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Environment Vs. Industrial Rule

If Seabrook officials aren't forced to prove that their proposed cooling system is environmentally sound, America's industrialists may soon find little to stop them from polluting the nation's waters.

EPA (Environmental Protection Agency) Administrator Douglas Costle will soon decide whether or not the Seabrook plant may use a cooler that releases large quantities of hot water into the ocean, killing fish and destroying ecological balance.

If he gives Seabrook the go-ahead, damaged New England waters will seem crystal clear in comparison with the murky prospect of weakened environmental control.

Under current law, industry must prove technology safe before using it. But a pro-Seabrook decision could reverse established policy, setting a dangerous precedent in which environmental groups would have to prove technology harmful before it's banned.

This means that any potentially hazardous technology — from off-shore oil rigs to strip mining to Seabrook's water-heating cooler — might be put into use until environmentalists, without big-business capital, established the costly proof of pollution.

If Costle decides in favor of Seabrook, almost 1,200 utilities and industries will save money this year — but every American citizen will lose.

EDITORIAL

Energy Plan Erosion Pitfalls

Although President Carter's energy plan moved swiftly through the House this summer, his package may disintergrate in the midst of Senate wrangling.

The patchwork legislation, mounted to guard the country against an 'energy crisis' included a maze of taxes, rebates and conservation incentives. House ratified features unfortunately gutted by the Senate would have established uniform electricity rates and industrial use of coal.

Further, replacement of a tax on gas - guzzling autos with outright ban of overly - large vehicles prevents efficient use of car pools and limousine services.

While reports of more abundant natural gas suggest an easing energy situation, analysts point out that residential surplus exists simply because industrial users are turning to oil imports. Sections of Carter's conservation policy may be tough on the consumer, but Senate reluctance to regulate gas prices and tax U.S. crude oil only serves big business.

Americans must sacrifice in the face of certain energy crunch. An imperfect package is better than none, and if Congress doesn't get its act together, the U.S. will simply bow to oil - industry greed in what Carter terms 'the moral equivalent of war.'

10/27/77

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Nuclear Policy Perils

With a new U.S. - Soviet arms pact in sight and dialogue limiting high - risk atomic technology underway, it looks as if the Carter Administration may put a damper on immediate nuclear threats. But despite positive steps leading to greater flow of trade and East - West detente, the Administrationhas repeated what seems to be its foreign policy routine — outlining grandiose goals and coming up with results that fall short of expectation.

While an arms limitation accord proposed last March cut deeply into the weapons ceiling, new negotiations include a milder framework that some analysts feel would enable the Russians to cripple American ground missiles on first strike.

And although President Carter expressed satisfaction with last week's 40 - nation conference on nuclear technology, the parley failed to produce agreements restricting spread of equipment that could be used to build atomic weapons.

Indeed, the conference emphasized a major policy shift toward increased U.S. tolerance of other nation's nuclear plans. Clearly, Carter wants to avoid controversies over the use and export of sensitive technologies like those that emerged earlier in the year with West Germany and Japan. Some critics justly fear that the new Administration line could, in fact, promote use of atomic arms.

One must remember, however, that arms talks and technology control touch basic questions of detente and nuclear deterrence. Even agreements that *some* feel favor other nations *slightly* will come under intense scrutiny.

Initial discussion and proposals can only be forerunners of disarmament and world safety. Let's hope that Mr. Carter's softened approach will best serve these laudable ambitions.

Rights For Mentally Ill

State mental hospitals used to conjure images of locked wards, straight jackets and padded cells. But as advances in drug therapy eliminate the need to institutionalize large numbers, many mental health advocates place greater emphasis on new laws to protect civil rights of the mentally ill.

In a landmark case now before the US District Court in Boston, one woman — a mentally retarded teenager named Donna Hunt — has become the focal point of a trial that could change traditional practices inside mental hospitals. Attorneys charge that 14 psychiatrists and one psychologist associated with Boston State Hospital forcibly medicated and secluded Hunt during non-emergency situations. And according to a temporary restraining order issued in 1975, physicians cannot treat patients without consent — except in emergency.

