transplants must upload the names of potential recipients to the Transplant Coordinator's website, and he will maintain the waiting lists in the different categories. The hospital that has a donor gets the first option for all the unpaired organs and one kidney. If there is no prospective recipient in that hospital for any organ, that and the second kidney go to the common pool. The destination of the unpaired organs and the kidneys differs. The liver and the heart will go to registered hospitals in rotation, unless there is a recipient anywhere on an urgent list. Such recipients should have been listed earlier with the Transplant Coordinator. Priority for a liver is given to patients with fulminant hepatic failure or those with a prior transplant that fails because of primary non-function or because of hepatic artery thrombosis. Priority for a heart lies with those with a left ventricular assist device or an intra-aortic balloon pump.

The destination of the second kidney varies according to whether it comes from a private or a government hospital. That from the private hospital must first be offered to the first on the combined waiting list, whereas that from the government hospital will be offered to the first on the government hospitals' list, and only if no recipient is found will it go to the private hospitals' list. It is important that the government does not want any organ to go waste. If no recipient is found in the state, it will be offered to other states, and if there are no takers there it can be offered to foreign nationals. Even hospitals that are not authorized to do transplants are encouraged to raise donors but the organs must go to the common pool. I hope the Transplant Coordinator will be provided with adequate staff to carry out all these responsibilities and to work round the clock. My experience in the days when I was in the service of the Government of Tamil Nadu was that it was easier to get the post of a senior government medical officer sanctioned than it was to get a stenographer.

While I have been committed to deceased donor organ transplantation all my life, let me reiterate that a number of those we consider ideal donors should never be donors at all. It is a waste of life if a young person on a two-wheeler dies in an accident for want of a crash helmet. I wish our government would enforce the eminently sensible laws on its statute books, including the wearing of crash helmets on two-wheelers and seat belts in cars. While they are about it, it would be wonderful if speed limits, stopping at traffic lights, and observing lane discipline could also be strictly followed. Is that a Utopian dream?

IN AN EMERGENCY, CALL 108

The EMRI, or Emergency Management and Research Institute, is a not-for-profit organization set up by Satyam Computers. It began its activities in its home state of Andhra Pradesh, and recently the activities were extended to Chennai, though not to the entire state. I understand it also operates in Gujarat and Uttarakhand, and other states are to follow. In all the areas where EMRI functions, one has only to call 108 (toll free) in any emergency. The ambulance service has been provided without cost so far. In Andhra Pradesh, the government pays 85% of the running costs. EMRI coordinates with the police and the fire department too, so one need not hunt for different numbers to call in emergencies requiring these services.

I understand the service works efficiently in Andhra Pradesh. I have yet to personally assess the effect in Chennai, and will report on this to you later. Efficient ambulance and emergency services are certainly needed, but public–private partnership in health matters gives me a nagging feeling that the government is abdicating its responsibilities.

REFERENCE

1 Mancia G, Parati G, Pomidossi G, Grassi G, Casadei R, Zanchetti A. Alerting reaction and rise in blood pressure during measurement by physician and nurse. *Hypertension* 1987;**9:**209–15.

M. K. MANI

Letter from North America

SCIENCE AND STIMULUS

As a part of the recent economic stimulus in the USA, the House voted to approve the American Recovery and Reinvestment Act (ARRA), which was signed into law by President Obama. The important component of the US$ 787 billion recovery plan contains a long-awaited financial stimulus for science and research. The scientific institutions to receive direct funding from the stimulus package include the National Institute of Standards and Technology Research (US$ 220 million), National Oceanic and Atmospheric Research (US$ 230 million), NASA Climate Research (US$ 400 million), NASA Aeronautics Research (US$ 150 million), National Science Foundation Research (US$ 2500 million), Research and development of renewable and efficient energy technology (US$ 2500 million), Fossil energy research and development (US$ 1000 million), Research into low-emission coal plants (US$ 800 million), Physics research (US$ 1600 million), high risk research into energy sources and energy efficiency (US$ 400 million), and funding for research comparing effectiveness of treatments funded by Medicare and Medicaid (US$ 1100 million).

Notably, after 5 years of nearly flat funding, the National Institutes of Health (NIH) received a windfall equivalent to 30% of its entire annual budget to spend in about 20 months. Specifically, the science stimulus included US$ 10 billion for the NIH, US$ 1.3 billion for the National Center for Research Resources (NCRR), including US$ 1 billion for construction and renovation of extramural research facilities, US$ 700 million for the Agency for Healthcare Research and Quality (AHRQ), and US$ 2.5 billion for the National Science Foundation (NSF).

The NIH wasted no time in inviting research proposals for disbursement of the US$ 10.4 billion it will receive as part of the ARRA. Similarly, investigators have responded with enthusiasm—the NIH reports receiving over 15 000 proposals for the 200 to 300 challenge grants. It seems there is, in fact, reason for excitement.

