

viewed the situation since taking office and had been impressed with the improvement in cruise missile technology. "On balance, although either the B-1 or the combination of cruise missiles with B-52's or other aircraft would be effective, the cruise missile options offer more certainty of high effectiveness," Brown concluded.

Of the many postmortems on the decision, the most interesting came from the losers, who tended to blame their own side for not having pressed their case harder. "Our complaint is not against the coalition but against those who sat and watched," says John M. Fisher, president of the defense-oriented American Security Council. *Aviation Week*, a relentless ally of Air Force causes, chided the Air Force for having "done a miserable job over the years making its case for the B-1 and pushing the pace and funding of the program beyond its genuine needs." The editorial also blamed Rockwell for not lobbying harder: Rockwell "should serve as a good example of where a low profile leads in the defense business."

Rockwell did keep a low profile in recent months, perhaps because the decision seemed in the bag. But the company had actively pursued its interests before that. To counter the mail stimulated by the coalition, Rockwell had its contractors give pencil, paper, and company time to their work force to write letters to their congressmen supporting the B-1. Senator Culver received letters from Collins Radio, a Rockwell subsidiary

which is the largest employer in Iowa, but a substantial minority of the writers confessed that they were sympathetic to his cause.

The B-1's opponents had fewer resources than Rockwell, and there were times when the coalition ran out of money altogether. Its three full-time organizers, Robert Brammer, Steven Pearlman, and Craig Stevens, worked on a shoestring and sometimes less. "If you ever want to see a David and Goliath story, it was the campaign," says a Senate aide who opposed the B-1. "Here you have a bunch of young kids who worked for peanuts and had to struggle for every dime. On the other side you had North American Rockwell, which spent thousands of dollars on lobbying, with the entire support of the Air Force and its formidable direct and indirect lobbying methods."

The influence of the two sides' lobbying in Congress is hard to assess. Aides say that in the Senate probably few votes were affected either way. But Brammer believes that many votes in Congress, particularly in the House, were swayed by the intense grass roots pressure generated by the coalition and its network in the form of constituent visits, phone calls, and letters. Whatever the number of votes influenced, the coalition certainly succeeded in making the B-1 an issue in Congress. "With a complex system such as the B-1 you have to do a tremendous amount of work before it becomes an issue. You have to create a certain environment which will encour-

age politicians to take an interest," observes a Senate aide.

Members of the coalition believe that Carter would not have canceled the B-1 had not their campaign created the political support for the decision. "I don't think Carter would have considered cutting the plane unless he had thought it was politically possible in the Congress and the country, and I don't think that opposition to the B-1 would have generated itself without the campaign," says Michael Mann of the FAS.

This judgment has some support from other observers. "There is no way you can fail to give the coalition a lot of credit for what happened," remarks Dale Tahminen, a defense analyst at the American Enterprise Institute, a conservative think tank. "You wouldn't have had that kind of opposition in Congress if they hadn't got people in an uproar and made it an issue, nor would Congress have held the decision for the next president, who had to think back over the campaign commitment he had made."

Clark McFadden, Stennis's counsel, gives a similar verdict: "It was clear that the House and Senate were basically in favor of going ahead with the plane. The only reed the opponents had was to get a delay. The fact that they were able to leave the thing open was a major victory. And the fact that Congress reserved that decision for Carter was very important. Absent quite a strenuous effort, this decision would have been made and resolved in the Ford Administration."

—NICHOLAS WADE

Peter Bourne: Psychiatrist in the White House

One winter Sunday in 1975 Peter Bourne and his wife Mary King were telling a couple of breakfast visitors about Jimmy Carter, then a faceless member of the Democratic pack. Carter, said Bourne, was the "ideal" candidate. In addition to being brainy, competent, dedicated, and compassionate, said Bourne, a psychiatrist, he was "together," had Kennedy-like charisma, and a happy marriage. On top of that, said Bourne, who knows how to tailor his pitch to the interests of his listeners (in

this case, literary ones), Carter was a devoted reader of poet Dylan Thomas. Bourne went on to say Carter would enter all the primaries, win most of them, take the Democratic convention on the first ballot, and go on to beat Jerry Ford.

And so this bold prophecy came to pass, and it came to pass also that Bourne is now sitting in the White House as the President's special assistant for health (a block away from his wife, who is now deputy director of Action).

All politicians are professional opti-

mists about themselves, but Bourne's sense of assurance about the way he sees the world comes as close as that of anyone in the President's retinue to matching the confidence of Carter himself—who has often been quoted as saying he was sure he could achieve the presidency from the moment he decided to make the run.

