

may be too blunt to say anything about the effects of early stress or deprivation. For instance, he says, high glucose metabolism is commonly seen in people who are mentally retarded or doing unfamiliar tasks—as would be true of many of the adoptees.

But as these scientists point out, it's not these children's chemistry but their behavior—and the extent to which they can recover from neglect—that really matters. One study of adoptees, led by psychologist Elinor Ames of Simon Fraser University in British Columbia, suggests that the severity of impairment is proportional to the length of institutionalization. The researchers have been comparing three groups of children: Romanian adoptees who spent 8 months or more in an institution; Romanian children who were adopted by the age of 4 months; and age- and sex-matched controls of British Columbian children living with their own families. On measures of attachment and socialization, the early-adopted group resembled the controls. The late-adopted group, by contrast, was more withdrawn and more likely to engage in stereotyped behaviors, such as rocking. They also had more eating problems, including refusing solid food and eating excessively.

Follow-up testing 3 years after adoption, when children were between 4 1/2 and 8, suggests that while early problems fade, they don't go away. "The longer a child had spent in an orphanage, the more behavior problems

he or she had 3 years later," Ames says. Parents of the late-adopted children reported some improvement in the children's "attachment security," as measured by willingness to explore independently, among other behaviors. But many still were "indiscriminately friendly," a common aftereffect of institutionalization. Numbed by neglect, they are often unable to form more than superficial attachments, but at the same time their need for attention is so strong that they will accept it from anyone. Many late adoptees also still had symptoms of depression or withdrawal, including a tendency to stare blankly. But, like little Drue Tepper, "their main behavior problems [had become] poor control of temper, fighting, or demanding attention," says Ames.

Still, findings from two other adoption studies suggest that most children have a remarkable ability to recover from the effects of early neglect. Psychologist Susan Goldberg of Toronto Children's Hospital has studied 56 Romanian children, aged 2 1/2 to 5 years, 19 of whom had been institutionalized for up to 4 years. While some still showed the indiscriminately friendly behavior familiar to orphan-watchers, "when we looked at them as a group, the really striking thing was how well most of these kids had done," she says. All had formed some kind of attachment, and their English language skills were within the normal range.

The largest scale adoption study is being

conducted by Michael Rutter in London, who has been tracking 166 children adopted from Romania into the United Kingdom. Rutter calls them an "extraordinarily deprived group," many of whom were institutionalized for more than a year and about half of whom were in the bottom third percentile in height, weight, and other bodily measurements. Rutter tested the children at two time points—ages 4 and 6. In language development, physical growth, and ability to make emotional attachments, the children have made a "spectacular recovery," he says. They are still lagging behind, though, in IQ—by about 10 points—and in social behavior as shown by problems in submitting to school discipline and in "picking up social cues."

Even though mixed and tentative, the results from these studies are reaching an eager audience—the thousands of parents who adopted Eastern European children. "We've been contacted by 3000 people," says Tepper, who has launched a national parents' group. She and neuropsychologist Ronald Federici of Alexandria, Virginia, have organized a meeting for parents and experts to be held next weekend in Arlington, Virginia. And although scientists may never be able to quantify the effects of early deprivation, the studies are driving home one clear message, says a scientist: "You need to be nice to people, and especially developing people."

—Constance Holden

BREAST CANCER

Activists Vote \$14 Million for Research

During a tense meeting on 7 November, breast cancer activists took an extraordinary step: They rejected an attempt to build a small fiefdom on their behalf in the U.S. Department of Health and Human Services (HHS), arguing that the money should be spent instead on peer-reviewed research. As a result, the National Cancer Institute (NCI) is likely to get an extra \$14 million for research in 1997. This shows, as one activist said, that "we don't want to be perceived as just another special-interest group."

The activists' move was an embarrassing defeat for Susan Blumenthal, director of HHS's Office on Women's Health. She is in charge of administering the National Action Plan on Breast Cancer, a strategic plan that Congress directed HHS to develop after breast cancer activists lobbied for it. Congress earmarked \$10 million of NCI's budget for the plan in 1995 and \$14.75 million in 1996. The Administration, with Blumenthal making the case, sought \$20 million for 1997, and Congress again approved \$14.75 million. But activists have grown unhappy with Blumenthal's strategy to inflate the plan and make it a permanent adjunct to her office.

Dissatisfaction surfaced this summer in letters from Frances Visco, the Philadelphia attorney who presides over the National Breast Cancer Coalition, to Senator Arlen Specter (R-PA), chair of a subcommittee that drafts the HHS and NCI budgets. On 23 July, Visco wrote to say her influential group wanted to see breast cancer research at NCI expanded, and to avoid diverting money from "quality" research, she asked that no more than \$4 million be set aside for the Action Plan in 1997. Specter, however, sought \$14.75 million. An aide says it seemed the least controversial thing to do. But on 10 October, after the bill passed, Visco wrote Specter, reminding him that she represents 350 organizations and insisting that the earmark was "too much money."

The disagreement came to a head on 7 November when the steering committee of the National Action Plan—co-chaired by Blumenthal and Visco—met at a Washington, D.C., hotel to vote on how the \$14.75 million should be used. Blumenthal was pushing what she calls a "broad program" to sponsor not just research, but education, mammography for the poor, new treatment initiatives, and other "crosscutting" agency

activities. The panel was not persuaded. At one point, panel member Kay Dickersin, a University of Maryland epidemiologist and member of Visco's coalition, asked: "Is there anyone on this committee who agrees [with Blumenthal's position]?" Apparently no one did. The committee voted 13–0, with four abstentions, to send all but \$750,000 of the money to NCI for peer-reviewed research. (The plan would have about \$4 million available in unspent money from last year.)

Blumenthal's reaction: "It represents a genuine difference of philosophy." She concludes that the steering committee was so tight with NCI that it had "a vested interest in holding onto that money" for research. "I see it as a missed opportunity" to launch new prevention programs, she adds. Visco responds: "It may be a missed opportunity for Susan Blumenthal, but not for breast cancer research."

Now it's up to HHS Secretary Donna Shalala to decide what to do with the \$14.75 million. A spokesperson says Shalala is "giving very careful consideration" to the steering panel's recommendation that the money be used for research. Her decision will be announced early next year.

—Eliot Marshall