"Frankly, I think we’ve lost the war!"

The speaker is retired biochemist Saul Green, Ph.D., of New York, in a recent PROBE telephone interview. The “lost war” was the one to stop alternativism from infecting and polluting medical practice and public understanding of science’s role in progress against illness.

The “we” — the losers — are, most narrowly, the handful of self-styled “quackbusters,” including Green, who have fought the good fight against both the alternativists and the medical mainstream that has complacently let them in. Other hard-core quackbusters, whose work often is described in PROBE’s pages, include retired psychiatrist Stephen Barrett, M.D., of Allentown, Pa., internist Victor Herbert, M.D., of Mt. Sinai University in New York, and Stanford internist Wallace Sampson, M.D.

Sampson edits a thin, new, Scientific Review of Alternative Medicine (Prometheus Books, 59 John Glenn Drive, Amherst, N.Y. 14228-2197) in which he and other quackbusters tilt at the alt/med onslaught. Despite this valiant effort, however, we think biochemist Green is right, that the war has been lost — at least for now.

Why? Was it inevitable? Years will be needed to find answers to these questions. But: Now is the time to start looking.

Subversion Suspected

The most evident difference between the present, successful generation of quacks — including homeopaths, naturopaths, yin-‘n’-yangers, et al. — is that they didn’t frontally attack scientific medicine. Rather, they infiltrated and then subverted key sectors of the medical establishment. The Harvard Medical School, Columbia University College of Physicians and Surgeons, and even, with the help of a Congressional diktat, the National Institutes of Health (NIH), come immediately to mind in this regard (PROBE, March ‘93, April ‘95). So does the New England Journal of Medicine (NEJM), which at one pivotal moment foolishly surrendered the ship by publishing (January 28, ’93) a badly-flawed survey claiming that alt/med was more popular with Americans than standard medical care.

The Journal’s publication of the so-called “Eisenberg paper” was a self-fulfilling prophecy for alt/med hucksters; they gleefully cite it at every opportunity, to prove that they have arrived. (Compounding its error, the Journal waited nine months to publish letters on the Eisenberg piece, none of which denounced or deconstructed it [NEJM, October 14, ’93]. Yet, we talked to at least half a dozen quackbusters and others who said their protest letters went unpublished.) Finding themselves, perhaps somewhat to their own surprise, safely inside the NEJM’s Ultra-establishment tent, the alternativists’ next ideologic effort, which also is proving successful, has been to co-opt the key, and publicly respected engine of scientific advances, namely research. They now are publishing “research” on their methods, and have coaxed or bludgeoned (in the case of NIH) the med/sci establishment into conducting related studies — so they now can say: “It’s being studied by NIH. It must be all right! Right?” Wrong, of course. In scientific medicine, animal and carefully limited clinical trials come first, before you widely promote a method or cure. You have first to prove that it’s safe and it works.

Studies Are for Show

On the other hand, much “research” on traditional and widely sold alternative treatments is a cosmetic charade. Do you — does anybody — truly believe that acupuncturists will lay aside their needles if their method is shown not to work? There in fact has been much hoopla recently about acupuncture research. Several years ago, NIH conducted a massive scientific review and consensus conference on it at the University of Maryland School of Medicine, in Baltimore.

Then, recently, NIH finally sent ‘round the conference findings: While there have been many studies of acupuncture’s potential usefulness, many of these studies provide equivocal results because of design, sample size, and other factors . . . . However, promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting, and in postoperative dental pain. There are other situations . . . in which acupuncture may be useful [emphasis added].

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I was somewhat taken aback by the venom of your attack on Len Zahn (PROBE, April). I have known him for many years and consider him a friend. As you may know, I have written (and continue to write) for many medical and science magazines for the last 40 years or so, and have encountered Len on many occasions over that time period.

Picturing him as a kind of unscrupulous spy seems a little over the top to me. Everybody in the science writing business — including myself — knew what he was about, and most of us joked with Len about it, and were certainly not influenced by him in what we wrote. On many occasions, I told him I thought he was all wet, but he took it in his stride.

