

Reposte from Pickett

I am inclined to think Mr. Mason must have read the AMA's commentary on P.L. 93-641, not mine. My purpose was *not* to comment on the process of community planning or nascent HSAs. The article was an attempt to illustrate that commonly accepted goals for a health system in the United States, when taken together, produce a dilemma not addressed: better, more equal access to health care, and higher quality, cannot be obtained at an acceptable cost without making some fundamental changes in the ownership and control of the system. That seems clear. What is not clear is whether we are prepared to make those changes.

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On Do-It-Yourself Pregnancy Testing

Applause for your initiatives in support of pregnancy tests that women can administer for themselves. There are over 700 million women in the world today who are in the reproductive ages 15-44. Probably 200-250 million are not at risk of pregnancy because their mate is dead, they are not yet sexually active, or one partner of the couple is sterile. For the other 450-500 million women there is the periodic uncertainty about whether pregnancy has begun. Whether the woman wants or does not want a baby at that time, she is uncertain, and often at the mercy of time and medical services for the solution of her uncertainty.

From a woman's point of view, a most important component of any birth planning could be an earlier, self-administered test to obtain certainty that one's behavior has brought about the intended result. Even in the United States we lack this opportunity. Research into a reliable, readily marketable and easily usable do-it-yourself pregnancy test will help women gain the control over their bodies which is

their right. Women, further, must demand that these products become available over-the-counter so that we are not dependent on medical superstructures for confirmation of the outcomes of our own reproductive choices. The price will never be low enough for all of us if we have to use medical service channels.

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On Analyzing Journal Content

Congratulations to you and your staff on the improved format. It's very attractive and highly readable.

I liked your editorial, "Change and Challenge." (AJPH, January 1976) but would like to take exception to the first sentence in the sixth paragraph, "Insofar as this Editor knows, no professional journal has applied epidemiological principles to itself." The editorial in the January-February issue of *Nursing Research* has for years presented an analysis of the content of the previous year. . . The July-August 1974 editorial in *Nursing Research*, titled "The Referee System," describes the review process. . . and we have just completed a three-year analysis of all rejected manuscripts and this, too, will be reported to our readers in the form of an editorial. Our readers have told us that they are interested in this type of information. . . .

I hope you won't mind my pointing up a printer's error on your masthead. The year of the founding of APHA was 1872, according to the logo on the cover and elsewhere in the magazine—not 1972.

Thanks for publishing an excellent magazine.

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Editor's Note: Our proofreader's face

is red! Our masthead has been corrected, and we thank *Nursing Research* for bringing all of the above to our attention.

Alcohol Controls and Outdated Paradigms

In their Editorial (AJPH, December, 1975) opposing my call for more stringent controls for alcohol, Professors Vladeck and Weiss argue that before we proceed we need to know much more about the underlying behavioral causes for alcoholism. Vladeck and Weiss seem wedded to an increasingly outdated paradigm: The view that alcoholism is caused by some flaw in the make-up of individuals, a malady affecting some individual drinkers and making them unable to control their use of alcohol. This paradigm makes alcoholism an entirely separate phenomenon from the larger society's "normal" use of alcohol. If this paradigm is correct, the entire alcohol control argument seems beside the point and even unfair, since it is wrong to ask society to accept the burdens of policies known to be ineffective or to burden groups who "succeed" in controlling their drinking.

Vladeck and Weiss ignore my suggestion that defining (and thereby explaining) alcoholism as a behavioral failure—what William Ryan calls "victim-blaming"—is similar to other reductionisms that convert social or collective problems into individual problems. Victim-blaming changes social problems into *individual failures*, whether ultimately produced by heredity, psychological traits, biochemical imbalances, or even social factors. This reductionism can be challenged on both logical and empirical grounds. The accumulating epidemiological evidence cited in my Commentary (AJPH, December, 1975) certainly challenges a purely behavioral definition of alcohol problems by demonstrating the connection between alcohol problems and the larger society's use of alcohol. But these reductionisms are stubbornly resistant to counter-evidence since they serve the valuable function of protecting the larger society (and especially producer groups) from the burdens of collective action.