

PROBE

David Zimmerman's newsletter on science, media, policy and health.

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Malthus Revisited:

Should Starving Kids Be Fed? UNICEF Policy Is Challenged

It will be singled out as one of the most evocative news photos of the year:

In scrub land in the Sudan, a starving African girl has fallen, apparently abandoned, while en route to a feeding station. She is dying. Behind her stands an immature hooded vulture, waiting to eat her.

This picture ran in the *New York Times* (March 26) and in *Time* (April 5) in color. It shocked readers.

"Many have asked about the fate of the girl," the *Times* said in an Editor's note (March 30). "The photographer [Kevin Carter] reports that she recovered enough to resume her trek after the vulture was chased away. It is not known whether she reached the center."

Some newspaper readers also may wonder whether Carter did too little — or, possibly, too much. He shooed the vulture away. But he apparently did not carry the child to the feeding center. The vulture almost certainly returned.

Questions Raised

The photo thus raises in an inescapable way the question of *what the well-fed West can and should do for a doomed Third World child* — and for the millions of others like her.

The first response — ours and others' — is: Carry the child to food and safety! Save the children! It also is the UNICEF (United Nations Children's Fund) way.

This might work in the Sudan, and in some other places (or it

might not). But in many places it will not: Too many babies and grown-ups to feed, too little food.

This being so, relief efforts focused on feeding, healing, and sheltering young children may be the *wrong* relief for older family members — who in fact may have a far better chance for functional life and survival if they are fed. Saving the children also may be the wrong choice for these peoples' societies — which need able-bodied adults more than replaceable children.

Saving the children in the short term, in this view, thus may add to rather than diminish human suffering in the long term.

Theory Is Advanced

This counter-intuitive, anti-sentimental — and very unpopular — perspective reflects a concept called *demographic entrapment (DE)*. It was elucidated in a recent essay in *Lancet* (March 13), by a pediatrician, Maurice H. King, M.D., from the University of Leeds, and a theologian, Charles Elliott, D.Phil., from Trinity Hall, in Cambridge. King is a world-renown expert in the delivery of health care to Third World children. His views on DE are extraordinarily controversial.

King and Elliott say a population is "demographically entrapped" if it exceeds the carrying capacity of its ecosystem, relies on outside food aid, and can't relieve this distress through outward migration. Aid agency workers, King and Elliott note, consider India, Bangladesh, Pakistan, Nepal, Kenya, Nigeria, and Vietnam, along with Haiti in the Western hemisphere, to be demographically entrapped.

Lifeboat Ethics Debated

Entrapment creates this ethical dilemma, the British commentators say: The interests of the present-day child — the one for whom the vulture waits — can and sometimes do conflict with the interests of the family, the larger community, and the interests, too, of future children. It *even* may be against the present child's interest to save him or her, if the outcome only can be continuing hunger, illness, and early death.

continued on page 4

Dilemma

*Mother decide: Who will do without today?
Will it be Ram who is strongest,
And does not need it so much?
Or Raj, who is the weakest,
And will not need it so long?
Or Sita, who is a girl anyway?
Decide mother, and kill part of yourself.*

—Indian poem (c. 1970),
as quoted by M. King in *Lancet*

'Hyperactivity' Gene Finding Spurs Research Debate

A genetic defect has been linked to — and may turn out to cause — some cases of a common psychological and behavioral disorder. This discovery was made by researchers at the National Institutes of Health (NIH); it is described in the April 8 *New England Journal of Medicine (NEJM)*.

The disorder is *hyperactivity*, known more formally as attention deficit hyperactivity disorder (ADHD). It mostly affects school kids:

They are impulsive. They can't concentrate. They squirm and carry on in class. They aggravate their teachers; their educational advance may stall.

Branch Davidian cult leader David Koresh was hyperactive, according to press reports — and of course had a few other problems, too.

The new discovery is that, in a small percentage of these people, the hyperactivity is associated with an inherited physical trait: a gene defect that blocks normal uptake of thyroid hormone into cells in the brain and other parts of the body.

Better Diagnoses Foreseen

If confirmed, this finding will help improve the diagnosis of individuals suffering from this condition. It almost certainly will lead to better treatments. But the finding also informs a much wider — and very passionate — public policy debate on where the causes of mental illness ought to be sought, and how it should be treated.