You say he is a smoker, which he certainly was. However, when he visited me here in Dublin a few years ago, just after he retired, he was not smoking. I remember I said ‘Len, I am not going to ask you why you are no longer smoking,’ And his answer was a benign smile.

There is something in what you say about Len representing himself — and his wife — as journalists in international pressrooms, but again, I think most people who ran the pressrooms also knew what he was about. That includes the American Cancer Society, the American Heart Association, the American Chemical Society, the American Institute of Physics, the American Academy of Oncology, etc, etc. If they really objected to his presence why didn’t they bar him???

No Pressure Felt

I remember one time, I met Len and his wife in Helsinki, where his badge said Selecta [a West German medical publication]. I said, Len, I have been assigned to cover this meeting for Selecta. He said, Okay, John, you do it then. And I did. Once again, he never intervened or commented on any of the stories I was writing and never attempted to influence me in any way with respect to the message he was paid to sell. In fact, Len helped me many times, to get information and background in areas which had nothing at all to do with smoking, cancer, or heart disease.

He was a good and amusing companion at meals and other social events and remains my friend. As you point out, he was also a very hard and selfless worker for the National Association of Science Writers (NASW), but to characterize him as a spy seems a bit extreme.

— John F. Henahan
Sandy cove, Dublin, Ireland

Note: Henahan is a veteran science journalist; he has been a member of NASW since 1961. The “spying” was not Zahn’s efforts to sell smoking to reporters and the public as an unproven hazard. It was, rather, as we reported, his self-acknowledged picking up scientific papers and other information in pressrooms — which he entered as a journalist — and shipping this material off to the tobacco companies and their front groups, for whom he worked. — D.R.Z.

A propo of last month’s report on donor organ procurement, here’s one way the Chinese do it. The following description was written by historian David J. Rothman, Ph.D., who is a professor of social medicine at Columbia University’s College of Physicians and Surgeons, in Manhattan.

Immediately before the execution, the physician sedates the prisoner and then inserts both a breathing tube in his lungs and a catheter in one of his veins. The physician then executes with a bullet to the back of his head; the physician immediately moves to stem the blood flow, attach a respirator to the breathing tube, and inject drugs into the catheter so as to increase blood pressure and cardiac output. With the organs thus maintained, the body is transported to a hospital where the [recipient] is waiting and the [transplant] surgery is performed. The physicians have become intimate participants in the executions; instead of protecting life, they are manipulating the consequences of death.

Rothman’s account appeared in the New York Review of Books on March 26, ‘98. He writes that there are few if any eyewitness accounts, but notes that the same methods were used in Taiwan until banned in 1994, and “are probably duplicated in China.” Rothman recently told PROBE by phone that this form of organ procurement persists. He said he was told this last fall by Chinese doctors at a conference in Japan.

“They let me know that the practice was still ongoing,” he recounted. And, “There is no evidence to the contrary.”

The World Medical Association (WMA) disapproves of the sale of organs and the use of executed prisoners’ organs, Rothman said. But WMA’s language is not precise or detailed enough to prevent these practices. He said he’s lobbied WMA to tighten its bans.

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Are organs harvested from executed prisoners in the U.S.?  
“...continued from previous page...”

“We have not done it!” he answered.
Do Americans want to?
“Only Jack Kevorkian!”

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Feds F-- Up Again on Nuke Safety:
Last December, we reviewed the Fed’s decades-long pussy-footing on the cheap, sensible plan to provide potassium iodide (KI) pills to the populace. We suggested that the announced plan was inadequate.

KI shields the thyroid gland from radioactive iodine, preventing thyroid cancer. The nuclear industry, which dominates the Federal Nuclear Regulatory Commission (N.R.C.), has fought KI distribution for decades, to calm public fears of a nuclear plant blowup or meltdown.

Sure enough, the Commission, which voted for limited KI distribution two years ago, has now changed its mind. It claims not to have the $3 million the KI tablets would cost.

“The N.R.C. has reneged on its promise,” charges N.R.C. lawyer Peter G. Crane, who long has lobbied for KI distribution as a private citizen.

Buck Is Passed
The N.R.C.’s new proposal: Turn the KI project over to the Federal Emergency Management Agency (FEMA) — which has been one of the least effective and least respected federal agencies, albeit its performance has improved in recent years.

