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WITHDRAWAL SHEET

Ronald Reagan Library

Collection Name EXECUTIVE SECRETARIAT, NSC: COUNTRY FILE

Withdrawer

KDB 1/14/2016

File Folder USSR (3/30/84-4/9/84)

FOIA

F03-002/5

Box Number 25

SKINNER

390

ID	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
172367	MEMO	G. SHULTZ TO REAGAN RE CONVERSATIONS WITH DOBRYNIN AND HIS DEPUTY <i>R 4/8/2013 CREST NLR-748-25-40-1-5</i>	3	3/30/1984	B1
172368	MEMO	J. MATLOCK TO R. MCFARLANE RE SOCIAL CONTACT WITH SOVIET CITIZENS: CURRENT ATTITUDES <i>R 4/8/2013 CREST NLR-748-25-40-2-4</i>	2	4/3/1984	B1
172369	MEMO	S. STEINER TO MCFARLANE RE SOVIET MILITARY POWER - APPEARANCE ON CBS	2	4/4/1984	B1
172371	REPORT	RE USSR-JAPAN-US (REPORT EXCERPT) <i>R 1/13/2012 CREST NLR-748-25-40-4-2</i>	1	ND	B1
172372	MEMO	TO SEC. WEINBERGER RE PUBLIC AFFAIRS PLAN FOR PUBLICATION SOVIET MILITARY POWER III	1	3/20/1984	B1
172373	REPORT	PUBLIC AFFAIRS PLAN FOR SOVIET MILITARY POWER III	2	ND	B1

Freedom of Information Act - [5 U.S.C. 552(b)]

B-1 National security classified information [(b)(1) of the FOIA]

B-2 Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]

B-3 Release would violate a Federal statute [(b)(3) of the FOIA]

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B-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]

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B-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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ID	Doc Type	Document Description	No of Pages	Doc Date	Restrictions
172374	MEMO	C. WEINBERGER TO REAGAN RE TRANSMITTAL OF ATTACHED PAPER	2	4/9/1984	B1
172375	REPORT	RE SPACE TECHNOLOGY	8	ND	B1

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SYSTEM II PROFILE

SECRET/SENSITIVE

ID 8490450

1/14/84 (C)

RECEIVED 06 APR 84 19

TO

PRESIDENT

FROM SHULTZ, G

DOCDATE 30 MAR 84

KEYWORDS . USSR

ARMS CONTROL

DOBRYNIN, ANATOLIY F

SUBJECT: SUMMARY OF CONVERSATIONS W/ AMB DOBRYNIN & HIS DEPUTY RE BILATERAL
ISSUES

ACTION: NOTED BY PRES

DUE:

STATUS C

FILES SII

FOR ACTION

FOR CONCURRENCE

FOR INFO

MATLOCK

COMMENTS

REF#

LOG 8490449

NSCIFID

(B / B)

ACTION OFFICER (S)

ASSIGNED

ACTION REQUIRED

DUE

COPIES TO

DISPATCH

W/ATTCH FILE (C)

Ben 4/15²

File in SYS II.

R

b7: 11

	SEQUENCE TO	HAS SEEN	DISPOSITION
Bill Martin			
Bob Kimmitt	1	✓	
John Poindexter	2	✓	
Wilma Hall	3	✓	
Bud McFarlane	4	✓	I
Bob Kimmitt			
NSC Secretariat			
Situation Room			
Tom Shull			
<u>MATLOCK</u>	5	✓	I

I = Information
 A = Action
 R = Retain
 D = Dispatch
 N = No further Action

cc: VP Meese Baker Deaver Other _____

COMMENTS Should be seen by: _____
(Date/Time)

Bud,

I assume you saw this when Shultz apparently gave to the Pres. last week. J

John - Please
ask Jack ^{Seen}

HAS
SEEN

& Lou to
come read
this here and
not to discuss
it with anyone
at all

Thanks
Bud

THE SECRETARY OF STATE
WASHINGTON

SYSTEM II
90450

172367

~~SECRET/SENSITIVE~~

March 30, 1984

MEMORANDUM FOR THE PRESIDENT

FROM: George P. Shultz *GPS*

DECLASSIFIED

SUBJECT: Conversations with Dobrynin and his Deputy

NLPR 748-254075

SY 1000 NARA DATE 11/7/83

Over lunch the past two days, Art Hartman and Rick Burt have separately had constructive conversations with Ambassador Dobrynin and his Deputy Sokolov. The talks will provide a good basis for my meeting with Dobrynin on Monday (assuming his swollen foot has healed sufficiently for him to come to the Department) and for Art's meeting with Gromyko on Tuesday. The main content of the conversations is given below.

Treatment of Scowcroft: Dobrynin told Art that Moscow had thought our Scowcroft effort was a trick. The people there (read Gromyko) are "very sensitive" about these things, he said, and we should have taken time to better prepare the way. Art responded that we had taken the time, that he had discussed the trip with Dobrynin and had gone over it in detail with Gromyko. He added that the Soviets had missed an important opportunity to talk with Scowcroft. Dobrynin confirmed that the offer of a Deputy Foreign Minister was a deliberate action to respond to a U.S. "trick".

U.S.-Soviet Atmospherics: Art complained about the message the Soviets are passing out in Moscow, noting that while Dobrynin says they want to move ahead, his people in Moscow are telling everyone there is no hope in dealing with the Administration. Dobrynin said this had not come from official Soviets, "only Arbatov, who has non-governmental duties". Art noted that Arbatov, Falin, and others had turned off an important group of Americans. Dobrynin promised to report Art's complaints about the treatment of the Dartmouth group to Moscow. Art also asked why people were being told in Moscow that U.S. efforts were merely election-year politics. Dobrynin said that "maybe this was so, but why wait?", adding that over the years they have learned that regardless of the promises made in Presidential campaigns, once in office the foreign policy approach remains essentially the same.

