

many as a culminating conference and a possible showdown on one aspect of the north-south problem.

Despite the importance assigned the conference within the United Nations, preparations have encountered more than the usual quota of conflict and delay. No site for the meeting has yet been chosen. Invitations from Austria, Mexico, the Philippines, and the United States are being considered, and the decision is expected to be made in the General Assembly session which has just begun. The U.S. offer appears to pose a dilemma for many LDC officials who recognize that the United States is a key source of science and technology, but feel that voting publicly for a U.S. site for the meeting might appear to be trucking to the American monopolists. U.S. officials seem to be acting on the

assessment that strong lobbying for holding the meeting here might backfire, and they are not pushing.

There was some delay in picking a secretary general for the 1969 meeting, but the choice early this year of Joao Frank da Costa of Brazil appeared to satisfy the contending constituencies. Da Costa is a career diplomat, not a scientist or a development specialist, but he was credited with doing a good job as chairman of a U.N. committee concerned with science and technology for development and was generally regarded as able and knowledgeable on the subject.

However, friction between da Costa and the director of the U.N. Office of Science and Technology, Klaus-Heinrich Standke, soon escalated into a feud, which is said to have hobbled preparatory work on the conference for some

months. The issues initially were territorial and bureaucratic, and tension was perhaps inevitable. Other conference secretary generals have had their troubles establishing working relationships with headquarters. The two men had been on good terms previously, but the conflict soon became personal and public. Da Costa rather undiplomatically included criticism of Standke in speeches. And Standke had his say about da Costa in the U.N. corridors. The conflict apparently culminated in a budget squabble in the spring, after which it is said to have cooled.

On the U.S. side, the problem has not been institutional infighting, but an unsteady start, attributable, in part at least, to the change in administration. The government got off on the wrong foot last November when it convened a "national

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Cooking up a Nutritional Lobby

Last April, cattlemen were horrified when a consumer group infiltrated the White House and celebrated Food Day by serving a vegetarian meal to lip-smacking big shots.

This month the same group, the Center for Science in the Public Interest, held a day-long nutrition conference that culminated in a Senate office building reception featuring cottage cheese sandwiches, carrots, and orange juice.

What does it all mean? It means that good nutrition is finally gaining some political sex appeal after languishing for many years in the pallid province of school dieticians.

The conference marked a new initiative by CSPI which is shifting its nutrition focus from grass-roots activities to forming a coalition to bring preventive medicine into national health policies. The group, with the backing of Senator Edward Kennedy (chairman of the Senate health subcommittee) and Senator George McGovern (chairman of the select committee on nutrition) will spearhead a "media approach to health education," says Richard Klarberg of the American Health Foundation, to train the public away from fat, sugar, salt, and smoking. The group will also concentrate on bringing about regulatory and policy changes in the government—for example, says CSPI's Mike Jacobson, the Food and Drug Administration might be induced to

require the sugar and fat content of foods to be prominently labeled, and the Department of Defense could switch to whole wheat bread and skim milk.

"We gave up on Washington during the Nixon and Ford years," says Jacobson. "Now there are people to talk to in the Administration."

VA Hospital System Under Scrutiny

Last June, the National Academy of Sciences recommended that the Veterans Administration hospital system be phased out and that its services be integrated with the rest of the nation's health services.

This month the VA issued a thick report detailing why it thinks this is a bad idea. The two documents supply fuel for what will undoubtedly be a prolonged and heated debate over the future of the VA system.

The congressionally mandated Academy study has taken 3 years and \$6 million to complete. "As far as we are aware, this is the first comprehensive evaluation of a large health care system in the United States," wrote committee chairman Saul J. Farber of New York University School of Medicine.

Basically, the investigators found that the VA system, set up after World War I, has become outmoded. It was "set up as a hospital system, not as a total health care system"—now it is overbuilt and

overbedded, and many veterans are hospitalized who would be better off in intermediary facilities or as outpatients. For example, "More than half the patients in VA psychiatric beds do not appear to require hospitalization." The committee contends that with National Health Insurance coming down the pike, and in view of the fact that 80 percent of the problems the VA deals with are non-service-related, a separate system for veterans is no longer appropriate. It therefore recommends that the VA system be phased in with insurance programs, become a part of the community and regional health planning, and eventually merge its services and facilities with non-VA programs.

The VA, while accepting some recommendations, is thoroughly opposed to dismantling the present structure. At a press conference, VA administrator Max Cleland pointed out that the veterans served by the system are different from the population as a whole: most do not have insurance; they tend to be older (half are World War II vets); single, poorer, and beset with problems requiring long-term care. Cleland contended that even with National Health Insurance, the system would provide services the veterans couldn't get elsewhere, and at lower costs.

Cleland said eliminating the system would be "tragic," and that the NAS had not shown why such action was needed or how it would benefit veterans.