We think FEMA probably could do the job, if told forcefully by the President to do so. But the ongoing bureaucratic shuffle on KI does cast serious doubt on whether FEMA, or any other agency, has the ability to implement KI and some of the other, more difficult civilian protection tasks that have been proposed to protect Americans from biological and chemical attacks.

To take the simple example: The President has decided to retain stocks of smallpox virus, in part because we fear that enemy nations and forces may also be hanging onto this lethal material.

Vaccine Needed
But having the virus in hand protects nobody. What is needed is a national supply of smallpox vaccine, which the U.S. doesn’t now have — and would need many months to produce and distribute.

If the President is serious about the biowar threat, then he should order the vaccine to be made and distributed to the states at once. More to the point, if the threat is real, the Public Health Service should take steps to re-vaccinate or vaccinate all Americans. After a smallpox biowar attack it clearly would be too late.

Very few Americans are adequately protected against smallpox at this time. ■

AIDS Vaccine Report:

Process Still Tops Progress

As Research Army Assembles

Bethesda, Md.

The Fed has recruited an army of researchers to work on AIDS vaccines. It conducted a review of its human and scientific resources — and challenges — last month, and some 700 vaccinologists signed up to attend. Most in fact did.

The conference, at the National Institutes of Health (NIH) here, was chaired by Nobelist David Baltimore, Ph.D., a molecular biologist, who leads NIH’s AIDS Vaccine Research Committee; it is one of the dozen intersecting federal offices, centers, divisions and programs coping with AIDS.

No breakthroughs were reported. But that wasn’t the conference’s purpose, which was to marshal the troops, assess their drill, and encourage them to “go all the way,” as Baltimore put it, to the goal of developing safe and effective AIDS vaccines.

Urgency Stressed

“It’s an embarrassment to the scientific community,” Baltimore said, “that we can’t outwit [the] 10,000 nucleotides” that make up HIV’s genome!

The “vaccine pipeline” needs filling, he and other research leaders, including internist Anthony Fauci, M.D., chief of the National Institute of Allergy and Infectious Diseases (NIAID) — which manages most of NIH’s AIDS vaccine budget — told the crowd of mostly younger researchers. Today, they said, only two NIH-sponsored efficacy studies are underway in humans, one in the U.S. and one in Thailand. Results can’t be expected for several years.

“Clearly,” declared virologist Gary J. Nabel, M.D., “we need a number of vaccine candidates that are ready to go into humans.” Nabel has just been hired by NIAID to catalyze this effort. He heads a new NIH Vaccine Research Center (VRC), already half built, that initially will focus on AIDS.

One urgent task, Nabel explained, is to find ways to increase the immunogenicity of the several AIDS virus proteins, so they will produce long, strong recall responses in vaccine recipients — as current experimental preparations do not do — to protect them from illness if they later are infected by the deadly virus. One focus, Nabel said, will be on improving vaccine adjuvants that are given along with a vaccine to boost the immune response. Some of this, Nabel said, will be basic research:

“We still don’t know the mechanisms through which adjuvants work.”

Neither Nabel, Baltimore, nor any of the other vaccine administrators and researchers offered a clear recipe for how to

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June 1999
Liddy Dole Is Running Pro-Life

Ever since a doctor told us fifteen years ago that he'd performed an abortion on a woman brought to his Kansas City hospital by Republican Bob Dole, it has been our duty to track Bob and Liddy's vacillating views on "Choice" v. "Life."

Bob, who went on to campaign vigorously to destroy American women's right to safe, legal abortions, did not deny our account, backed also by a second source, during the '96 election campaign. But he eventually did so, under oath in a civil case last year (PROBE. Dec. '98).

We had hoped that that closed the file on the Doles and Abortion. But, alas, this turns out to be not so. Now, Elizabeth has spoken out on the issue, has again changed her views, but has come out, forcefully, as a pro-life presidential candidate.

Avoiding 'Dead Ends'

"Stepping carefully," as the New York Times delicately put it on April 10, Dole said she would not be drawn into "dead end debates" over a constitutional ban on abortions, because "it's not going to happen."