Hyperactivity has been the focus of this debate for thirty years. This started when a drug, methylphenidate (*Ritalin*, CIBA), was approved by the U.S. Food and Drug Administration to treat hyperactivity. *Ritalin* continues to be used for this purpose.

Ritalin almost certainly has been over-prescribed by physicians for children who might have been helped in other ways. But *Ritalin* also can be appropriate and effective therapy for some of them.

The drug's use was attacked, early on, by L. Ron Hubbard, founder of the Scientology cult. He charged that kids were being unfairly and unnecessarily doped out with it.

This attack on *Ritalin*, and on the development and use of psychoactive drugs has been continued by Bethesda, Md., psychiatrist Peter Breggin, M.D., and others who argue that mental illness is not biological, and certainly not inherited (genetic) (PROBE, April). Using *Ritalin* and other psychiatric drugs, they charge, thus is a mind-control perpetrated on the public by the government and mental health establishment.

Drugs, meanwhile, have become a standard, and more or less successful treatment for several mental disorders, including manic-depressive (bipolar) illness and schizophrenia. But the anti-drug and anti-psychiatry movement continues to use the

Ritalin controversy, successfully, to disparage drug therapy and mental health care. Leaders argue forcefully that mental illness is an illusion — it is the *society*, not the individual, who is sick — or they say that these conditions are caused by patients' familial and social environments, which is where remedies ought to be sought.

Guilt May Be Eased

The new report linking a genetic defect in thyroid metabolism to some cases of hyperactivity thus plays a pivotal role in this conflict:

It destroys the notion that there are no links between genes and physiology on the one hand, and hyperactivity on the other. And it may shift attention away from other putative causes, which have induced much soul-searching and guilt in the past:

"It's not bad parenting, overcrowded schools, or unmotivated kids," says NIH researcher Alan Zametkin, M.D., who is one of the researchers. "[Hyperactivity] is a neuropsychiatric problem based on brain physiology."

This will have to be confirmed. What is more, the far commoner cases of ADHD that occur in people *without* the genetic thyroid disability also may — or may not — be found to have biological, as opposed to environmental roots (or: both may be involved).

But these results clearly show that rhetorical attacks against biological research on mental illness are short-sighted — and so should be resisted.

Follow-Up . . .

Research on Violence: NIH has de-funded the proposed genetics and violence conference we described last month, according to AP. NIH chief Bernadine Healy, M.D., blasted it as "inappropriately ill-conceived," "dangerously inflammatory," and "socially irresponsible."

The AP reported, April 22:

"Pressure mounted from a conference brochure stating that 'genetic research gains impetus from the apparent failure of environmental approaches to crime' — a veiled way of saying that people commit crime on the basis of racial background."

We think AP, Healy, and the conference's critics are simply nuts to read this meaning into the statement.

The conference organizer, the University of Maryland, plans to appeal the NIH ruling, AP says.

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MEMBER, NEWSLETTER PUBLISHERS ASSOCIATION



Science Advice Often Misses the Mark, A Congressional Leader Complains

"Political expedience will always play a greater role in policy making than will analytic thinking, scientific or otherwise."

This is the well-considered view of Rep. George E. Brown, Jr., (D-Cal.), who is widely regarded as the most scientifically astute member of Congress — and also science's savviest Capitol Hill advocate. Politics, he says, has primacy over data and analysis in the legislative process. But, Brown insists:

"We can, and must, seek ways to better integrate our growing body of scientific knowledge and technological expertise with our needs as human beings in an increasingly global society."

The veteran legislator (Brown entered Congress in 1962) has worked as a physicist, and is chairman of the House Committee on Science, Space, and Technology. He explored policy-makers' expectations of science in a speech, March 12, to Sigma Xi, the scientific research society headquartered in Research Triangle Park, N.C.

Policy Help Sought

Legislators seek scientific expertise to help make better policy decisions, Brown told Sigma Xi. But, he complained, the advice proffered is often unsuited to lawmakers' needs.

Presented "in a vain effort to be accurate, measured, unbiased, and comprehensive," he said, "science advice can also be irrelevant, impractical, untimely, and incomprehensible."

In high-visibility controversies, such as the hazards of radon, tobacco, electromagnetic fields, and ozone-depleting chlorofluorocarbons, Brown said, credible scientific experts will appear to testify for each side. Objective or neutral scientific information sources, such as the National Academy of Sciences and Congress's Office of Technology Assessment, predictably come up with recommendations for "more research." They are on a "quest for truth," and don't provide the scientific "ammunition" that law-makers are hankering to have, Brown noted.