START/INF: When Dobrynin raised next steps in our dialogue, Art noted that we have put a full agenda on the table, but the Soviet side has not been very responsive. He noted that our START ideas put forward in September had considerable promise and should be given careful study. Dobrynin said they had not found them all that interesting. Art also told Dobrynin the present Soviet position on INF is hopeless and we are waiting for them to come forward with a more reasonable position.

~~SECRET/SENSITIVE~~
DECL:OADR

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~~SECRET/SENSITIVE~~

- 2 -

TTBT: When Art mentioned TTBT, Dobrynin commented that if the U.S. could do something in this area (even if we make an effort on the Hill and it fails), it would make an important impression on Moscow. Rick was specifically invited to lunch by Sokolov to discuss TTBT. During their conversation, Rick noted the impasse created by the Soviet position against renegotiation and our need to resolve political and verification problems. Sokolov suggested the Soviets might agree to a separate understanding on verification to be negotiated and made public following U.S. ratification of the TTBT. Rick said any agreement would have to be reached beforehand so that it would form part of our rationale for asking the Senate to ratify the agreement. Sokolov said this might be possible if the U.S. side agreed not to make public either the separate agreement or the fact it was being negotiated until the time the President announced he was seeking ratification.

CTB: Both Dobrynin and Sokolov asked about CTB and were told there was no chance to move forward on this now. They suggested we look closely at TTBT instead.

Outer Space: Both Soviet diplomats also said Moscow was very concerned about outer space and hoped we could move to negotiations on ASAT. Art pointed Dobrynin to your last letter to Chernenko. Dobrynin said they know their ASAT technology is poor and assume ours is great. We must see if it can be kept under control now, he said, because if it is not, the Soviet side will do all it can to catch up. Sokolov told Rick Moscow is willing to take all necessary steps to dismantle their ASAT system as part of an agreement to ban all such systems. Rick said we wanted to know what steps they would be willing to take that would allow us to verify their system had been dismantled. Sokolov said he would get back to us on this subject.

CDE: Sokolov said that in response to our complaints, they had decided to allow their Ambassador in Stockholm to have more leeway in discussions with Jim Goodby at CDE. Rick said we noted the change and, as a result, Goodby had invited their man to Washington for further discussions. Sokolov commented that the Soviets were afraid we would exploit such a visit to show the world it was "business as usual" between us. Rick suggested we discuss the public rationale beforehand and Sokolov seemed interested. Dobrynin asked Art about our position on their Non-Use-Of-Force proposal at Stockholm, adding that they know we are not interested No-First-Use of Nuclear Weapons. Art reminded Dobrynin that we also have some things on the table there (our transparency measures) that we want.

~~SECRET/SENSITIVE~~

1

SECRET/SENSITIVE

- 3 -

Other Arms Control: When Art noted that we will put forward our CW treaty soon, Dobrynin indicated he knew we would not reach an agreement on this issue, but he praised the effort nevertheless. They agreed that the Hotline issue is going well and that we should be able to get an agreement in the next round.

Bilateral Issues: Both Soviets were upbeat on moving forward on the bilateral issues. Dobrynin was optimistic on the maritime boundary negotiations. He confirmed that the Soviets are ready to move ahead on an exchanges agreement "as soon as you are". He said they were also interested in moving on the Consulates. In this connection, Dobrynin commented that they know full well we want these agreements to get deeper into Soviet society, but that on their side they need the foreign exchange from cultural groups and he needs a Consulate in New York. Rick asked Sokolov about the apparent Soviet effort to link the Aeroflot issue with opening of the Consulates. When Sokolov suggested a tie to an exchanges agreement instead, Rick told him such linkages sounded like a runaround to us and that each issue should be negotiated on its merits. Sokolov appeared to accept this. Rick also emphasized the need for them to take constructive steps in Montreal on the technical measures we have discussed to increase the safety of the Northern Pacific airways.

Regional Issues: Although regional issues were not discussed at any length, Dobrynin did indicate to Art the strong interest they had in engaging us more deeply on the trouble spots around the world. He mentioned the Middle East in particular in this regard, bring up Gromyko's pet project for an international conference. Art said they should be able to do better than that old proposal.

SECRET/SENSITIVE

UNCLASSIFIED UPON REMOVAL
OF CLASSIFIED ENCLOSURE(S)

RECEIVED 05 APR 84 17

11/4/76 KDS

TO MCFARLANE FROM MATLOCK

DOC DATE 03 APR 84

KEYWORDS. USSR

BLOC CONTACT

SKOROV, GEORGY

FILIPPOV, STANISLAV

SUBJECT: SOCIAL CONTACT W/ SOVIET CITIZENS RE CURRENT ATTITUDES{

ACTION: FOR INFORMATION

DUE:

STATUS IX FILES SII

FOR ACTION

FOR CONCURRENCE

FOR INFO

MCFARLANE

COMMENTS

REF#

LOG

NSCIFID

(B / B)

ACTION OFFICER (S)

ASSIGNED

ACTION REQUIRED

DUE

COPIES TO

Pres	1P 4/10	information via PDRB		
	C APR 10 1984	Pres noted		Jm

DISPATCH

W/ATTCH FILE (C)

National Security Council
The White House

1098 *cu*
a

System # II

Package # 90437

ED

8 APR 5 PI2: 11

Dep Sec Sec
~~Bill Martin~~

SEQUENCE TO HAS SEEN DISPOSITION

Bob Kimmitt

John Poindexter

Wilma Hall

Bud McFarlane

Bob Kimmitt

NSC Secretariat

Situation Room

Tom Shull

I = Information A = Action R = Retain D = Dispatch N = No further Action

cc: VP Meese Baker Deaver Other _____

COMMENTS

Should be seen by: _____
(Date/Time)

Interesting.
Suggest you put in PDB for President.