Carter's victory and method of achieving it came as no surprise to Bourne, who laid out the general course Carter subsequently followed, in a "how you can win" memo addressed to the then-governor of Georgia in July 1972. Although Bourne is by no means the only individual who can claim credit for the campaign strategy, its success is a tribute to his canny political sensitivities and his knack for being at the right place at the right time.

Now cosily established in the basement of the White House, the 37-year-

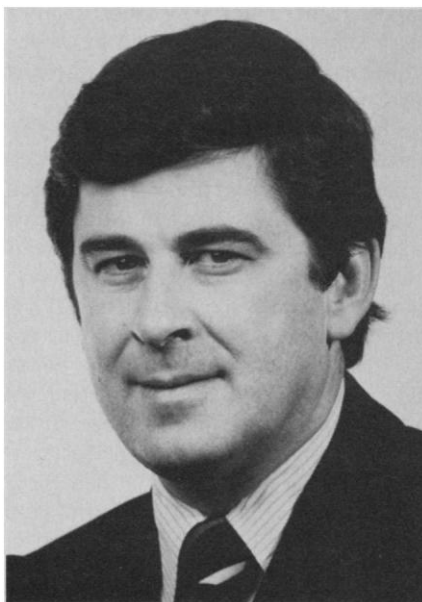
old Bourne throughout his career has shown a marked proclivity for being where the action is.

He began by moving to the United States from his native England to complete his education at Emory University in Atlanta. (His father, Geoffrey Bourne, runs the Yerkes Primate Center there.) The mid-1960's found him in Vietnam, studying the effects of stress on combatants for the Walter Reed Army Institute of Research. In the early 1970's he got involved in the Community Mental Health Center movement and founded Georgia's first such center in Atlanta. Governor Carter subsequently appointed him director of Georgia's first statewide drug abuse program. In 1972, when the Nixon war on drugs heated up, Bourne moved to Washington to become assistant to Jerome Jaffe, director of the Special Action Office for Drug Abuse Prevention.

In March 1974 Bourne, who never stays terribly long doing the same thing in the same place, left that office to romp around the world as a high-priced health and drug abuse consultant as president of the one-man Foundation for International Resources. He also served as a consultant to the Drug Abuse Council headed by his friend, Atlanta lawyer and physician Tom Bryant.

Bourne's activities over the past 15 years, since his graduation from Emory University Medical School, could hardly have positioned him better for the niche he now occupies in the Carter Administration. He has established a respectable record of publications, including a book—*Men, Stress, and Vietnam*, and has cultivated contacts throughout this country and worldwide through teaching, research, and consulting activities. He also has an MA in anthropology from Stanford University. Although perhaps not "the world's foremost expert on drugs" as Carter enthused at Bourne's swearing in, he knows who to call.

He also knows how to write memos. Just before the election he popped off a "human needs" memo to Carter recommending that Carter amplify the approach he had used in the election—appealing directly to the voters rather than constituted authority—to further the cause of human rights and needs throughout the world. After the election, Carter wanted another memo, this one outlining what Bourne wanted to contribute to the Administration. Bourne, who has little taste for the political contortions and substantive limitations that go with high-level bureaucratic posts, responded that he wanted to: (i) concern himself with health and human needs in-



Peter G. Bourne

ternationally; (ii) work on the President's Commission on Mental Health; (iii) coordinate drug abuse policy; and (iv) be involved with the White House Fellows program.

These wishes were granted in full. Bourne's first task was the design of the mental health commission which has been set up pretty much along the lines he recommended. Headed by Tom Bryant (Bourne's first choice), it is relatively small, short-term (1 year), and its members are drawn mainly from different consumer constituencies rather than from government agencies and other organizations.

It is not designed to develop new findings but to pull together all the problems on such issues as deinstitutionalization, services for minorities, and financing.

With the commission off and running, Bourne is spending the bulk of his time on "international human needs." Bourne's interests in international matters is of long standing, and he seems increasingly disinclined to limit himself to mental health and drugs. "I'm called special assistant to the President for health issues, but I'd prefer it to be for human needs"—or better yet, just "special assistant to the President."

Bourne has been instrumental in broadening Carter's human rights drive to include health. At the annual assembly of the World Health Organization in Geneva in May he read a message from Carter affirming that the U.S. commitment to human rights included "the right of every human being to be free from unnecessary disease."

Bourne is now concentrating on ways to give this sentiment more substance.

He is putting together a Cabinet level coordinating committee to devise a "national blueprint for international health," and, on a more individual level, he is trying to use health agreements as a diplomatic tool to improve relations with countries with whom the United States now lacks formal diplomatic ties.