Science is most effective in influencing policy decisions on issues where the science is "overtly linked to widely shared subjective values," the Congressman said. He cited environmental protection laws, a major focus of his committee's work, as an example.

"When scientists testify before Congress on behalf of Greenpeace or the Sierra Club, their biases are clear," Brown

declared. "In the political process, this does not denigrate their expertise or their data. In fact, it puts the data in a context that politicians can understand."

This data is most useful to Congress when it suggests specific solutions to particular problems, such as how to keep dolphins out of tuna fishermen's nets. Scientists' input is far less useful for making long-term predictions about agriculture, energy, or resource use. Yet this is the information politicians really want, since they "would much prefer to fund research for tomorrow than to make difficult decisions today . . . that might get them thrown out of office."

The Congressman acknowledges, however:

"Predictions are just big hypotheses. [They] highlight uncertainty; they don't reduce it."

Expecting science to make predictions that it cannot in fact provide, Brown added, can create an "anti-science backlash," which, he said, he seeks to avoid. The better path for science — where it can provide crucial advice to government — is through early identification of new problems that may require legislative action.

Corrections Needed

A second under-utilized role for science is to provide ongoing analyses of federal programs set up to cope with societal problems, so Congress can make timely mid-course adjustments. Citing as an example the stalled Superfund program for cleaning up toxic waste, Brown said:

"Congress often makes the mistake of implementing grand, comprehensive, prescriptive programs designed to achieve complex goals.... It's like playing chess without paying attention to your opponent's moves."

Scientific monitors, he said, could provide the analytic input Congress needs to make essential adjustments.

"I would like to see policy-makers and scientists work together to design incremental, adaptive programs that can move toward policy goals along evolving pathways," Brown said. "I'm advocating a type of conscious trial-and-error policy that mimics the scientific method. The trick — which we have yet to master — is to test the consequences of our political choices by creating feedback loops between adaptive policy decisions and the scientific research agenda."

Coming in June

A major battle in our society, and many others, pits science and political democracy against the revealed religion and authoritarianism of fundamentalist movements. Two new books, *Understanding the Present*, Bryan Appleyard (Doubleday), and Jonathan Rauch's *Kindly Inquisitors* (University of Chicago) grapple with this dilemma.

One of them fears and disparages the rational process of discovery. The other exalts it. We'll explore the arguments in these opposing, but oddly complementary books next month.

Politics Prevails

"Perhaps we must view objectivity not as a commodity offered by scientists to policy-makers, but as the constant goal toward which science strives, and which inevitably disappears in policy debate. Data derive their policy meaning from the context of human values. In political debate, objective data do not exist. Successful politics, not good science, resolves conflicting values."

— Rep. George Brown, to Sigma Xi

Kids . . .

continued from page 1

Whom to save, or try to, thus is an issue that should be faced and debated — and not, as at present, avoided — King and Elliott say.

The prevailing demographic assumption is that efforts to reduce child mortality — by feeding and caring for children — lead to a decreased birth rate. This in turn slows population growth, because populations emerging from poverty *want* fewer children.

King and Elliott challenge this view. Infant mortality has fallen significantly in some populations, they note, but family size has not. Result: DE.

This concept, King has noted elsewhere, incorporates two ideas that the pessimistic English economist and demographer Thomas Malthus (1766-1834) did not foresee:

Birth rates come down as the demographic transition from primitive to modern society is successfully completed, but they fail to come down if this transition is not successful.

Rising human populations can destroy their ecological base.

(Malthus, in *An Essay on the Principle of Population* (1797) said that population always tends to rise faster than food production. Limiting fertility — by delaying marriage and prac-

ting monogamy — thus is, in his view, the only way to prevent poverty, hunger, and illness.)

Today, there may be little anyone can do to relieve DE and save lives in the Third World, King and Elliott say. But two groups have an interest in the situation, and are trying to act: the entrapped populations and the international aid agencies.

Historically, the analysts suggest, when famine arrives, many such communities save the adults, and allow the children to die. But the aid agencies, and particularly UNICEF, are *committed* to helping the children, at all costs, which may serve to increase the population, and its entrapment. So King and Elliott say:

“UNICEF’s ‘child survival revolution’ contrasts starkly with the grim reality that seems to be looming ahead in some trapped communities.”

