

## AID Acts on Erickson Case

James M. Erickson, the former director of malaria research for the U.S. Agency for International Development (AID), recently obtained a federal court order forcing AID to reach a decision on his status at the agency. He has been kept on paid leave for 18 months while AID pondered the charges against him (*Science*, 29 July, p. 521).

The deadline set by the court at Erickson's request was 6 October. On that day, AID proposed to find Erickson guilty of bad judgment, misconduct, and sexual harassment. The penalty: suspension without pay for 14 days. Erickson apparently will be returned to full salary afterward.

"This is a clever and tricky decision," says Charles Aschmann, Erickson's lawyer. The penalty appears to have been made small, Aschmann says, to preclude an appeal outside AID. Had the suspension been increased by one day, it would have been possible to appeal to an external review board. Had Erickson been fired, he would be able to appeal in court, which he would like to do.

During the course of litigation, Erickson discovered that no one had come forward as a victim of sexual harassment to file a formal complaint against him. His superiors at AID, however, did seek out and obtain statements from a woman who said she had been harassed. Because the woman never filed a complaint, AID had no basis to proceed against Erickson under antidiscrimination law, but punished him instead for bad judgment and personal misconduct.

AID spokesman Jerry Lipson declined to comment on the penalty, other than to say it had merely been proposed, and that Erickson has 30 days to respond.

Meanwhile, the post of malaria research chief at AID was filled on 1 September by Colonel Carter Diggs, who directed a similar program at the Walter Reed Army Institute of Research. In addition, six new consulting advisers have been named, including Adetokunbo Lucas of the Carnegie Corporation in New York; Robin Powell of the National Board of Medical Examiners in Philadelphia; Margaret Perkins of Rockefeller University in New York; Peter Reeve, a vice president of Invitron Corp. of Redwood City, California; Kenneth Stuart of the Seattle Biomedical Research Institute; and William Weidanz of the Hahnemann University in Philadelphia.

The repercussions from the Erickson case, first brought to public attention by an article in the 15 June issue of *Science and Government Report*, seem to have stirred doubts about

the future of basic malaria research in AID's policy office, as revealed in a flurry of inter-office notes. In a memo to the director of AID dated 15 September, Richard Bissell, the assistant administrator for policy coordination, poses some questions about "serious operational difficulties" in malaria work. He hints at possible budget trimming because this field overlaps with research at the National Institutes of Health, the Army, and the Centers for Disease Control. "Before committing substantial additional resources to malaria research and other basic research efforts, it may be wise to reevaluate the

agency's existing research portfolio and develop consistent criteria for future funding," Bissell concludes.

Nyle Brady, AID's assistant administrator for science and technology, gave a vigorous response to Bissell in a memo dated 21 September. "The publicity given the [malaria] program as a result of a sexual harassment charge against one of our employees in no way indicates that significant progress is not being made," he wrote. Panels of experts have been appointed to "review the overall science in malaria vaccine development as well as the field trials." Brady found it a "disservice" to the agency to confuse the personal actions of one employee with the general achievements of the malaria network. ■ ELIOT MARSHALL

## Health Problems of the Homeless

The National Academy of Sciences (NAS) last month released a report on the health problems of the homeless which was promptly supplemented by a statement from the majority of panel members who felt the report was "too limited" and failed to express their "shame and outrage" over the growing homeless population.

Commissioned by Congress, the report by a panel of the Institute of Medicine (IOM) characterizes the health problems of the homeless and offers recommendations for smoothing eligibility requirements for health care and improving services.

The "supplementary statement," not included in the report, was signed by 10 of the 13 panel members including its chairman, Bruce C. Vladeck of the United Hospital Fund of New York.\* It said that although the report was all right as far as it went, it "fails to capture our sense of shame and anger about homelessness," which it called "an outrage, a national scandal," and an "inexcusable disgrace."

The members also lamented the fact that the panel's mandate constrained it from examining the larger context and making recommendations dealing with "root causes" of homelessness.

The statement emphasized the need for low income housing, calling for federal funding to be restored to the 1981 level before it was subjected to a 60% cut by the Reagan Administration. It also urged that the minimum wage be raised to make housing more affordable. Noting that 37 million Americans have no health insurance, the statement said "the time has come to move towards establishing universal access to health care."

Frederick Solomon of the IOM says there was "tremendous discussion" leading to "a very rare kind of impasse" for an Academy report about what should be done with the supplementary statement. He says the conclusion that emerged from the Academy's multitiered review process was that the statement's inclusion would undermine the report's credibility. NAS president Frank Press told the *New York Times* that "the language was charged and polemical and emotional," and that the recommendations went beyond the expertise of the panel, which was primarily made up of health professionals.

IOM president Samuel Thier says the housing and minimum wage recommendations, which were contained in the original version of the report, could not be endorsed because they would have had to be bolstered by far more analysis than the panel was constituted to conduct. (Two of the three panel members who did not sign the statement are professional economists.) "What's frustrated me in this whole thing is there are so many things in the report which, if implemented," would "make us a lot better off than we are."

The official report, "Homelessness, Health, and Human Needs," reiterates the

\*Other signatories were Drew Altman, commissioner, New Jersey Department of Human Services; Ellen L. Bassuk, Harvard Medical School; William R. Breakey, Johns Hopkins University; A. Alan Fischer, Indiana University School of Medicine; Charles R. Halpern, City University of New York Law School; Gloria Smith, Commissioner, Michigan Department of Public Health; Louisa Stark, Arizona State University; Nathan Stark, Kominers, Fort, Schlefer and Boyer of Washington, D.C.; and Phyllis Wolfe, Robert Wood Johnson/Pew Memorial Trust Health Care for the Homeless Project. The other three panel members were Judith R. Lave, University of Pittsburgh; Jack A. Meyer, New Directions for Policy, Washington, D.C.; and Marvin Turck, University of Washington.

dreary facts about the homeless and the multitude of obstacles to getting proper health care. The most common problems are alcoholism and schizophrenia, but the homeless also suffer disproportionately from other afflictions including tuberculosis and AIDS. They are plagued with chronic problems such as hypertension and diabetes, minor injuries, skin and vascular disorders, respiratory diseases, foot and dental problems, and many stress-induced ailments.

