

been too piecemeal. I disagree with DuBridge's implication that, having solved one problem partially, we can then proceed to the solution of other parts of it while everything else remains constant.

Full reimbursement may bring with it a host of new and unanticipated problems which may make any over-all solution all the more difficult. For example, it might perpetuate the present system of short-term, specific project grant support. Even more important, it might encourage many of the more impoverished schools to accept research projects which bear little relationship to their teaching functions, simply to get on the research "band wagon" and to share the wealth.

In this context it should be noted

that poverty (financial or intellectual) is in itself a form of control. Federal agencies with specific missions are more prepared to support certain kinds of research than others, and a university which does not have adequate financial and intellectual resources may be tempted to tailor its research objectives to what is popular and easily supportable. Providing full reimbursement for overhead costs might well prove an additional temptation too strong for such institutions.

It should be unnecessary to repeat the point that "control" may take many forms and affect our spectrum of colleges and universities in a wide variety of ways. Full cost reimbursement will not necessarily result in control of our universities, any more than partial sup-

port of research will. But that danger does exist—not because the federal agencies want to exercise that control and not because they are "paying much of the piper's wage," but because some universities, in the process of backing into increasingly larger scale research programs, are abdicating their responsibility to exert control. Further, the rather prevalent attitude that federal subsidies to education are *ipso facto* dangerous because they would lead to control while federal support of research would not have the same effect has tended to obscure our thinking on the whole problem of control.

NORMAN KAPLAN

Department of Sociology and
Anthropology, Cornell University,
Ithaca, New York

Science in the News

"Science" and Advertising: the Federal Trade Commission Is Seeking a Way to Curb Abuses

A few weeks ago the makers of One-A-Day brand vitamin pills published a full-page advertisement in newspapers around the country intended to show why everyone ought to take vitamin pills. The ad was elaborately dignified: the type faces used were small, considering the size of the ad, and not too bold; the brand name was not emphasized; the tone of the piece was not that of a salesman trying to peddle his wares but of a public-spirited organization trying to perform a service by putting the facts about vitamins before the public.

The burden of the argument was that studies by the U.S. Department of Agriculture show that the vitamin content of typical diets is sometimes below the minimum recommended intake; therefore, to be on the safe side, everyone might well spend a few cents a day on a multipurpose vitamin pill, such as One-A-Day brand, to protect himself and his family.

The ad, and others like it promoting other products, presents a peculiar problem. Both Federal Trade Commission officials and nutrition experts in Washington for the AMA convention last week agreed that the ad was scientific hokum. The so-called "minimum" recommended daily intakes established for vitamins, they point out, are actually two or three times the minimum required for good health; therefore the fact that a typical diet may contain less than the established "minimum" of one or more vitamins is no argument for taking vitamin pills; indeed, a person might be receiving one-half to one-third the "minimum" requirements of several vitamins and still not be suffering from vitamin deficiency.

What is disturbing about this particular ad is not that it is misleading. Nearly all over-the-counter (that is, nonprescription) drug advertising is to some extent misleading. (An example is that of an ad that appeared during the Asian flu epidemic of three years ago. A laxative manufacturer advertised: "If you have Asian flu and need

a laxative, take ———." The possibilities of this approach are endless; "If you have cancer and need a headache pill, take aspirin.") But whereas the general public can be expected to regard an advertising pitch with a certain amount of skepticism, an advertisement masquerading as a public-service announcement and invoking, by suggestion at least, the authority of some widely respected source—usually, these days, a scientific source—naturally tends to allay such skepticism.

"Public-Service" Advertising

The Federal Trade Commission, which is responsible for protecting the public from misleading advertising, has become interested in this "public-service" type of advertising and is now seeking a good example of which to make a test case. The FTC works under a number of handicaps, one of them being that the burden of proof normally lies entirely on the government. It is one thing to demonstrate that the information on which an advertisement is based does not really prove that it would be a good idea for everyone to take vitamins. It is another and far more difficult thing to prove that there is no reason whatsoever for the ordinary person to take vitamins.

The principal case where the burden of proof shifts from the FTC to the advertiser is that where the public safety is involved. Here the advertiser can be made to show that his product, although possibly worthless, is at least

harmless. With vitamins, it is possible to show that people can damage themselves by overdosing (the usual case is the mother who reasons that if one One-A-Day pill is good for her child, three must be three times as good). But here the blame does not rest with the company, and in any case it can be argued that for every person harmed by vitamin pills there is probably someone else to whom they have been sold who really needed them. There may be grounds for forcing the manufacturer to point out in his advertising not only that one a day is sufficient but that two or more a day are excessive. But that is not the question here.