5 P5: 07

MEMORANDUM

NATIONAL SECURITY COUNCIL

172368

~~CONFIDENTIAL~~

DECLASSIFIED

April 3, 1984

NLRR 748-25-40-2-4

INFORMATION

BY KID NARA DATE 4/8/13

MEMORANDUM FOR ROBERT C. MC FARLANE

FROM:

JACK MATLOCK *JM*

SUBJECT:

Social Contact with Soviet Citizens: Current Attitudes

I had an interesting and lengthy conversation with two Soviet "Americanologists," during dinner the evening of April 2. The two Soviets, Georgy Skorov (one of Arbatov's deputies) and Stanislav Filippov (a specialist in U.S. law, now with the Soviet patent agency) are not at the policy-making level by a long shot, but are members of the politically aware and relatively well-informed upper intellectual class.

My wife and I invited them to dinner because we had gotten to know them well in Moscow, and they had been socially accessible and occasionally helpful (as for example with advice on how to deal with Arbatov, for whom there is no love lost on their part).

They seemed mainly interested in hearing my views on U.S. perceptions of U.S.-Soviet relations at present -- not so much on our concrete positions, as on our motivations. But in the course of our long conversation, they expressed several views of possible interest. Those that struck me in particular were the following:

-- Soviet specialists on the U.S. believe that the President will probably be reelected, and are convinced that the Soviets can do nothing to damage his reelection chances. They believe, however, that if they cooperate -- particularly in resuming negotiations on INF and START -- this will help him. They are unwilling to do this, and will probably wait until November.

-- Chernenko's leadership is relatively weak in security areas, and it is more difficult to get decisions now than it was before Andropov fell seriously ill. Chernenko is, however, "not a crazy," and won't do anything dangerous.

-- Soviet decision making is plagued by a number of "really primitive people" in key positions. They don't understand the West or the U.S., are convinced we are out to get them in every way we can, and are capable of reacting in truly stupid ways.

~~CONFIDENTIAL~~

Declassify on: OADR

-- Even relatively well informed Soviet citizens are confused about the facts. Filippov questioned me closely about whether we really had evidence that the Soviets had used chemical weapons in Afghanistan, and when I assured him we had, the distress was evident on his face. He observed, in what can only be described as personal agony, "I didn't know that. I really didn't. But I know you are an honest man and wouldn't lie." He then turned to Skorov (his brother-in-law), and said, "How could those idiots of ours do a thing like that."

-- Access to Soviet media -- even if greatly circumscribed -- can have a deep effect if used wisely. Filippov recounted how he had attended many meetings of Soviet citizens to discuss relations with the U.S. (Though he did not say so, these were obviously organized by the regime to whip up anti-American sentiment.) The theme of the meetings usually centered on describing various U.S. "iniquities," but Filippov said that he was struck by how often someone could comment on my July 4 TV speech of 1981, saying something like, "Well, it sounds pretty bad, but I remember a couple of years ago the American 'Ambassador' was on TV, and he said ..." The citizen would go on to paraphrase a couple of lines and observe, "Now he seemed an honest man, and a serious man, and he wanted peace. So maybe it's not as bad as you say. We shouldn't forget that side of America." The point Filippov was trying to make was that we need more communication with the Soviets which is not perceived as threatening or demeaning. Implicitly -- and doubtless inadvertently -- his observation also explained why the Soviet regime resists our access to their media -- it does, in fact, undermine their propaganda when it runs counter to the stereotypes they are purveying.

As they were leaving, Skorov and Filippov remarked that they had not reported to the Soviet Embassy that they would be seeing me. If they had done so, they said, the Embassy might have ordered them not to, and at the very least they would have been subjected to lengthy briefings regarding what they should say, and required to submit detailed reports later. (They presumably pointed this out to ensure that I should not mention our dinner to anyone in the Soviet Embassy.)

NSC/S PROFILE

CONFIDENTIAL

ID 8402785

UNCLASSIFIED UPON REMOVAL OF CLASSIFIED ENCLOSURE(S) RECEIVED 04 APR 84 19

TO MCFARLANE

FROM STEINER

DOCDATE 04 APR 84

KEYWORDS: USSR

MILITARY POSTURE

PUBLIC DIPLOMACY

SUBJECT. SOVIET MILITARY POWER RE APPEARANCE ON CBS

ACTION: FOR DECISION

DUE:

STATUS X

FILES

FOR ACTION

FOR CONCURRENCE

FOR INFO

MCFARLANE

LENCZOWSKI

SESTANOVICH

ROBINSON

HELM

RAYMOND

KRAEMER

COMMENTS

REF#

LOG

NSC/FID

(CB)

ACTION OFFICER (S)

ASSIGNED

ACTION REQUIRED

DUE

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74 (C)

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The White House

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84 APR 4 8 6: 56

Dep. Exec. Sec.
Bill Martin

Bob Kimmitt

John Poindexter

Wilma Hall

Bud McFarlane

Bob Kimmitt

NSC Secretariat

Situation Room

Tom Shull

STEINER

SEQUENCE TO

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I = Information

A = Action

R = Retain

D = Dispatch

N = No further Action

cc: VP Meese Baker Deaver Other

COMMENTS

Should be seen by:

Bud: I think, schedule permitting, you ^(Date/Time) should appear. The DoD gameplan is good, but I think their speakers would emphasize the buildup (US & Soviet) angle without proper arms reduction efforts language. That emphasis on the Soviet buildup (and US) in place of arms control is exactly what opponents want us to do. Certainly there is a story here on the Soviet buildup -- which is precisely why arms control is important as well as a restatement of the US deterrent.

