

national news

It is no longer a question of whether we can develop an AIDS vaccine, it is simply a question of when," said President Clinton. He committed the nation to developing an HIV vaccine within 10 years, comparing his challenge to John F. Kennedy's pledge to put a man on the moon in the 1960s. The long-anticipated initiative made up about 15 percent of his commencement address at the historically African American Morgan State University in Baltimore on May 18.

Most of those with knowledge of HIV applauded the president's intent but were skeptical of the outcome. Perhaps they remembered the prediction that Ronald Reagan's secretary of health and human services, Margaret Heckler, made in April 1984. She said they would have a vaccine in trial within two years. It did not happen.

Many leading scientists do not share Clinton's certitude that an HIV vaccine can be developed within that time frame, and some doubt that a vaccine is even possible. AIDS activists, meanwhile, question whether his commitment is anything more than rhetoric. The president has proposed no new money; his initiative consists largely of reorganizing 30 to 50 existing employees at the National Institutes of Health into a vaccine research center.

This year Clinton has sought to make vaccines his signature mark on the epidemic. "With new resources NIH will now become the most powerful discovery engine for an AIDS vaccine, working with other scientists to finally end the threat of AIDS," he said in his February State of the Union address. "We must reinforce our commitment to medical science." His subsequent budget for NIH offered an increase in funding that would not keep pace with the rate of inflation for medical care.

Vaccines were a high priority at a meeting of the Presidential Advisory Council on HIV/AIDS in early April. Dr. David Baltimore, chair of the AIDS Vaccine Research Committee at NIH, told the council it was "not possible to put a date" on developing a vaccine, saying there are "too many uncertainties." Others expressed little need for a restructuring of research. "I flinch at the concept of more coordination," said Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

But council chairman Scott Hitt, in his most political comments of the meeting, told the body that the president wants to do "the man on the moon" analogy in moving this as a priority of the administration. He recommended they support the effort. The final document urged development of "a vaccine to prevent HIV/AIDS within a decade," with "a significant and sustained increase in funds...from new sources."

In a private conversation, Dr. William Paul, director of the Office of AIDS Research at NIH, described the new lab as an intramural effort jointly sponsored by NIAID and the National Cancer Institute, the two major players in vaccine

Promises, promises

Clinton's initiative to secure an AIDS vaccine within 10 years draws responses from encouragement to derision

by Bob Roehr



PHOTO BY DAVID HUME KENNERLY

Bill Clinton

research. Each will contribute its own resources, with supplemental funding from OAR's discretionary account.

Paul called the president's challenge "a formidable undertaking.... One which I am confident we can achieve, though not quite in 10 years." But he said he believes "a challenge is the right way to put it. We didn't want to trivialize it."

Clinton's analogy to the moon project may be a good sound bite, but it is not an accurate comparison. In that instance we already possessed the scientific and mechanical knowledge necessary to accomplish the task. Kennedy's challenge was to summon the political and economic will of the nation to do so.

Developing an AIDS vaccine is quite different: We are taking a leap of discovery, not one of implementation. The uncertainty is apparent in the handful of radically different approaches re-

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searchers are taking as to where and how to intervene to prevent infection. It indicates how little consensus there is and how much basic study of HIV remains to be done.

There are six known strains of HIV, and the highly unstable virus is constantly mutating, creating variations within each strain. Such is the varied, evolving foe that a vaccine must protect against. Right now we simply don't know how a vaccine can work under these conditions, which has led some scientists to fear a vaccine is impossible. It has led many pharmaceutical companies to drop their efforts toward developing a vaccine, as they see foresee no profit coming from their investment.

Then there is the slippery slope of definition. How does one define "success"? The model most people in this country know is that of the polio vaccine, where children are inoculated, protec-

tion is 99.9 percent effective, and side effects are minuscule.

Some researchers believe that vaccines currently in development may offer 30 percent protection for HIV. That is clearly not acceptable in the United States, where the prevalence of the virus is relatively low (1 million infected people in a population of 270 million), the ability to reduce new infections is relatively easy and inexpensive, and the current standard of protection for vaccines is very high.

But a vaccine of such limited effectiveness might be acceptable in those Third World countries where HIV infects close to half the population and sheer poverty precludes massive spending on health care. From a strictly public health perspective, such a vaccine might save thousands of lives and begin to limit the spread of the epidemic.

There is also the dilemma of not knowing the long-term consequences of such a vaccine. They include the very real possibility that a vaccine could result in the infection of individuals with HIV, not their protection from it.

Researchers and the Advisory Council suggested the creation of a body to look at the moral, ethical and legal questions embedded in a possible vaccine for HIV. The president has yet to move on that proposal.

Noted AIDS researcher Dr. Robert Gallo questioned the extent of Clinton's commitment. He told *USA Today*, "If you really wanted a crash program, you'd have to have five or six centers focusing on nothing else."

The always acerbic playwright/activist Larry Kramer told the *Washington Post* the president's speech was "more cheap talk.... It's an easy promise. He's just switching NIH funds from Column A to Column B."

"Show me the money," said Steve Michael of ACT UP Washington. He echoed the sentiment expressed more diplomatically by every other AIDS organization. There is an underlying fear that increased funding for vaccine research might come at the expense of funding for research on treatment and for care for those already infected.

The Human Rights Campaign applauded the initiative and called on the president to support a supplemental appropriation now before Congress that would add \$68 million for AIDS drug assistance programs. The White House has not publicly indicated its support of that effort.

Meanwhile, Clinton continues to drag his feet on things that could be done right now to prevent new infections in this country. They include lifting the federal funding ban on needle exchange programs and more effective prevention efforts.

It is statistically likely that some of the graduating seniors and their family members in the Morgan State audience listening to his speech could have been spared their HIV infection had the president implemented those changes at the start of his administration.

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