Agency Agendas Differ

Other aid agencies, and particularly the *Save the Children* Fund (SCF), are more flexible, they write. These agencies give more weight to community needs and interests than UNICEF. Unlike UNICEF, the SCF “tacitly assumes severe entrapment when necessary, and argues that in most locations it does not necessarily do ‘everything possible to reduce child mortality.’”

The two experts complain, however, that DE is a thoroughly taboo subject: It has never been acknowledged or even mentioned publicly by UNICEF, they assert. It has been mentioned

continued on next page

Experts Debate Aid Agencies’ Focus on Children

A symposium on Dr. Maurice King’s provocative viewpoint appeared two years ago in *NU* (vol. 5, no. 1), a Swedish periodical on health care in developing countries. Here is a precis:

• **Haken Hellberg, M.D.**: Under the headline “Maurice King is right,” this Helsinki physician and former WHO official says: “The vertical programs [such as infant feeding and immunizations] are easier to make visible ... but King’s warnings about them should be noted. . . . There are no quick victories, and some of the seemingly more spectacular ones may be detrimental, as King is showing [He] has . . . challenged us for another quantum jump in our understanding of health and human development.”

• **Halfdan T. Mahler, M.D.**, chief of International Planned Parenthood Federation, ex-chief of WHO: “We need not pause for even a moment to consider such a fatalistic and unethical proposition as King’s . . . for sick and starving children to be left to die . . . [in order] to slow the rate of world population growth. . . . It is clear to me that active, mass euthanasia is not the way to approach these problems. ‘Solutions’ of such an outrageous nature should perhaps not be floated, even as a provocation, to an amoral world.”

• **Thomas Hammarberg**, chief of Swedish Save the Children: Under a headline “Not either or — but both!” he says, “The choice is not whether we should give support to programs to reduce child mortality or [to] promote family planning. It is necessary to combine *both*. . . . The rapid population growth is a formidable challenge There is no difference of opinion about that. King is also right about the fact that there is no automatic connection between child mortality and reduced birth rate, at least not . . . short-term.”

• **Bertil Egero**, sociologist and demographer, University of Lund: “I agree on a general level with [King’s] perspective of a threatening interaction between poverty, population growth, and environmental deterioration. . . . [But] it is hard to see in what sense the withholding of health service and advice would be a positive contribution The likely effect would be a gradual increase in [child] mortality, which . . . is already underway.”

• **Ulla-Britt Lithell**, historian, Uppsala University: “Just as Malthus once questioned the Poor Laws, legislated to alleviate the worst misery in England during the 18th century, King has challenged the saving of lives through . . . health programs. For what society and for what future are these children saved?”

(Note: *NU* is published three times a year; it is free of charge. Write to it at University Hospital, entrance 11, S-751 85 Uppsala, Sweden.)

only once in a United Nations document, albeit "there is much private discussion" of the subject among the staff of the World Health Organization (WHO) and some other agencies. King and Elliott argue that it would be better for UN agencies to face up to and debate what is to be done to deter DE, rather than "maintain the illusion that it does not exist."

Priority Questioned

Key to that assessment, King and Elliott add, is to reassess the priority now accorded to saving children.

"The reluctance of late Western liberalism to recognize entrapment and its remedies is partly due to its 'romanticization' of the child," King and Elliott say. "We do not suggest that children should be ignored. But the . . . assumption that they have an ethically prior claim to consideration needs to be inspected more critically than [it] has been."

UNICEF: No Comment

Officials at UNICEF headquarters, in New York, declined repeated requests for comment on the King-Elliott article.

But UNICEF's deputy executive director for programs, Richard Jolly, has angrily attacked earlier King articles on DE, including one in *Lancet* (September 15, 1990), in which he said specifically that the West should "refrain from advocating public health policies" — such as feeding starving children — "for other communities which, unappreciated by them, worsen their sustainability so that they ultimately starve."

This paper stimulated an opening round in the debate King seeks on the issue. In a symposium on King and DE that appeared two years ago in the Swedish magazine *NU*, Jolly charged King with launching a "malicious and misleading" attack on UNICEF that badly misrepresents UNICEF's position. He said many other agencies concur with UNICEF that saving children is intrinsically right, and also relieves population growth because mothers' breastfeeding and child care tend to reduce the birth rate. (See Box, opposite page.)