The first undertaking is what may prove a massive effort to haul U.S. government agencies into line with each other so that better attention can be paid to major nagging problems of international health and nutrition. The matter is being studied now by four task forces under the direction of a coordinating committee that includes 21 government agencies—everything from NASA to Action.

Currently, international efforts are fragmented, says Bourne—for example, "the money is basically in AID (the Agency for International Development), the policy authority is in the State Department, and the technology is in HEW." Bourne, who likes to think big, says, "we want to look at the remaining cripples and killers in the world, focusing first of all on diseases that afflict more than 10 million people." Malaria, which more than 400 million people have at any given time, is the biggest target. Another is schistosomiasis, with 200 million victims. Maternal and infant health is also high priority. "In some countries half the children still die before the age of five," says Bourne.

Bourne says he has a "close personal relationship" with science adviser Frank Press, and that this is a major area in which their jurisdictions overlap. Bourne and Press share a somewhat different approach than Zbigniew Brzezinski's National Security Council in that they are looking for ways to apply science and technology to health and hunger problems, cutting through jurisdictional lines in the U.S. government and seeking issues that can be dealt with separately from politics abroad.

Another major international initiative is an attempt to start a "health dialog" with the 14 countries with which the United States doesn't have diplomatic relations, such as Cuba, Angola, and North Korea. "Iraq is the best example of how this has worked out well," says Bourne who went over there right after the election to meet with the minister of health and the foreign minister. (Communications were helped by the fact the foreign minister is a graduate of the University of Wisconsin with a Ph.D. in economics.) The vice president had some disk trouble and the Iraqis wanted a U.S. surgical team to come over and examine him. A team was sent, surgery was not

required, but this friendly gesture resulted in a "laundry list" of areas for collaboration, ranging from agreements to send technicians to Iraq to help repair medical machinery to talk of academic exchanges. This has brought us closer to establishing diplomatic relations with Iraq, says Bourne, although further improvement has been stalled by the Israeli elections.

Bourne is also working on softening up Mongolia. "They weren't particularly interested in health," he says, "but they are in wildlife management." It seems they're worried about taking care of their wild asses. So wild asses may emerge as the wedge to open up broader contacts. Almost any issue will do if it is one that "can be unlinked from political considerations."

As part of the international health effort, Bourne has been traveling around the world meeting with health leaders everywhere, and attending meetings of organizations such as Unicef and the World Health Organization, thus giving a little more status to U.S. participation in such bodies which has been flagging in recent years.

All this traveling does not mean Bourne has forgotten about drugs. Actually, his global focus is extended to efforts to bring worldwide trafficking in illegal substances under control. A year ago, Bourne was not optimistic that such measures as bribing Turkey to stop growing opium would affect the American heroin supply. But now, stepped-up enforcement efforts against illegally grown Mexican opium are showing significant results. Both the availability and quality of heroin is going down. There is 20 percent less heroin in the country than there was a year ago, he says, which is creating what amounts to a "national detoxification." With drug treatment programs pretty well in place, and once-controversial methadone having found its niche in the treatment picture, "there is much more emphasis now on curbing supply," says Bourne. Although this approach has been criticized by some as reverting to a strategy that has failed in the past, Robert Dupont, head of the National Institute on Drug Abuse (NIDA), thinks this is the way to go. "The greatest successes in the next year or two will have to do with diplomatic activities" is his opinion.

Of major importance is the imminent ratification by this country of the Psychotropic Drug Convention, already signed by 44 nations, which puts international controls on trade in pharmaceutical products. "Our credibility internationally is very much tied to the

treaty," says Bourne. Since U.S. companies are dispensing manufactured drugs all over the world, it is only fitting that this country submit to the convention if it is going to talk other governments into putting curbs on heroin and cocaine.

Domestically, the most pointed Bourne action has been to ask the Institute of Medicine (IOM) to conduct a study of barbiturates. "I have felt that if your goal is to save peoples' lives you just need to look at what's killing people and make some decisions accordingly." Barbiturates are contributing to more deaths than any other drug except heroin. Ergo, maybe we ought to consider taking them off the market. Mathea Falco, the State Department's senior adviser on narcotics matters, thinks Bourne's action is "very, very courageous. He's taking on a huge industry . . . if he hadn't pressed the matter it might have been allowed to drift endlessly." Others have regarded Bourne's aggressive stance as simplistic and politically foolish. Now, though, he has backed off a bit and wants to await the outcome of the IOM study which will look at a whole range of options, including that of limiting barbiturate distribution to hospitals.

