

PADGETT, James Earl  
INTERVIEWEE

Interviewer: Michael Cooke  
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**Interview # 316**

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Abstract: In his interview with Michael Cooke, Dr. James Earl Padgett, Jr. (1930-2016) discusses his work with the Department of Health and Environmental Control of South Carolina. Dr. Padgett describes the efforts to develop a program for sickle cell anemia. He details how the Health Department set up their program to screen and counsel people who might have the disease.

\*This is an edited transcript. Our transcription guidelines are available upon request/on our website.

Time            Keywords  
00:00:00      **MC: Today is July 20, 1984. I'm conducting an interview with Dr. James E. Padgett Jr. who is connected with the Department of Health and Environmental Control of South Carolina. Dr. Padgett could you give us a brief sketch of your life? When you were born, where you were born, and your education?**

JP: I was born in 1930 in Jasper County in South Carolina. I attended Clemson University where I received a Bachelor's Degree in Pre-Med and the Medical University of South Carolina where I got the MD degree in 1955. I attended the University of North Carolina at Chapel Hill from which I received a Master's in Public Health degree in 1968.

00:00:49      **MC: When did you first become aware of sickle cell anemia?**

JP: I think would have to be primarily when I was in medical school.

00:00:57      **MC: So back then you were conscious of it?**

JP: Being a medical student in Charleston South Carolina where it's a large black population, we became very quickly aware of sickle cell anemia. In fact that was

one of the routine tests that you did on every admission of every child to the hospital. In the local hospital or what would be now the Medical College hospital.

00:01:23 **MC: When were you first aware of sickle cell in an administrative capacity with the Department of Health and Environmental Control?**

JP: In 1972, I believe, was the year that the legislature decided it would probably be advisable [clears throat] to set up a testing program for sickle cell anemia within the Department of Health and Environmental Control. At that time I was Chief of Bureau of Internal and Child Care while at the Department of Health. That particular activity was assigned to my operation in the Health Department.

00:01:56 **MC: What planning were you involved in in the initial years of the sickle cell program? What type of ideas that you introduced to that program.**

JP: We were primarily concerned at that time, because of our interest in preventive healthcare which is the focus of the Health Department, in screening for any problems that could be prevented in the future. We have a large group of children's programs and we were interested in genetic defects to prevent other problems. The sickle cell activity would naturally fit right into that type of program. Of genetic counseling, health education, and preventive health activities based on any screenings we could do to see the potential cause of sickle cell anemia.

00:02:49 **MC: In the years during the '70s was there an increase...was there any—before the legislature got involved, I better begin chronologically. Did the state assume the role of responsibility for sickle cell anemia? Was there a state program? Was there any thought to establishing a program prior to the legislature?**

JP: There was not any program of this particular...size, and also not one that was aimed at mass screening. We were aware that there were many problems where sickle cell anemia, sickle cell trait, or whatever could be significant in a person that we were examining for some reason. As a child for anemia in a child health clinic, if we could not determine that this child's problems on the basis of nutrition, parasites, or some other activity or abnormality that might cause anemia then from a therapeutic point of view we were very much interested in making sure there was no sickle cell anemia. But that was from a treatment point of view and diagnostic point of view more than a mass screen activity. This new focus in 1972 dealt with primarily screening large parts of the population who would be high risk to make sure this was not a part of their genetic make-up. Even though they were having no apparent difficulty, no obvious disease.

00:04:26 **MC: What was the reaction to your mass screening campaign?**

JP: Well the reaction of us in the Health Department was that this was a good move since we did have an interest in genetics and preventive health care. So we got into this with both feet as rapidly as possible and set up sickle cell screening essentially as a part of all of our programs where it would be appropriate. If we were having blood drawn for hemoglobins in child health or venereal disease in the venereal disease clinics or where ever we can. More or less combining that activity is just any time we had some blood we would be working toward screening for sickle cell disease. Well this—we thought we were doing just wonderful and noble thing and we were going to help everybody make decisions about their healthcare and about their future children and everything else. Well it didn't work that way at all. The population who was being screened at least the large vocal part of that population became incensed that they were being routinely screened for something that may put a stigma on them for the rest of their lives. If they—they were convinced that if they had a positive sickle cell test that meant they could never get life insurance. They could never get into the Army. They could probably not get into various other things because they had this diagnosis. It was their opinion also that you were doing this as a reason to let us know we shouldn't have children because we might produce children with sickle cell anemia. That was foolish. We're all going to have children whether they are going to have problems or not. We immediately had to begin drawing in our horns because this was not going over well at all.

00:06:09 **MC: What do you mean by drawing in your horns? What activities of the Department began to wane after that reaction?**

JP: At that particular time we began making the testing for sickle cell anemia more a voluntary part on the part of the patient. If there were an indication that this might be a good possibility with this person, we would certainly counsel them more thoroughly and make sure they understood the significance of having this test done. That they should know this, however it became a voluntary available test rather than a mass screening test that was done for everybody who seemed to be a potential candidate for sickle cell anemia even though there was no physical evidence at the time.