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172369	MEMO S. STEINER TO MCFARLANE RE SOVIET MILITARY POWER - APPEARANCE ON CBS	2	4/4/1984	B1

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National Security Council
The White House

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Dep. Exec. Sec.
Bill Martin

Bob Kimmitt

John Poindexter

Wilma Hall

Bud McFarlane

Bob Kimmitt

NSC Secretariat

Situation Room

Tom Shull

SEQUENCE TO

HAS SEEN

DISPOSITION

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[Signature]

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3

[Signature]

STEINER

7

12

I = Information

A = Action

R = Retain

D = Dispatch

N = No further Action

cc: VP Meese Baker Deaver Other

COMMENTS

Should be seen by:

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5 A 8: 51

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Tab I

17

172371

USSR-JAPAN-US: Soviet Propaganda Ploy

Japanese media sources report that the Soviet Embassy in Tokyo has invited about 250 Japanese journalists to attend the showing of a film on "The Military Threat From the West" on 10 April. Soviet defense attaches will give a briefing and answer questions following the film, which will be shown a few hours before a press conference by Secretary of Defense Weinberger that will unveil the US paper on "Soviet Military Power '84." (C)

Comment: Similar Soviet presentations may be scheduled in other countries, especially in Western Europe, to neutralize the impact of the US study. The film showing in Tokyo is part of a broad effort to create distrust of the US in Japan. Two Soviet military attaches at an unusual press conference in Tokyo in mid-February warned that the USSR would take countermeasures against visits to Japanese ports by US ships armed with cruise missiles and deployments of US F-16s to Misawa. The Japanese media and opposition parties probably will take a dim view of the latest ploy, which is unlikely to have much impact in Japan. (C)-CIA, NSA-

DECLASSIFIED

REST
NIZ-748-25-40-42

CV NARA DATE 1/13/12

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172372 MEMO

1 3/20/1984 B1

TO SEC. WEINBERGER RE PUBLIC AFFAIRS
PLAN FOR PUBLICATION SOVIET MILITARY
POWER III

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EMBARGO

The publication *Soviet Military Power 1984*
is embargoed in its entirety until
public release by the Secretary of Defense at
1000 a.m. EST
1500 p.m. GMT
Tuesday, 10 April 1984

SOVIET MILITARY POWER

1984

NSC/S PROFILE

UNCLASSIFIED

22
ID 8402863

RECEIVED 07 APR 84 11

TO MCFARLANE FROM MATLOCK

DOCDATE 06 APR 84

KEYWORDS. USSR

SUBJECT. SOVIET INTERNAL PROBLEMS HEALTH

ACTION. FOR INFORMATION

DUE: 11 APR 84 STATUS IX FILES

FOR ACTION

FOR CONCURRENCE

FOR INFO

MCFARLANE

COMMENTS

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MEMORANDUM

NATIONAL SECURITY COUNCIL

April 6, 1984

INFORMATION

MEMORANDUM FOR ROBERT C. MCFARLANE

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FROM:

JACK MATLOCK *JM*

SUBJECT:

Soviet Internal Problems: Health

Many of us feel that the Soviet regime is facing mounting problems at home, and this provides some incentive for them to moderate an aggressive foreign policy. Usually we concentrate our attention on sagging economic growth, consumer dissatisfaction, mismanagement, oppressive controls and low morale.

All these are indeed real -- and up to now intractable -- problems. Western researchers are just beginning to discover yet another very serious problem: a clear trend in recent years toward more disease and poorer health standards. This is all the more striking, since it follows a few decades of fairly steady improvement in this area. It also runs counter to the experience of virtually every other industrialized country in the world.

A recent report by Murray Feshbach of Georgetown, who is famous among Soviet specialists for winnowing statistical evidence from a wide variety of Soviet publications to demonstrate trends the Soviet authorities would prefer to conceal, provides a host of shocking statistics. Such as the following:

-- Mortality per 100,000 population has doubled in the last two decades;

-- The incidence levels and death rates due to pulmonary disease quintupled in the same two decades;

-- Whooping cough, scarlet fever, diphtheria, measles and mumps are all on the increase--and the incidence of the latter is nearly one hundred times that in the U.S.

-- The rate of hospitalizations has grown twice as fast as the population since 1960, and is nearly double the rate in the U.S.

-- There is evidence that Soviet military units are experiencing epidemics of diseases such as infectious hepatitis, dysentery and typhoid, and in January "Extraordinary Antiepidemic Commissions" were established in every military and naval unit.

A copy of Feshbach's report is at TAB I in case you are interested in additional such examples. In any event, all this does put our problems with Medicare and rising health care costs in a bit of perspective. And it helps explain why most Soviet citizens seem to believe that their life is getting worse, not better, even though the statisticians tell us that the availability of consumer goods continues to improve modestly.

Attachment:

Tab I - "Recent Research on Soviet Health," by Murray Feshbach

RECENT RESEARCH ON SOVIET HEALTH

By Murray Feshbach
Georgetown University

The Soviet health scene is much improved over the period when they first took power in 1917. At that time there were only about 25,000 doctors for the entire population of about 160 million (using present boundaries), whereas now there are not quite 1 million doctors for a population of not quite 275 million persons. From this viewpoint they have made enormous progress in providing access to medical services, as they have in the number of hospital beds, and in a number of other measures, especially that of mortality and of morbidity. For example, no longer does one out of every four children die in their first year of life; instead about 3 out of every 100 live-born die before reaching their first birthday at the present time. The overall crude death rate has declined from about 30 deaths per 1000 population to about 10 at the present time. While the track of these declines has not always been in a straight-line declension, the basic trend over the entire period is as described. Confusion in the vectors of medical progress occurs essentially in the recent period, which particularly applies to the data on morbidity, sickness rates if you wish. Thus, the focus of this discussion on my recent research will concentrate primarily but not exclusively on the morbidity side and not on mortality issues as in past presentations here at the Wilson Center for the Kennan Institute or in publications.

