

The NIH Record

President Names AIDS Commission at NIH

President Reagan named his 13-member Commission on the Human Immunodeficiency Virus Epidemic on July 23 before a large audience of NIH and DHHS dignitaries in the 14th floor auditorium of the Clinical Center.

No sooner was the commission named than the president sent it to its first meeting, held in the Stone House. It is to report back to the White House in 90 days on the best way to handle the AIDS problem in this country.

NIH Director James Wyngaarden briefed the president on NIH efforts to fight AIDS. NIAID Director Anthony Fauci, whose institute has mounted the largest effort to combat AIDS, added further details. Early trials to evaluate the safety of a potential AIDS vaccine will likely commence this year, Fauci told Reagan.

The president, who had visited with young AIDS patients on 13 West of the CC before making his announcement, was cautiously op-



Flanking President Reagan as he announced his new AIDS commission July 23 in the Clinical Center are Dr. Otis Bowen (l), secretary, DHHS, and Dr. James Wyngaarden, director, NIH.

timistic about the government's chances of early success against AIDS. Comparing AIDS research with recent progress in physics, Reagan said he hoped AIDS investigators would have the same luck that has recently helped scientists working on electrical

superconductivity.

Reagan numbered himself among those who have lost friends and associates to AIDS.

"I hope the commission will help us all put aside our suspicions and work together with common sense against this threat," he said. □

NIAMS Comes Into Its Own

Breaking Up Isn't Too Hard To Do

They say that breaking up is hard to do, but you couldn't prove it by NIH's newest institute, the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

NIAMS was taken like a rib from the side of NIADDK when Congress passed legislation on Nov. 20, 1985, creating a new organization. In the 20 months that have elapsed since then, NIAMS has pursued its mandate with a largely unhobbled gait.

Institute Director Dr. Lawrence Shulman says NIAMS' quick start can be attributed to three advantages—precedent, partnership and planning.

"New institutes have been created out of old ones before," he observed, recalling that NICHD begat NIA and that NEI sprung from NINCDS. "These precedents were reviewed by our management analysts. Right from the start, the administrative staff of NIADDK had a carefully constructed plan for NIAMS.

"We've been fortunate to have received a great deal of help and cooperation from the parent institute and from NIH leadership, who helped us secure the resources with which to begin the new institute."

Shulman took over the embryonic institute as acting director at the request of Dr. Otis

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DRR at 25: Exploring New Research

By Michael Fluharty

The Division of Research Resources—the keystone of NIH extramural research—has been providing a multifaceted group of shared resources for the past 25 years, including clinical research centers, high technology instruments, animal models, and scientific training for minorities. Originally called the Division of Research Facilities and Resources at its inception in 1962, DRR's mission has remained the same: conceive, develop, and ensure the availability of resources essential to NIH-supported human health research at institutions throughout the U.S.

DRR Director Betty H. Pickett groups the division's programs into two broad types, those that fund research facilities and environments, and human resources.

"Twenty-five years ago DRR was given eight clinical centers, an animal program, and several embryonic computer resources which we've developed into major research facilities and environments. And I'm equally proud of our innovations in developing significant human resources for biomedical research such as specialized training for minorities," says Pickett.

The diversity of DRR—which funds only extramural research—and its programs can be seen at many different institutions throughout the U.S. For example, the University of Washington (UW), Seattle, received 26 separate di-

vision awards in fiscal year 1985. One of the largest grants was from the Animal Resources Program for a regional Primate Research Center that conducts biomedical research on primates with emphasis in developmental biology, neurological control of cardiovascular function, endocrinology and metabolism, and immunogenetics. Other Animal Resource Program grants to UW provide for a bibliographic database information center and a primate clearinghouse.

At UW's medical school DRR supports a 10-bed General Clinical Research Center (GCRC) where protocols include treating cancer patients with interleukin and interferon, researching the effects of recombinant erythropoietin in patients with renal failure, studying the relationship of hormonal rhythms to aging and psychiatric disorders, and investigating possible treatments for postmenopausal osteoporosis. The GCRC program also provides UW with funds for CLINFO, DRR's computerized data management and evaluation system for clinical investigations, and a clinical associate physician (CAP) grant, which supports physicians developing their research careers.

UW receives multiple grants from DRR's Biomedical Research Technology Program, including support for a physiology and biophysics

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