While legal activists hope that the case will set a precedent rendering the 1975 ruling permanent, crucial questions remain:

What actually happened to Hunt at Boston State Hospital?

Did doctors involved ignore state law and acceptable medical practice?

Certainly, no mental patient should be forced to take anti-psychotic drugs or enter solitary confinement against his or her will. In cases where no emergency exists, such acts violate constitutional rights, including freedom of speech, right to due process and free-

dom from cruel and unusual punishment. Indeed, a potentially oppressive situation results when doctors must answer to no one. Although physicians *should* maintain the right to treat patients under extreme circumstances, lawmakers require a more specific definition of the word 'emergency.'

Coersion — if that is what took place at Boston State Hospital — constitutes serious malpractice. Judge Joseph L. Tauro must decide whether the seclusion and medication of Donna Hunt were justified by truly dangerous episodes of "assault, self - injury or attempted suicide," or whether, as her lawyers claim, the treatment, amounting to simple incompetence, was designed to get Hunt "out of the staff's hair."

A Question of Monkeys

India's recent ban on the export of rhesus monkeys — those humanoid primates used in a wide variety of biomedical experiments — will surely have drastic impact on hundreds of research projects in the US.

While the overwhelming majority of monkeys are used in non-military, disease-related research, reports of fatal neutron bomb experiments and brutal profiteering bear witness to the fact that **some** animals are being sacrificed needlessly for questionable medical gain. Prime Minister Desai's decision to cut India's monkey business — a response to cries of abuse, waste and cruelty — comes after years of quota reductions and echoes the Hindu leader's religious opposition to destruction of animal life.

The rhesus monkey is essential if American scientists are to continue their largely laudable medical research in such fields as cancer and pharmaceuticals. The monkeys are, afterall, used to investigate serious diseases and injuries when human experimentation is considered unethical, and they constitute a mainstay of many vital vaccine programs. More important, decades of study on the animals' behavior, chemistry and physiology provide a base for more sophisticated inquiry and faster results.

Value of experiements must ultimately be weighed against methods by which monkeys are imported and research

conducted. India's decision will force America to establish its own rhesus supply. But no matter where the monkeys come from, scientists must confront the moral issue. Stricter controls on treatment of the animals — whether domestic or foreign — will certainly not hinder valid scientific research.

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Doctors For Urban Poor

America's urban poor may finally get their own doctors. The federal decision to send physicians into ravaged New York City neighborhoods — some without a single resident M.D. — signals a major policy shift in favor of inner - city health.

Like certain areas in New York City, many poverty - stricken neighborhoods throughout the US have no physicians at all. And while the National Health Service Corps continue to send 94 percent of its subsidized doctors to rural communities, city slums lack even the most basic primary health care. But the largest urban recruitment program undertaken since the corps' formation six years ago now promises to turn these depressing figures around.

New measures require that 60 percent of all corps recruits go to inner - city sections with few or no M.D.'s. Indeed, as more doctors flee areas in which health is poorest, need for this statistical change becomes urgent; with urban poor isolated from the national mainstream, harsh lives and unavailable preventative treatment have snowballed into a major medical dilemma.

For the corps effort to succeed, cities must reduce red

tape and provide urban practitioners with increased hospital privileges. Administrative and financial guidelines should set the pace for any large-scale, urban health plan. American medicine must guarantee that doctors go where they're needed — Indian reservations, Appalachia, city slums — and that they're provided for after arrival.

4/27/78

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Betty Ford's Analysis

Betty Ford's recent discussion of her addiction to prescription drugs illuminates a problem that will continue to haunt our society until the medical profession shapes up.