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Paralleling the trend in mortality rates, morbidity incidence and rates are much different than those of the early phase of the Soviet regime. But again, the recent period brings into question the trend line of success, if you wish, and opens up issues of its impact on the population, the economy, the military, and on resource allocation policies.

Returning to the early Soviet period, between 1917 and 1923, some 3 million persons lost their lives to cholera, typhus, typhoid and dysentery during this period of upheaval. Perhaps some 20-25 million persons were sick with typhus by 1920. This situation had ~~become~~ become so pervasive and so dangerous to the new Soviet regime, that¹ early in December of 1919, Lenin felt it incumbent to refer to the health situation in the strongest of terms: "Either the lice will defeat socialism, or socialism will defeat the lice." unquote. Since that point in time, and with a great deal of assistance by the American Relief aid program for medications and medical services, in addition to food supplies, the epidemics of the time were abated. Nonetheless, as recently as 1934, there were some 9 and one-half million cases of malaria throughout the Soviet Union. This no longer occurs.

Thus, the structure of disease patterns changes with further medical intervention, and of course with changes in the age structure of a population, usually shifting to chronic diseases

of the older ages and away from those of the typical childhood prevalence. In the Soviet Union, the ~~former expectation among~~ ^{share of}

older persons has obviously taken place ~~given the drop in~~
~~fertility~~ among the Slavs and Balts. ~~but because of continued~~ *(This factor as well as such rela*

increases in stress, pollution, ^{and} smoking and alcohol consumption, have led to ~~heart disease~~ ^{dramatic} continued ^{in heart disease} to increase ~~heart disease~~ leading to

a doubling in mortality (per 100,000 population) in the two decades of 1960's and 1970's. Cancer deaths also increased until recently. Unfortunately we do not have any age and sex data for the period since 1971/72 and our evaluation has to be limited to crude overall population measures. Undoubtedly these deaths played a large part in driving the overall crude death rate up by about 50 percent between 1964 and 1980. In addition, accidents, poisonings and injuries had been increasing because of more private vehicles on the streets of the Soviet Union, leading to accidents and deaths, half of which may have been due to inebriated drivers.

There is evidence, however, that the latter grouping has been displaced as the third ranked cause of death in the Soviet Union. During a visit last year to the Soviet national institute of pulmonary diseases in Leningrad, Rosemarie Crisostomo and her group were informed that deaths due to pulmonary diseases were now the third cause of death throughout the country. Incidence and death ^{rates} due to pulmonary disease had quintupled per 100,000 population between 1960 and 1979.

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This evidence may underlie the reports in medical journals about incredible rates of influenza, upper respiratory diseases and especially pneumonia occurring among the very young, and even the not so young in the USSR. One recent survey by the national institute on influenza studied 5 presumably random ^{ly chosen} child-care institutions throughout the Soviet Union. This survey found that among children of 0 to 3 years of age in these institutions, their average annual rate of illness from pneumonia was 72 per 100 and from influenza 636 per 100 children during the period 1968 to 1975. Alternative statements relating to the frequency of respiratory illness among children in Belorussia (up to 10 and more times per year) blocked the proper administration of vaccines to prevent childhood illnesses and caused an increase in the number of unvaccinated children. The national pediatrics journal of September of 1980 notes that "influenza and acute respiratory infections" are "virtually uncontrollable." Earlier in the year, ⁽¹⁹⁸⁰⁾ the authors of an article on the health of Soviet children noted that flu and acute respiratory illnesses remained at 900 out of every 1000 children "practically without change" in its level. When the trade union newspaper, Trud, reported that there were 30 million cases sick with influenza each year (29 October 1981, p. 4), this was twice as much as that found for 1975 (of 15.8 million) in a besplatno health statistics publication, and must underlie the Academy of Medical Sciences' report in their journal for November of 1981 that "the significance of a number of infectious diseases is growing, primarily viral diseases, including influenza and influenzal pneumonia, infectious hepatitis, and adenoviral infections." (VAMN SSSR, no. 11, Nov. 1981, pp. 33-40.) Acute pneumonia

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remains the first cause of infant deaths given in an April 1982 (ZRF, no. 4, p. 6.) detailed listing of the basic reasons for mortality of children in their first year of life.

Following our attention to patterns of illness among the younger population, the remarkable record of the period since 1980 must be addressed at this point. Thus, after continuous decline, albeit at levels much above that of the United States--only in terms of roughly comparable sizes of total population, being only 15 percent higher in the Soviet Union--275 to 235--something has gone awry almost across the board. As we can see from the table on index numbers related to incidence and to incidence per 100,000 population of the Soviet Union, the recent period has witnessed an increase of over 250 percent in diphtheria in the last three years for which we have officially reported data (actually if we go back one more year, to 1979, the increase is ^{more than 4.5} ~~about 5~~ times, from 200 cases in 1979 to 920 in 1982).

