

EXCURSUS 1

Hans J. Morgenthau on THE CONTRACTION OF AMERICA

In the summer of 1973, Herbert Mitgang of the New York Times invited Hans Morgenthau to "write a 750-word piece for [the Times's] Op-Ed page on the rising expectations in the country." Morgenthau responded to the invitation, but for reasons unknown to us the article never appeared. Eight years later, and a year after the author's death, that article has come into our hands through the courtesy of his children, Susanna and Mathew Morgenthau. We print it here for the first time in the belief that what Dr. Morgenthau had to say of America in 1973 is of equal value today.—Eds.

Americans are undergoing an experience which is both unique in their history and runs counter to what we have come to regard as the typical American experience. The core of that traditional experience has been unlimited expansion. In territorial terms it expressed itself as "manifest destiny"; in economic terms, as an ever-expanding economy with an ever-increasing GNP and an ever higher standard of living; in moral terms, as the ever-expanding area of freedom and equality, with the United States as the model and vanguard.

Throughout American history, that expansion on all levels of collective action has encountered temporary stagnation and even contraction. There have been economic recessions, depressions, and even panics. A civil war put in jeopardy the very existence of an ever-expanding America. Isolationism deprived the United States of a

good measure of its moral and political leadership in the world. Yet all those contractions from the traditional American expansionism had two qualities in common: They were either self-willed, like the Civil War and isolationism, or they were temporary, susceptible to obvious remedies, such as economic crises. In consequence, the American self-image of an ever-expanding political, economic, and moral universe was not seriously affected by these negative experiences of temporary contraction.

The contractions of the expansionism Americans are experiencing today are not only in magnitude but also qualitatively different from those with which their history has acquainted them. They are neither self-willed nor temporary, but existential. That is to say, they cannot be overcome by the commitment of will, mind, and material resources. Rather they are like barriers that cannot be removed, pierced, or climbed over. And, worse, they are closing in on the American space, not only preventing expansion, but forcing retreat.

On the world stage there is no place into which the United States could expand without risking either nuclear war, as in the Cuban missile crisis of 1962, or at best stalemate, if not defeat, as in Indochina. As the wisest of us recognized a quarter of a century ago, the best America can do is to contain its enemies; it can no longer dislodge them by victory.

The continued expansion of the GNP and rise in the standard of living are up against a shortage of raw materials for which substitutes are not likely to be found in the foreseeable future. They also threaten the destruction of the natural environment upon which life on this planet depends. Furthermore, inflation not only prevents a rise in the standard of living for the mass of the people, but reduces the standard of living already achieved.

Most important, the moral self-identification that has



"So you're rich—big deal! Who isn't?"

sustained the national consciousness of Americans from the beginning of their history and was accepted by much of the outside world has suffered a terrible blow through the Indochina war and Watergate. Is this still the nation the Founding Fathers offered the world as a new experiment in statecraft, a new hope, and an example to emulate? Is this still the champion of freedom throughout the world, protecting and expanding it? Or has this become just another nation, neither different nor better than the others?

Questions such as these are thus far being asked by only a few. But sooner or later they will be asked by the man in the street, when the consequences of that pervasive contraction, especially in the economic and environmental spheres, intrude on his daily life. How will he react when that contradiction between the traditional image of an ever-expanding America and the reality of existential contraction on all levels of national endeavor is brought home to him? Will he adjust his placid consciousness to the new disappointing reality, discovering that tragic sense of life that has both tormented and enriched other nations? Or will he blind himself to this new reality, sustaining his consciousness not with the facts of life, however disquieting, but with historic memories, illusions, and delusions about the real world, and dreams about better worlds to come? Will he make a creative effort at redefining American identity and mission in the light of this new reality, or will he make a futile, and perhaps fatal, effort at superimposing an obsolete consciousness of expansion upon a recalcitrant reality of contraction?