00:06:59 **MC: Was the momentum of 1972 with the legislature donating \$100,000 to the Department of Health and Environmental Control, was that impetus carried on in the forthcoming years?**

JP: Over a period of years that specific line item as I understand it, which had sickle cell anemia attached to it in the beginning that has sort of faded out. This has become a part of the general appropriations to the Department. That money is still there but as I understand it that it does not have that specific designation now. However the activity continues with that money. But this is not too unusual in the legislative activities after a period of time the...activity that the original categorical funding was for begins to be identified with another part of another

program and fits there. So the money begins to be put into that program generally rather than having all of these things in your budget that have little line items.

00:08:13 **MC: Incidentally you mentioned before we were on tape that there was a companion situation that led to sickle cell being placed on a high priority list as far as targets of objectives for the Department to pursue.**

JP: There were two activities that were going on at that time that were of interest to the legislature. One of them was the sickle cell activity, and the other was the parasites. Intestinal parasites which were common in this state particularly in the lower part of the state. At that particular time there was—that year \$100,000 for each program was appropriated to look into these situations. The parasites and the sickle cell anemia.

00:09:06 **MC: How long did the parasites receive \$100,000 support as a line item?**

JP: I would say probably less time than sickle cell did.

00:09:16 **MC: I see. Was any of that money delegated to perhaps sickle cell or some other maybe some other health area?**

JP: Which money?

00:09:26 **MC: The parasite.**

JP: Well no because we still have the parasite activity going on. We have testing in the laboratory which costs money. We provide medications through the Health Department for parasites which I'm sure we're probably spending more than that original amount on parasites now. But it has become a part of the maternal and child health program because that's where it fit in.

00:09:52 **MC: So the same fate, I guess, faced sickle cell anemia. It became not just a central focus but just simply incorporated into the cripple children's division is that the—**

JP: That's correct.

00:10:05 **MC: Ok.**

JP: But actually, now that the sickle cell testing is available in any program where it would seem logical not just cripple children. In fact the child health program, which is a different program from cripple children. The child health program is mainly what you think of as well baby care. If you have this baby who is in that particular clinic who is not doing well, who is anemic and so forth, that testing and that counseling is available to that child even though it is not in the cripple

children's program per se. The assistance for sickle cell diagnosis and counseling and other activities is available agency wide.

00:10:48 **MC: Why was sickle cell assigned to the children's division? Especially when so many victims of sickle cell are over the age of 18.**

JP: Well at that particular time the cripple children's division went through the ages of 21. At that particular time the—also a lot of people who had sickle cell anemia, if they really had a terrible problem with it, did not live past 21. Some did of course, but the reason it was put in that particular area was because it did—the crippled children's program does deal with diagnosis and treatment of disease whereas the general focus of the Health Department is preventive healthcare. Also the crippled children's program is very heavily oriented and has the capability for doing genetic studies and genetic counseling, then that would be a logical place. It's the same thing that's true with adult cystic fibrosis. That's set up in the crippled children's program also. These people are taken care of long after they have graduated from cripple children's program. This is because of the way it was set up because of those capabilities. Of genetic counseling plus a therapeutic program as opposed to preventive program.

00:12:09 **MC: Was there any pressure brought on the agency by the legislature to prolong the services for people having—**

JP: Prolong which services?

00:12:18 **MC: People having sickle cell anemia.**

JP: We still have the services.

00:12:23 **MC: I'm saying did the legislature influence the agency to provide service beyond 21? Was there any pressure—**

JP: That was never questioned.

00:12:34 **MC: Was that something that the agency addressed itself?**

JP: The agency addressed that. That was never a question about when—what age group was going to be involved. The agency simply elected to put the activity with the crippled children's activity because it did fit in to the realm of capability of that program. It was more logically placed there when we were—

00:12:54 **MC: Ok. So that was an agency decision rather than—**

JP: Oh yes. All of these are agency decisions. So the decision to back off from mass screenings into the more specific diagnostic approaches based on more clinical observation was the agency's decision. As far as I know there has been no

legislative mandate since the original appropriation. No specific things which you must do in this time period.

00:13:21 **MC: Over the years has there been any perceptible change in the policy? What changes have you seen looking back on the '70s and perhaps looking at the situation today? What changes—taking an overview of the sickle cell problem, how has the agency dealt with that problem over the years. Has there been any perceptible change to you.**

JP: Basically not. I think the major change was going from the mass screening to the aiming and focusing on people who seem to be candidates, who might benefit from the Health program. Specific person rather than mass screening. That was the one change and from then we've stayed with that concept.

00:14:06 **MC: I see. Was there any other point you might want to add to the interview? Or have we basically covered all of the ground?**

JP: No. I don't—I think the main point is that there are still groups in the state, volunteer groups who do a good job of promoting education about sickle cell anemia and sometimes get a little concerned that the Health Department is not continuing with the mass screenings. Because they will periodically have mass screenings. But those mass screenings that volunteer agencies have are very much on the basis of volunteers. If you don't want to be screened, you don't go to the screening. However, when we were doing it as more or less a captive audience because of the patients all who came in that's different from a mass screening based on the fact that you get in the car and go to the screening sight and say yes I'd like to be screened.

00:14:57 **MC: Ok. I guess we've covered all the ground I can think of. Thank you for consenting to the interview.**

00:15:05 **End of Interview.**