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August 25, 1983 Date

Chief, Laboratory of Tumor Cell Biology, DTP, DCT, NCI From

Subject

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THROUGH: Associate Director, NCI
Director, DCT, NCI
Associate Director, COP, NCI At 8-31-83 a Chance

Several discussions with other investigators outside NIH and my own continued frustration, prompt me to write this memorandum to you. There is no doubt that Dr. James Curran of CDC has and continues to follow a policy which at first is self-serving to CDC but which in the end may be costly to CDC and in my judgment may be detrimental to progress in AIDS. Dr. Curran consistent speaks on the "high road", advocating full and close collaboration and sharing of data. However, CDC uses its increased funds to mimic as closely as they can our laboratory efforts. They can not and will not achieve a sophisticated level of retrovirus research for the simple reason that their leaders, don't know the basic fundamentals of retrovirology. Precious time and clinical materials have being wasted. You will recall, for example, the blood transfus study. We never received this sera (recipients or donors), and since Essex already has positive antibody data on both donors and recipients suggestive of HTLV infection, there can be no greater priority in this whole field than obtaining blood on the antibody positive donors to determine if the best laboratory in this field can isolate HTLV and/or related viruses. To this date not only did we not receive any material we didn't even know the study or material existed except by the chance that Essex at Harvard (not CDC) told me of the data and was strongly suggesting we get the donor cells so the problem would move. I immediately called Curran who admitted they had obtained fairly large amounts of cells from some and "he thinks they are in the freezer"...and yes we should collaborated etc., etc. Yet, and as I expected from all previous contacts, nothing happens. I am now convinced that they must go slow if they want to control the virological studies because their virology is far, very far from up to par. I strongly believe they should stay with the epidemiology or that we somehow have some strong input on their virology and much better co-ordination of it. I think this is a serious problem.

Finally, they have offered a GS-14-2 to a close collaborator in our HTLV immunochemistry work. They plan to mass produce HTLV to get the viral protein we have already purified and then develop antibodies to pure HTLV proteins. Of course, we have already done and already published all this. I disagree with the proposition that CDC must have this or must have that capability. We all work with the same Government. This is a drastic waste of time, effort, and taxpayer money. We were fully cooperative with them.