

Letters

Voyager Mission to Mars

In 1973 the National Aeronautics and Space Administration proposes to conduct the first of the Voyager series of missions to Mars, using the Saturn launch vehicle. We wish to call the attention of the scientific community to the opportunity of proposing experiments for this initial flight. The primary objectives of the 1973 Voyager Mars mission are to obtain information relevant to the existence and nature of extraterrestrial life; the atmospheric, surface, and body characteristics of the planet; and the planetary environment. Orbital reconnaissance, direct measurements during atmospheric entry, and investigations after soft-landing on the Martian surface are part of the mission.

Funding for the Voyager program is under formal consideration at the present time by the Congress, and final funding authority has not yet been obtained for proceeding with Voyager in FY 1968. Regardless of the level of funding support obtained for Voyager this fiscal year, it is our plan to begin evaluating scientific proposals on 1 November 1967, and to select scientists for participation in the planning and development steps by February 1968. Additional copies of the formal announcement which was recently mailed to approximately 5000 scientists may be obtained from Robert F. Fellows, Code SY, Voyager Program Scientist, NASA Headquarters, Washington, D.C. 20546.

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When Diplomacy Needs Psychiatry

In "Psychiatry and international affairs" (21 July, p. 281), Wedge struck a responsive chord. As a former Foreign Service Officer charged with pri-

mary responsibility for the U.S. information programs in countries where I was stationed, I can confirm the crying need for systematic attention to the psychology of "the other fellow" as a basic tool. Too frequently, traditional diplomacy displays a shocking weakness in this respect.

... There is no doubt, on the basis of my own experience, that psychiatric approaches would prove of inestimable value to diplomats trained in its uses. Once, in a large Latin American country where I was posted, a survey convinced me that our information materials were falling far short of conveying our messages to the audiences for which they were intended. The reason escaped me for, by all the standards of U.S. public relations and advertising, the media and techniques were excellent. In an all-day conference I arranged with two psychiatrists, a clinical psychologist, and the head of the department of psychology at a local university—all of them nationals of the country concerned—I discovered the weaknesses in our program. The faults were that all of our messages, though worded in the local language, were couched in terms of reference totally foreign to the psychology of the people to whom they were directed. Convinced of this, I restructured the entire program (press and magazine materials, radio and television programs, posters, motion pictures, leaflets, and so on), employing the communication forms and cultural idioms familiar to the local population, based on my newly acquired knowledge of their national psychology. Within 6 months, all of our new materials were nationally popular, in wide demand—and continued so for the duration of my assignment in that nation. ...

Successful trans-national communication must, by definition, be transcultural communication. The contributions to diplomacy which Wedge suggests can be made by specially trained psychiatric personnel, and his idea of

training diplomats in psychiatric approaches, would make significant and substantial contributions to our conduct of foreign affairs. Basically, we have a splendid corps of Foreign Service Officers. The need now is for leadership in pioneering a new, psychiatrically oriented approach—not to supplant but to supplement traditional diplomatic practices. ...

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Within the Purview of the AMA

It is unfortunate that Langer's criticism of Milford O. Rouse's inaugural speech ("AMA: Some doctors are in revolt . . ." 21 July, p. 285) ignores the recent trends in medical practice which Rouse was deploring and with which the physicians at the AMA convention were all too familiar.

Family physicians realize that about 80 percent of their patients are not physically sick, or if they are sick, they would get well without the aid of a physician. Formerly, physicians were in a position to reassure their patients that their worries were needless. Now that the federal government has entered the doctor-patient relationship, these reassurances are frequently not enough because the government will pay for hospitalization and diagnostic study which will only reaffirm what the physician knows already. In this era of Medicare, the family physician is in a new and unique situation. He can insist that hospitalization is not necessary but the patient knows it is his "right" to be hospitalized. Unless the physician yields to this "right," he frequently risks loss of rapport with his patient as well as a chance that he will acquire a reputation for being "inconsiderate," at the very least—a very expensive means of reassuring a patient! Thanks to the Medicare and Title XIX programs, this is a consequence of the government's intrusion into the doctor-patient relationship.

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Langer omits an essential factor of the doctors' revolt: the stranglehold the AMA has on many physicians. The AMA structure is built upward from the local county medical societies through the state medical associations.



