

skid-row bums for blood—a major cause of hepatitis contamination of blood (SN: 7/21/73, p. 35). Now, a year later, the program has resulted in little concrete improvement beyond getting opposing factions such as the American Red Cross and the American Association of Blood Banks to talk to each other. An entirely volunteer blood collection program remains to be set up. "There have been needless deaths, I am sure, this year because we haven't had it in operation," admitted Charles C. Edwards, assistant secretary for health in HEW.

Also promised last year, and still to be implemented, is a national health insurance program. There are eight bills before Congress. Whether any of these will pass Congress this year is doubtful. Actually it may be just as well that national health insurance is held off a while in view of the financial burden already on Americans because of inflation. The essential thrust of the major bills before Congress, according to Stuart Altman, deputy assistant secretary for planning and evaluation in HEW, would be to help finance health care for the 40 billion Americans who have no health insurance or substandard health insurance (no comprehensive coverage such as outpatient care). This is a laudable aim, but the cost to the American public would be anywhere from \$6.5 billion up to \$13 billion more annually than it is already paying for health care (\$103 billion).

In addition to this extra tax burden, there is also a hefty chance that national health insurance would inflate health care costs that are already soaring. After the Government lifted cost controls from hospitals and doctors on April 30, physician fees rose 17 percent and hospital charges 15.4 percent during May. This rapid rise compares to America's current inflation rate of 12.6 percent annually. And it's good to keep in mind that when Medicare and Medicaid were implemented in 1966, there was a striking rise in hospital and physician charges, largely because of increased demand for services. The same thing will probably happen with national health insurance, but on a vastly bigger scale since it will be covering 220 million Americans.

When national health insurance is implemented, it will have to be subject to cost controls, Weinberger said. Yet he admitted that he doesn't "know that anybody knows how to do cost control."

There is one area where progress is evident, however, and that is in the implementation of the Professional Standard Review Organizations (PSRO's) enacted by Congress in October 1972. PSRO's are to consist of groups of physicians around the United States who set standards for health care.

While the standards will be used to reimburse physicians who treat Medicare and Medicaid patients, the standards will undoubtedly be used to maintain quality care once national health insurance is implemented. At this point 115 PSRO contracts have been awarded to physicians in all but four states. The American Medical Association, which previously fought PSRO's, now agrees to support them. The Institute of Medicine of the National Academy of Sciences studied the PSRO concept and reports that it should be a valuable addition to the American health care system. "The program," declared Henry E. Simmons, deputy assistant secretary for health at HEW, "is complex, sensitive and extremely important."

PSROs will decide, for example, which operations are appropriate (hernia repairs have doubled since 1965 although the operation is usually riskier than the condition); how many days in the hospital are appropriate for a particular condition; which diagnostic tests are necessary for which medical conditions. With PSRO decisions to back them, physicians should stop practicing defensive medicine—ordering unnecessary diagnostic tests—in order to ward off malpractice suits. Diagnostic tests are one of the most inflationary components of hospital costs.

The PSRO's will deal with general problems that detract from the quality of American health care, such as the overprescribing of antibiotics. Sixty-two percent of 10 million Americans were found to have had antibiotics prescribed for them although they did not have bacterial infections. The PSRO's will also deal with hospital-caused infections, Simmons indicated. This is a major problem for hundreds of thousands of patients (see p. 44). □

Health research aims for visibility

Status reports on broad areas of Government-funded health research and research policy were given last week at a White House seminar for health writers.

Health, Education and Welfare Deputy Assistant Secretary for Health, Theodore Cooper, says biomedical research should be reviewed and coordinated on a national level to eliminate duplication and to establish goals and priorities. A newly proposed National Biomedical Research Commission would serve this function, he says. HEW Secretary Caspar W. Weinberger proposed the formation of a seven-member "distinguished study group" to be appointed by the President. A status report on the national

biomedical research effort would be completed in 15 months, Cooper says.

