



From Our Readers

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To the Editor:

The wonder of history comes partly from the connections we are able to make between past events and our own lives, both professional and private. Your excellent trifaceted look at Dr. Alice Hamilton's life ("Perspectives on a Pioneer," May 1988) brought to mind several connections between what happened during her life and what is happening in the field of occupational safety and health today.

In her article Barbara Sicherman points out one connection to NIOSH: the naming of the Alice Hamilton Laboratory. Another is the Alice Hamilton Occupational Safety and Health Science Award which was awarded by NIOSH for the first time this year. Its purpose is to recognize outstanding contributions to the field. Richard W. Hornung and Theodore J. Meinhardt won for their paper, "Quantitative Risk Assessment of Lung Cancer in U.S. Uranium Miners" (*Health Physics*, 1987, 52:417-30). Another connection is the video documentary about Hamilton that was produced for the award ceremony. (Interested readers may wish to secure a copy of this tape from the NIOSH publications office.)

In his article, William Taylor discusses the connection between Dr. Hamilton's work among the limestone workers and the NIOSH resurvey of those workers in 1978. Another connection is the work now in progress at NIOSH to develop criteria for a recommended standard for hand-arm vibration. Another is Taylor's substantial contribution to both efforts.

Jacqueline Corn's article solidly connects Hamilton with numerous efforts on behalf of working women. NIOSH's research on reproductive hazards and its June 16-17 symposium on that subject make another link. Now that the U.S. workforce is about 45% female (an increasing percentage), the connection between this great doctor and the professional lives of everyone in the field is sealed.

These "connections" are just the beginning. There are many others of equal importance. All of us in occupational health and safety must analyze the connections between the past and the present in search of the insights needed to be successful in the struggle to protect workers. We can think of no better way to celebrate the 50th anniversary of ACGIH than to fuel that pro-

cess. Congratulations!

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Director, and **Raymond C. Sinclair,**
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To the Editor:

I've been a member of both the local and national AIHA and the ACGIH for more than 15 years. As a member-at-large on the ACGIH board, I've felt obligated to follow, as best I understood, the wishes of our membership regarding the proposal to merge AIHA and ACGIH. Having finished my tenure on the board, I now feel free to express my personal opinion on the proposal. After listening to discussions on the pros and cons of a combined organization for nearly two years, I believe there are strong reasons for us to continue to work together in joint committees as an effective and efficient use of our profession's resources. I haven't heard a single compelling reason to consolidate. Each organization appears fiscally sound, has progressive leadership, and has served its membership and the profession well.

Adequate representation for government employees in a merged organization is a concern which every governmental employee should have. Given the absence of governmental employee representation in the past and current leadership of AIHA and the potential relative numbers of private sector compared to public sector members in a merged organization, I think it unlikely to expect representation of the unique interests or concerns of governmental employees on a merged board. Second to that are the issues of funding and time. I'm confident that recent AIHA senior leaders would admit to needing a near leave of absence from their employer with substantial funding to meet their leadership obligations. As a national and local AIHA member, I've benefited by their active leadership and accessibility. If a governmental employee were to be successful in an election of the merged organization, his or her ability to participate at such a level would be doubtful. To me, this aspect of the merger

proposal would result in the loss of any voice which governmental employees now have through leadership opportunities in a separate organizational structure.

The ACGIH has no corner on professionalism or ethics. There is nothing inherently ethical about government employment or inherently unethical about private sector employment. Each organization has its individual strengths and weaknesses and each has endorsed the AAIH's code of professional ethics. Anyone who deals with the public, however, recognizes that the public's perceptions of right and wrong are often distorted and neglect evidence in fact. Regardless of a recent and biased article on the TLV process in the *American Journal of Industrial Medicine*, I think there's a general belief that final decisions regarding ACGIH's TLVs are made without influence by anyone who would stand to profit from a particular value. Without establishing a totally separate organization to continue the work of the TLV Committee, any merger of the two associations would alter that perception of independent judgment.

