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Interview with Joe Chambers

Joe Chambers

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**LOUISE PETTUS ARCHIVES AND SPECIAL COLLECTIONS
ORAL HISTORY PROJECT**

**Interview #330
CHAMBERS, Joe**

CHAMBERS, Joe

Physician, public health worker, sickle cell anemia awareness advocate

Interviewed: August 9, 1984

Interviewer: Michael Cooke

Index by: Alyssa Jones

Length: 21 minutes, 29 seconds

Abstract: In his August 1984 interview with Michael Cooke, Joe Chambers described his work with sickle anemia patients and prevention. Chambers covered the topics of sickle cell anemia, DHEC, family planning, public health, genetic counseling, and community health aids. His brief interview gave information on what measures were being taken to help families and individuals with sickle cell anemia. This interview was conducted for inclusion into the Louise Pettus Archives and Special Collections Oral History Program.

Keywords: Sickle cell anemia, DHEC (Department of Health and Environmental Control), public health, genetic counseling, family planning, community health aids

Interview Session (August 9, 1984): Digital File

Time Keywords

00:00:00 *Start of Interview*/Interviewer's Introduction

00:00:16 *Question:* Can you give us a brief biographical sketch of your life? *Answer:* JC was born August 12, 1932 in Bristol, VA. He spent his childhood in the mountains of east TN. JC went to undergraduate at East Tennessee State University and then to medical school at the University of Tennessee in Memphis. He did his internship in Nashville at the Mid-State Baptist Hospital (now Saint Thomas Health). After two years of public service, JC went back to school to get his Master's degree in Public Health. After that, he spent 6 or 7 years as a health officer and came to South Carolina, then back to East Tennessee State. In 1971, JC returned to South Carolina as a medical director in Myrtle Beach. JC eventually became the assistant medical director in Charleston.

00:03:04 *Question:* How long have you been aware of sickle cell anemia? *Answer:* JC was very aware of sickle cell anemia in medical school because one of his professors of laboratory medicine in Memphis was involved in research for it. Memphis had a high African American population, so they saw many patients with sickle cell anemia.

- 00:03:48 *Question:* Once you became associated with the Trident Health District, when did you first become involved with sickle cell anemia research here? *Answer:* His interest was piqued by a close friend who was active in the community.
- 00:04:31 *Question:* What did he feel were the crucial issues and what objectives should the health department set as major priorities to combat the disease? How did he articulate the necessity of the health department taking a role in that? *Answer:* Their primary aim was genetic counseling. The significance was in counseling those with the gene and letting them know their options. Their main goal was prevention, and they wanted potential parents to know the facts about them having a child with a serious illness.
- 00:05:57 *Question:* When did the department take on this task of genetic counseling? Late in the 1970s? *Answer:* No, early in the 1970s.
- 00:06:12 *Question:* Were you a part of the decision-making process or was it before you? *Answer:* It was right before JC arrived and his predecessor was involved.
- 00:06:35 *Question:* What are some of the things that your department has done over the years? *Answer:* JC said that genetic counseling was not a major part of the department and that they had limited funds. Any sort of counseling involved a dedicated staff and they had to look at prioritizing staff time. DHEC had expanded and the interest in genetic diseases had grown.
- 00:07:57 *Question:* Did the department ever institute a testing and screening procedure? *Answer:* Yes.
- 00:08:51 *Question:* It was always voluntary? *Answer:* Yes.
- 00:08:57 *Question:* At this particular department? *Answer:* Yes.
- 00:09:01 *Question:* And that policy is still being maintained? *Answer:* Yes.
- 00:09:06 *Question:* What forms of support can this department offer to someone who has sickle cell? Or what has this department offered in the past? Did it offer free transportation to the centers? *Answer:* Transportation was never offered. They were to offer counseling and testing.
- 00:09:46 *Question:* Your principal responsibility was? *Answer:* Screening.
- 00:09:56 *Question:* Were some of the tests that showed positive or had complications-did you have to send those to the lab in Columbia? Or did you have the facilities to take care

- of that sort of thing? *Answer:* JC believed that all their tests for sickle cell were done in Columbia.
- 00:10:32 *Question:* During the 1970s, did you see any changing policy in either your department or DHEC? *Answer:* As a result of their involvement, other groups pushed for the testing of sickle cell testing around the state. It was not a priority for DHEC.
- 00:11:25 *Question:* It's a chronic problem and not something that is an environmental problem. *Answer:* Right. You can diagnose a patient, but it is not something to clean up.
- 00:11:52 *Question:* What is public health? What is the role of the public health department? *Answer:* Their primary responsibility was prevention, which was why they were interested and involved in immunizations and vaccines, chlorination of water, the pasteurization of milk, family planning, and childcare.
- 00:13:44 *Question:* The problem with sickle cell is outside the parameters of a health department or DHEC? *Answer:* JC said it was a problem on the fringe.
- 00:14:41 *Question:* Sickle cell is not communicable, so you cannot really see it as a high priority problem for public health. *Answer:* JC said it was not a major priority, but it was important.
- 00:14:56 *Question:* What attempts has your department had at outreach? Or is that beyond the department? *Answer:* At one point, they had the most significant outreach program that JC had ever been involved with. They had 18 to 20 individuals who they labeled as community health aids. They were walking health educators and told people what the health department had to offer, followed up with delinquent patients, and encouraged people to use the health department services available. The budget crisis that they had been dealing with over the last couple of decades made them rearrange their priorities and no longer had a significant outreach program.
- 00:16:59 *Question:* What led to that type of fluctuation of ability to provide health education? Is that part of the budgetary process? *Answer:* Yes. When a reduction is placed on the budget of a place like JC's department, clinically and environmentally oriented sections will not be cut, but social workers will be the first to go.
- 00:17:41 *Question:* Was this decision to restrict the appropriations made at the state or county level? *Answer:* They primarily came from the federal level, which trickled down to the state and county levels.
- 00:18:19 *Question:* When did these cuts take place? *Answer:* The worst cuts that JC had seen

were shortly after the Reagan administration came into power. They cut 25 to 30 people.

00:18:37 *Question:* What impact did that have on your sickle cell anemia work? *Answer:* Since the sickle cell program was mostly just screening, JC thought that the cuts did not have much of an effect. JC's department continued that work. They had to cut staff, which meant that some of the clinics were eliminated, while the staff was moved to the main clinic.

00:20:30 *Question:* What was the response of the public to your sickle cell activity? Did you see an increase in people seeking testing? In the 1970s? *Answer:* JC thought there may have been some in the beginning, but did not remember clearly.

00:21:29 *End of interview*