© *Susanna and Mathew Morgenthau*

EXCURSUS 2

George A. Silver on DECLINING HEALTH STANDARDS IN THE USSR

About a year ago the demographers Christopher Davis and Murray Feshbach published a detailed analysis of Soviet infant mortality statistics that showed a disturbing increase over the past ten years, and they suggested a number of explanations. The topic was seized upon by the American press as evidence of the failure of Soviet medical care and "socialized medicine" in general.

There is no question of the reliability of the data or analysis provided by the demographers. Infant mortality in the USSR increased between 1970 and 1976 from 22.9 to 31.1 out of every 1,000 live births. (No infant mortality data have been released since.) Infant mortality is widely recognized as a sensitive indicator of the health status of a population; and *increasing* infant mortality is a relatively unknown phenomenon in advanced industrialized societies. Some countries in the process of economic advance fail to show the same rapid decline in infant mortality as others—the U.S., for instance, which, despite its wealth and resources, is fifteenth on the international list: 14 per 1,000 live births in 1977. But none of these countries has ever retrogressed to the extent the Russians have or shown such wide disparity within its borders.

In "Rising Infant Mortality in the USSR in the 1970's," Davis and Feshbach point out that this increase of more than 30 per cent means that nearly forty thousand more infants died in 1976 than would have died had the rate

remained the same as in 1971; and that life expectancy at birth for Soviet males must have declined from 66 to 63 years and the rate for women leveled off at 74 years. By contrast, life expectancy for U.S. males in 1976 had arrived at 69 years and for females 76.7. Overall infant mortality in the U.S. in 1976 was 15.2; and even the "all other" rate—that of minorities and presumed disadvantaged—was 23.5.

Not surprisingly, the rise in infant mortality is most notable in less advanced areas of the USSR, indicating that economic and social development has been uneven in that self-proclaimed egalitarian society. Ashkabad, in Central Asia, had an infant mortality rate of 46.4 in 1974, and in Dushanbe it was 51.8. By comparison, the rate in Vilna was only 17 and in Minsk 15.7, approximating the U.S. rate of the same period.

What can have happened? Does this actually demonstrate the failure of "socialized medicine"? To the extent that the mortality rate reflects an increase in deaths beyond the neonatal stage (the first twenty-eight days) it may indeed do so, since many of the later infant deaths represent failures of medical care for sick children. But in the area of neonatal mortality, much more than medical care is at fault. Here the whole of the social system—care of pregnant women, nutrition of mother and child, living and working conditions—must be blamed.

For these reasons, and given the correctness of the causative factors suggested by Davis and Feshbach (e.g., alcoholism, lack of fresh fruits and vegetables, wide variations in income level, work that is too hard and heavy for pregnant women during the later stages of pregnancy, lack of help at home, unsanitary and careless handling of infants in the day care centers that are so necessary to Soviet society), another explanation suggests itself. It is the futility of keeping up with the military Joneses.

The Soviet GNP is less than half that of the U.S., yet the Russian economy is being forced into a competition of military expenditures that even the U.S. is struggling to meet. With America's enormous wealth and productivity we are barely able to provide both guns and butter; for the Russians it must be impossible. One might venture that "socialized medicine" is the only thing that keeps Russian health from being in an even worse state and that it succeeds in preventing actual epidemics.

Some observers of the Soviet scene, like Harrison Salisbury, seem to think we should stop bullying the Soviets. Our excessive military preparedness and pugnacious posturing may actually precipitate a Soviet attack—not from strength, but from fear, desperation, and weakness. The failing Soviet health picture may be evidence of that weakness.

A better reason for us to abandon our truculence and extravagant military expenditures is that they will do to us what they have done already to the Russians: We may have set foot on the path to dark and damaging health effects. Full realization of administration policies to cut back on social welfare without a national program of health and medical services may mean absolute disaster for the poor, the minorities, and rural dwellers, who will face deteriorating nutrition and dwindling preventive health services as well as increasing threats to the environment. We can expect increased infant mortality among those groups, and declining life expectancy. The evidence may not be apparent this year or next, but present itself it will, and the impact on the currently deprived and most vulnerable will be evident soonest of all.

George A. Silver, M.D., is Professor of Public Health at the Yale University School of Medicine.