"It's a divisive and irrelevant debate, in terms of an amendment," Dole told supporters and reporters in Beverly Hills, Calif. But, she quickly added, "We can concentrate instead on what we agree upon most: We can stop partial-birth abortions, enact parental notification requirements, [and] continue the ban on government funding . . ."

In other words, the new candidate Dole favors the incremental pro-life strategy of nibbling down Roe v. Wade 'til it's weakened enough to be toppled.

'D&C's Always Available

Of course, the wealthy GOP women in Beverly Hills who heard Dole's exposition will always be able to get safe "D&C"s from their doctors in case they become pregnant and wish they were not. But if Dole has her way, less favored women in nearby communities certainly won't.

Abortion Rights spokeswoman Kate Michelman, in Washington, responded, sarcastically:

"That's called Presidential courage . . . ."

"What she clearly is trying to do is have it both ways. She clearly has reiterated her opposition to a woman's right to choose, and at the same time she's saying to the American public, 'But don't worry, because I won't support a constitutional amendment.'

"Well, the American people don't want that in their leaders!"

Nor should they.

Record Is Reviewed

We've heard rumors — and we stress they are rumors — that Elizabeth (née Hanford) Dole favored abortion rights when she was a law student at Harvard in the early '60s. (She's on record as favoring the equally feminist Equal Rights Amendment.) She has declined our requests for an interview on the abortion issue.

We do know this about Dole's views on the abortion issue:

In 1980, Elizabeth, who was 45 at the time, told New York Times reporter Judy Klemsrud:

"I think it's about the most difficult question there is," and "one I'm still wrestling with" (NYT Dec. 7, '80).

Seven years later, when husband Bob was again running for office, Philip Weiss asked Liddy the same question for the Washington Monthly (Sept. '87). She said:

"It is the toughest question I have ever had to wrestle with, and frankly I'm still wrestling with it."

Weiss commented that he sensed a "scripted feeling" in her answer, and caught "a glimpse of her prim carefulness" in her response.

By 1996, Dole's other shoe, finally, had dropped:

"I have been pro-life . . . . That's it. There's nothing more to say," she told Karen Ball of the N.Y. Daily News (April 22; Probe, June '96).

As the News put it in its headline: "Liz Dole: Ban Abortions."

Today, however, Dole opposes the amendment on pragmatic grounds, but is vehemently pro-life, as indicated in the adjacent main story.

Intrepid Radio Reporter Wins George Polk Award

Amy Goodman of Pacifica Radio and WBAI (99.5 FM in New York) has won a coveted George M. Polk award for radio reporting, along with her producer, Jeremy Scahill.

We're particularly pleased about this honor for Goodman. When we published our Bob Dole-and-abortion expose in 1996, she was one of the very few colleagues who had the courage to pick up the story. She interviewed us at WBAI just a few days before the election.

The Doles, unlike the Clintons, have friends in high places in the media — particularly at the Washington Post — and benefit from the protection these friends provide. On this story, as on very many others, Goodman puts the public's right to know ahead of protecting political friends.

We salute her!
ITV Mutates Littleton News into Pageantry!

“Journalists increasingly agree with public criticism of
their profession and the quality of their work... News
media professionals say the lines have blurred between
commentary and reporting and between entertainment
and news. A growing number of reporters, editors, and
news executives also say that news reports are full of
factual errors and sloppy reporting... Moreover, the
press itself says that the loss of public trust is a leading
cause of declining news audiences.”

This piece of profound self-criticism — “thumbsucking,” a cynical city editor would call it — comes from the
reformist Committee of Concerned Journalists, of which we are a member. The Committee, based in Washington, D.C., says
working journalists mostly blame financial pressure from
media moguls for the press’s present distress.

Maybe that’s part of the problem. Another part is media professionals’ arrogance and self-promotion.

Case in point: The week the Committee’s report showed up
in the mail, we also received the current issue of ScienceWriters
(SW), our professional newsletter. In it, Newsday’s science
writer Laurie Garrett, a past president, reports from the bioterrorism
front — and finds that from health officials’ point of
view, the bad guys, in case say of a smallpox scare, are not
whom you might think!