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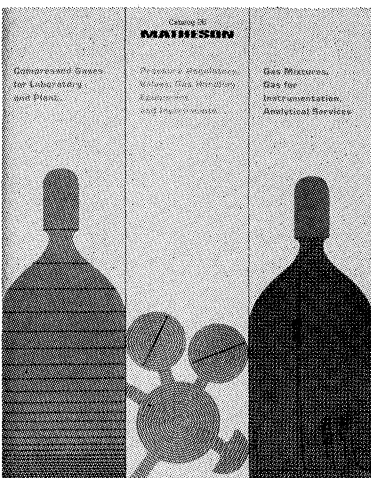
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Physicians entering practice are denied privileges in some hospitals until they belong to the local county medical society. Furthermore, the Joint Commission on Hospital Accreditation is controlled by the AMA, the American Hospital Association, and the American College of Surgeons. Without accreditation, hospitals are not approved for certain types of health insurance care, for federal funds for building (Hill-Harris funds) and are otherwise hampered. In addition, AMA membership is required for certification by some (not all) specialty boards. Thus, for one reason or another, many physicians eventually are forced to pay dues to the AMA in order to fulfill their primary obligation—which is to their patients. (It is well known that the AMA has ample funds for lobbying and public relations and does indeed serve its members well in these and in many other respects, such as group insurance.)

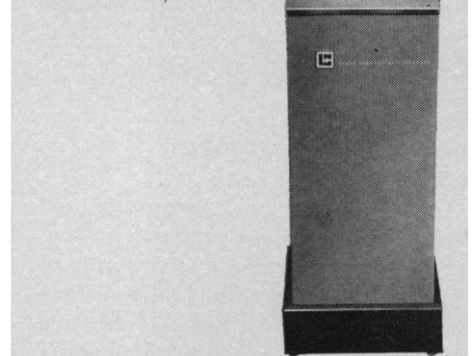
One admirable objective of all this is to maintain high standards of medical practice, but it remains to be seen whether this could be better accomplished by an agency other than the AMA. At present there is little or no control over the quality of medical practice outside hospitals, and little enough inside. A more subtle, less known objective of the AMA has been to protect the economic interests of its members, and in this it has been singularly successful. So, while there are many physicians who might wish to revolt against the AMA, when the chips are down, few will do so.

HERBERT L. JOSEPH

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The Student American Medical Association, although enjoying a close working relationship with the AMA as well as all other major medical organizations, is in no way financially or politically tied to it as Langer's description "junior AMA" would imply. . . . Langer also implies that SAMA and the Student Health Organizations are in opposition and working at cross purpose. She neglects to mention that the initial national SHO meeting was sponsored by SAMA at the University of Chicago in 1966, that many of the SHO groups are SAMA chapters that have elected to affiliate with both organizations, and that national SAMA has a formal liaison with the SHO. SAMA has indeed been "energized" with respect to community health programs by the impressive efforts of SHO

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in this area, and we have established an ad hoc committee on community health problems to establish similar projects in the areas outside of California, New York, and Chicago where SHO has little representation. In addition, we will continue to represent responsibly our membership of 60,000 medical students, interns, and residents in the areas of evaluation and financing of medical education, international health, house staff salaries, the doctors draft, medical legislation, and any other pertinent concerns.

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World Weather Watch

As a member of the U.S. delegation to the congress of the World Meteorological Organization, I found Walsh's article ("World weather watch: meteorologists of the world unite," 16 June, p. 1470) gave a good account of the actions taken to implement plans for the World Weather Watch. Unfortunately in his brief review of the development of the world weather programs, he has used confusing expressions such as "... bringing meteorologists and atmospheric scientists closer together ..." and "... the meteorologists need the scientists. ..." Most of the scientists working on the world weather programs *are* meteorologists. The World Weather Watch, conceived by the WMO, is under the direction of meteorologists employed by the governmental agencies. The special committee of the International Union of Geodesy and Geophysics and the International Council of Scientific Unions which has been working on the formulation of the Global Atmospheric Research Program also is made up largely of meteorologists. The major goals of GARP and WWW have a great deal in common. The former is chiefly concerned with developing a better understanding of the entire atmosphere. The WWW shares this goal, but also is aimed at improving weather service, particularly weather forecasting. The meteorological scientists involved recognize that success can be achieved only if the available talent is unified in this ambitious and worthwhile undertaking.

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