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Interview with Dee Breeden

Dee Campbell Breeden

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

**Interview #323
BREEDEN, Dee C.**

BREEDEN, Dee C.

Health advocate, DHEC staff

Interviewed: July 9, 1984

Interviewer: Michael Cooke

Index by: Alyssa Jones

Length: 53 minutes, 35 seconds

Abstract: In his July 1984 interview with Michael Cooke, Dee C. Breeden discussed his involvement with DHEC's sickle cell anemia program. Breeden covered topics of genetic screening and counseling, community organization relations, state funding, and sickle cell anemia. Breeden also discussed the difficulties and controversies surrounding testing people for sickle cell. This interview was conducted for inclusion into the Louise Pettus Archives and Special Collections Oral History Program.

Keywords: Sickle cell anemia, Department of Health and Environmental Control (DHEC), Black Caucus, genetic screening, genetic counseling, electrophoresis, sickledex

Interview Session (July 9, 1984): Digital File

Time Keywords

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

00:00:07 *Question:* Can you give us a brief biographical sketch of your life? *Answer:* DB was born December 17, 1938 in Greenville, S.C. and was raised in Bennettsville, South Carolina. DB attended the Medical University of South Carolina and did an internship at the Greenville General Hospital. DB did two years of active duty in the army from 1965 to 1967. He then did his residency in pediatrics for a few years, practiced pediatrics for two years, and then worked in public health for two years in Columbia. DB went to Chapel Hill in 1973 and received a Master's degree in Public Health, after which he was employed by DHEC.

00:01:23 *Question:* When were you first aware of sickle cell anemia? *Answer:* Sometime during medical school, probably during DB's sophomore or junior year.

00:01:40 *Question:* Was that part of the curriculum? *Answer:* Yes. There were children admitted to the hospital with sickle cell anemia. There was a large Black population in the Charleston area and there were patients in the hospital with sickle cell anemia.

- 00:02:06 *Question:* So you had the experience that many physicians in the country had not, in dealing with the problem of sickle cell. *Answer:* DB said he would not call his medical school experience “expertise” as he was not responsible for dealing with the patients.
- 00:02:24 *Question:* But you were actually aware of it. *Answer:* Yes.
- 00:02:28 *Question:* When did you become connected with sickle cell anemia in DHEC? *Answer:* DB joined DHEC in 1971 and his initial work with DHEC was in the Child Development Center (Child Evaluation Clinic) for handicapped/mentally deficient children. In 1972, DB joined the DHEC team that discussed where sickle cell would fall into DHEC’s departments and if it would be dealt with by DHEC.
- 00:03:44 *Question:* What was your position? *Answer:* DB said titles change in organizations over time, but he thought that his title was “Director of the Bureau of Child Care” and was responsible for children’s programs in the health departments.
- 00:04:23 *Question:* In 1972 when the legislature passed a bill to provide funding for research, treatment, and screening of sickle cell, what did your role become after that development? *Answer:* DB preceded his answer with information about the DHEC staff meeting to discuss what role DHEC was capable of playing. The members also met with the Black Caucus of South Carolina.
- 00:05:46 *Question:* Did the Black Caucus approach you before you gave thought to the problem or did you approach them? *Answer:* DB did not recall.
- 00:06:06 *Question:* Who might have been part of that process? *Answer:* DB listed possible people who could have been involved in the process-people who were higher up and more politically involved at the time than DB.
- 00:06:38 *Question:* In the beginning stages of the sickle cell program, did you have any responsibilities? *Answer:* Within DHEC, there were two parts to the program; one was a laboratory section that dealt with samples, screening, etc. DB elaborated on the screening process. Electrophoresis and sickledex were two types of screening mentioned.
- 00:09:09 *Question:* Was it very unusual process to screen people in the process just mentioned? *Answer:* Sickledex was simple, but was limited in its ability to provide information.
- 00:09:22 *Question:* Were economics a factor? *Answer:* DB said economics were a factor in sickledex, but he did not recall the cost. He did think that it may have been cheaper