Similar dramatic increases take place in the numbers and rates of pertussis, that is, whooping cough, almost doubling in the recent period. Scarlet fever (scarlatina) which had declined between 1980 and 1981, again increased by 40 percent relative to 1980, and lastly, measles increased by 30 percent. Absolute numbers also give us some perspective on the dimensions of this turnaround--assuming that it will take a period--hopefully short--to rectify and improve the health of the individual Soviet citizen. Thus, diphtheria in the USSR ^{as noted earlier} increased to 920 cases in 1982, the United States had 5 cases reported in 1983, and did not exceed 900 in any year since 1960. As to pertussis, the median

figure for 1978 to 1982 in the United States amounted to 3,819, and showed a further decline to 2,258 in 1983. The Soviet ~~average~~ ^{average} of 21,880 not only is 6 to 7 times higher than in the United States (or very slightly less if adjusted for the population size differential) but includes a doubling in the last 3 years, going from 13,900 to 27,500 in 1980 and 1982, respectively. *The average incidence of typhoid fever in the USSR over the period 1978-1982 is 34. times the level in the United States.*

Measles displays an increase also of remarkable dimension. Again, in the U.S. case, we probably would have succeeded in reducing measles to zero by October of 1982 as expected by the Centers for Disease Control several years ago, but the people without prior medical care arriving from Haiti and Cambodia, among others, has kept the number at about 1,400 cases (1436) in 1983, down from the ~~average~~ ^{average} figure of 13,385 in the five years prior. Simultaneously, in the Soviet Union, after almost doubling between 1977 and 1978 (from 315,000 to 545,000 cases, respectively), the numbers declined until 1981, when it reached just below 343,000 (342,800), not quite as low as in 1977, however. Nonetheless, in the next year, the incidence of measles increased to over 466,000 reported cases, or an increase of over 35 percent. Measles is not a simple illness, as also applies to whooping cough, let alone to diphtheria, referred to earlier, and both measles and pertussis may have serious complications. Thus measles is linked to pneumonia and encephalitis, and pertussis is especially hazardous among children under 2 years of age, frequently leading to bronchopneumonia among the young as well as the elderly. Moreover, measles mortality if over 4 percent is a standard measure of the presence of malnutrition.

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At this point it is necessary to speculate about the production quality of Soviet vaccines, and the maintenance and administration of the same domestic as well as foreign medicines imported into the country. Regretfully, it appears to me that they are either less effective or improperly stored or administered with unsterile needles or while counterindicated by the illness of the recipient. For example, in Belorussia, DPT is not administered to the "many children under 1 year of age who have acute respiratory illnesses up to 10 or more times each year." (Zdr.Belo., 9/80, p. 38.) [REDACTED], The lead article of Pediatriya, in September of 1980, reports that "At the present time we have established the inadequate effectiveness of the pertussis component of the DPT vaccine, in excess reactions, incomplete immunization especially among children under 5 months of age who are not vaccinated and who have serious (tyazhelo) cases of illness." (p.3) Later, the article notes that measles vaccines had been utilized for 10 years, but "measles remains a widespread infectious disease" against which a successful "anti-toxin has not been developed. The effect of vaccinations was greater in the first years of application than at the present time. The reduction in the effectiveness of the vaccine is explained by the non-standard quality of the vaccine and defects in the vaccination [process]." More can be recounted of the "inactivization of the serum during transportation, maintenance and administration" from Soviet medical sources (e.g., Sov. meditsina, no.9, Sept. 81, p. 44; Pediatriya, no. 11, Nov. 81, p. 12; and Zdrav. Belor., no. 9, Sept. 1980, 38.) Refrigeration, which is necessary for many medications also is noted as being inadequate or lacking and leads to partial loss of biological and

immunogenic activeness. (Tr.Inst.Past., 1982--thanks to CDC,Gary Noble,MD,Asst Dir for Science)

It has been indicated to me that it is possible that perhaps in their desire to fulfill the plan, to cover serum shortages, etc., the domestic producers may dilute the vaccine in order to achieve the required production quantum of so many liters, kilograms, etc. Hard to believe, but also hard to exclude from consideration.

Lastly, coverage of the child population in 1975 which should have been administered DPT shots, varied from 88.2 percent in Estonia, to 90.5 percent in the Ukraine, to a high (among the 5 republics listed in the source) of 97.1 percent in Uzbekistan. (Detsk. infekts., vyp 8, 1978, p. 38.) On one hand, it is surprisingly low in the western republics and on the other, surprisingly high in the eastern republic of Uzbekistan. A worst case scenario might indicate that the shortfall in the first instance exposed more to risk of the diseases and that in the second instance, probably the unsanitary conditions or use of non-disposable needles may have led to nonimmunological responses and therefore also left these children open to risk of diphtheria, pertussis and tetanus. But this may be too perjorative, nonetheless I suspect not too much so.

I have not yet indicated anything about remarkable increases in various illnesses which are contrary to expectations of a successful public health and medical system. One of the growing concerns seems to be related to growth of

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newborn, growing from 0.9 percent of the newborns in the 1960's to 4.7 percent in the early part of the 1970's. (Citing a 1975 source, Terap. arkhiv, 10/1981). Bacterial infections of the newborns may have ensued from poor hygienic care by the mother during the prenatal period. Another illness related to sanitation, salmonellosis, has increased dramatically in the last two decades in the Soviet Union, increasing by 3.4 times between 1961 and 1972, and a further 4 times of the higher base derived for 1972, for a total increase of 12 times between 1961 and 1977. (Ped., 6/78) (In the United States, there was an increase of 50 percent between 1971 and 1980, from 21,928 cases to 33,715 cases.)