Another major policy concern and direction for National Institutes of Health projects will be "the effective translation of research findings into medical practices," Cooper says. Several such "people projects" are now being funded by the National Cancer Institute (NCI) and the National Heart and Lung Institute (NHLI).

Robert Ringler, acting NHLI director, reviewed that agency's "people projects." The largest project, the Multiple Risk Factor Intervention Trial (MRFIT), was begun in February. About 12,000 men judged to be in the nation's highest coronary-risk group are being recruited in MRFIT centers throughout the country. Half of the men will be treated with an experimental regime of exercise, diet and smoking control, and the other half (the control group) will be treated with the best conventional preventative coronary care. After six years of testing, solid information should be available on the best method of managing the coronary-risk patient.

A Lipid Research Clinic program to study high blood-cholesterol treatment will also involve volunteers in various clinical settings, and Ringler announced another trial program to begin this summer. About 3,600 volunteers who have had myocardial infarctions (death of heart tissue by vein blockage) will be tested at 30 local centers to determine whether the administration of aspirin will improve their chances to escape further heart attacks. Data from the Aspirin Trial will be finalized after about four years.

The approach of bringing research to the patient is planned to improve awareness of biomedical advances and to provide scientists with information on the best new clinical techniques. The approach will also be used to study atherosclerosis, hypertension, pulmonary diseases, thrombosis and heart diseases, Ringler says.

NCI Director Frank J. Rauscher, described the "people projects." These are needed, he says, because "cancer research is the largest, most visible, emotional subject in the history of biomedical research." The Breast Cancer Detection program in 27 centers, begun in March, has been quite successful thus far, he says. "Each unit will access about 5,000 women per year over the age of 35. The encouraging thing about the program so far is that 70 percent of the cancers detected have been still localized lesions, whereas the overall figures for cancer detection show that 66 percent are disseminated when found."

Other projects include a "tobacco clearing house" for smoking motivation studies and testing of lung cancer detection techniques. "We intend to

use seed money to start local programs to demonstrate to the population what can be done with cancer research. As in the case of cigarette smoking, motivating individuals to accept information and modify their patterns of living is extremely important, and we have not been doing a good enough job," Rauscher says.

A researcher with the National Institute of Arthritis, Metabolism and Digestive Diseases, Elizabeth Neufeld, reported general progress in the study of genetic metabolic disorders. A simple test has been developed for diagnosing cystic fibrosis in newborns before they leave the hospital, thus improving their chances of surviving childhood. Work on Hurler's syndrome, or "gargoylism," has yielded enough information to allow prenatal detection of the disease, but not, unfortunately, correction of the problem.

Progress in the search for a vaccine to prevent tooth decay (dental caries) was discussed by William Bowen from the National Institute of Dental Research. Dental caries have reached pandemic proportions in the world, he said, affecting 95 percent of the people. Only 25 to 30 percent of Americans attend a dentist regularly, and many do not have the "will power and discipline" necessary to follow proper oral hygiene. Dental researchers, therefore, see caries as a public health problem, best solved through mass immunization. By injecting monkeys with live, caries-causing *Streptococcus mutans*, researchers were able to increase the monkeys' resistance to caries. The findings are encouraging, Bowen says, but a vaccine is "unlikely in the near future." □

