

other health agreements which were being discussed with the Soviets in the middle of 1971. According to Brown, the notion arose when Reuben Nadzharov, deputy director of the Academy of Medical Sciences' Institute of Psychiatry in Moscow, and another official, called on Brown while they were visiting the United States just before a meeting of the World Psychiatric Association (WPA) in Mexico City in November 1971. Brown was receptive, as were his schizophrenia researchers.

So schizophrenia research became a fixture on the list of possible joint research areas when the implementing body for the accords, the Joint Committee on Health, met in Moscow in March 1972, and when the accords themselves were signed during Nixon's world-heralded summit meeting in May. Brown led a seven-member NIMH delegation for follow-up talks with psychiatrists in Moscow, Kiev, Leningrad, and Tbilisi in September. Yet at the second meeting of the joint committee in March 1973, their joint work was still not formalized. Caspar W. Weinberger, Secretary of Health, Education, and Welfare, toured the Soviet Union in September. But at a subsequent press conference, schizophrenia received the briefest passing mention. Last November, Brown signed a work protocol which had appeared to be mutually acceptable to NIMH and Soviet psychiatrists the month before; he has yet to receive a Soviet signature so that work at last can start moving. Disappearing mail and minimal response to American proposals is taking its toll: "There is no exchange so far," says E. Fuller Torrey, an assistant to Brown and a schizophrenia expert who has been to the Soviet Union twice. "So far it exists only on paper."

But even if the Soviets appeared to be expediting an active, meaningful research exchange, the American scientists would still have to face the issue of political abuse of Soviet psychiatry. The fact is that many of the Soviet psychiatrists who have represented their country in working on the agreement are the very ones who have been accused of being state examiners of people who are politically troublesome. These leaders are named in the book by the Medvedev brothers and in a second authoritative source, the Bukovsky papers, a group of eight case histories of dissidents who have been locked in asylums, compiled by one of

## Insurance Dominates Health Message

National Health Insurance (NHI) seems to be an idea whose time is coming, although the form and probable time of arrival of NHI remains very much in doubt. On 6 February President Nixon sent his proposal for a Comprehensive Health Insurance Plan (CHIP) to Congress, and on 20 February he followed it up with a second health message recommending a number of actions which would, in effect, buttress the existing health care system against the impact of NHI.

Medical schools have reacted negatively to a proposal in the message for a new health manpower training program. The program would implement the Administration's previously expressed intention to shift federal funds from institutional support to support of individuals in shortage categories. The principal aim would be to increase the number of "primary care" physicians and provide incentives for physicians to practice in rural and inner-city areas which are poorly served. Legislation embodying the changes will be submitted later. The message carried only a general reference to biomedical research, but it is evident that the President intends to continue the emphasis on research on cancer and heart disease reflected in the federal budget issued last month.

As for CHIP, even if Congress responds to Nixon's urging to deal with NHI this year, the Administration proposal faces competition from other starters in the legislative race. As not infrequently has been the case, the leading alternative to Nixon's plan is identified with Senator Edward M. Kennedy (D-Mass.). Nixon's CHIP would build on the existing system, with private insurance companies maintaining their current role. Employees would be offered private health insurance by their employers, who would pay 75 percent of the premiums. Persons receiving benefits under the Medicare and Medicaid programs would be covered in the new plan under separate arrangements.

### National Health Security Act

The Kennedy "National Health Security Act" would be a completely public program financed by employer and employee payments to a trust fund and modeled on the social security system. Both plans would require additional payments of federal funds, but the Kennedy proposal in its present form would offer broader coverage and be considerably more expensive.

The new Nixon plan is regarded as being much more acceptable to Congress with respect to who and what it covers than was a proposal for a limited NHI scheme he made in 1971 that Congress allowed to die on the vine. Some observers think Congress might bypass both the Nixon and Kennedy plans for the option offered by a plan to cover only catastrophic illness which is backed by Senator Russell B. Long (D-La.).

Even if an NHI law is not passed this year, the Administration will no doubt argue that the measures asked for in Nixon's second health message should be enacted. None of these measures are really new, and most of them are designed to give the Administration greater leverage on costs, manpower supply, and organization in the health care system. Authority to extend economic controls over the health care industry is asked for, and further development of both Professional Standards Review Organizations (PSRO's) and Health Maintenance Organizations (HMO's) is requested. PSRO's are physician-operated panels which review the quality of care given in Medicare and other federal health programs. HMO's are the health care organizations providing prepaid service to groups.

In commenting on the message, Health, Education, and Welfare Secretary Caspar W. Weinberger and other Administration officials recalled the pressures on health costs and services caused by the passage of Medicare and Medicaid in the middle 1960's and argued that the proposed new measures would mitigate similar effects from NHI.—J.W.