Blame the Messengers

“Who do you think took most of the blame in [a recent] day-
long war game and discussion [in Washington]: the terrorists?
smallpox? the government?

“No,” Garrett reports. Most of the blame went to “You and
me, the media, the press.

“We, the Fourth Estate are the real enemy in the eyes of most of
those who deal with such public-health crises, real or imagined.”

One public health official explained that “the first one on the
scene is going to be the media... And the media is going to
ask BANG, BANG, BANG — ‘Is this terrorism? Are there
other cases?’”

Officials and authorities are riled, Garrett says, when
reporters ask them questions for which they lack answers.

We share her concern that information and information-get-
ners are the do-gooders’ foe. But we also think many questions
that are asked in crises are dumb, silly, or tediously repetitive.

Pomposity May Prevail

Often, reporters — even science writers from major publica-
tions — are too rigid and full of themselves to deal dispassion-
ately with facts, or admit their own errors.

A perfect example appears in the same SW: Our readers will
recall that in its previous issue, science historian Daniel J.
Kevels, Ph.D., of Cal Tech, chided the New York Times; its
reporter, Philip Hilts; and Washington newsletterist Dan
Greenberg, a doyen of the profession, for their viciously biased
coverage of David Baltimore and Thereza Imanishi-Kari (TIK)
during the “Baltimore Case.” (PROBE, similarly, had
criticized Hilts and Greenberg, in a real time, as the case
unfolded through the years.)

Greenberg and Hilts protested Kevels’ indictment.

In this SW issue (Winter ’98-’99), the historian now says,
continued on following page

TV Mutates Littleton News into Pageantry

Under television’s influence — the entire U.S. media, Internet and all, has
turned away from news as information.

Rather, media has become a vast nation-
long war game and discussion [in Washington]: the terrorists?
smallpox? the government?

Example: A week into the Littleton,
Colorado school murder story, we
phoned a colleague at a major national
media company, and asked her this long-
shot, but obviously hot question: Did
either of the teen shooters have a brain
tumor which conceivably could have
pushed him over the line from Dungeons
and Dragons into real-time mayhem?

Our colleague didn’t know the answer —
didn’t even know if the question had been
asked — albeit her company had ninety (!)
people on site, covering the story.

A few hours later, she called back with
this report:

Toxicology studies on the boys’ bodies
were negative; no drugs or alcohol. No
information available on tumors. One
boy had a fatal bullet entrance wound in
the back of his head.

So: He apparently was killed by his co-
conspirator — a fact we’d not previously
learned in the talk of the suicidal end to
their rampage. (As Time had summed up
the media’s — and our — ignorance
(May 3): “[T]hey fired their last two
shots into their own heads...”)

My colleague didn’t know which boy
killed which (our guess was that Harris
killed Klebold). That seemed a question
you would want to answer quickly for
your audience, whether you had 90, or
nine, or just a single reporter on the
scene.

The other teen had a fatal head wound
from the front. Was he Harris?

My colleague opined that there may
not have been enough brain left to look
tumors. But, certainly, that’s a ques-
tion you’d want to resolve with an author-
itative quote from a medical examiner —
which her grief-seeking media organiza-
tion apparently had not been keen enough
to obtain. Neither had anyone else.

Maybe — probably — the lead killer,
Harris, was not nudged into murder by a
tumor pressing on his brain. But at a
news organization, as distinct from a
pageant producer, someone certainly
should have found out. — D.R.Z.
No ‘Sorry!s’ Sent

To the best of our knowledge, neither Greenberg nor Hilts has ever apologized to Baltimore or TIK; neither has the Times.

We should add that we attempted several times through the years to get SW to publish a corrective on the Baltimore Case that was written by a distinguished surgeon and writer, Harold Laufman, M.D., of New York. But our profession, personified in SW editor Howard J. Lewis and the officers of the National Association of Science Writers, who publish SW, were not interested in countervailing points-of-view. In fact, ever since we embarrassed some and angered others among them a decade ago by first revealing tobacco PR man Leonard Zahn’s mischievous doings in SW’s pages, we’ve been blacklisted (though they’ll of course deny it if asked).

