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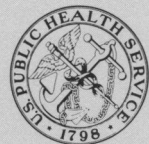
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Older Americans Month poster



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Margaret M. Heckler, Secretary



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 Edward N. Brandt, Jr., MD, PhD
 Assistant Secretary for Health

PUBLIC HEALTH REPORTS
 (USPHS 324-990)
 ISSN 0090-2818

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Editor, *Public Health Reports*
 Rm. 721-H, Hubert H. Humphrey Bldg.
 200 Independence Ave., SW
 Washington, D.C. 20201
 AC 202:426-5146

Subscription Information

Public Health Reports is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. All correspondence about paid subscriptions (for example, change of address or failure to receive an issue) should also be addressed to the Superintendent of Documents.

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Investigative Reporting of Genetic Testing in the Workplace

In February 1980, a series of front-page articles appeared in the *New York Times* on the subject of genetic testing in the workplace (1-4). The *Times* series did an excellent job of identifying selected technological and social issues possibly associated with a vastly underreported subject. On the basis of the information presented in the *Times* series, it is obvious that this subject requires further, extensive public policy analysis.

The *Times* series was a major impetus to subsequent congressional hearings on this subject (5-7). To the great surprise of the congressional subcommittee investigating occupational genetic testing, it was learned through a survey of major American companies that many companies have used either biochemical genetic testing or cytogenetic testing in the past, some are using these tests presently, and many companies expressed an interest in using such testing in the future. The consensus at the congressional hearings was that the technology associated with genetic testing was in the embryonic stage. Major scientific and feasibility issues must further be resolved before possible practical applications of genetic testing for occupational screening or monitoring may be pursued. A large number of unresolved ethical and legal issues were also raised at the hearings.

Legislation may come out of the congressional hearings. Congressman Albert Gore, Jr., who chaired the investigating subcommittee, has reportedly asked the National Institute for Occupational Safety and Health to begin work on guidelines pertaining to what constitutes a valid genetic screening test (8). The subcommittee hearings have further led him to call for the Equal Employment Opportunity Commission to design guidelines affecting workers possibly at risk in the workplace environment (9). Another proposed action was for Congress to amend existing occupational safety and health laws to protect workers from possible discrimination in employment and job placement (9).

Before the publishing of the *Times* series, relatively little attention was directed in the scientific literature towards identification and analysis of the many technologic and public policy issues possibly associated with occupational genetic testing. Since the publishing of the *Times* series, however, a growing body of editorials, commentaries, and articles have appeared in the literature, addressing selected issues possibly raised by this subject. Legislation pertaining to occupational genetic testing has similarly been enacted in several States since the publishing of this series of articles.

Much remains to be learned about occupational genetic testing. On the basis of the prompt, strong reaction of the scientific and public health community to the publishing of the *Times* series, it appears that continued investigative reporting in close

alliance with ongoing scientific investigation is an important factor associated with efficacious public policy development in the area of genetic testing in the workplace.

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9. Gore calls screening explosive. *Occup Health Saf* 52: 8, August 1983.

Letters to the Editor Encouraged

Readers are invited to join in the dialog in our "Letters to the Editor" section. Responsible comments on the journal's contents and on current concerns in public health are welcome. We ask that future comments be limited to 500 words and 10 references—conciseness is appreciated.

loved ones. And the victim must also deal with her own feelings of shame, anxiety, and helplessness.

What happens to the woman in the aftermath of a rape may be crucial to her recovery, according to Wright; without a counselor at the woman's side, the experience after rape could be as traumatic as the assault itself.

All counselors at Mount Sinai are volunteers and are either current or former employees who have completed a 16-hour training program. For one 24-hour period each month they are on call and respond to a page to come to the victim's side, day or night.

The program has also helped the hospital establish good relationships with the Chicago Department of Human Services and the Chicago Police Department.

NCHS Examines Inpatient Utilization of Short-Stay Hospitals by Diagnosis

The average patient's length of stay in U.S. hospitals decreased 6 percent from 7.8 days in 1965 to 7.3 days in 1980, according to the report, "Inpatient Utilization of Short-Stay Hospitals by Diag-

nosis: United States, 1980," prepared by the National Center for Health Statistics (NCHS). There were large regional differences in length of stay, ranging from 6.1 days in the West to 8.5 days in the Northeast.

For certain diagnoses, percentage rates per 1,000 discharges increased from 1965 to 1980. Female sterilizations rose an enormous 4,600 percent, and there was a 210 percent rise in psychoses in males ages 15-44. Malignant neoplasms in persons ages 45-64 rose 65 percent in males and 37 percent in females.

Rates for some other diagnoses had fallen since 1965. The rates for gastric, duodenal, and other ulcers decreased 53 percent for men 45-64 years old; rates for chronic disease of tonsils and adenoids for children under 15 showed a 64 percent decrease. Rates for congestive heart failure in persons 65 years and over rose 200 percent for women and 123 percent for men.

Diseases of the circulatory system and the digestive system were the most frequent first-listed diagnoses. For patients under 15 years of age, diseases of the respiratory system were most frequent.

The statistics are based on data collected by the National Hospital Discharge

Survey, a continuous voluntary survey conducted by the NCHS. The 1980 survey was based on information from the medical records of 224,000 patients discharged from 420 U.S. hospitals. Federal hospitals were excluded from the sample of general and special short-stay hospitals.

Inpatient Utilization of Short-Stay Hospitals by Diagnosis: United States, 1980, Series 13, No. 74, DHHS Publication No. (PHS) 83-1735. Available from U.S. Government Printing Office, Washington, D.C. 20402. GPO No. S-N 017-022-00829-7. Price \$4 (subject to change).

Erratum

Our September-October supplement, "Promoting Health/Preventing Disease: Public Health Service Implementation Plans for Attaining the Objectives for the Nation," erroneously stated that the estimated annual incidence of legionellosis was 578 per 100,000 population in 1979. The estimates on pages 98 and 103 should be 23 per 100,000.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION Required by 39 U.S.C. 3685

		Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
Date of Filing—June 1, 1984			
Title of Publication—Public Health Reports			
Frequency of Issue—Bimonthly			
Annual Subscription Rate—\$19.00 domestic, \$23.75 foreign			
Location of Known Office of Publication—Rm. 721-H, Hubert H. Humphrey Bldg., 200 Independence Ave., SW., Washington, D.C. 20201			
Publisher—Office of the Assistant Secretary for Health, U.S. Public Health Service, Department of Health and Human Services, Hubert H. Humphrey Bldg., 200 Independence Ave., SW., Washington, D.C. 20201			
Editor—Marian Priest Tebben, Rm. 721-H, Hubert H. Humphrey Bldg., 200 Independence Ave., SW., Washington, D.C. 20201			
Managing Editor—Ellen Casselberry, Rm. 721-H, Hubert H. Humphrey Bldg., 200 Independence Ave., SW., Washington, D.C. 20201			
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Extent and Nature of Circulation:			
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1. Sales through dealers and carriers, street vendors and counter sales		0	0
2. Mail subscriptions		3,645	3,645
C. Total paid circulation (sum of B1 and B2)		3,645	3,645
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E. Total distribution (sum of C and D)		7,945	7,945
F. Copies not distributed			
1. Office use, left over, unaccounted, spoiled after printing		265	265
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