

dard of care for people with HIV in the USA. Whitescarver wants to reassure those groups that "international research is not growing at the expense of domestic studies since international efforts still only take \$222 million of the total budget."

The largest amounts of funding—around \$750 million—are spent on etiology and pathogenesis, and therapeutics research across NIH and its grantees. The National Institute of Allergy and Infectious Diseases, headed by Anthony Fauci, receives \$1.3 billion. Second largest is National Institute of Drug Abuse with \$304 million. But research is not just about money, says Whitescarver, referring to the NIH's microbicide program, where even though funding has increased from \$33 million two years ago to \$68 million in the FY03 request, scientists are not yet truly engaged in this field.

Karen Birmingham, Barcelona

Infectious disease scientist is CDC boss

Julie Gerberding became the 14th, and first ever female, director of the Centers for Disease Control and Prevention (CDC) last month. A highly regarded infectious disease researcher from the University of California, San Francisco—where among other things she focused on protecting healthcare workers from HIV infection—Gerberding's resume leans more heavily towards scientific research than past CDC directors, who have traditionally been public health officials.

Her appointment follows the resignation of Jeffrey Koplan at the start of

the year amid intense criticism over the CDC's delay in responding to the sporadic anthrax attacks across the country. In fact, several public-health organizations and activist groups had lobbied for Gerberding's appointment because of her efficient role in that crisis.

Recruited to the CDC in 1998, Gerberding has announced that she is to make the global battle against the AIDS virus a priority for the nation's top public-



A scientific lead

health agency.

Alan Dove, Philadelphia

NEJM retracts HIV heart paper

Editors at the *New England Journal of Medicine* have retracted a paper published in 1998 against the wishes of the authors because it is believed to contain a doctored version of a figure published by another group, in another journal eight years earlier. The retraction appeared in the 11 July issue of *NEJM*, accompanied by the editorial note, "because of the unmistakable similarity between the figures (the cellular aspects of Figure 1 and Figure 2 are fully superimposable in transparencies), we must retract publication of the article by Barbaro *et al.*"

The work, by Giuseppe Barbaro at the University la Sapienza in Rome, focuses on dilated cardiomyopathy in HIV-infected patients and presence of the virus in heart cells. The figure in question is an *in situ* hybridization of an HIV RNA probe in a heart biopsy from an infected patient. The HIV detection method used was the

same as that in the earlier paper by Grody *et al.* published in 1990 in the *American Journal of Cardiology*—one of the first to document HIV infection in heart cells. One of the authors of the Grody paper alerted *NEJM* editors to the similarity in February.

Barbaro and co-authors have since submitted a letter to *NEJM* saying that they "do not agree with a retraction" and "strongly defend the scientific value of the article." Barbaro has accused the editors of taking their decision without proper consultation. "I asked that those involved could meet with external experts named by all parties," Barbaro told *Nature Medicine*, "so that the materials could be validated." However, *NEJM* executive editor, Gregory Curfman, said the editors "conducted [their] own investigation using a consultant outside of the journal's office." According to Curfman, the figure

was inverted top-to-bottom and side-to-side and pixels were added, suggesting increased HIV RNA, that were not in the original figure, indicating to the editors "intentional doctoring."

It has long since been known that HIV patients have increased risk of cardiomyopathy due to viral infection and inflammation. "For those of us in the field," says Steven Lipshultz, an expert on the subject who has published a several papers with Barbaro, but not the one in question, "the beauty of the [Barbaro *et al.*] study was the size and design." The study followed 952 asymptomatic HIV-positive individuals for a mean period of over 5 years. "But the findings have been confirmed over and over again in adults and children," says Lipshultz. There are more than 2,000 papers on HIV in heart disease. "It is hard to know what to do with this particular one," he says.

Laura Bonetta, Bethesda

Confusion over leadership of US bioterrorism research

US Congressional committees faced a barrage of complaints from biomedical scientists last month about President Bush's hastily devised plan for a new Department of Homeland Security (DHS). This is because the plan, prepared without major input from the scientific community, could radically restructure disease research now being done by at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

The DHS proposal has already undergone major changes since its outline was unveiled on 6 June. The latest proposal sent to Congress on 18 June envisions a total DHS research portfolio of \$2.3 billion, most of which—\$1.75 billion—would be moved over from the NIH's National Institute for Allergy and Infectious Disease (NIAID) budget for biodefense research. Although the legislation would not transfer employees or laboratories from the NIAID to the DHS,

it would insert the new department as a middleman with ultimate authority over biodefense spending by NIAID and CDC.

NIAID director, Anthony Fauci, told *Nature Medicine* that he is comfortable with this arrangement: "The new proposal ... puts the money in the Department of Homeland Security and not in the NIH, but it explicitly states that it is essentially going to pass the money on to the NIH to perform the research we had originally planned."