What the FTC would like to do is to persuade the courts that when advertising claims are presented under the guise of a public-service announcement or as conclusions of an unbiased and widely respected source, the power of the advertising to mislead is so enhanced that the public is entitled to special protection.

The unwritten principle under which the regulations governing the FTC seem to be written is that it is not the business of the government to keep a fool from being separated from his money. One would expect an ordinarily intelligent citizen to realize that the connection between Asian flu and a laxative is not compelling, or to take with a grain of salt vague claims that scientific tests prove that *X* is 67 percent better than non-*X*. But lacking special knowledge of the peculiar meaning of the term *minimum recommended intake*, even a reader with scientific training might be misled by the One-A-Day ad, because of the official government sources quoted and the public-service facade of the advertising.

The Federal Trade Commission considered making a test case of the vitamin ad, or of another ad, similar in tone, for contact lenses. For various reasons it decided against going ahead, and it is still looking for the right test case—one that it can feel almost sure of winning. For to take a case to court and win will establish a principle and make it easier to move against less flagrant offenders, but to take a case to court and lose will make it difficult to try again for several years.

As of the moment, the last word must be granted to a physician at the AMA convention, who pointed out that the vitamin manufacturers really ought to start processing sewage; they have been so successful in selling the Amer-

ican public superfluous vitamin pills, he argues, that American sewage must now contain the world's richest concentration of vitamins.

The Blues versus the Commercials: The Struggle among Opponents of Federal Health Insurance

Although the controversy over health insurance is now centered on the political struggle over the Forand (Social Security) type federal insurance for the aged, an equally interesting struggle among the opponents of federal insurance is going on just behind the scenes.

The adversaries are, on the one hand, the American Hospital Association, Blue Cross, and Blue Shield, together familiarly known as "the Blues," and, on the other hand, the commercial health insurance companies; in the middle is the American Medical Association.

The Blues operate on what they call the social principle: that is, they are committed to the idea of charging everyone, so far as possible, the same price for health insurance in order to make health insurance equally available to everyone. They set a single rate for a community, and every group of employees that is insured with the Blues pays the same rate. This means that a company whose workers are predominantly younger men, a low-risk group, will pay more for their insurance than strict actuarial accounting would require, but it allows the Blues to provide insurance at the same rate to a company whose workers are predominantly middle-aged women, a high-risk group. This, of course, is the way any government insurance scheme would work: equal protection to everyone.

The "Commercials," on the other hand, rate each group separately both in the extent of coverage and in the rate, which allows them to undercut the Blues, sometimes by varying benefits, more often by selling to low-risk groups at a rate below the Blues' community rate. This process, of course, takes the low-risk groups out of the Blues' community rate, and with a disproportionate number of high-rate groups to cover, the Blues must raise their rates. The Commercials say this is good American free enterprise; the Blues say it is in the best interest neither of the public nor of the medical profession.

The Blues are fighting the Commercials with every means at their disposal, including simple harassment. Blue Cross and Blue Shield are sponsored, respectively, by local hospital and medical associations, and it is a common practice—particularly among hospitals, sponsors of the older, more militant, and dominant Blue Cross—to inform patients with commercial insurance that their insurance is no good and to prove it by refusing to honor their policies as guarantees that their bills will be paid.

Aside from the natural inclination of an organization to perpetuate and expand itself, the Blues make a compelling case for their attitude. They assume that the time when health insurance is general throughout the country is not far off. The only realistic question is whether it will be provided by the government or by private organizations. A private insurance system, this view goes, can meet the pressure for government insurance only by providing substantially the benefits that could be expected under government insurance but by doing so in the American tradition of keeping government involvement in private affairs to a minimum.

For several reasons—most notably, to be able to make the same insurance available to everyone at the lowest price, as the government would—the first order of business, as the Blues see it, is to see that commercial insurance companies get out of the health insurance field. After this, the Blues see the way clear to establish a national health insurance system which would essentially parallel what could be provided by a government system under Social Security, but with control in the hands of the medical profession and the hospitals rather than government officials, although the government, of course, would have regulatory powers, as it does with other legal monopolies. Membership in the system would probably have to be just as compulsory as it would be under a government Social Security system, although this notion is still the rankest of all heresies within the AMA.

Position of the AMA

The ideas outlined above, based on an interview with a high-ranking official of the Blues, place the AMA in an awkward position. The AMA is dedicated to free enterprise, but it is being asked to cooperate in forcing free enterprise out of the health insurance