- to use sicklelex rather than electrophoresis. DB's responsibility was to deal with the agencies that were coming into contact with the products. He also trained DHEC staff to handle the information obtained from the screening, so that they could discuss the results with the patients. DB discussed genetic counseling and people who felt uncomfortable with being screened for sickle cell trait and anemia and the controversy surrounding the screening of African Americans and whether or not it should be voluntary.
- 00:13:00 *Question:* Did you provide testing services like outreach programs? *Answer:* DB said that DHEC was almost an outreach program already because it had departments in almost every county and most counties had satellite health departments. DHEC was out there and accessible to the masses, there were advertisements, but the individual workers did not go out into communities. DHEC did hold talks, that they invited people and organizations to, that discussed diseases and genetic testing.
- 00:14:00 **[no question]** DB continued discussing the legislative decision to fund sickle cell research and program development. The standard funding for such programs was around \$100,000 at the time, in DB's opinion, which was a fairly generous fund for a program. However, DB admitted that \$100,000 would not go far in establishing a statewide program.
- 00:17:36 *Question:* What were the priorities of DHEC at the time and today, as well? What are the real priorities? *Answer:* DB said the agency had a broad spectrum of responsibilities and priorities. DHEC was the protector of public health and focused on the provincial, but also functioned outside of the provincial.
- 00:21:13 *Question:* Where does treatment services fall into the spectrum? *Answer:* Treatment services were not the primary responsibility, but it was a part of DHEC.
- 00:22:03 *Question:* What were your reasons for establishing the liaisons between DHEC and the community groups? *Answer:* DHEC helped the community groups in order to help the public—they were used as satellites, basically, with DHEC as a base for their testing and counseling services. DB was weary of the community groups in the beginning because they did not appear to be ready to deal with the confidentiality of dealing with medical issues. DB also did not believe that they had the expertise to handle the real medical aspects of sickle cell anemia.
- 00:28:02 *Question:* Do you think that these community organizations became more sophisticated over time? *Answer:* In DB's opinion, the groups gained his respect eventually.

- 00:30:31 *Question:* What were some of the things you were considering as far as development of the sickle cell program? What did you see as the future of your program? *Answer:* DB thought that it was going to be a successful, well-funded program.
- 00:31:28 **[break in recording]** DB thought that the \$100,000 would be spent evenly, but knew that DHEC had to re-establish priorities without the \$1 million that DB hoped for. Without those funds, DB hoped for fulltime staff and counselors.
- 00:34:25 *Question:* What happened to the role at that point? *Answer:* DB said there were still sickle cell programs in the Health Department.
- 00:35:06 *Question:* You called it a fad, don't some of the statistics in South Carolina imply that it is really very prominent in Blacks in this state? *Answer:* DB said that MC misinterpreted what DB said. The fad had to do with not whether or not people had sickle cell, but with the political interest in sickle cell work.
- 00:36:25 *Question:* Does the agency respond to issues like that? *Answer:* Political and social ramifications get varying focus throughout history, DB said. The importance of diseases fluctuates constantly.
- 00:38:10 *Question:* Take into consideration that perhaps the state of South Carolina does not allocate money to certain areas, and maybe health is one of them. Perhaps that is why DHEC was not given the proper resources. What is your assessment of the appropriation of the legislature? *Answer:* DB did not believe that they gave enough money to do the tasks required.
- 00:39:57 *Question:* What do you think would have been the adequate resources to do the job? *Answer:* DB said that was a tough question.
- 00:42:19 *Question:* Are you saying that the pie is limited? *Answer:* Yes, the state had limited money and could only spread it so far.
- 00:42:40 *Question:* What are the priorities? Where does healthcare fit in with highways and schools? MC sad it was probably an unfair question. *Answer:* DB did not know where healthcare fit in, but it was difficult to judge where funds should be allocated.
- 00:43:03 *Question:* Is health a major-- *Answer:* DB said that was a major philosophical question. DB said that MC was asking a biased person because DB was a health advocate. DB said he was also a realist and knew that there were not enough resources to address all the health problems in South Carolina. He knew that some people would lack health care. DB believed that basic healthcare should be provided, but questioned what should be considered "basic".

- 00:44:40 *Question:* Is sickle cell basic? *Answer:* DB would consider sickle cell basic. He also considered the genetic testing and counseling for all genetic problems to be basic.
- 00:45:28 *Question:* Perhaps the piece of the pie that healthcare receives should be bigger. *Answer:* DB discussed how difficult it was to prioritize all the aspects of civilized culture. He used the example of it being a terrible idea to shut down schools to pay for everyone's cancer treatments.
- 00:46:20 *Question:* Is there anything else you want to address? Did you see any accomplishments of your sickle cell program during the 1970s? What do you think were some of the basic accomplishments? *Answer:* DB found it amazing that the program became operational so quickly.
- 00:49:25 *Question:* Perhaps because of you and the community organizations, people can make better informed choices. That is a contribution of the community groups and DHEC. *Answer:* DB said that what was missing was a form of treatment. Instead of money being pushed into education, money should go into research. Research could lead to parents not having to decide whether or not to have children to avoid them having sickle cell or other genetic disorders. DB believed there was enough counseling available.
- 00:50:44 *Question:* Perhaps that is another accomplishment of the movement in the 1970s. A number of people I have interviewed spoke about the lack of information available and how the medical community did not understand the disease. As a consequence of this campaign, the medical community became more sensitive and the public was more informed and was able to make better decisions. *Answer:* DB thought that the medical community was not as interested in sickle cell because most doctors were White and most of the patients were Black. It was also a disease with few treatments and did not feel compelled to spread the word about something they could do nothing about. Physicians and patients were not interested in counseling because it was expensive.
- 00:53:35 *End of interview*