

(NIAID), opened the vaccine meeting by insisting that scientists now have a “window of opportunity” to capitalize on Congress’ new attitude to addressing global health problems—rather than confining themselves to US spending on domestic health issues—to push R&D of these vaccines. Fauci asked attendees to view the meeting as a “launching pad to chart a path for the next few years” and enthused that he “cannot remember such an exciting time in vaccine development as the present, since we are being asked from the highest level, ‘what are the problems?’”

The optimistic mood of academics was tempered by representatives from the vaccine industry. Kevin Reilly, president of Wyeth-Ayerst Global Pharmaceuticals, told participants that the scientific foundation for development of a vaccine against each of these organisms was poor and had to improve before industry would consider the venture truly feasible. Reilly also asked for the private sector to be given a “signal of commitment” from the public sector before it makes a heavy investment in new vaccine development, such as a drastic improvement in infrastructure in poor countries so that existing vaccines can be properly administered.

This request was repeated by Health and Human Services Secretary Donna Shalala, who told the audience that her toughest conversation yet with the director general of the WHO, Gro-Harlem Brundtland, was on the issue of polio vaccine distribution. “If WHO cannot deliver on the final polio effort,” Shalala told attendees, “then we will be much more reticent with these more complicated strategies.” She went so far as

to say that she had “warned” Brundtland to “get rid of the bureaucratic obstacles to polio immunization as a sign of confidence in WHO’s ability.”

Adel Mahmoud, president of Merck Vaccines, was even more explicit in setting out industry’s perspective on vaccine development for the three diseases. He repeated Reilly’s complaint that the biggest impediment is scientific understanding of the organisms themselves and the pathology of the diseases they cause: “In my personal assessment, the state of the knowledge needed to engage in the development of these three vaccines does not now exist.”

Known for his controversial nature, Mahmoud went further and stated “government has been funding basic research in the same way for five decades—in a highly fractured manner.” The vaccines in question, he said, would not come from the disparate, ROI-funded research structure now in place, and he proposed instead that the NIH consolidate its efforts and divert money to create a ‘critical mass’ of scientists working on these particular problems, rather than funding separate primary-investigator-led groups around the country.

Again, Shalala touched on a similar theme in asking whether it was time for government to go beyond its previous efforts in funding basic science. “We’ve already made a commitment to streamlining the Food and Drug Administration. Does the NIH system need the same treatment?” she pondered.

In an effort to “correct some common

misperceptions about industry’s attitude to vaccine development,” Jean Stephenne, president of SmithKline Beecham Biologicals, listed the vaccines that industry has produced for use in the developing world—polio, hepatitis B, whooping cough vaccine, BCG, HiB and others—and also stated that, far from decreasing its interest in this field of medicine, industry has developed more than 300 vaccines since 1970 and donated 2.3 billion doses to UNICEF since 1992. He criticized the lack of mid- to long-term planning by public groups such as WHO to help industry distribute these vaccines in developing countries.

Stephenne also complained that intellectual property rights and other contracts are not honored by developing countries, and stressed that these large-scale public health problems have too few public resources dedicated to them. He insisted that market prices must allow a reasonable profit margin for industry to commit to the enormous R&D and production costs of a vaccine, and ended by saying, “point blank; there will be no investment unless these market problems are solved.”

Attendees took part in one of three breakout sessions to outline details of the scientific and operational problems for each vaccine. Their discussions are summarized in an NIH report, which was due to be released as *Nature Medicine* went to press.

The second workshop will be held this fall and, according to meeting organizer John La Montagne of the NIAID, will focus on two objectives: increased participation from the developing world, and the complex issues associated with creating a market for Third-World vaccines that is sufficiently attractive in financial terms for industry to invest in development, the so-called ‘pull’ mechanisms.

**Karen Birmingham, Bethesda**



Clinton backs HIV, TB and malaria vaccine research.

Courtesy of J. Scott Applewhite (AP)

## Troubled academic medical school escapes censure

A report by the American Association of University Professors (AAUP) has goaded the administration of MCPH Hahnemann University (MCPH) into doing right by 13 tenured professors who were fired in 1998.

The report on the Philadelphia medical school—whose continued existence was for a time in doubt when the health care conglomerate Allegheny Health, Education, and Research Foundation (AHERF), MCPH’s former owner, declared bankruptcy—focused on how the professors were relieved of tenure and summarily let go during AHERF’s panic last days (*Nature Med.* 5, 130; 1999).

Citing violations of the AAUP’s long-established principles of tenure and academic freedom, it criticized the present and prior administrations of MCPH for reckless disregard, both for carrying out the actions in the first place and for then not providing remedy afterwards, especially now that the university has emerged from the condition of “financial exigency” that occasioned the faculty cutbacks. However, at its annual meeting last month, the AAUP stopped short of censure and gave the medical school a year to negotiate settlements with the professors.

Although not carrying legal authority, censure, had it been enacted, would have notified the academic community that MCPH was not sound in terms of tenure and academic freedom. By interfering with recruitment of faculty and students, this would have been a ‘body blow’ to the institution, which, now that it is struggling back on its financial feet, wants to replenish the ranks of its six basic science departments, which now number 60 faculty—down from 103 four years ago.

Keen to fend this off, Constantine Papadakis, Drexel University’s president, convened a meeting in late May to see what

could be done to mollify the aggrieved professors. Negotiations are ongoing, but Gerald Soslau, a biochemist and president of MCPH's AAUP chapter, voices optimism as to the eventual outcome.