ODAP Fadeout

The dissolution of the Office of Drug Abuse Policy (ODAP), which Bourne heads, will have little effect on his plans. He says that by the time it goes out of business in January it will already have made its contribution to studies on reorganization of the Executive Branch. Although its staff of 10 will be dispersed, Bourne is gaining four new people on his personal staff. ODAP's most active function, the coordination of federal drug policy, will be continued in biweekly meetings Bourne has been holding with three other top drug officials—Peter Bensing, head of the Drug Enforcement Administration, Dupont of NIDA, and Falco of the State Department. These meetings are pretty chummy—Dupont has been a friend of Bourne's since their school days; Falco is a friend from the days she and Bourne were both associated with the Drug Abuse Council, and everyone gets on very well with Bensing even though he is a Republican holdover.

Although mental health has subsided into the background of Bourne's concerns, he still finds time to keep in touch with colleagues in his profession. He has made several speeches to psychiatric groups, for example, warning them that the nation isn't going to be able to put up much longer with a "two-class system of

mental health care" for rich and poor. He has told psychiatrists they had better figure out just what roles their expertise best suits them to, because when National Health Insurance rolls around psychologists and other mental health professionals are going to be demanding parity with medical doctors.

It is too early in Bourne's tenure to assess the effectiveness of his initiatives or the extent to which his thinking influences the Carter Administration. But there is no doubt that a great many of his professional contacts are enhanced by personal friendships—starting with the Carter family and extending to health officials abroad. He meets with Carter about once a week and says he has "total access" to the President. He is pals with many top health and science officials including psychiatrist David Hamburg and child psychiatrist Julius Richmond, the new assistant secretary for health. [Bourne had urged HEW secretary Joseph Califano to select Richmond for that post, but Califano instead reached for Christopher Fordham, who decided to escape after a month on the job (*Science*, 6 May). It was with some satisfaction that Bourne watched Califano showering praise on his original choice at Richmond's swearing-in last month.]

One of the outsiders Bourne is in frequent touch with, James Grant of the Overseas Development Council, believes Bourne has an important role as one who can bring to the President's attention matters that "don't fit in with the bulk of the way things are divided" in the White House. "In many ways he's emerged as the person who sees problems holistically," says Grant. He sees health issues in a larger context that cuts across the domestic-foreign polarity represented by the Domestic Council (now the Domestic Policy Staff) and the National Security Council.

Bourne, whose softspokenness, humor, and calm, unruffled manner never seem to desert him, appears to get along with just about everybody except maybe press secretary Jody Powell. Grant says "I don't know anybody who dislikes him." Although he has strong views on particular issues (he emphatically disagrees with Carter's stand on abortion, for example), he eschews ideology for a pragmatic, flexible approach. "He's a good doctor to the situation," says one colleague. "He's willing to try anything that works. Nothing is frozen in concrete."

Bourne has been known for stating his opinions with a minimum of waffling, and he says he doesn't feel muzzled by his new position. "Peter continues to ask in

government the questions that he used to ask outside," says Falco. "He hasn't been co-opted." Says Press: "He doesn't hesitate to try to cut through the bureaucracy where he finds that inhibitive. I like that about him."

Hamburg suggests that one reason Bourne gets on with people is that he has a "very good capacity to understand different points of view"; also that he really does have a "deep concern about human suffering" which comes through to people.

Bourne is also a very ambitious young man, and one wonders, with his record of mobility, when he may start to find this job a little stuffy. Certainly, he's enjoying it now (although the \$51,000 salary entailed a financial sacrifice). "It's a real opportunity to do something and have some impact. We can make a decision that touches literally millions of lives." Bourne, for all his sophistication, is clearly impressed about that.

—CONSTANCE HOLDEN

APPOINTMENTS

John G. Jewett, dean, College of Arts and Sciences, Ohio University, to dean, College of Arts and Sciences, University of Vermont. . . . **Kenneth Purcell**, chairman of psychology, University of Denver, to dean, College of Arts and Sciences at the university. . . . **Donald A. Henderson**, head, global smallpox eradication campaign, World Health Organization, to dean, School of Hygiene and Public Health, Johns Hopkins University. . . . **David M. Hart**, associate dean for science and mathematics, Oklahoma City University, to dean, School of Mathematics and Science, Central State University. . . . **Carter Marshall**, professor of community medicine, Mt. Sinai School of Medicine, City University of New York, to chairman of community medicine, Morehouse College. . . . **Robert C. Holland**, visiting professor of anatomy, University of California, Los Angeles, to chairman of anatomy, Morehouse College. . . . **Cyril L. Moore**, professor of neurosciences, Albert Einstein College of Medicine, to chairman of biochemistry, Medical School, Morehouse College. . . . **David H. Smith**, associate professor of pediatrics, Harvard Medical School, to chairman, pediatrics department, University of Rochester. . . . **Garth M. Green**, former professor of medicine, University of Vermont, Burlington, to chairman, environmental health sciences department, Johns Hopkins

School of Hygiene and Public Health. . . . **Clifford R. Barnett**, professor of anthropology and pediatrics, Stanford University, to chairman, anthropology department at the university. . . . **James F. Shepard**, professor of entomology, Montana State University, to chairman of plant pathology, Kansas State University. . . . **Estella B. Leopold**, research botanist, U.S. Geological Survey, to director, Quaternary Research Center, University of Washington. . . .

