

SCIENCE'S COMPASS

Republic, where excess mortality rose for men during 1989 to 1993, but became negative for women (2).

Thus, the transition period in Eastern Europe has not affected the health of all people in all countries in the same manner. Specifically, Brainerd points to a recent increase in male life expectancy at birth observed in Poland, the Czech Republic, and Hungary. She suggests that this may be the case because these countries have more successfully implemented market reforms. However, the time of transition was also a time of increasing income inequality: countries with the largest increases between 1989 and 1996 were Russia and Ukraine, and those with the smallest were Poland, the Czech Republic, and Hungary (3).

Although improvements in life expectancy have been observed in some Eastern European countries over the past 5 years, the outlook for the future remains bleak: no change—or a further decrease—in life expectancy at birth among men of the former socialistic economies of Europe is expected for the next 20 years, whereas women's life expectancy is projected to remain unchanged or to increase (4). The fact that the health crisis in many Eastern European countries continues to assert a greater effect on men than

on women suggests that men may be more vulnerable to the socioeconomic and political changes characterizing the transition period. Specifically, conditions of loss of control over life, economic deprivation, and social isolation may be more threatening to those embracing traditionally male roles. Indeed, research has shown that men's coping with stressful events is less adaptive physiologically, behaviorally, and emotionally compared with women (5). Intervention efforts aimed solely at traditional health risks such as smoking, excessive alcohol consumption, high blood pressure, and obesity will be insufficient to improve the situation in Eastern Europe. A more productive approach to increase life expectancy for both men and women might be to strengthen social relationships, decrease social isolation and depression, and increase adaptive coping skills.

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References

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2. UNICEF, *Central and Eastern Europe in Transition: Crisis in Mortality, Health and Nutrition* (UNICEF International Child Development Centre, Florence, Italy, 1994).
3. C. Hetzman, A. Siddiqi, M. Bobak, in (1).

4. J. L. Murray and A. D. Lopez, *Lancet* **349**, 1498 (1997).
5. G. Weidner, *J. Am. Coll. Health* **48**, 291 (2000).

CORRECTIONS AND CLARIFICATIONS

Cover: (15 Sept.). The satellite image of Antarctica on the cover of this issue was mistakenly printed as a mirror image.

Letters: "Less is moa," response by R. N. Holdaway and C. Jacomb (1 Sept., p. 1472). The last sentence of the second paragraph mistakenly referred to an "educational layer" in the archaeological record. The sentence should have read, "We cannot see why one moa collagen date was preferred over two marine shell dates...from the same cultural layer."

News: "Searching for the mark of Cain" by M. Enserink (28 Jul., p. 575). The definition of NOS on page 578 should have read "nitric oxide synthase," not nitrous oxide synthase.

News of the Week: "Brown dwarf's flare opens x-ray eyes" by C. Seife (21 Jul., p. 373). Thomas Fleming is an astronomer with the University of Arizona's Steward Observatory, not Lowell Observatory, which is a private research observatory.

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