Many of the public health officials our colleague Sally W. Olds rightly complains about in her piece are bureaucrats and petty tyrants whose first priority is covering their own asses, rather than informing the public. On the other hand, if we were David Baltimore, or Bob Gallo, or Bernie Fisher, or any other doctor or scientist who might suddenly find himself or herself “fair game” for media rape, we’d be more than circumspect about talking to reporters. Many researchers, in fact are more close-mouthed than they once were. Who can blame them!

The result: The public is denied information we need to know.

Alt/Med...

continued from page 1

That’s hardly a ringing endorsement.

No evidence was reported that acupuncture — at $100 or so per treatment — is any more effective for any of these few purposes than, say, a dozen ordinary aspirin tablets, which cost a dime, or a few Empirin Codeine® tablets, costing a couple of dollars (but which doctors and dentists often hand out free after minor, painful procedures like tooth extraction).

This scientific evaluation has not stopped the acupuncturists at all, however. Now claiming NIH recognition and endorsement, they are profitably needling more and more patients, for more and more conditions — beyond any evidence of efficacy. Acupuncture and other alt/med methods are now being promoted as part of “complementary” or “integrative” medicine. Advocates claim these systems combine time-honored folk medicine with scientific methodology. It’s a mismatch.

Twentieth century consumers worship the concept of research — which has replaced divine revelation — as a guide to all kinds of decision-making. So it’s become a rich target for hijackers, who turn it to irrational and hazardous purposes. The main case in point is “tobacco research”: Cigarette companies, biochemist Green notes, claimed they were studying smoking, and would alert their customers to any risks they discovered.

Parallels Seen with Smoking

Of course, they never found any hazards. But they used these lies to undermine the truth about smoking for over half a century (PROBE, April). Quackbusters, correctly, see alternative activists’ research, and much of the other research on alternative care as a similar, immensely profitable, fraud.

“I continue to think there’s some parallel between alt/med and tobacco,” explains Texas quackbuster Timothy N. Gorski, M.D., an ob-gyn in Arlington, Tex. Gorski told PROBE:

Tobacco was advertised as having health benefits and was even recommended by some obstetricians to help reduce the incidence of very large babies. Meanwhile, nicotine is pharmacologically active, and... might conceivably offer benefits in treating one or another disease.

Doesn’t all this compare very well with alt/med, which is uncritically accepted as safe and effective; advertised as such; and yet will probably be shown to have unintended public health consequences as its use increases and intensifies! [emphasis added]

This does not mean that science-based medicine will cease. But it may well be sapped, as more and more medical resources are diverted from it. Green says one major medical center near New York City recently hired a chief of integrative medicine, whose third-of-a-million-dollar salary comes from the existing staff’s salary pool. One of his services, Green says, is to visit patient floors. He leaves prayers, written on scraps of paper, on patients’ beds.

Chaplains are cheaper.
Time for an Amnesty for Druggies

We've promised ourselves not to add to the flow of millennial musings because the Big M, which is intrinsically meaningless, threatens to overwhelm all mundane, workaday efforts in the coming year. But we do have a suggestion or two that might be particularly apropos in '99 or '00:

It's time for an amnesty for imprisoned drug users. America's prison and jail population is rapidly moving toward the 2 million mark. Many of these incarcerated men and women are serving time for drug or drug-related convictions. Some 400,000 of them, according to press reports, are doing time simply for using or possessing illegal drugs, without having been convicted of any other criminal offenses.

Meanwhile, a huge prison lobby and thriving prison services industry have grown up, creating incentives to build and maintain more prisons — at further cost to taxpayers. Local areas lobby for state prisons, for the jobs they provide.

To reverse this trend, state and federal governments should offer amnesty to all drugs-only offenders, starting at once. Or, more conservatively, they should parole these men and women with the understanding that any rearrest will put them back where they came from; that should provide some incentive to stay clean.

Now would be a particularly auspicious moment to begin these prison releases, millennium or no, because the economy is healthy. So the released men and women will find it easier to get jobs than they otherwise might. It would be nice, of course, if government also provided drug counseling — which has been shown to work — since many drug users continue to score while in prison or jail.

But this is perhaps too much to ask of our uptight, drug-hating — but drug-loving — culture.