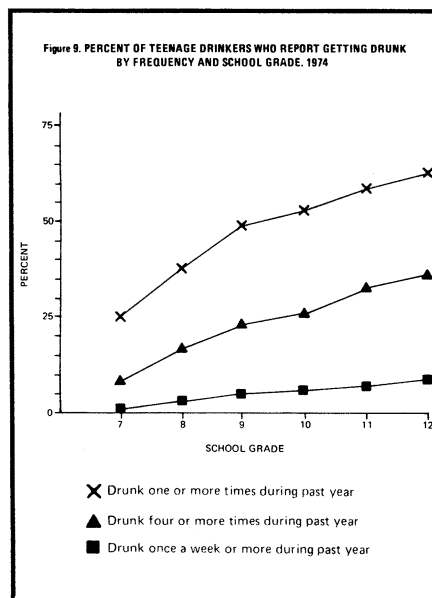
Alcohol, youth, money and cancer

In the psychedelic sixties, marijuana, LSD, heroin and a handful of hallucinogenic drugs received so much publicity that people began to forget that alcohol has long been and continues to be the most popular and widely used (and abused) of the mind-bending drugs. But with the current de-emphasis on marijuana and an apparent leveling off of heroin use, alcohol is once again taking its rightful place as the most talked about and possibly the most investigated of recreational drugs. The National Commission on Marijuana and Drug Abuse and the President's Science Advisory Committee, for instance, have both found that the problems caused by alcohol far overshadow those of any other drug. Now, a task force of the Department of Health, Education and Welfare has issued a report that finds, among other things,

TABLE 2
RELATIVE RISK OF ORAL CANCER ACCORDING TO LEVEL OF EXPOSURE TO ALCOHOL AND SMOKING (a)

Ounces of Alcohol Per Day	Cigarette Equivalents Per Day			
	0	Less than 20	20-39	40 or More
No alcohol	1.00	1.52	1.43	2.43
Less than 0.4 oz.	1.40	1.67	3.18	3.25
0.4 - 1.5 oz.	1.60	4.36	4.46	8.21
More than 1.5 oz.	2.33	4.13	9.59	15.50

Source: Rothman and Keller (47).
Risk is expressed relative to a risk of 1.00 for persons who neither smoked nor drank.



that alcohol is becoming increasingly popular among young people and that high consumption of alcohol may be related to various types of cancer.

Teenage drinking, the report says, is almost universal—93 percent of twelfth-grade boys and 87 percent of the twelfth-grade girls have used alcohol. Marijuana use among senior high-school students runs a poor second—only 40 percent of the males and 36 percent of the females report having used marijuana. Approximately 23 percent of the students surveyed report getting drunk four or more times a year. These drinkers, the report says, are exhibiting potential problem-drinking signs.

In addition to the obvious problems that individual drinkers might have to face, there is also the \$25 billion that drinking costs the United States every year. This figure, up \$10 billion from the 1971 estimate, includes primarily lost production of goods and services due to the reduced productivity

of alcohol-troubled male workers. Medical expenses and automobile accidents are the second and third largest costs.

Cancer, a word as ubiquitous as Watergate, also has a place in the HEW task force's findings. It seems that cancers of the mouth, pharynx, larynx, esophagus and liver are in some way related to the heavy use of alcohol. Such cancers could be due to the fact that heavy drinking is sometimes associated with dietary deficiency, malnutrition, anemia and poor hygiene. Another suggestion is that alcohol itself has a carcinogenic effect on the tissues it comes in contact with. Attempts to produce a cancer in animals by prolonged administration of alcohol have failed, however.

Alcohol may not be a carcinogen by itself but, the task force says, alcohol may act as a cocarcinogen with tobacco. It seems that people who both drink heavily and smoke heavily have a much greater chance of getting cancer than those people who smoke heavily but do not drink or those people who drink heavily but do not smoke.

Other findings: The people in the District of Columbia and the state of Nevada consume two to three times more alcohol per person than the people in most other states. In the District of Columbia, for instance, this amounts to 6.5 gallons of absolute alcohol per person per year or 9.9 gallons of distilled spirits, 6.3 gallons of wine and 30.5 gallons of beer. On the bright side, the task force notes that "moderate consumption of alcohol is not harmful." Tolerance to alcohol varies greatly from person to person but moderate means about three shots of whisky, half a bottle of wine or four glasses of beer per day. In fact, says the report, the nonexcessive use of alcohol may have beneficial physical, social and psychological effects. □