

chart) showed that of the 35 individuals who could be contacted, 29 are still in research, and of those, 25 are still involved in AIDS-related research.

The loan repayment initiative was expanded in 1994 to include an LRP for clinical researchers from 'disadvantaged' backgrounds — a move made (in part) to help redress the balance between the number of basic and clinical researchers at NIH. Horowitz is keen to emphasize, however, that the programme is not solely targeting under-represented minorities: individuals from low-income families, as well as those with 'special' personal circumstances, are eligible for consideration. Twenty-two individuals have benefited so far.

Just because a position qualifies the holder for participation in an LRP does not mean the cheque is in the post. The awards are 'competitive', as are renewals, although about 70 per cent of those applying to the AIDS research LRP, and so far all of those applying to the clinical research programme, are successful, says Horowitz. In making its decision, the review committee pays close attention to the kind of supervision and training an individual will receive while at NIH.

To be eligible for consideration, individuals must be US citizens, nationals or permanent residents and must owe more than 20

TABLE 3 NIH LOAN REPAYMENT PROGRAMS (LRPs)

Programme	Targeted at	Qualifying areas of research	Employment requirement	Amount of repayment	Tax liability reimbursement benefits	Renewal option
NIH AIDS research LRP	Physicians, scientists and nurses or equivalent degrees engaged in qualified HIV/AIDS research	Research on the aetiological agent, pathogenesis, therapeutics, vaccine development, behavioural intervention, epidemiology and natural history of HIV infection	2-year minimum	Up to \$20,000 per year for 2 years	Yes	Yes
NIH clinical research LRP for individuals from 'disadvantaged' backgrounds	Clinical researchers with MD, DO, DDS, DMD, ADN/BSN or equivalent degrees from 'disadvantaged' backgrounds	Biomedical and behavioural studies of the aetiology, epidemiology, prevention (and prevention strategies), diagnosis or treatment of diseases, disorders or conditions, including clinical trials	2-year minimum	Up to \$20,000 per year for 2 years	No	Yes

per cent of their annual NIH salary (see Table 3). Both programmes offer a maximum annual loan repayment of \$20,000, with the amount based in part on the proportion of an individual's qualifying debt relative to their NIH salary. In return, beneficiaries are required to commit themselves to at least a two-year stint at NIH. With the AIDS research LRP, NIH will also meet any increased tax liability that results, as payments made to a beneficiary are considered as 'income'. This is not currently offered with the clinical research LRP, although there is a move afoot to fix this inequity.

Whereas the existing programmes were implemented to respond to a specific identi-

fied need, Horowitz says that what NIH really needs now "is not a proliferation of disease-specific LRPs but a 'general' loan repayment authority" for tenure-track researchers, senior staff fellows and others who are not eligible for the existing programmes and who are prepared to spend at least three years at NIH. A general LRP was authorized by Congress in 1993, but a lack of available funds has so far prevented any progress on this front. If the appropriation is forthcoming for fiscal year 1997 (which begins on 1 October), and Horowitz is quietly optimistic, then NIH hopes to be able to fund between 15 and 20 individuals in the first year.

Diane Gershon

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NIH biomedical foundation finds its feet

WORTH keeping an eye on in the coming months is the new National Foundation for Biomedical Research, now up and running having recently been incorporated in the State of Maryland as a tax-exempt (not-for-profit) foundation. The foundation hopes to raise money through donations from private citizens, corporations and philanthropic foundations to support special projects that fall within the mission of the National Institutes of Health (NIH) but which NIH is unable to fund adequately — or at all. Although the foundation was authorized by Congress in 1990 (and re-authorized in 1993) following a recommendation by the Institute of Medicine, Congress has yet to appropriate funds to cover its administrative costs.

It may be early days, but one of the areas where the foundation will probably focus its efforts and resources in the near term is in supporting research training, such as fellowships at the graduate and senior level — both at NIH and within the extramural community. Providing fund-

ing for researchers to take sabbaticals in other laboratories, is another. The foundation also plans to support public education programmes, as well as to organize regional seminars and meetings that will bring primary health-care providers up to date with the latest research findings.

George J. Galasso, former associate director for extramural affairs at NIH and now the foundation's executive director, is busy putting flesh on the bones of the organization. Galasso, who retired from NIH last January after 28 years, says that although the foundation will seek input from NIH, it will operate independently, under the guidance of a board of directors made up of prominent academics and corporate leaders. Nobel laureate Paul Berg, director of the Beckman Center at Stanford University School of Medicine, will serve as acting chairman until a permanent chairman is appointed. The nine-member board (there are two vacancies) will meet for the first time this month.

D. G.