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## Letters

### Life style vs. orientation

I was glad to see that "Predisposition and Prejudice" provided a forum for scientific disagreement (Letters, SN: 3/4/89, p.131). But I must correct the erroneous conclusion of at least one of the readers that those "sufficiently discriminating to keep away from high-risk situations" will end up paying for the "high-risk life style of homosexuals."

Unfortunately, this is a conclusion many well-meaning people are coming to in our struggle against AIDS. A little information, however, will change any open mind.

First, there is no such thing as a "homosexual life style," any more than there is a "heterosexual life style." Life styles vary, obviously, within each group. Homosexuality is an *orientation*, not a style of living. A glance at any newspaper will quickly dispel the myth that gay people have a corner on promiscuity. As a matter of fact, statistics on other sexually transmitted diseases show that gays have dramatically curtailed risky behavior.

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Cover: A computer simulation shows two spiral galaxies on the verge of merging. Recent studies have won new adherents to the notion that collisions and mergers play a large part in forming most, if not all, galaxies in the universe. (Image: Courtesy Joshua Barnes)



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Economically, apart from the obvious motive of prejudice, there is no good reason to wish insurance companies would automatically exclude anyone presumptuously considered at "high risk." But even for those whose prejudices are strong, it is a misguided wish. Our taxes (collected from people of all orientations) will pay the expenses of people with AIDS who are refused coverage. Beds in public hospitals are already overcrowded with such indigent cases.

The valuable message of "Predisposition and Prejudice" is that discriminatory health care coverage doesn't solve anything. It only causes unnecessary hardship and pain.

*Philip Bockman  
Media Committee*

*Gay & Lesbian Alliance Against Defamation  
New York, N.Y.*

### DSM: 'Professional turf war'

In "The Diagnostic Dilemma" (SN: 2/25/89, p.120) you neglected the underlying energy for DSM revisions. Everyone has noticed the

media advertising blitz from new free-standing mental health clinics. Much of the revising widens the doorways of eligibility for third-party reimbursement to let more people into treatment. More subtle and political are the efforts to shift diagnostic criteria toward a reductionistic medical model so that psychiatry and the medical profession can control more of this expanding marketplace. The revisions are effectively excluding or limiting psychologists, counselors, psychiatric social workers and psychiatric nurse practitioners from independent practice by requiring medical diagnosis and referral. This nature vs. nurture dispute does not exist only at the ethereal level; there are very tangible consequences of the philosophical redefining of mental illnesses. It's a professional turf war.

*Kenneth S. Hines  
St. Joseph, Mo.*

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the signal that people talk about. And I think we ought to be really cautious when there are known problems in the data that are about the size of the signal we're looking for."

**A** frustrated baseball fan sits with ear to radio, hoping to pick out from the static the faint voice of the game announcer — such is an example of a signal-vs.-noise problem. Climate researchers face a similar issue when they consider whether the greenhouse warming has started. Because of entirely natural processes, such as the El Niño-Southern Oscillation, Earth's average surface temperature can swing up and down from year to year by several tenths of a degree. Over a longer period — say, a few hundred years — the Earth has warmed and cooled by a degree or more. This natural "noise" makes it extremely difficult to spot a greenhouse warming.

At times the baseball fan mistakes static for a human voice. Likewise, scientists have to ensure that they don't mistake a natural temperature rise for a human-induced one.

Stephen H. Schneider, a climate modeler at the National Center for Atmospheric Research in Boulder, Colo., is one of many scientists who refuse to say

the rise in greenhouse gases has caused the observed warming. "Yes, I believe that the greenhouse signal is probably in the record," he says. "But can I prove it? No. I don't think it's 99 percent certain."

Schneider and others say the next decade holds the key to resolving the debate. If the warming seen in the 1980s continues into the 1990s, then it will become increasingly difficult to invoke natural climate shifts as an explanation.

"You can't say just because one decade warmed up that the cause is the greenhouse effect," Schneider says. "But for two decades to have a warming trend, that would be pretty unusual. And if it continues to crack records on an annual basis, then I think most of the skeptics will drop out and agree that there it is."

With all the unanswered questions about the validity of past temperature records, the future of the climate looks even hazier. Most experts believe accumulating greenhouse gases will warm the world. But climate researchers can only offer broad predictions. The planet may heat up at a pace that leads to global catastrophes, or it may warm at an extremely slow rate that allows more time for people, plants and animals to adjust. According to computer models of the climate, the real future most likely lies somewhere between these extremes.

Some groups cite the scientific uncertainty as a reason to stall any response to

greenhouse warming. Yet in testimony before Congress earlier this year, several scientists argued that questions about future warming are not strong enough to warrant hesitation. Addressing the House subcommittee on energy and power, National Academy of Engineering President Robert M. White said, "Our view is that when the risks of the consequences are put in the balance against the certainties and uncertainties of our knowledge, a prudent course of public action is now called for."

At the same hearing, Schneider warned that if policymakers awaited scientific certainty, the world would have to adapt to a much larger dose of global change. Last month, the Environmental Protection Agency echoed this point in its report on policy options for slowing global warming (SN: 3/25/89, p.183).

While the scientists at the subcommittee hearing advocated political response to the threat of global warming, they stressed the importance of taking scientific action as well. Only an understanding of global change will enable researchers to make predictions that can guide future policy. According to White, "The most immediate need is action to reduce uncertainties in our knowledge through an intensified program of research on climate." □

Next: Scientific challenges in the 1990s

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**DSM is a distraction.** Psychiatrists need to become grounded in basics such as understanding the cultural context of an individual's character and recognizing substance abuse and its effects in the family. There are fundamental skills that become virtually reflexive in genuine psychiatric practice. They are not subject to the deliberations of a committee, nor are they found by reference to an ever-expanding index of classification. When they are mastered, however, there's no mistaking them. And a committee of a thousand learned psychiatrists saying otherwise will not alter that.

*William S. Greenfield  
Chairman, Penn Recovery Systems, Inc.  
Philadelphia, Pa.*

**I find it curious** that a group of feminist psychotherapists is lobbying against the inclusion of a diagnosis for PMS.

You describe the Coalition Against Misdiagnosis as "aghast" because a gynecological problem was labeled as mental illness. Certainly for many women PMS involves anxiety, depression, hostility and other manifestations of mental illness.

Diagnoses are available for organic mental disorders; research is exploring physiological origins for many disorders described as mental illness. Could it be that despite the efforts of mental health professionals to promote the validity of mental illness, this group of therapists still attaches a stigma to a psychiatric diagnosis?

*Nicole D. Booze  
Roanoke, Va.*

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