Whether or not the Academy recommendations are adopted, the system is surely in for some changes in response

meeting" to start the process of forming policy for 1979. More than 700 people concerned with development, a majority from industry, turned up for what they expected to be a small conference at which they would be asked for their views. Instead they got a speech from Secretary of State Henry Kissinger and a day of panel discussions. What was made clear in comments from the floor was that industry was intent on hanging on to its proprietary rights. U.S. industry seems particularly sensitive about LDC acquisition of mining, refining, and manufacturing technology which would give LDC's an advantage in competing with U.S. companies in world markets. At the meeting, industry representatives expressed suspicion that the State Department was trying to co-opt industry into a giveaway.

The meeting seems to have acted as a catalyst for those with misgivings in the scientific community. Rockefeller University president Frederick Seitz, who has been active in the upper echelons of the advisory apparatus on development, wrote a letter to President-elect Jimmy Carter at the end of the year deploring U.S. failure to integrate science and technology into our foreign relations with developing countries. He made the point that the United States had not fully grasped "the more sophisticated views of the leaders of some less developed countries," and was not taking advantage of "our own and other industrial countries' experience in adapting modern technologies to different cultural settings."

In January, AAAS president Emilio Q. Daddario and four past presidents of the

association wrote Secretary of State Cyrus R. Vance expressing concern that the position taken in official U.S. preparations for the 1979 conference appeared to place "disproportionate reliance on the transfer of proprietary technology held by private industry." The letter urged cooperative action in using non-proprietary science and technology and greater emphasis on "creating needed technology which does not now exist and in strengthening capacities for scientific research and the use of scientific method."

Vigorous lobbying has also been done in recent months by groups who advocate consideration of "appropriate technology" sometimes called alternative technology, in any formulation of any U.S. science and technology policy for development. These groups were strong-

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to the nature of the 29 million veteran population. The majority of vets are now between 35 and 54 years old; by 2000, the need for intermediate and chronic care facilities will have become severe, for, barring a major catastrophe, more than 30 percent of them will be over 65.

Mental Health

The President's Commission on Mental Health has issued a preliminary report that emphasizes community-based care for the mentally handicapped and recommends that mental health coverage be included in National Health Insurance. "The time has come for mental health care to become part of a broader effort to deal with human needs," says the 20-person commission headed by first lady Rosalynn Carter.

The 23-page report observes that the pattern of mental health services has changed dramatically over the past two decades. In the 1950's, 75 percent of those treated for mental and emotional problems were treated as inpatients; the proportion is now down to 25 percent. Average duration of hospitalization has been cut almost in half. Community mental health centers and de-institutionalization of mental patients has brought the primary locus of care to communities. Many more nonmedical personnel such as social workers and counselors are supplying services. The number of people served has risen sharply, and so

have costs—from \$1.7 billion in 1955 to \$17 billion in 1975.

Most of the report's recommendations are aimed at bolstering community-based care and making services more uniformly accessible to the elderly (whose suicide rate is double their proportional representation in the population), poor, and minorities.

Recommendations include:

- 1) Encouraging the Department of Housing and Urban Development and the states to put more low-income housing at the disposal of the handicapped, including retarded people and ex-mental patients.

- 2) Putting more emphasis on mental health training of community workers and those serving minorities.

- 3) Putting more flexibility into eligibility requirements for facilities qualifying for reimbursement under Medicaid and Medicare (both of which programs are "biased toward inpatient care").

The report notes that many services to emotionally disturbed people are hidden in the nation's medical bill—for example, 1975 saw \$245 million spent on prescriptions for two leading tranquilizers. To try to ascertain the most economic way of delivering mental health services, it urges that HEW analyze the impact of insurance programs that include mental health coverage; also it wants assessments of the costs of specific mental health services in various settings. Further, the report recommends establishment of an interagency coordinating committee to see how government programs not primarily concerned with men-

tal health can benefit the mentally disabled.

Speaking of money, the commission asks that current levels of training money for alcohol, drug abuse, and mental health workers be sustained. It also seeks a 20 to 35 percent increase for research in alcohol, drug abuse, and mental health. (The Office of Management and Budget wants to phase out training money for mental health professionals in favor of training primary care providers in mental health services; the proposed budget contains no increases for research.)

The commission asserts that a lot more people than is commonly believed are in need of help. Although the common estimate of people in trouble (not counting the country's 6 million retarded) is about 10 percent of the population, the commission says it is more like 15 percent. According to a National Institute of Mental Health study done for the commission, the figure is even higher—25 percent of the population may be in need of help either for long-term problems or situational stress that significantly impairs their lives.

In its conclusion the report emphasizes that one of the main impediments to improving services is the "stigma of mental illness," and the "misunderstanding and fear surrounding mental and emotional problems," that prevents people from acknowledging problems or seeking help. At a press conference, Rosalynn Carter said removing the stigma was "our most important recommendation."

The final report is due next April.

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