical School

The late Bartlett Giamatti, former president of Yale, was fond of saying that "if Yale intends to be the best, it has to be able to afford the best." Its current leaders seem to be taking that aphorism to heart: A month after announcing a planned \$500 million upgrade of its science and engineering programs (*Science*, 28 January, p.



**Thinking big.** Yale's planned six-story lab building (right) is attached to new classroom building.

579), Yale said last week that it will pour another \$500 million into renovations and new construction on its medical school campus over the next 10 years.

"The university is in a strong financial position," Yale president Richard C. Levin acknowledges. A 9-year bull market has beefed up Yale's endowment, now \$7.2 billion, he says, and "fund-raising efforts have been very well received." He predicts that "invest[ing] simultaneously in science activities on both ends of our campus will be enormously synergistic."

The heart of the expansion is a new six-floor lab building that will increase the medical school's lab space by 25%. Some accompanying growth is also expected in research faculty. Yale is already the fifth-largest recipient of funds from the National Institutes of Health. The medical school will continue to turn out about 100 graduates a year.

"I'm a happy man today hearing this announcement," says Leon Rosenberg, a professor of molecular biology at Princeton University who was Yale medical school