The possibility of censure set off alarms at Drexel University, an engineering school 15 blocks away from MCPH, which has managed it since the collapse of AHERF. Initially reluctant to take on the job, then coaxed into acceptance by subsidies from the Commonwealth of Pennsylvania and a \$50 million gift from AHERF's creditors, both of which are eager to see MCPH stay open for business, Drexel now seems happy to make the relationship permanent.

According to Warren Ross, dean of MCPH's medical school, the two institutions are likely to merge formally by June 2001, but only if MCPH is able to get and keep its financial house in order. Predicting that this will happen, Ross cites a loss of \$10 million this year—down from \$50 million in 1998—and says the school will be in the black by 2002.

Although MCPH has escaped the hazard of censure, its future financial viability is still a main concern. Philadelphia is oversupplied with medical schools—others

include Penn, Temple and Thomas Jefferson—and hospitals and health care systems throughout the region are struggling financially. According to a report last fall from the Pennsylvania Health Care Cost Containment Council, half of them lost money in 1998.

Harvard's Rashi Fein, an author of the AAUP report, observes that society has yet to come up with a better instrument—other than the very crude one of bottom-line accounting—for dealing with the problem of excess capacity in academic health centers. But MCPH dean Ross says he is not worried about his school. "One of the things people find attractive about us is that they see how we do worry about how we manage our resources now. We're not creating outrageous packages for people the way AHERF did, because we don't have the ability to pay for them."

In April, bankrupt AHERF's former CEO Sherif Abdelhak, its former chief financial officer David McConnell and its former chief counsel Nancy Wynstra were charged with illegally spending \$52 million in restricted charitable medical endowments to bolster the center's ailing funds.

**Potter Wickware, San Francisco**

## Ogilvie warns Australia to heed UK university demise

Australia's surge into a biotech future may yet founder on its failure to nurture "one of the most enduring of human institutions," the universities, a leading UK research advocate told Australian audiences last month. During a lecture tour sponsored by the Australian Society for Medical Research, former Wellcome Trust director Dame Bridget Ogilvie managed to deflate the biomedical research community's euphoria over finally getting a bigger slice of the budgetary pie.

Ogilvie, who was a member of the Wills committee that convinced the Australian government to double funding of medical research over five years (*Nature Med.* 5, 598; 1999), warned that even if the committee's report was fully implemented it would only put this country on the bottom rung of the ladder. "It will only succeed in bringing Australia to the bottom rank of European countries in terms of funding for medical research, and nowhere near USA or, now, Canada," Ogilvie said. Australia should at least aim to compete with countries such as Sweden, Switzerland, Ireland and Israel. In the context of the new knowledge-based economies, Ogilvie believes that Australia has paralleled the UK's failure to fund a science base "to an astonishing and serious degree."

In the UK, tertiary funding had fallen by more than 40% in the past two decades, continuing to affect staff salaries and basic infrastructure and driving young people to eschew careers in science, engineering and technology in favor of law, finance or the media. "In the UK, the time of reckoning is now with us," she said. "Almost 30% of academics are aged 50-plus and in biology, physics and mathematics it's up to 36%."

Ogilvie said a similar stand-off between academia and government over higher education funding in Australia would be deeply damaging to the nation's bid to catch the biotech wave. "Medical research is just as dependent on expertise in physics, chemistry and maths as it's ever been, and so we have to make sure that we don't just look after medical research, but the entire science base," she said. Scientists themselves should face up to differential pay scales and performance-based contracts. Fundraising from alumni of universities, a key feature of US research life and beginning to happen in the UK, needs to become a core activity in Australia.

**Rada Rouse, Brisbane**

## UK MRC neglects researchers

The UK Medical Research Council (MRC) has been accused of negligence over the treatment of its research staff by a leading academic union. The remarks came after the publication last month of a survey of 300 MRC staff by the Association of University Teachers (AUT).

Two of three researchers surveyed believe they have no career prospects in research, and three of five are on fixed-term contracts. The survey also highlights extremely poor standards of personnel handling and career management. For example, most respondents were given no consultation or response when their contract ended. One says, "I feel that with a fixed-term contract, employees are used as a commodity and not encouraged to further their training. There are no incentives or benefits to balance the downside of short-term contracts such as pensions or increased pay".

The AUT claims that standards for universities employing researchers on contracts are not being met, even though the MRC, along with other funding agencies such as the Biotechnology and Biological Sciences Research Council, signed an agreement to this effect in 1996.

The agreement, known as the Concordat, was to ensure that contract researchers were given training, reviews of their work, career guidance and development. Research funders such as the MRC were supposed to ensure that universities implemented these policies as a condition of receiving grants and fellowships. But the Concordat has not been widely or strongly implemented.

The Concordat also wanted special attention to be given to the employment and development of women in research. The survey found that a higher proportion of women was employed on contracts than men, and women tended to be paid less. In another recent AUT study, male academics earn about one-fifth more than female colleagues of similar status.

Peter Mitchell, assistant general secretary of the AUT, explains, "the MRC is a distinct subgroup in our membership, but these issues are of concern to wider membership." The MRC, which employs 1,000 scientists, responded to the survey by saying it would "consider its implications in detail in consultation with its staff." The MRC added that it was "disappointed" that it had not been told of the survey's findings before they were published.

**Natasha Loder, London**