A student on any college campus can walk into the school infirmary around exam time, complain of insomnia or nerves, and come out with a prescription for Valium — the supposedly mild muscle relaxant which claims more addicts each year. And a housewife who has trouble getting through the day can easily get her hands on some Librium — like Valium, a prescription tranquilizer whose subtle physical and psychological powers of addiction often creep up on users without the benefit of medical warning.

All too frequently, it seems, physicians subscribe to the notion that drugs can cure *anything* — even those ills traced to mild emotional stress. Instead of referring patients to psycho-therapists, counselors or social workers, an M.D. may routinely advise the patient to take a pill.

Accusations in Massachusetts have pointed to abuse of the deeply disturbed, institutionalized patient via such powerful treatments as electro-shock therapy and

anti - depressant medication. But little attention has been paid to injustices heaped upon the garden variety neurotic who goes to the doctor for help and comes away with a bottle of Valium. Without careful instruction, the individual may end up with two problems — the original, for which he or she sought a cure in the first place, *and* a drug addiction similar to the one revealed by Mrs. Ford.

Doctor's wrote sixty million prescriptions for Valium last year. It is encouraging when a woman in Betty Ford's position takes the time to expose pitfalls.

6/1/78

EDITORIALS

The Question Is Academic

Discussion and debate of ongoing research in the academic community provides American scientists with their most valuable asset — a constant exchange of ideas that must ultimately fertilize all intellectual inquiry.

It's not easy to ignore the results of repression. Stalin's political assault on modern genetics delayed the study of that science within the USSR for over thirty years. The absolute dogma of Plato and Aristotle convinced monarchs that the world was flat — and that concept was nourished through political suppression of adversaries for hundreds of years. Such censorship is a political tool that has marked the bleakest periods in human history: the Inquisition, the Nazi Holocaust, the McCarthy era of the 1950's.

So it seems only natural that the University of Wisconsin at Milwaukee should get up in arms about a political order barring disclosure of research conducted in their computer science department. The Wisconsin project received $89,728 from the National Science Foundation in 1977. The grant contained no provision barring disclosure of the study's find-

ings and issued no warning that the research might be sensitive. And the school doesn't even *permit* classified research to be conducted on its campus; that policy grew out of anti-war unrest during the late sixties and early seventies.

Warner Baum, chancellor at the Milwaukee school, has asked the National Science Foundation to join the University in protesting the federal secrecy order. But with the NSF entrenched in its own political battles, Foundation leadership can hardly be expected enter another conflict.

American scientists have been vociferous in protesting the freeze on their colleagues in the USSR. But now it's time to focus energies at home. If the federal order stands, a haunting precedent for academic restriction may reverberate for years to come.

EDITORIALS

Questionable Hospital Ethics

This May Senator Kennedy argued in favor of President Carter's proposal to limit hospital costs. We applaud his admirable performance. As chairman of the Senate Subcommittee on Health and Scientific Research, he'll muster needed support for the President's plan to cut fat from our health budget, providing better, less expensive care for lower and middle classes.

Unfortunately, Kennedy has also used his position on the influential Subcommittee to push through plans that will increase hospital costs in Massachusetts — where prices are currently 23 percent higher than the national average. According to UPI, Globe and New Republic stories, Kennedy — a Lahey Clinic trustee — backed that Boston clinic in its quest for funds to expand in suburban Burlington.

State health planners claim that the projected Lahey facility would become another "white elephant," floundering in debt as it was forced to overcharge on drugs and services.

Even though the Massachusetts Health Facilities Appeals Board has joined with a group of doctors in legal action against the proposed medical center, the federal government's Health and Urban Development branch recently lent Lahey $6.5 million to begin construction. By succeeding in its current litigation — to be heard beginning June 13, in the Massachusetts Superior Court — Lahey will be eligible for $63.5 million more.

If Carter's program is thwarted by the influence of powerful private forces, hospital costs will soar. And expansion of a private clinic like Lahey will drain funds that would otherwise go into needed public care.