Dr John Niederhuber, current director of the National Cancer Institute (NCI), says that the stimulus money will go a long way towards doubling the number of research grants that it approves. In recent times, the NCI has only been able to fund 12% of the grant applications it receives. However, an expanded federal budget will boost that number to 16% and the stimulus injection will further push approvals to 25% of all requests.

An important caveat to remember is that these funds are a one-time infusion of dollars that are to be spent in their entirety within 2 years. There is a major emphasis that the expenditure of funds is to be transparent and to reflect an immediate economic impact with measurable outcomes in terms of jobs retained/created. As such, research funded with stimulus dollars must be completed within the 2-year time-frame, and investigators receiving stimulus funds should be prepared for reporting requirements above and beyond those typically involved with NIH grants.

Critics argue that few projects of true scientific merit can be started and finished in 2 years. Supporters answer that the onus will be on the scientific institutions and investigators to defy the critics by putting the stimulus funds to good use, thus potentially leading to scientific breakthroughs that can give the USA a competitive edge.

The importance of research and science and the need for a stimulus is also perceived in India, as reflected by the recent statements of the Indian Prime Minister Dr Manmohan Singh. National media reported that the prime minister told 4000 scientists at the annual Science Congress in Shillong, Meghalaya, on 3 January 2009 that Indian science needed 'a new generation of role models and leaders'. The Prime Minister noted that, despite government efforts, Indian science is lagging behind not just developed nations, but also newly industrialized states such as China.

Unlike in the USA, in India, under the spirit of Dr Manmohan Singh, India's education and science ministries have planned stimulus over the long term by increasing research fellowship money by 50%. The Prime Minister launched a 5-year, Rs 21 billion (US$ 427 million) scholarship programme for a million 10–15-year-olds, whose funding can continue through graduate school as long as they continue their pursuit of science. A new programme called INSPIRE (innovation in science pursuit for inspired research) is dedicated to select new PhDs for 5-year government or university research positions.

In addition, a Global Indian Network of Knowledge initiative, announced on 8 January 2009, will let expatriates who have given up Indian citizenship return more easily by acquiring an Overseas Citizenship of India card. The government has so far issued nearly 350 000 cards under a similar programme.

These initiatives in both the USA and India represent a small boost for the scientific community, which has long been awaiting recognition and stimulus to move forward at an increased pace.

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Letter from Mumbai

H1N1 INFLUENZA (2009) AND SARS (2002–03)

The advent of H1N1 influenza—now termed a pandemic by the WHO—brought to mind my experience with severe acute respiratory syndrome (SARS). You may recall the appearance of SARS and the terror the corona virus induced in public health workers and, the lay public alike.

I was scheduled to travel to Jakarta via Singapore and then return via Singapore to travel to Seoul and San Francisco at the height of the epidemic. Respected and senior colleagues in my hospital warned me against this route, recommending a flight via London or Frankfurt instead. 'You will not be allowed to enter America if you go through countries suspected of harbouring the virus.' I must confess to some anxiety on being given such a warning, as this was my very first visit to America.

My hosts in Jakarta (with two children) wrote to ask whether I still wanted to come to their city. I asked a simple question, 'Are you and your children continuing to live in Jakarta?' Since they saw no reason to emigrate, I saw no reason to alter my plans.

At Sahar terminal in Mumbai I saw many of our countrymen travelling on my flight to Singapore wandering around with surgical paper masks on their faces. Equally interesting were the masks worn by the officers at the security check points in the holding area from where one enters the aircraft. When I saw passengers and security personnel doff these masks from time to time, place the masks on tables or chairs or even baggage handled by a variety of persons and then wear these same masks, I marvelled at their scientific awareness.

I saw my fellow-passengers on board the aircraft and on reaching the air terminal in Singapore continuing this irrational behaviour of putting on and taking off their masks every few minutes. Not a single official on board the aircraft or at the terminal in Singapore wore any mask of any kind. Had my fellow passengers watched the telecasts of how personnel in Guangdong, Beijing and Hong Kong handled the crisis, they would have seen the special masks used by them. The utter worthlessness of paper masks in preventing viral entry was repeatedly emphasized by health experts in these cities. Assuming there was some role to be played by paper masks in preventing associated bacterial infection, putting on masks and then taking them off, placing them on potentially contaminated surfaces and then putting them on again only invites ridicule.

In the event, I enjoyed my holiday in Indonesia even more than I had expected for at most tourist sites, I was the only foreigner, SARS having dissuaded others from travelling thither. The absence of crowds permitted a closer study of monuments and the absorption of more information from the tourist guides who gave me undivided attention.

The immigration authorities at San Francisco paid no attention