variability. Most observers would credit the sum of instrumental and longer proxy record analyses with "discovering" any Atlantic multidecadal oscillation.

Margolis is right, the sense of the statement concerning future work was indeed reversed. Of more immediate concern is the challenge of disentangling greenhouse warming from natural warming during the past 30 years.

Richard A. Kerr

Science's Conversation with Jiang Zemin

Editor Ellis Rubinstein's exclusive interview with Chinese president Jiang Zemin (News Focus, "China's leader commits to basic research, global science," 16 June, p. 1950) covers many interesting topics relating to research and teaching of science, which is appropriate to the journal's focus. Nevertheless, too narrow a focus may cause one to overlook important data. Absent from the article is any mention of China's liquidation of tens of millions of dissidents (*1*), its extensive system of prison camps, its repression of religious minorities, its recent threat to use force against Taiwan, or its cultural and physical genocide in Tibet. Indeed, a Policy Forum by Peichang Zhang *et al.* ("China's forest policy for the 21st century," 23 June, p. 2135) shows a map of China in which Tibet is labeled "Xizang," with "Tibet" in parentheses. In all probability, in a few years both the Tibetan culture and the parentheses will disappear.

It is understandable that Jiang would limit the areas of discussion or edit the transcript, though these restrictions are not mentioned in the article. It is less understandable that the interview would be published without any editorial comment. Are readers to assume that science exists in an ethical vacuum? Are scientists mere technicians, performing complex tasks with no responsibility for how the results will be used? Scientific exchange, like trade, will strengthen China, but to what end? Einstein remarked that humanity's greatest problem is a perfection of means but a confusion of ends. This confusion will not be resolved if the question of ends is not posed.

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Reference

1. J.-L. Margolin and P. Rigoulot, *The Black Book of Communism*, S. Courtois *et al.*, Eds. (Harvard University Press, Cambridge, MA, 1999), chapter 4.

Response

It is gratifying to note that Dr. Stolinsky agrees with the appropriateness of *Science*'s questions for China's president, considering the journal's focus. His implication, however, that we should have asked the president to defend his country's "liquidation of tens of millions of dissidents" and so forth should be put in perspective. There is no agreement—even in Western countries—on what Dr. Stolinsky calls "data." Even if there were, Mr. Jiang has not been found to be personally implicated in the brutal repression during the Mao period, when many of China's current leaders suffered to some degree. Therefore, I believe that it would have been inappropriate for a scientific journal to ask questions of this sort when granted such an unprecedented interview.

I should also point out that there has been an important consequence of the interview that may not be known to many Western readers of *Science*. Nearly every important Chinese newspaper printed a reliable translation of the questions and answers and featured this translation on its front page. As a result, many scientists and government officials in China are grateful to *Science*, viewing the journal as a con-

duit for their president to announce his support for increasingly open interchange with the West, that he admires the American commitment to diversity of thought, and that he encourages the free movement of China's young scientists. These views are not considered within China to be trivial indicators of their president's personal commitment to opening up China.

Ellis Rubinstein

Inequities in Liver Transplant Allocation

In our recent Policy Forum "Waiting for organ transplantation" (14 Jan., p. 237), we reported findings of the Institute of Medicine (IOM) study of Organ Procurement and Transplantation (*1*), including the finding that Organ Procurement Organizations (OPOs) (*2*) serving smaller populations are more likely to provide liver transplantation to less severely ill patients (status 2B and 3) than larger OPOs, leading to inefficient use of organs that could have been used for the most medically urgent (status 1) patients. Based on these findings, the Department of Health and Human Services (DHHS) modified existing regulations to provide for broader sharing of organs across geographic boundaries (*3*). Despite this important regulatory advance, some members of Congress and some state governments have continued to attempt to block implementation of the new regulation in favor of continued use of a local allocation system.

To help clarify the importance of the original IOM findings, we, the authors, independently went back to the data and estimated the excess number of less severely ill patients who are transplanted in smaller OPOs serving populations below 9 million relative to those serving populations of 9 million or more. For this analysis we used all data from 1998 (n = 9585 new listings), the only complete year of data available following the recent changes in status categories. Based on the statistical model described in the IOM report, we found that an excess of 298 less severely ill patients were transplanted in smaller OPOs, relative to larger OPOs, during the first month of listing. During the same year, there were 731 new listings of the most medically urgent patients, of whom 314 were not transplanted. If broader sharing of organs had been implemented during this time period, as many as 298 of the most medically urgent patients who did not receive an organ could have received a liver transplant, alleviating substantially the shortage of organs for those most needy patients (*4*).

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References and Notes

1. Institute of Medicine, *Organ Procurement and Transplantation: Assessing Current Policies and the Potential Impact of the DHHS Final Rule* (National Academy Press, Washington, DC, 1999).
2. Under the current system, organs are obtained and allocated by one of 63 local OPOs that each covers a discrete geographic region. Allocation systems vary by organ, but generally offer organs to all local patients in order of decreasing status of severity before offering the organ to any patients from other regions, regardless of the urgency of their need for transplantation.
3. DHHS, Organ procurement and transplantation network, Final Rule (40 CFR Part 121), Federal Register, **64**, 71625, 1999).
4. Note that if status 2B and 3 patients do not change status for a period of 1 year from the time of listing,