

Satcher a safe bet for Surgeon General

After being vacant for nearly three years, the post of US Surgeon General looks set to be filled by David Satcher following his Presidential nomination. Satcher is expected to face little opposition on Capitol Hill, since White House officials have worked for months to ensure that his confirmation will be trouble-free.

Over its long and colorful history, the position of the US Surgeon General has been marked both by moribund periods and by moments of intense controversy and widespread public debate. In 1964, Surgeon General Luther Terry issued the landmark report linking smoking to lung cancer. And in the administrations of Presidents Ronald Reagan and George Bush, C. Everett Koop launched a relentless campaign against smoking and AIDS.

In the first Clinton administration, the post became ideological, political and divisive, as Clinton was forced into firing the flamboyant Joycelyn Elders for making what was viewed by many as inappropriate public comments about masturbation. And the man Clinton chose to succeed her—Henry Foster, Jr.—

failed to win confirmation because of his pro-abortion stance.

Now it seems that Clinton has chosen to play it safe by nominating the soft-spoken Satcher, director of the US Centers for Disease Control and Prevention (CDC). The post will be combined once again with that of the policy-making assistant secretary of health, the jobs having been separate for nearly two decades since they were held by Julius Richmond under the Carter administration. The position was split by Reagan in response to criticism of Koop as his choice for the dual role.

Although the Surgeon General's job has a high public profile in advising on the nation's health, it has a small budget and staff and little decision-making power. In contrast, the assistant health



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secretary's job is that of senior adviser to the secretary of health and human services—currently Donna Shalala—with considerable input into policy.

Satcher, a 56-year-old African-American, is one of nine children born to farmers whose formal education did not extend beyond elementary school. He was saved from a near-fatal bout of whooping cough at age two by the sole black physician in his community, and it is said to be this experience that ultimately inspired him to study medicine.

Numerous medical groups have praised Satcher for his leadership in the CDC's immunization initiative, which has increased vaccinations to record high levels and have reduced vaccine-preventable childhood diseases to a record low. Satcher's move to Washington will leave the CDC's top job open, one of two major health policy positions vacant in Clinton's second term. The other is that of commissioner of the Food and Drug Administration, empty since the resignation of David Kessler last February.

MARLENE CIMONS
Washington, D.C.

"Innovation" in AIDS vaccines

In what may be viewed as a response to growing criticism that AIDS vaccine development has stalled, the National Institute of Allergy and Infectious Diseases (NIAID) in the US National Institutes of Health (NIH) has just issued 49 new grants "to explore creative approaches" to vaccine design. Twenty-eight of these are going to scientists who have not been involved in AIDS research before, and those new to the program say they would never have been successful in regular grant competition.

The Innovation grants, which total \$11.8 million for one-to-two-year studies, will look at mechanisms of viral and immune cell interactions after HIV has attached itself to a cell, pursue the creation of new genetically engineered animals as test subjects and explore new vectors for vaccine transmission. However, some still question the commitment of the NIAID to developing new vaccine strategies because of the small amount of funding that each Innovation researcher will receive compared with that allocated by the NIAID

to AIDS vaccine research overall (around \$93 million).

The Innovation grant program is perhaps something of a misnomer in its implication that previous programs have supported only routine research. In fact, the list of areas the Innovation grantees will be exploring is not surprising to scientists in the field. They range from an early emphasis on HIV membrane proteins to current enthusiasm for structural biology, immunology and mucosal virology, among others. David Baltimore, who heads the NIH's special AIDS Vaccine Research Committee, is among those who favor these newer directions of research because they move beyond methods directed at "traditional killed vaccine or live attenuated vaccine development."

But the real innovation in the Innovation program is the process by which grant money is awarded; it has been given to people with good ideas but, in many cases, very little preliminary data to back them up. There are hopes that this radical

approach will set a precedent for funding policy in other biomedical research areas.

One of the winners of an Innovation grant is Boro Dropulic of the oncology center at Johns Hopkins. "I've had a very hard time getting grants through the regular RO1 process," says Dropulic, who plans to engineer ribosymes that will give a "new twist" to live attenuated HIV vaccines by creating a vector to preclude emergence of a wild-type pathogenic virus. Dropulic says that he has demonstrated the feasibility of his approach but that his application contained very little "traditional" data.

William Paul, who recently resigned as director of the NIH Office of AIDS Research, agrees that the most innovative feature of the Innovation grants may well be the funding approach itself. "This has already attracted new people to the field; it favors relatively novel ideas and offers people a quick two-year shot at developing them. We've needed this." Paul, a long-time NIH immunologist, is himself returning to laboratory AIDS vaccine research.

BARBARA J. CULLITON
Washington D.C.