Wide Help Provided

What is more, Jolly asserts, UNICEF does not just feed and care for children. It promotes birth control and other population control measures. These programs are not mandated in New York, he adds, but are planned and delivered with advice and input from aid recipients.

"What does King actually recommend?" Jolly asks. "To explain to all community leaders that their efforts to look after their children will only, *in his assessment*, lead to more misery — so they should vote whether or not to keep or abandon their local health clinic . . ." [emphasis in the original].

Jolly derides King's technical analysis, and dismisses his "triage-like policies" and "Jekyll and Hyde ideas."

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We don't know if King, or Jolly, is right — or wrong. But the debate is worthwhile. The U.S. military can't safeguard all the world's soup kitchens, as in Somalia — and starvation and population continue to rise on burnt-out lands around the globe.

May 1, 1993

As Editors Cut Back, Public Wants More Science News — Poll

The public wants more coverage of science and health, according to a Louis Harris telephone survey earlier this year of 1,250 adult Americans. A majority of those who were polled said they favored this change.

"It can be stated categorically that the number of American adults who want serious scientific news is substantial," Harris reported. "Indeed, science news coverage ranks as a mainstream area of coverage in the news needs of this country. A majority of the public nationwide considers science news to be of equal importance to every other major area of news coverage."

The poll was commissioned by the Scientists' Institute for Public Information (SIPI), a nonprofit science advocacy organization in New York. A SIPI official, Fred Jerome, told reporters at a news conference last month that this was the first survey of public views on science news since the Russians launched Sputnik, 35 years ago. SIPI's concern, he said, is that newspapers, fighting red ink, are cutting back on science coverage. The number of daily newspapers that carry weekly science supplements has fallen by half in recent years, to under a hundred, Jerome said.

He added that he hoped that the survey findings will persuade editors and publishers to increase, rather than cut back on science coverage.

The survey found, Harris said, that 56% of Americans are

"People who are interested in science news . . . are, in fact, the mainstream of America."

— Louis Harris

regular viewers of TV programs on science, technology, and nature. Roughly 40% are readers of science news:

38% read science news in newspapers at least once every week

43% read about science in books or magazines at least once a month

40% say they discuss science and related issues, including health, about once a week

The topic of greatest public interest is dangers to children's health; 74% of respondents read science news for this reason. Some 60% are interested in AIDS research and treatment. Computer columns are the least popular form of science coverage; only 20% of those surveyed say that they find these columns interesting.

Louis Harris said that he concluded from these survey findings that "the [public's] appetite is for much more" coverage, "especially in health and scientific phenomena that impact on health."

Doubts Raised On RU-486's Abortion Role

Will RU-486 provide the technological fix that "could end the abortion wars," as its strong advocate, journalist Lawrence Lader, of New York City, wrote a few years ago? Many people, we among them, have hoped so.

U.S. approval of the drug is now foreseeable, thanks to encouragement and prodding from the Clinton administration and Rep. Ron Wyden (D.-Ore.) and others. So the time may be right to assess some of the abortifacient pill's potential shortcomings.

RU-486 may not fulfill its advocates' hopes.

This was pointed out several years ago by writer Alida Brill, of New York, in her book *Nobody's Business* (Addison-Wesley: 1990). RU-486 is "not a panacea," Brill wrote. "Technology," she added, "does not resolve inequality nor does it reduce the intensity of ideological and political battles."

A more recent analysis of RU-486's potential is being conducted by Amy Lyn Toro, a graduate student in jurisprudence and social policy at the University of California at Berkeley. She is looking particularly at whether its approval by the Food and Drug Administration (FDA) will enhance American women's privacy, safety and access to abortion.

Approval Favored

Toro supports RU-486's availability — cautiously. But she noted with concern, in a recent telephone interview from Berkeley, that a woman and her doctor might opt to use the drug, instead of surgical abortion, "on the basis of the external political environment" generated by Pro-Life harassment, rather than on the better bases of "health and safety." Choosing RU-486 for political or defensive reasons is "irrational," Toro maintains.

Trials using the hormonal agent in Europe indicate it is very safe, Toro says. But there are only a few hundred thousand reported RU-486 abortions thus far, compared to many millions of surgical abortions performed by suction. What is more, much of the clinical experience with the hormonal abortifacient in Great Britain and France may be very different from what will occur here.