With many newly-emptied cells available, prison construction can be curtailed. The savings could be used for our schools.

Arizona Is Doing It — And Saving Money

Arizona, the first state to send all non-violent drug offenders to rehab, rather than prison, says the method works, according to press reports. Of 2,622 offenders diverted to rehab in the program's first year; 77% were drug free when tested. By supervising therapy, for $16 per day, rather than prisons, at $50, Arizona saved $2.5 million in its first year, officials say.

Probation chief Barbara Broderick adds: "Early and meaningful intervention probably has the best payback in making sure we are safe" from addicts' continuing crime. "When I put treatment with probation, it changes the odds."

But, she added, "When we can't get someone to change, we send them to prison. You can't continue to waste resources!"

Vaccine Work Covered

This special report is part of PROBE's new, open-ended series on pitfalls and progress in the development of AIDS vaccines.

The subject is poorly covered: At the 2½-day NIH conference we recently attended (see main story), with more than 500 scientists and doctors, we did not see a single daily news reporter or producer. We met only one writerly colleague — who is working on a book.

No press releases were issued. No press conference was held. Yet the AIDS epidemic, and efforts to stop it, are the major medical story of our time — and there is wide agreement that it is being poorly covered.

But then again, there wasn't much news, except that: Sixteen thousand people are newly infected with AIDS every day, over 90% of them in the Third World. Most will die as a result. Only a safe, effective, simple and cheap vaccine can stop this pandemic.

What we don't know, and would like to solicit your help with, is: How should we cover this scientifically complex, poorly focused story so that it is useful and interesting to you, our readers, and perhaps to others as well.

Please write us with your views. We'll report back here on your suggestions. — D.R.Z.

HIV...

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lubricate the vaccine pipeline's distal end.

One way, Baltimore suggested, is to "set out the net as widely as possible," in order to capture ideas and projects that have not occurred to, or have been rejected by, mainstream scientists. He cited as one example research reported here by virologist Robert E. Johnston, Ph.D., of the University of North Carolina, in Chapel Hill. His laboratory is working to convert the deadly Venezuelan Equine Encephalitis (VEE) virus into a carrier (vector) to ferry vaccine components — genes, antibodies, adjuvants into immune system cells to prime them against HIV.

Johnston told the meeting that these VEE replicons, as they are called, have been radically modified through genetic engineering. They continue to attach to and enter human cells. But they can't reproduce inside the cell and cause encephalitis. They thus no longer threaten equine or human brains; they have been transformed into vaccinologic workhorses.

Several speakers suggested that, as with polio, the first effective vaccines may not turn out to be the best. So it is important to develop, test, and if possible improve as many as possible.

One way to shorten the testing phase, explained biostatistician Steven G. Self, Ph.D., of the Fred Hutchinson Cancer Research Center, in Seattle, is to break the double-blind codes for these studies earlier, before they are statistically conclusive.

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HIV...

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Candidate vaccines that are faring poorly can be quickly discarded; those that are weak but show some promise can be reworked. Only those vaccines that show strong early promise would be continued — or expanded — with the hope that they soon could be shown to be safe and effective according to rigorous scientific standards.

The hundreds of conference participants appeared to be knowledgeable and attentive throughout the $2^{1/2}$ days of scientific sessions. Speakers answered questions from the floor quite succinctly. This suggested a shared sense of urgency to keep the program on pace, and, perhaps, also, a reluctance to expatiate on topics on which there is strong competition among researchers — and also between academic and agency scientists, on the one hand, and drug company researchers on the other. The company scientists seemed to be particularly circumspect in their comments. Remarked Baltimore:

"I hope this is a field in which the patent question doesn’t get in the way of people working together.” If it does, he warned, “we will not be serving humanity.” Baltimore urged his colleagues to keep an open mind to “all ideas.” Any one of them, he said, “could have potential that we're not aware of today.”

Cooperation between research teams is required to solve the complex AIDS vaccine R&D problem, Baltimore and other leaders and administrators said. But, he insisted emphatically, pushing ahead on seemingly far-out ideas, like the VEE replicon, is the only road to success. And, the Nobelist added:

“This pushing can only be done by the hard work of individuals.”

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