**LETTERS TO THE EDITOR**

**Political Action Needed against Nuclear Escalation**

As a group of public health educators, we feel compelled to respond to Dr. Gordon K. MacLeod’s editorial “A Role for Public Health in the Nuclear Age.”

Dr. MacLeod calls upon the public health profession to study the effects of short- and long-term exposure to radiation; to coordinate medical facility evacuation plans; to conduct health education in communities surrounding nuclear plants; and to provide those communities with the services of specialists in radiation medicine.

We commend Dr. MacLeod for charging the public health profession with responsibility for responding to radiological emergencies. Nevertheless, we question whether this approach will protect the public’s health.

Maxwell, in his assessment of the Three Mile Island accident, noted that many medical staff chose to leave the area, thus reducing the availability of services, and that many who stayed felt extremely uneasy about doing so. Medical facility evacuations will provide little protection to the health of the general public. With regard to wide scale evacuation, one author has said: “The likelihood of a successful rapid evacuation of a congested area containing several million people is equal to that of an apple falling upward, and this is frankly admitted by state officials.”

Having observed the evolution of nuclear technology, Edward Teller has commented: “. . . so far we have been extremely lucky . . . But with the great number of simians monkeying around with things they do not completely understand, sooner or later the fool will prove greater than the proof, even in a fool-proof system.” With this warning in mind, we do not believe that passive acceptance of current energy policies is appropriate, nor do we believe that such a stance is sufficient to protect the public’s health.

Rather, we have chosen a more expanded role in the face of clear and present public health dangers associated with both nuclear power incidents such as Three Mile Island and the military espousal of “limited nuclear war.” We believe that, as public health professionals, we have an even greater obligation than Dr. MacLeod suggests: to provide the public with an appraisal of nuclear power, including its impact on health, the proposed use of spent fuel as material for atomic weapons, and the unsolved problems of nuclear waste disposal; to aid those in our communities who oppose the proliferation of nuclear power; and to help organize all our communities, not just those close to nuclear plants, to take political action against the arms buildup and the acceptance of nuclear war as acceptable national strategy.

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**REFERENCES**


**Eye Sensitivity and Vitamin C**

Studies have been reported recently which suggest that there may be increased dietary requirements for ascorbic acid as a result of oral contraceptive use or smoking. Other reports have attributed depleted ascorbate levels to such diverse factors as stress, infection, collagen diseases, aspirin use, and/or environmental pollutants.

Two years ago, my eyes began to “tear” and smart when exposed to newsprint, photocopied materials, and the print in certain books—things with which a college professor is in constant contact. When exposed to fresh newsprint, freshly xeroxed materials, or exhaust fumes, my eyelids exhibited a spasmodic blinking, so that they almost shut. This involuntary blinking made driving difficult and hazardous.

Treatment by my ophthalmologist and a complete allergy evaluation got me nowhere. I seemed to be reacting solely to airborne, organic pollutants, mainly petroleum derivatives. Stressing avoidance of the irritating agent, the allergist prescribed Chlorpheniramine and Actifed, which, unfortunately, did nothing to allay my symptoms. Thus, I was faced with a serious problem, which threatened my entire lifestyle. I was able to minimize exposure to some of the irritants, but complete avoidance was neither feasible nor possible. After a year and a half of a regimen of increased rest and relaxation along with my usual diet which consistently met Recommended Dietary Allowances, my eye symptoms, though lessened, still continued. I was aware that ascorbic acid, with its antioxidant properties, has a protective effect against various pollutants. However, I had initially viewed vitamin C supplementation as unnecessary, considering my supposedly adequate dietary intake. Nevertheless, at this point, I decided to begin taking a conservative level of additional vitamin C, 500 mg daily. Within a week, I noted a progressive improvement. At this writing, still taking the supplement, I am almost asymptomatic.

It seems reasonable that, for a variety of reasons, individuals may experience depleted tissue levels of ascorbic acid, and thus could benefit from conservative vitamin C supplementation. Patient levels of ascorbic acid should perhaps be monitored more routinely. Tests which measure cellular levels (e.g., degree of leukocyte saturation?) are probably more indicative of actual tissue reserves than serum levels of ascorbate, which are closely related to current dietary intake.