Meningococcal infections commonly found in meningitis and septicemia apparently were at a low point in the USSR between 1962 and 1968, increasing markedly after 1968 to the present time. For example, even in Moscow between 1964 and 1970, there was recorded a remarkable increase of "50 - 60 times." And according to a 1982 source, the decade of the 1970's reportedly witnessed even further increases. For Tashkent alone, with 1971 equal to 100, then in 1972 to 1978, it was 300, 600, 900, 700, 900, 400 and 400, respectively. Some 75 to 80 percent of the national increase reportedly also affected children under 15 years of age. (By date of publication--Zdr. Tad., no.5/Sep-Oct,1979, p. 52; Ped., no.9,Sept.1980,p.3 and 5; Zdr. Belor., no.2, Feb.1982, p. 56; and Zdr. Tadzh., no. 5, Sep-Oct. 1982, p. 74.) This lengthy ^{of time} period of ^{increase in} ~~expansion~~ of meningococcal infections is contrary to the classic volume on Control of Communicable Diseases in Man which notes that epidemic waves

irregular intervals, lasting 3 to 5 years, ^{and} not the decade and a half noted here for the Soviet Union.

And lastly, mumps, in addition to its well-known potential impact on adult males, also can lead occasionally to encephalitis and similar complications. Thus, when in the United States, in 1980 there were 8,576 cases, or a rate of 3.7 per 100,000 population, the Soviet rate per 100,000 population of their country was almost 100 times as high--that is, 343; which in turn yields a figure of 911,000 cases of mumps in that year. (By 1983, the US figure had declined to 3,285 cases.) The vaccine used in the United States was licensed over 15 years ago (in 1967), one should reasonably hope that they could have learned to master its production, or import sufficient quantities (plus proper maintenance) to reduce this enormous number to some reasonably low level.

In the limited time I have for this presentation, I had also hoped to cover issues of patient visit data versus data derived from large-scale medical surveys. The latter reveals the level of sickness incidence and rates to be about twice as high as patient visit based materials, and in some cases even higher rates are revealed. For 1970, the last survey for which we do have such data, the ratio yielded a figure twice as high. As a consequence, the materials discussed earlier here may be seriously incomplete, in some instances dramatically so.

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But now I prefer to turn to issues of nutrition, not in terms of fast food or in terms of personal diet--in my case, all too obvious--but in terms of shortages of basic vitamins and other nutrients such as folic acid, which in turn facilitate or predispose an individual to becoming ill. This issue is arguably also linked to issues of the ability of Soviet women to lactate postpartum and the quality of Soviet artificial milk used as a substitute for natural milk and immunities imparted to the infant therefrom.

In the no. 1 issue for January-February 1984 of Voprosy pitaniya, it was revealed that the Institute of Nutrition of the Soviet Academy of Medical Sciences had been conducting a 10-year longitudinal study of some 64,000 persons located throughout the country. (pp.3-7) *(Although all nutritional surveys are difficult to interpret, the results of the survey reveal a shortage of vitamins A, B1, B2, B6, C and niacin among the foods consumed by part of the population under examination. This is the same survey cited by the department head of the RSFSR Gosplan institute which also cited these nutrient shortages, underlining the shortages during the winter-spring period (EKO, no. 6, June 1982, p. 68.) and by the Scientific Secretary (N.V. Blazheyevich, of the Problem Commission "Problems in Vitaminology" of the AMN, in the no. 4 (July-August) issue of Voprosy pitaniya. (pp. 76-77) Both Institute of Nutrition articles stress the adverse impact of a deficient vitamin supply because of a lack of animal products, vegetables and fruits and local, nationality-related and climato-geographic reasons for deviations from recommended patterns of nutrition on an adult's work capacity, resistance to infections, rapidity of recovery*

from illness, and for pregnant and breast-feeding women, can be the "reason for hypotrophy, premature births, and infringes upon the physical and mental development of the child." (Vopr. pit., no. 1, Jan-Feb. 1984, pp. 3-4.)

Compounding this problem, and specifically related to the inability of women to lactate or to do so for only a short period of time, the substitution of artificial milk for breast milk has led to other problems. In those instances where Malysch, the most widely available infant formula artificial milk, is utilized, the child is more frequently ill with hypotrophy (low body mass), rickets, alimentary anemia, and pneumonia in comparison with those who are breast-fed and those fed with the newer products--Baldyrgan and Balbolek, as well as the traditional kefir. (Zdr. Kaz, 2/83, pp. 57-60) One of the tasks assigned to the Problem Commission on "Problems in Vitaminology" is determination of the appropriate levels of folic acid and vitamins D and E, in addition to the usual assortment of vitamins A, B1, B2, and niacin. (Vopr. pit., no. 4, Jul-Aug 82, pp 76-77.). One survey, in Novokuznetsk, found that one-quarter of the children in ages 1 to 14 years of age suffered from latent iron deficiencies, with the peak rate manifested among 2 to 3 year olds. (242.0 +/- 9.6 per 1000 children and 380/1000 among 2-3 year olds.....source.....). I do not know the representativeness of this survey for all Soviet children but the dimension of the rate is so high that it must be worrisome to Soviet medical analysts.

A

At this late point in today's presentation, I would like to address issues of medical practice --as recently unearthed in Soviet medical sources. Skipping issues of supply or usage of very modern, very expensive medical technology, of which a profound shortage exists in the Soviet Union, including kidney dialysis machines of recent moment, selected types of practice available for the general public are confusing to say the least.

Thus, in a case where numbers have deeper meaning than just ratios or cases, the report on the share of tubercular patients who undergo surgery stands in particular note. In the early 1970's, apparently some 17.4 to 20.6 percent of all those with active tuberculosis of the lungs and 10.0 to 19.1 percent of those with "destructive" tuberculosis of the lungs underwent surgery. (Zdr. (Kishinev), no.5, Sept-Oct.78, p. 21.) In the United States, surgery is avoided if at all possible and does not exceed 1 percent, in part because medications are very successful in treatment of this illness and when performing invasive surgery of the lungs, it is my understanding that the possibility of the spread of the infection is very high probability. In addition, they administer drugs for only 2 to 3 months before making a decision as to surgical intervention, and in the United States (without asserting that our procedures are perfect), this is just the initial point for further application of additional drugs which are used in relatively successful combination.