RECENT DEATHS

William P. Argy, Sr., 80; professor emeritus of medicine, Georgetown University; 2 June.

Robert E. L. Aycock, 85; former professor of biology, St. Mary's Seminary; 9 May.

George B. Barbour, 86; professor emeritus of geology, University of Cincinnati; 11 July.

Spencer Brown, 58; professor of genetics, University of California, Berkeley; 10 June.

Charles C. Clayton, 57; biochemist and assistant dean, School of Basic Sciences, Medical College of Virginia; 14 May.

George C. Cotzias, 58; neurologist, Cornell University Medical College and Sloan-Kettering Memorial Hospital; 13 June.

Robert H. E. Elliott, Jr., 70; former associate dean, College of Physicians and Surgeons, Columbia University; 10 June.

Ole Givold, 72; professor emeritus of pharmaceutical chemistry, University of Minnesota; 19 June.

Maurice S. Gjesdahl, 79; former chairman of mechanical engineering, The Pennsylvania State University; 11 May.

Alvin L. Goldfarb, 63; clinical professor of psychiatry, Mount Sinai School of Medicine; 11 June.

Bruce C. Heezen, 53; professor of geology, Columbia University; 21 June.

Edith B. Jackson, 82; former associate clinical professor of pediatrics and psychiatry, Yale University; 5 June.

Thomas D. Kinney, 68; former chairman, pathology department, Duke University; 12 June.

Leon Lapidus, 52; chairman of chemical engineering, Princeton University; 5 May.

Benjamin W. Lee, 42; dean, theoretical physics group, Fermi National Accelerator Laboratory; 16 June.

Edgar Lipworth, 53; professor of physics, Brandeis University; 14 July.

Michael Lerner, 67; professor emeritus

of genetics, University of California, Berkeley; 12 June.

Joe B. Linker, 80; professor emeritus of mathematics, University of North Carolina, Chapel Hill; 21 June.

Locke L. MacKenzie, 77; former clinical professor of gynecology, New York University; 10 May.

Alexander Marcus, 88; professor emeritus of physics, City College, City University of New York; 16 May.

Marston Morse, 95; professor emeritus of mathematics, Institute for Advanced Study; 22 June.

Erwin W. Mueller, 65; professor emeritus of physics, The Pennsylvania State University; 17 May.

Michael J. Murray, 34; assistant professor of electrical engineering and computer science, Princeton University; 5 July.

Sarah B. Pipkin, 64; professor of biological genetics, Howard University; 29 May.

Robert F. Pitts, 68; professor emeritus of physiology, Cornell University Medical College; 6 June.

Klaus Riegel, 51; professor of psychology, University of Michigan; 3 July.

Gordon C. Ring, 75; retired chairman of physiology, University of Miami School of Medicine; 9 June.

Alfred Schild, 55; professor of physics, University of Texas; 24 May.

Seymour Sherman, 60; professor of mathematics, Indiana University; 5 June.

Chandler A. Stetson, 55; pathologist and dean, College of Medicine, University of Florida; 25 May.

Harvey B. Stone, 94; associate professor emeritus of surgery, Johns Hopkins University; 24 May.

Hans Strauss, 79; professor emeritus of neurology, Mount Sinai School of Medicine; 6 May.

I. M. Tarlov, 72; former professor of neurology and neurosurgery, New York Medical College; 4 June.

Dorothy S. Thomas, 77; professor emeritus of sociology, University of Pennsylvania; 1 May.

Alexander S. Wiener, 70; former professor of forensic medicine, New York University Medical School; 6 November.

Robert B. Wright, 83; former professor of pathology, University of Maryland; 5 June.

Royce L. Younger, 68; veterinary medical officer, Agricultural Research Service; 10 June.

Erratum. In the review of *Structure and Evolution of Close Binary Systems*, Peter Eggleton, Simon Mitton, and John Whelan, Eds. (29 July 1977), the pagination and price of the book were omitted. They are: xii, 414 pp., illus. Cloth, \$39.50; paper, \$32.50.