RU-486 abortions are available overseas only through centrally located clinics (which also can provide surgical abortions in case of failure). These clinics also are tightly linked to hospitals that provide emergency backup. This safety network may not be available if RU-486 is dispensed from American physicians' offices — and so it may not be as safe as it has been in Europe.

Advocates of RU-486 say it will protect women's privacy. And it is less invasive than surgical abortion. But Toro argues

that it is unlikely to provide women greater autonomy vis-a-vis doctors, since it will be a prescription drug, and will be heavily regulated by FDA.

RU-486 also requires three medical visits over a two week period, rather than one or two, as is the case with surgical abortion.

If RU-486 abortions are managed at abortion clinics, the extra visits could increase, rather than diminish patients' exposure to pro-life extremists' harassment, Toro points out. This hassling would be diminished if doctors are willing to provide RU-486 in their private offices. But, she said, there is as yet little evidence that they will be willing to do so.

Access Problems Cited

Advocates foresee RU-486 increasing women's access to abortions. Toro raises doubts:

The need for three doctor visits, for example, may make it very difficult for young women, who want to keep the procedure secret, and for poor women who may have to travel to a distant facility, to get it. Because of the multiple visits, and the paper work they generate, the cost may be little different than a surgical abortion, Toro said.

"RU-486 may not be the panacea."

She suggested that it may be more important for pro-choice advocates to try to ensure all women access to the standard, surgical abortions through legislative and legal routes, rather than to focus on adding a second, questionable method.

Clinton Health Watch

If it were nutrition, not health care, the nation was debating, the problem could be seen as a choice between restaurants, cafeterias, or soup lines, and who should pay how much, to whom — and for what. Since many Americans now get soup-kitchen care, and some fancy caterers vend only ordinary fare, the forthcoming Rodham/Clinton plans concern us all.

So, too, do the questions of whether, how quickly, and how well their reforms can be imposed from above. The shaky condition of Social Security, the Post Office and other national agencies leave few grounds for hope.

A more fathomable question is how quickly *specific* technological prospects and advances can be developed, and put into practice — and what may be required to do so.

A case in point is organ transplantation: The first successful kidney transplant (between identical twins) was performed a *half century ago*, in Boston. Last year, 10,108 kidneys, 3,056 livers, 2,221 hearts, and a lesser number of lungs, livers, and pancreases were transplanted in the U.S., according to the United Network for Organ Sharing, an organization of transplant coordinators, in Richmond, Va. But almost twice that number of medically qualified candidates were waiting for donor organs — and many died for want of one.

In organ transplantation, a life-saving method and a social network to facilitate it, now are in place. But getting a larger percentage of the public to donate organs — and solve the supply problem — is proving to be slow going. No wonder: Few healthy people want to face the possibility that they, or a loved

continued on page 8

Was ace writer skinned back?

Times Touts Veggies Against Cancer; Editorialist Demurs

The nutrition police have suffered damaging blows lately. Many of these setbacks reflect nutritionists' and nutrition writers' penchant for dietary preaching based on preliminary research findings — which then are confuted.

Recent follow-up studies have shown, for example, that cutting dietary fat probably is *not* a feasible way to prevent breast cancer (PROBE, Nov. '92). It turns out, too, that stick margarine may be no healthier for the heart than butter. And so forth.

Dietary rectitude nevertheless seems impervious to common sense — and even seems to disarm usually careful reporters and editors. We have in mind a recent full page worth of propaganda in the *New York Times* (April 13) that came with this page one teaser:

"New Studies Agree: Eat Your Vegetables."

The article is by Natalie Angier, who — deservedly — has won a Pulitzer and some other prestigious prizes for her thorough reporting and excellent feature writing. But when Angier turns to nutrition, she seems to go, well, hog wild!

Carnivores Warned

Last year, she wrote a long, poorly-grounded opus on megavitamins as mankind's new panacea (PROBE, May '92). Now, in a similarly weak piece of vegetarian agitprop, she tells "red-blooded American" carnivores, who had hoped that science might validate their dietary preferences, to "abandon that hope, ye who harbor it."

Angier's opening may have been tongue-in-cheek. But what follows is dead serious — and wrong.

She cites new evidence, particularly a recent finding from Germany and Japan, that tofu (soybean) eaters have high levels of chemical called *genistein* in their urine. This chemical has been shown — in test tubes — to block the proliferation of new blood vessels (angiogenesis) that cancers require for growth.