In December of 1982, an article written as advice to new, young surgeons in Uzbekistan gives clear admonition to the individual that "On the eve of the day before performing surgery

surgeon should not go out as a guest or receive guests, drink alcoholic beverages, or perform physical work. It is desirable (zhelatel'no) that on the day before (sic) surgery the surgeon take a good shower and change his [or her] gown." (Med. zh. Uzb., 12/Dec.82, p. 9.)

In May of 1983, the national popular health journal, Zdorov'ye, published a two-column article "That Everyone Must Know How to Do." (p. 31) In addition to the use of mustard plasters (which I remember from my childhood), it also shows an illustration and gives instructions on how to use banki (cupping). Used to reduce inflammations and pain, it has not been part of American medical practice since the 1930's.

In July of 1983, the national Health Ministry, Ministry of Medical Industry and Medical Trade Union newspaper, Meditinskaya gazeta, found it appropriate to publish an article written by its "own correspondent" about needles. Presumably this article is broadly representative of a situation which is beyond reasonable shortfalls in supply, to put it mildly. Thus, the supply of needles for injections for a 950-bed, 13 department neuropsychological hospital and two dispensaries with a "large out-patient admission and treatment" facilities, was 200 needles for the entire year. Reportedly this is one-tenth their requirements. And one-tenth seems to be their equitable share as the correspondent notes that the total demand for needles in Krasnodarsk Kray (with about 5 million population) was determined at 2,277,650 for 1982 and 2,346,100 in 1983. In 1982, they received 230,940, or slightly more than one-tenth the level of demand. In 1983, they received 79,680 in the first five months

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of the year--again about one-tenth. (Med.gaz., 22 July 1983, p. 2) However, someone or some organization was stirred by this item, and by 14 December 1983, two years into the "catastrophic" situation, the "artificial" deficit and the "acute shortage of needles for injections" was met by one-half, when they supplied the kray's medical agency with a special supplement of 1.1 million needles. For over a year and a half, however, before the emergency supplement arrived, hospitals and clinics were forced to take the old needles and "sharpen, straighten and remove the rust" from them (tochim, vypryamlyayem, chistim zarzhavevshiye) in order to offset the shortfall. What about sterilizing them?

Many reports are available about the lack of sanitation and hygiene in medical institutions of the Soviet Union. But that the same national medical newspaper would publish in December of 1983, the letter written by a newspaper staff member (of Tashkentskaya Pravda) about his recent experience may indicate that this particular situation also was more generalized than its location. Thus, the staff member wrote that when he complained about the dirty sheet used for his bed, he was told it was the same one used by 10's of patients before him, and that he should not complain. While this may be truly exceptional, it may yet be useful to illustrate basic attitudes among many hospital staff personnel, and the Med. gaz. publication of the article served also to reaffirm the need for attention to sanitary and hygienic rules. Whether it will be successful is moot, however.

Lastly, why was the very unusual step taken by the Soviet armed forces this January to form "Extraordinary Antiepidemic Commissions" in every military unit on land and on sea. The Radio Liberty research report of 25 January of 1984 by Peter Kruzhin makes the logical point that these commissions undoubtedly were formed after "epidemics" (not further defined) had occurred. (RL 41/84) Previous information about outbreaks of infectious hepatitis among whole military formations may have been the harbinger of additional outbreaks of dysentery, typhoid and other intestinal diseases.

In sum, the entire Soviet population seems to be undergoing a difficult health period if this interpretation can be generalized from the materials given here and additional information which it was not possible to include in the limited time I have. Let me add just one more piece of evidence. And that relates to the number of persons hospitalized throughout the Soviet Union. In absolute terms it has increased from 41.5 million to 64.9 million persons admitted to hospitals in 1960 and 1982, respectively. In relative terms, this is an increase of over 56 percent or more than twice as much as the increase in the Soviet population (25.4 percent, 216.3 and 271.2 millions, respectively, at the end of 1960 and 1982). Alternatively measured, in 1960, 17.6 percent of the Soviet population in 1960 and 24.1 percent in 1982 were reportedly admitted to all medical institutions as patients. (N.B. Numbers do not jibe; should be 19.1 and 23.9 percents of the total population, in 1960 and 1982, if total population and total admissions are correct) Or about one out of every 4 Soviet citizens at the present time. The comparable US figure is about

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one of every 7 or 8 persons; about half the Soviet rate. Possibly better roads to the farms enable the rural population to enroll in urban facilities rather than their own usually inadequately staffed, supplied and equipped rural medical points. The Soviet urban hospital administrators may have become more relaxed about place of residence for admission. The rules have changed for hospitalization of specific illness, disease, age group, etc. Thus, ^{why} the new ruling in Belorussia for obligatory admission of all young children under 3 years of age who complain of any, I repeat, any type of stomach ache? Why is the reaction so drastic? But in-hospital acquired infections could be serious, and this policy certainly would lead to overcrowding and the possible spread of such infections. The policy of full dispensarization, i.e., attachment to dispensaries for the entire Soviet population to commence with July of this year may be insufficient to fully correct many of the emerging disease patterns noted here, but if properly exercised might reduce the difference between reported and real illness rates revealed by Romenskiy's group, the real rates being about twice as high as the reported rates on the average and therefore the health status of the Soviet population may be more negative than that depicted today.

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