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Editor’s Note: Such individual observations have sometimes led to the generation of hypotheses and rigorous studies which served to advance knowledge.

**REFERENCES**

1. Weininger J, King JC: Effect of oral contraceptive agents on ascorbic acid
metabolism in the rhesus monkey. Am J


Open Letter to Physicians with Physical Disability

The St. Paul-Ramsey Medical Education and Research Foundation has been actively involved in compiling a resource directory for physicians with physical disability. The purpose of the project is to form a voluntary group of physicians to provide information and referral services as well as support and advocacy to physicians who incur the same disability and need specific information. I became deaf seven years ago just as I was completing medical school and can readily attest to the paucity of information available to this unique population. Existing rehabilitation programs are simply not equipped to deal with the situation.

The biggest problem we are encountering is that of identification. It is currently estimated that 4 per cent of all physicians are not in active practice because of a physically disabling condition, and that 25 per cent of the physicians have the potential to be rehabilitated into the active practice of medicine. In real numbers, this constitutes 1 per cent of the licensed physicians in this country or 4,500 physicians. Our goal is to identify these physicians and encourage their participation. To date we have placed communications in over 100 major medical journals and have had response from less than 200 physicians. In retrospect, it appears this was due to the use of inappropriate terminology in the communications. Physical disability does not imply inability. My earlier use of the term "handicapped physician" was a misnomer, since the majority of physically disabled physicians are not handicapped in their practice of medicine. I apologize for the inappropriate terminology and again ask that all physicians, active or inactive, with any type of physical disability contact me. We anticipate that the directory will be completed in 6–8 months and at that time it will be sent only to those physicians listed therein. Upon receipt of your initial response, information forms will be mailed.

All physicians with physical disability, no matter how small, are encouraged to respond. Information from a doctor with even a minor disability may be of value to another doctor with multiple disabilities. The cornerstone of this project is your participation. Please respond to the writer at the address given below.

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Editor's Note: Although the Journal published a similar letter in December 1980, we are pleased to bring this updated message to our readers.

Placement Decisions in Long-Term Care Facilities

As someone involved in the problem of conceptualizing the "appropriateness" of placement assignment decisions in long-term care facilities, I read with great interest the Harris, et al, report in the June 1982 American Journal of Public Health. My two observations about the report are made with a firsthand appreciation of the difficulties involved as well as with admiration for their progress in this area.

My first observation is that the Patient Assessment Form (PAF) does not include descriptor items covering the resource structure available to the patient outside of an institutional setting. By resource structure I mean not only those social and medical services available in the community for post-hospital care but also the informal support system. Consequently, the willingness and capability of friends and neighbors to care for the patient at home do not enter into the calculus of "appropriateness." Studies have shown that the presence of a helping informal support system makes a significant difference in terms of the placement assignment.

My second observation is more abstract in nature and concerns the attempt to translate "appropriateness" into a single numerical score. The fact that we use the term "appropriate" in discussing placement assignments is symptomatic that these decisions are not guided by physical laws but rather are decisions based on incomplete knowledge involving competing interests and parties. Otherwise, we would use terms such as "optimal" or "maximum" when describing these decisions.

The danger involved with the use of a single numerical score when dealing with such a complex and unknown area is to reify "appropriateness." By logical extension, we reify a person's capacity for self-care or "functionality." By its very nature, the reification of "functionality" in terms of a single numerical score limits the individual's possibilities for alternative futures.

No doubt this is not the intent of the authors. Yet, over time, because of administrative and fiscal pressures, such an approach may be adopted by policy makers in the name of expediency. One only has to review the recent history of the reification of intelligence in the form of a IQ score or of a Spearman "g" to see how administrators were quick to employ such tools. The educational and life opportunities of countless children and immigrants were thus limited because of a single score.

Since we are working in the field of aging, where we are ignorant of so many of the underlying principles and causes, we would be wise to follow