SICKLE CELL SCREENING

The analysis of burgeoning state-supported sickle cell anemia screening programs ("Some Negative Aspects of State Health Departments' Policies Related to Screening for Sickle Cell Anemia") that was published last month [AJPH, 64:217–221] points out the dangers of hasty applications of biomedical technology. While I am in agreement with the thrust of the article, I wish to clarify the problem of mandatory legislation that the authors raised.

My own research into this subject suggests that most of the original sickle cell screening laws (passed in 1971 and 1972) were sponsored by black legislators and applauded as a benefit to their constituents. When it became apparent that serious potential discrimination lay in compulsory screening, few if any states acted to enforce these laws.

More important to clarify is the failure of the article to point out that the National Sickle Cell Anemia Control Act premises all funding of screening programs by either state or local groups on "wholly voluntary" participation by the persons to be tested. Failure to so comply precludes sharing in a piece of the federal screening budget. In effect, the federal law has stimulated the repeal of compulsory state legislation.

It is important that the sickle cell laws, until now little discussed in detail, be reviewed to prevent further ill considered legislation in the future.

Reference


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SICKLE CELL SCREENING LAWS

We thank Professor Philip Reilly for his comments regarding our article (AJPH, 64:217–221), and agree that current sickle cell laws and future legislative bills concerning genetic diseases must be critically examined in order to avoid further enactment of counterproductive legislation.

Follow-up studies of our original survey show that sickle cell legislation has changed considerably in a short amount of time. As of December 31, 1973, the Louisiana, Massachusetts, and Virginia legislatures have repealed previous mandatory screening laws, and those of New Mexico and North Carolina have enacted bills providing for voluntary screening with Mississippi passing a compulsory screening act.

We hope that the new legislation will correct the damage done by earlier programs, and that all mandatory laws will be repealed.

Reference


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SHAPING EATING PATTERNS

While appreciating Edward L. Rada's article, "Medicating the Food Stamp Program" in the May, 1974, issue, I do take exception to the suggestions that low income people be prohibited from purchasing food for "other than nutritional purposes" and that nutritional overeating and overweight be "treated" by having dietitians prescribe diets and doctors prescribe specific foods to be purchased by food stamps. I object because this would proscribe the behavior of people who already have less leeway than others, in ways that middle and upper class behavior is not proscribed.

First, there is little evidence that anyone buys and eats food for nutritional purposes alone, or primarily. Anthropologist Titiev has stated that there is no known culture in which nutritional needs were first defined, then all of the nutritive elements in the environment analyzed, and then food preferences established in accordance with need. Without exception, he found food preferences based upon artificial, man-made values that have little or nothing to do with nutrition as such. Thus, it would be grossly unfair as well as unrealistic to expect the underprivileged to be willing and able to do what no one has done before. Further, there is not general agreement as to who is obese, or even what is obesity, or whether all who are obese should lose weight. There are no specific foods which "cause" overweight; any food which contains calories has the potential of creating overweight if it is eaten in quantities that cause a positive energy balance.

Thus, if we want to curb obesity, irrespective of the financial level of the obese persons, let us start with the training and conditioning everyone is subjected to, and which shape our purchasing and eating patterns. Let us see, on TV and in slick magazines, food selected on the basis of nutrition (instead of taste, looks, prestige value, etc.); let us see people refraining from buying more than is needed; let us see people eating only in "appropriate"

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