The committee concluded that the lack of affordable housing "is a major reason why so many people are homeless in the United States." But housing is only part of the solution. According to the report, the vast majority of urban homeless may suffer from major dysfunctions, many of which precede homelessness. A Philadelphia study concluded that 78% suffered either from mental illness, substance abuse, or severe personality disorders; a comparable figure from a Boston survey of adults in shelters was 90%. Children, who comprise a growing proportion of the homeless (an estimated 100,000 on any given night) commonly suffer from asthma, anemia, malnutrition, and serious emotional and learning problems.

Since perhaps a majority of the homeless have no health insurance, the report says "extending health insurance to those not presently covered is a critical issue in terms of preventing homelessness." However, there is "extraordinary confusion surrounding Medicaid eligibility," and even where coverage is available services are limited and logistical problems are endless—including lack of transportation and difficulties of managing records for people with no fixed address, as well as "resistance to service provision."

The report recommends that the government review entitlement programs to create "rational eligibility standards" for services, and that Medicaid eligibility be decoupled from eligibility for other benefits. It calls for more outreach to the homeless, much wider availability of support services and casework services, more volunteers, drug treatment for all who want it, and places for people to convalesce after hospitalization.

The committee recommends "supportive housing programs" for people with disabilities and says shelters should be reduced in number and returned to their original function as short-term emergency resorts.

The report praises the design of the holistic, multidisciplinary programs set up in 19 cities in the Health Care for the Homeless Project run by the Robert Wood Johnson Foundation and the Pew Memorial Trust. However, the panel felt that establishing a separate health care system for homeless people would be "inappropriate in the long run."

■ CONSTANCE HOLDEN

## SDI Plan Endorsed

A senior Pentagon board has approved further development of a stripped-down, cut-price missile defense system that could be deployed in the late 1990s as the first phase of President Reagan's Strategic Defense Initiative (SDI). The concept for the system was put together during the summer after an earlier version was deemed too expensive (*Science*, 7 October, p. 24).

The new concept would be designed to provide limited protection against Soviet land-based missiles and it would be supplemented later by additional layers of defenses. Like the previous scheme, it would include two types of satellites to track Soviet missiles and warheads; small rocket interceptors based on orbiting "garages" that would attack Soviet missiles shortly after launch; ground-based rockets designed to shoot down warheads before they reenter the atmosphere; rocket-borne sensors and ground-based radars to track warheads in the late stages of their flight through space; and a computerized command and control system. It differs from the previous version chiefly in having fewer space-based interceptors, more ground-based rockets, and less capable sensors on one of the tracking satellites. But the most striking difference is its projected cost: \$69 billion instead of \$115 billion.

The revised plan received a key endorsement last week from the Defense Acquisition Board and it was outlined by Defense Department officials to an unusual joint meeting of the House and Senate Armed Services Committees. Asked by Senator Sam Nunn (D-GA) whether the changes would result in a less capable system, General Robert Herres, vice chairman of the Joint Chiefs of Staff, replied "there is no reason to believe there will be a significant reduction in performance."

Lieutenant General James Abrahamson, the head of the SDI program, told the committees that the same capability could be bought for \$50 billion less, thanks to technological advances. In particular, he cited improvements in the sensors on the space-based interceptors and in their propulsion systems, which should allow them to be made faster and more effective; this in turn would permit their numbers to be reduced. The estimated cost of the interceptor system has consequently shrunk from \$52 billion to \$18 billion.

The interceptors have yet to be built and tested, however, and sources familiar with the new concept say there will be so few of them that they would be unable to cope with an all-out launch of Soviet missiles. There are said to be only about 150 orbiting garages in the system, each housing less than ten interceptors, and because they are constantly circling the earth, only a fraction will be in range at any one time. (The fraction has traditionally been put at one in eight, but an improvement in the speed of the interceptors would bring more within range.)

The acquisition board's endorsement will permit further development of the technologies supporting the system. In addition, the SDI organization is working on technologies such as lasers and particle beams that would be deployed later. The board's approval does not constitute a decision to deploy the initial system, but Herres said that if all goes well, it could be in place "just after the turn of the century." Parts would be deployed earlier, starting with a series of sensor satellites called the Boost Surveillance and Tracking System (BSTS), which Abrahamson said might be ready for deployment in the mid-1990s. Herres said the BSTS will be needed for early warning, with or without SDI.

The Armed Services Committees raised few questions about the technology and capability of the proposed system, but several members expressed skepticism about the costs. Nunn, for example, noted that, as with most programs, "every time we get in the selling stage the [cost] charts go down. When we get into the building stage, the costs go up."

Herres acknowledged that the high cost of the earlier version prompted concern within the Pentagon that other programs would have to be cut back, and he says he brought this concern to Defense Secretary Frank Carlucci. The new plan, he said, is still "going to have an impact on our overall budget," but it "should be manageable."

Whoever is elected President, the new SDI plan is sure to face a tough review by the new Administration and on Capitol Hill. Aside from its cost, development of the initial system would at some point contravene the traditional interpretation of the Antiballistic Missile Treaty, a step that, to say the least, would be controversial.

■ COLIN NORMAN