

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

field. It is against compulsory health insurance, but it is being asked to cooperate in a venture which may require compulsory membership in order to succeed. It is against getting the government involved in medicine, but it is being asked to support the establishment of a government-chartered monopoly on health insurance, with the substantial degree of government regulation such chartering implies. And it is against socialism in any form, but it is being asked to give considerable support to a bit of socialism right under its own wing. To all this the Blues answer simply that either the medical profession will take the lead in solving the problem or the government will; that before rejecting one road as objectionable the AMA ought to consider how objectionable the alternative might be.

The issue provided the most strenuous debate at the Association's convention in Washington last week. The Board of Trustees produced a recommendation that the AMA, in effect, ought to get everyone in the health insurance field, including the Commercials, together to try to see what can be done. The Blues rejected this proposal out of hand. Their only purpose in getting together with the Commercials, they said bluntly, would be to talk about how quickly the Commercials could get out of the health insurance field.

The reference committee on resolutions affecting insurance turned down the Board of Trustees' report and produced a compromise resolution committing the AMA to working with the Blues in taking the lead on health insurance but including another clause, in vaguer language, promising to continue working separately with the Commercials. When the resolution came before the full AMA House of Delegates there was a brief floor fight intended to restore the sense of the Board of Trustees' approach, but the compromise resolution was upheld by a 2 to 1 margin.

When a delegate asked the chairman if he didn't interpret this compromise as in effect writing off the Commercials, the chairman said he didn't think it should be interpreted quite that way. But the representatives of the Blues, although they are still far from having won the whole-hearted support of the AMA leadership that they would like, were thoroughly satisfied. The Blues were elated, and the Commercials were blue.—H.M.

## News Notes

### State Department Restrictions on Meeting Participation Questioned

The Federation of American Scientists has asked the Department of State to clarify its stand limiting the participation of government scientists in international meetings. Under an ill-defined policy, the department has in some cases forbidden scientists employed by the government to go to international meetings attended by Communist Chinese, on the ground that participation might imply a weakening of this country's policy of not recognizing mainland China.

However, the department's ruling has been unevenly applied. Not long ago Naval Research Laboratory men took part in international conferences attended by both East German and Communist Chinese representatives, yet in May three Public Health Service officers, in Moscow for bilateral meetings, were not allowed to participate in a multilateral symposium because Chinese Communists were to be present.

Recently FAS asked State for clarification. The action was spurred by reports that scientists at the National Institutes of Health believe they may not be permitted to attend next summer's international biochemistry meeting in Moscow.

After informal discussion of the Moscow meeting with officials of the National Science Foundation, the U.S. Public Health Service, and the State Department, the FAS on 31 October sent a letter to the Secretary of State that asked: "Will [government] scientists be prohibited by your Department, or by Departmental advice to other Government agencies, from attending the 1961 Moscow meeting?"

Since it has been suggested that the present policy makes it possible for the Communist Chinese to control our government scientists' participation in international scientific congresses, it is hoped that the State Department will issue a prompt and favorable reply.

### Atmospheric Research Center To Have Colorado Headquarters

Selection of Table Mountain, near Boulder, Colo., as the headquarters site for the National Center for Atmospheric Research has been announced by the National Science Foundation and the

University Corporation for Atmospheric Research. The latter group, which will manage the new center for the NSF, is composed of representatives of the following 14 colleges and universities with degree-granting programs in meteorology: Arizona, Chicago, Cornell, Florida State, Johns Hopkins, M.I.T., Michigan, New York University, Pennsylvania State, Saint Louis, Texas A. and M., U.C.L.A., Washington (Seattle), and Wisconsin.

With Walter Orr Roberts as director, the center is being established to assist universities and other research institutions through cooperative basic research, to increase knowledge and understanding of the atmosphere and of the physical processes that govern its behavior. The center will, as its programs mature, be particularly concerned with fundamental studies on a planetary scale, such as interpreting radiation effects of changes in world cloud cover, understanding the development of planetary wave systems manifested in the meanderings of the jet stream, and analyzing the association between northern and southern hemispheric circulation on a year-to-year time scale. Roberts says:

"The national center will be primarily an intellectual enterprise, devoted to fundamental research on broad atmospheric problems. It will serve as a coordinating center for a wide-ranging network of such investigations. This effort can be expected to develop a much more comprehensive understanding of weather and other phenomena than has ever been possible through isolated research."

Approval of the site came after 2 years of work by a UCAR site selection committee. Among the advantages offered by Table Mountain, the committee noted that Boulder is a highly desirable location for study of hail, thunderstorms, tornadoes, and associated squall line phenomena; that it is a desirable location for study of jet streams and of weather in the belt of maximum westerlies; that nearby mountain areas produce local weather phenomena that may materially affect weather conditions throughout the Great Plains and even more extensively over the United States; that high ionospheric layers and atmospheric airglow phenomena can be readily observed and studied at this site; that generally excellent flying conditions prevail; and that Boulder is centrally located with respect to the distribution of research centers now engaged in atmospheric