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## Seagram Defends Ad

"Talking About Alcohol" is an educational program developed by the Education Development Center, Inc, an independent nonprofit organization recognized worldwide as a leader in health and education programs for children, families, and schools.

The program is written for parents of children 9 to 11 years of age and consists of a 24-page workbook and an audiocassette that is offered free of charge to anyone calling toll-free 800-SEAGRAM.

Parents who received the tape were asked in an objective research study by Charles Atkin, PhD, Michigan State University, "Did the tape provide useful ideas for discussing why your child shouldn't drink?" Ninety-two percent of the parents responded that they found the tape "somewhat to very helpful."

The National Association of School Nurses, Inc, has said this about the program: "NASN feels the tapes and handbook are an excellent tool for parents to use, both for initiating discussion and teaching about the dangers of alcohol."

The United States Catholic Conference, Department of Education, wrote the following about the program: "The result is a handbook and an audiocassette designed to assist parents in being more responsive to their children on issues regarding alcohol and in being more persuasive in communicating their values and expectations."

Yet your publication has been criticized for accepting advertising offering the same program free of charge to Public Health personnel throughout the country,<sup>1-3</sup> and Seagram has been criticized for making it available.

The interests of Seagram, the public health community, and the American public in eliminating the problems associated with consumption of alcohol by underage drinkers coincide. We should all collaborate to convey that message. □

*Stephen E. Herbits*

## References

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Requests for reprints should be sent to Stephen E. Herbits, Joseph E. Seagram & Sons, Inc, Executive Offices, 375 Park Avenue, New York, NY 10152-0192.

## Dissimilarities between Tuskegee Study and HIV/AIDS Programs Emphasized

In a recent article Thomas and Quinn<sup>1</sup> claim that the strategies used to recruit and retain participants in the Tuskegee Syphilis Study were quite similar to those being advocated today for human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention programs. It is my opinion that these similarities should be viewed only in light of the significant dissimilarities between the two cases.

While the Tuskegee Syphilis Study had no protocol or any supervision by an independent review board, no AIDS study or any other medical study on human subjects in the United States can be conducted today under those conditions. At the present, medical research on human subjects should be approved and monitored by an institutional review board that includes members not affiliated with the institution.

In the Tuskegee study, no information was given to the subjects about the true nature of the study, and thus informed consent was not obtained. Such activities would be in clear violation of the National Research Act and the accompanying legislation on the protection of human subjects.<sup>2,3</sup> Moreover, the subjects of the Tuskegee study were prevented from getting known effective treatment for syphilis. While no such treatment has been found yet for AIDS, the HIV/AIDS prevention programs aim to disseminate true and accurate information about the nature of this syndrome; their efforts are contrary to what the researchers in the Tuskegee Study were doing.

An emphasis on the safeguards that have been put in place to prevent studies similar to the one conducted in Tuskegee

should accompany any "open and honest discussion" of the Tuskegee experiment. I suggest that such an approach will greatly enhance any effort to restore trust between the Black community and public health authorities. □

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## References

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## Handedness, Traffic Crashes, and Defensive Reflexes

Recent data suggests that left-handedness is associated with shortened lifespan.<sup>1-3</sup> Some of this reduced life span may be due to the sequelae of birth stressors that are purportedly related to the emergence of left-handedness,<sup>2,4,5</sup> yet left-handers also have higher rates of injury<sup>6</sup> and are 5.3 times more likely to die as a result of injury.<sup>3</sup>

One puzzling finding is that left-handed drivers are 1.9 times more likely to have traffic crashes<sup>6</sup> and are 3.8 times more likely to die of crash-related injuries.<sup>3</sup> Casual observation suggested that a reflex pattern may place left-handers at risk when driving. The defensive reflex for an unexpected event involves asymmetrically raising the hands in a protective posture. Right-handers appear to respond holding their left hand high and their right hand low, whereas left-handers reverse these movements. To relate this reflex to traffic crashes, imagine that the hands are holding a steering wheel and that there is a sudden incident that triggers the driver's defensive reflex. For the right-hander, with the left hand held high and right hand held low, the steering wheel rotates clockwise and the car swerves to the right, off the road or into slower moving traffic. For left-handers the reverse occurs, and the car veers to the left into oncoming traffic.

This defense-startle reflex was tested in 313 subjects (166 male, 147 female, mean age 20.2 years). When subjects were relaxed, the experimenter elicited the star-