

Pipeline and permafrost

The proposed pipeline bringing oil from Alaska's north slope would arc south from the oil-rich north slope, then bisect the Brooks Range, cross the Yukon east of Fairbanks and terminate at the port of Valdez. Much of the line would involve immersion in or elevation over a 25 million acre field of permafrost deposits. The effect of the pipeline on permafrost ecology has caused sharp controversy.

Conservationists foresee a potential danger of oil leaks and long muddy rifts affecting stream and river life, disrupted deer migratory paths and a general deterioration of the whole land quality along the route (SN: 10/25, p. 377).

A new study by The Department of the Interior of the effects of the line indicates that a four-foot pipe buried several feet in permafrost and heated to 80 degrees C. would thaw a "cylindrical region 20 to 30 feet in diameter in a few years in typical permafrost materials. At the end of the second decade of thawing, depths would be 40 to 50 feet in northern Alaska where the permafrost is older, and 40 to 50 feet near the southern limit of the permafrost deposit."

Undersecretary of the Interior Robert Train told the House Interior Committee last week that a reduction of oil temperature from 80 to 30 degrees C. would reduce thawing "by only 30 to 40 percent." Engineers fear the pipeline could be jeopardized by loss of support in the thawing trench and by shear displacement in the mudflow, resulting in a potentially disastrous oil spill.

A Department of Interior permit granting right-of-way for the construction of the 700-mile hot-oil line from Prudhoe Bay to Valdez is under review at present by the House Interior Committee.

Train assured the committee that the Atlantic Richfield, British Petroleum and Humble Oil Companies organized for the project as the Trans-Atlantic Pipeline Company (TAPS) would assume absolute liability for possible damage to the land along the right-of-way. Train told the committee that \$3.5 million would be made available to ensure continual surveillance of the line. The three companies are bonded for \$5 million for the project.

The permit approval could come as early as March but, says Train, "A present state of uncertainty as to how the permafrost problem will be handled in certain areas of the route, unless resolved quite soon, could make it difficult to meet that schedule." □

Doctors to watch doctors

The present condition of the nation's health care industry is a focal point of public concern. In calling the situation a national crisis, President Nixon has said that unless immediate action is taken by Government at every level and, most important, by the health professions, "we face a virtual breakdown in the delivery of health services."

The reaction by some has been to suggest a wider role for Government in providing health care and keeping costs down. As an alternative to Government regulation, the American Medical Association is pushing hard for a form of self-policing called peer review.

At the AMA Clinical Convention in Denver this week, a galaxy of health officials, from Health, Education and Welfare Assistant Secretary Roger O. Egeberg to AMA officials and insurance representatives, urged the medical profession to institute such a program.

The peer review system would organize state and local medical societies to make judgments on fees, oversee proper utilization of hospitals and equipment and act as a liaison between doctors and local health departments, welfare agencies, insurance carriers and patients.

Unless such a system can be made to work, said Dr. Egeberg, the voluntary health care system will be lost to Government domination.

Peer review would not be simply a police-type operation where abuse and fraud cases would be identified and punished, although this would be a major function. According to AMA leaders, it would also improve care through the education of doctors, find better ways of conserving manpower and improve delivery of health care. Properly implemented, said Dr. Carl E. Anderson of Santa Rosa, Calif., the system could be used to institute a broad program of preventive medicine.

If the system works, it could keep the Government out of the health business for a while longer. At least, implementation is seen as helping to stem the rising costs of health care over the next few years.

There is ground for skepticism, though, and some of it was expressed at the AMA meeting. Doctors' fees under Medicare and Medicaid are under a form of compulsory peer review. But the system is not controlling costs, said Thomas Tierney, director of the Social Security Administration's health insurance bureau, and a lid was put on Medicaid payments by HEW Secretary Robert H. Finch this summer (SN: 9/2, p. 96).

In the final analysis, the Government needs effective, disciplined, organized control, Tierney told the convention. Somebody will do the job.

"I hope it will be the medical profession," he said.

U.N. VOTE

Delaying action on oceans

The underdeveloped nations this week won a round in their effort to keep the deep ocean floors free of exploitation until some international control is set up (SN: 11/29, p. 495). Their effort was opposed by the United States and the Soviet Union, both of which are closer to exploitation of the sea than are the smaller nations.

The move came when the political committee of the United Nations General assembly approved a revised draft resolution offered by Brazil, Mexico and eight other countries. The resolution called for a ban on exploitation of the resources on the ocean floor beyond the limits of national jurisdiction, pending the establishment of some form of international control. Until then no claim to any part of the deep ocean floor or its resources would be recognized.

The proposal was adopted by a vote of 52-27 with 35 abstentions. The U.S. will seek to have the matter classed as an "important question," requiring a two-thirds majority when it comes before the full General Assembly. The committee was only one short of such a majority.

The U.S. supported another resolution, approved 99-1, to have the Secretary General submit an in-depth report next year on international machinery to insure peaceful uses of the seabed.

CYCLAMATES

Modifying the ban

Six weeks ago the battle over artificial sweeteners appeared briefly to be at an end. After weighing a judgment from a special panel of the National Academy of Sciences and the Food and Drug Administration that cyclamates caused cancer in rats, Health, Education and Welfare Secretary Robert H. Finch issued a blanket ban against their use in beverages and foods (SN: 10/25, p. 369). The ban, Finch said, was based on the Delaney Amendment to the Food, Drug and Cosmetic Act. The amendment flatly states that any food additive that causes

cancer in any animal in any dose is illegal.

Subsequently, HEW convened a second expert panel, a Medical Advisory Group on Cyclamates headed by Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs, to review the anticyclamate decision. That panel ruled that cyclamates serve no purpose in beverages but that they should continue to be added to dietetic foods for use by diabetics and weight-watchers. The secretary modified his original ban accordingly.

The handling of the cyclamate affair represents something of a deviation from precedent. In the past, such matters rested squarely with the Commissioner of the FDA, who is responsible for administering food and drug laws.

In this case, however, the issue reached higher authorities. According to one version, Abbott Laboratories, the chief cyclamate-producer, first took its evidence of rat tumors to the FDA, then to Dr. Jesse Steinfeld, assistant deputy at HEW. "Steinfeld carried the ball from there," goes the story; as the executive secretary of the HEW advisory group he helped engineer the modification of the cyclamate ban.

A COURT DECISION

Society membership

Most professions and trades have professional societies, and membership is always useful to practitioners. For medical specialists society membership can be crucial since it implies a certification of their credentials to practice. Therefore courts have ruled that medical societies cannot exclude qualified applicants if the exclusion prevents them from practicing.

Now a decision of the California Supreme Court expands this principle to include any case where society membership would be a significant economic benefit to a professional practitioner. The decision comes on a case brought by a Long Beach dentist, Dr. Leon Pinsker against the Pacific Coast Society of Orthodontics (SN: 9/27, p. 266).

The society had claimed that since Dr. Pinsker could practice orthodontics without being a member, it could not be forced to admit him. The state supreme court sent the case back to the lower courts to be decided on the broader ground of whether membership would be a substantial benefit to Dr. Pinsker. Membership, said the upper court, "would appear to be a practical necessity for a dentist who wishes not only to make a good living as an orthodontist but also to realize maximum potential achievement and recognition in such a specialty." □



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