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**International Cooperation in Science**

No matter what the motivation, international scientific cooperation is only as good as the science put into it, and it can be successful only if both sides are keenly interested in making it work.

At least, this seems to be the lesson to be derived from the United States-Japan Cooperative Medical Science Program, whose Joint Committee held its seventh meeting recently in Washington. This project arose out of general political discussions between the United States and Japan and was first announced as item 13 in the communiqué issued at the conclusion of Prime Minister Sato's 1965 visit to Washington. It has since become a fine example of an intergovernmental scientific relationship that is functioning extremely well. Although it was intended primarily to benefit the people of Asia, its results are widely available.

Concrete evidence of this is to be found in the form of a 5-year report just issued on the results of research in the six disease categories chosen for inclusion in the program—cholera, leprosy, malnutrition, parasitic diseases, tuberculosis, and viral diseases. These results have been and continue to be substantial.

The interest of both parties in the program has continued to run high, and it has been well financed by both sides. American funding through the National Institutes of Health has been appropriate, and a small, separate staff administers the program. Our members of the Joint Committee, appointed by the Secretary of State, are leading medical scientists with a deep interest in the program. From both Japan and the United States, the Joint Committee members are, in effect, the senior statesmen, but a consistent effort has been made to involve younger scientists.

A number of other factors have also contributed to the success of the program. Although only six disease categories were selected, within each of these the research effort has been further limited to discrete objectives where progress is likely to have large effects; that is, the areas of interest are carefully selected and quite specifically defined. In addition, there is an equitable balance between the relative scientific contributions coming from investigators of the two nations involved. This is not an instance of one country scientifically assisting another; rather, there is an equality of input from both sides. The identification and further definition of research goals are mutual, a joint activity rather than unilateral scientific domination and direction. Finally, and of particular importance in the United States, management of this program has been delegated to the level in government where there is existing research which complements that of the program.

We are aware, of course, that the United States is engaged in a large number of bilateral programs with a number of countries. Indeed, there are three other programs with Japan alone, including the oldest active U.S. program of this nature, the United States-Japan Agreement on Scientific Cooperation, which held its eleventh annual meeting in Tokyo in July.

Our experience with the United States-Japan Cooperative Medical Science Program has convinced us of the usefulness of such agreements. The Department of State values highly the political benefits arising as a by-product of the program—the deepening understanding between two nations engaged in common research. The scientists value highly the effective and efficient manner in which the best talents of two countries have been organized and focused on the problems they are dealing with. This is a combination that is hard to beat.—COLIN MACLEOD, *Chairman, U.S. Delegation of the United States-Japan Cooperative Medical Science Committee*, and HOWARD A. MINNERS, *Secretariat, National Institutes of Health*.