

Departing Clark: A personable Watt?

On Jan. 2, Interior Secretary William P. Clark formally announced his New Year's resolution: to resign. Like William Ruckelshaus (SN: 12/8/84, p. 358), he said his mission was accomplished and it was time to go home. Clark sees himself as having restored communications between his agency, the Congress and conservationists. Moreover, he has said he feels he has finished implementing most of those issues left hanging when his predecessor, James Watt, resigned. Environmentalists concede he has done both, but many suspect his primary mission was that of getting his agency's action and policies out of the headlines during an election year. And it's for that, most feel, that he deserves the highest marks.

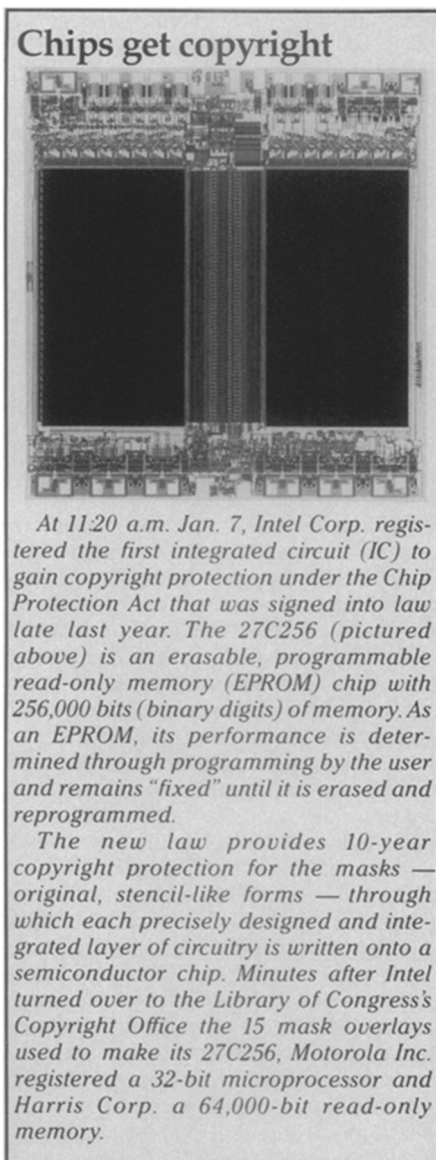
Clark's pleasant, nonconfrontational manner and generally open-door policy disarmed many of Watt's strongest critics. Moreover, he developed a reputation for

phrasing his comments in a low-key non-newsworthy style and for postponing agency actions expected to arouse controversy — such as resuming coal leasing on public lands. However, charges John McComb, director of conservation for the Sierra Club, Clark's "day to day administration of our public lands and Interior programs was remarkably the same as if Watt had been around." In fact, McComb charges that the only differences in program policies were over issues Watt had already lost to Congress — like wilderness leasing.

Soon after taking office, Clark unveiled a revised Outer Continental Shelf policy to address opposition to the sweeping five-year oil-and-gas leasing program, proposed by Watt, that would have allowed bidding on nearly the entire U.S. coastline (SN: 7/31/82, p. 71). Though Clark's revision included plans to consult with the states and to have more public hearings, environmentalists have pointed to recent efforts by Congress to continue a ban on Interior's leasing sales off California and parts of the Eastern seaboard as signs that the states haven't been appeased. Moreover, says Elizabeth Raisbeck, director of Friends of the Earth's Washington office,

"Clark has also shown little interest in deleting tracts for environmental reasons unless industry has shown no interest in them."

Under Watt, Interior sanctioned Minnesota's plans for sport trapping of the wolf, a threatened species. In litigation over the plan, Dan Smith of the Defenders of Wildlife, explains "we won a resounding court decision" throwing out the trapping. But Clark appealed. Smith notes that would have been an opportunity for Clark to change Watt's policy. William Reffalt of the Wilderness Society faults Interior's endangered species program for focusing on writing new species recovery plans. Though Clark added more new species to protection lists than did Watt, Reffalt would like to see more implementation of existing species recovery plans. Reffalt also points out that Watt's directive to encourage and increase the economic exploitation of public lands — usually for mineral development — "is still in force, and one of the things environmental groups have been strongly opposed to." That helps explain, says his Wilderness Society colleague Bennett Beach, "why we really see Clark as a Watt in sheep's clothing." — J. Raloff



Two-year risk for former mental patients

It has long been known that psychiatric patients die prematurely at rates much higher than normal. In recent years, premature death among these patients has been caused mainly by suicides and accidents.

Researchers at the University of Iowa in Iowa City have added some new twists to these findings. They report that once patients are released from a psychiatric hospital they stand a much greater chance of dying within two years than would be expected from death rates in a healthy population. Released female patients between the ages of 30 and 39 years have an especially high risk of dying, and not just from suicides or accidents but from physical disease as well. Significant jumps in natural deaths, particularly from heart disease, were found only among women; the reasons for this trend are unclear, say psychiatrist Donald W. Black and colleagues.

Female patients died at double the normal rate, while male patients died at 1½ times the normal rate, according to the study in the Jan. 4 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. The highest death rates were among patients of both sexes with organic mental disorders or schizophrenia, women with alcoholism, drug abuse or moderate levels of depression, and men with neuroses. Suicides and accidents accounted for two-thirds of the excess deaths.

The researchers tracked 5,412 patients admitted to the University of Iowa Psychiatric Hospital between Jan. 1, 1972 and Dec. 31, 1981. An estimate of the normal

death rate was obtained on age- and sex-matched subjects by analyzing Iowa census data and death certificates during the same time period. About 200 patients would have been expected to die according to the normal death rate, but the investigators found that 331 died.

The increase in deaths within two years of being released from a psychiatric hospital is "striking," says Black. Furthermore, about half of the excess deaths among women occurred within the first six months after discharge. This pattern was not observed among men.

The greater risk of both early and disease-caused death among women "is a mystery," he adds. One psychiatric disorder, anorexia nervosa, mainly affects women and causes heart problems and increased death rates. "But anorexia only accounts for a fraction of our sample," says Black. Physically ill women, he suggests, may be admitted to psychiatric hospitals more frequently than physically ill men are.

Although it contains uncertainties, the study has practical implications, explains Black. "If psychiatric patients are dying at high rates within two years of discharge, psychiatrists may not be following up on cases enough, treating patients vigorously enough or keeping them in the hospital long enough," he says. Electroconvulsive therapy should be used more often, he says, with severely depressed patients who do not respond well to medication and are at great risk for suicide.

—B. Bower