Absolutely *no* evidence is presented to show that eating soybean soup in fact protects Asians, or anyone else, from cancer. Angier acknowledges that this idea is "merely a theory, unsupported by data."

Hyperbole Triumphs

But this does not stop her editors from writing a headline that says, dead seriously, that "Chemists Learn Why Vegetables in Diet Help People Avoid Cancer," and a pull-out quote that says, very much out of context, "A chemical blocks the growth of blood vessels that feed a tumor." Both suggest to casual readers, as well as to vegetarian true-believers, that test-

tube data and speculation have been transubstantiated into nutritional fact — and fiat.

They have not — except at the *Times*.

The piece goes on to describe all of the anti-cancer and other healthful properties of chemicals found in vegetables. No negative, or countervailing data are considered.

Angier ignores, for example, findings that edible plants, and particularly celery, contain highly toxic natural pesticides. These poisons kill insect predators, and may also be hazardous to humans. But Angier is selling veggies — and apparently also vegetarianism — rather than reporting scientific findings and relating them carefully to current concepts of diet and health.

'Skin Back' Described

Last year, in a speech at Rockefeller University, Angier told scientists that her megavitamins opus (March 10, 1992) was one of the most popular she'd ever written. She also revealed that when a *Times* writer or editor goes off the deep end on a subject, the paper contrives to publish a countervailing piece called a *skin back*. This, she explained, is the *Times*' way of quietly rebalancing the record — without appearing to chastise an offending writer or editor in public (which is something the *Times* does not like to do).

Armed in advance with this helpful information, we were of course fascinated to discover, the day after Angier's veggie piece appeared, a *Times* editorial headlined "Vegging Out." We asked ourselves: Could this be a skin back?

Ever-so-cleverly, the editorialist parodies Angier's piece:

"Millions of Americans can still remember what it was like to have to eat a mess of overcooked carrots because they were good for their eyesight. . . . They can also remember what it was like to consume spinach, *yards* of spinach, because Popeye owed his muscles to it."

But then, the editorialist writes, the nutritionally oppressed found their champion: President George Bush told the world he shared their "hatred" of veggies, and said that he didn't eat broccoli.

"But how misplaced that hate. How wrong those millions of Americans! Because it is from stuff like broccoli and carrots and yes, spinach, that they may gain a brighter, healthier future. If it isn't too late for them to acquire a taste for cabbage, or squash or eggplant."

The editorial goes on to say:

"Food analysis is a veritable toddler among scientific fields, but all we know so far tells us that those people who insisted on pushing variously leafy items down our unwilling throats were right.

"On the other hand, maybe they weren't. The data are as yet, as one researcher [whom Angier had quoted far, far down in her story] put it, 'extraordinarily soft.'"

#

A close associate of ours is very concerned about cancer. She read Angier's piece, went out and bought soy bean soup, and told her family she was becoming a vegetarian.

We think it is irresponsible for the *Times* to publish this stuff. And *cruel!*

Clinton . . .

continued from page 6

one, may be brain dead by dinnertime.

Nevertheless, inroads are being made in this problem:

A Boston non-profit group called the Partnership for Organ Donation, with help from Harvard and the Burroughs Wellcome Co., commissioned a Gallup poll on public attitudes toward organ donation. The poll found that 85% of Americans support organ transplantation, and 69% would be "somewhat willing" to be donors. Given these results, one Harvard expert said, the task is to transform positive attitudes into action.

Surprisingly, the donor cards many people carry in wallets or purses turn out *not* to be the key to whether one's organs are saved for others. Participants in a Partnership press conference earlier this spring, in New York, explained that the families of

gravely injured and comatose patients -- who are the most suitable donors -- very often arrive at the hospital before death occurs. It is *their* decision, reflecting their interpretation of the dying person's wishes, that determines whether the organs will be donated, the Partnership briefers said.

Given this situation, the Gallup survey showed that twice as many Americans would donate organs if this subject had been discussed in advance and assented to by individual family members. So the coalition's public plea is that all American families conduct this difficult private conversation among themselves, *now*.

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The family discussion, in times of health, about organ donation after death is not easy. But it is hard to think of anything that may contribute more to others' survival and well-being. The intricate planning needed to effectuate this one health care reform leaves us fearful of the chaos and waste that may result from a top-to-bottom effort to reform health care delivery.

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