What is the driving force behind consolidation? The most frequent argument heard is the belief that it's important to speak with a single voice as a profession. I find that unconvincing. When we are in agreement, it seems to me that two associations speak louder than one. Two groups can have different approaches to achieving a common goal and in fact work together towards achieving that goal. Those differing voices hopefully promote healthy and vigorous debate so every aspect of an issue is explored and aired for all to consider. This is true in our political process and I believe it's valid for our profession as well. A profoundly negative effect of consolidation could be the effective suppression of differing viewpoints.

More than ten years ago, the associations had joint committee activities which were abandoned because of conflicts among the members based on differences in the ways each group approached the funding of volunteer efforts. AIHA members were asked to fund their own participation while ACGIH members were provided funds when their organizational sponsors wouldn't. In the recent past, AIHA introduced limited funding of its volunteers when employers

wouldn't pay. This is a major step towards resolving potential conflicts in joint committees and should encourage the continued development of closer working relationships.

With enlightened leadership on both boards, I believe the benefits of a separate organization structure can be achieved without the disadvantages of a merged organization. We have two strong and viable professional associations providing representation to all members of our shared profession. We can make effective and efficient use of our professional resources without risking loss of representation for one group or the perception that the TLV process is somehow compromised. Each organization has an important role to play in our profession and I encourage the leadership of both groups to have a vision for the future which sets aside further merger discussion and focuses on cooperative efforts to advance the causes of occupational health wherever possible.

**William D. Christensen, PhD, PE,
CIH
USAF
Brooks AFB, Texas**

Editor's Note: Although the preceding letter does not deal with a published article, it does deal with an issue of importance to industrial hygienists.

To the Editor:

AIH's March issue's "Message from the Chair" referred to an article in press in the industrial medicine literature that was about the Threshold Limit Values (TLVs). Unfortunately, there was no identification of the authors or the journal, so it was impossible for your readers to identify the article or look for it. It seems only proper that since the paper was criticized in AIH in advance of its publication, you should at least inform your readers now that the article is in print so that they may examine it themselves.

The article Vernon Carter referred to was

written by Dr. Barry Castleman and myself. It is called "Corporate Influence on Threshold Limit Values" and is in the May 1988 issue of the *American Journal of Industrial Medicine* (Vol. 13, pp. 531-559). This issue also contains 10 commentaries and an editorial on the same subject. Other commentaries and letters will probably appear in future issues of the journal.

The adequacy of the TLVs is highly appropriate for discussion in your journal. The TLVs have a tremendous influence not only on worker exposures at industrial plants, but also on standards for exposure of workers at hazardous waste sites, toxic air pollutant standards, and even water pollution guidelines. Industrial hygienists need to understand that the limitations of the TLVs go way beyond those acknowledged in the preface to the TLV booklet. And industrial hygienists can and should look for signs of illness even when exposures are below the TLVs. In my experience, this can be done with some backup medical supervision and further training about the health effects of exposure and onsite methods of identifying effects. It is clear that the TLV's cannot be used or viewed as a "safe" standard and a more holistic approach is needed for the future to assess both exposure and health effects in a complete workplace evaluation.

For hygienists who are unable to locate our TLV article, I would be willing to mail one upon request to: 3511 Moultrie Place, Baltimore, MD 21236.

**Grace Ziem, M.D., Dr. P.H.
Baltimore, Maryland**

Editor's Note: Neither the ACGIH nor the ACGIH Chemical Substances TLV Committee was furnished a copy of the manuscript by the American Journal of Industrial Medicine or the author. Copies were furnished the ACGIH by individuals and organizations who were asked to comment by the Journal. Under these circumstances it was felt inappropriate to name the Journal or the authors in the message. The letter published above now fulfills that need.

To the Editor:

"The American Conference of Governmental Industrial Hygienists (ACGIH) believes it has a responsibility to provide an open forum for discussion of scientific questions. The positions taken by the participants in the reported conference are their own and not those of ACGIH. ACGIH has no intent to influence legislation by providing such forums." This quote from the 1982 Annals of ACGIH, Volume 3 on "Protection of the Sensitive Individual" has been and is the philosophy of ACGIH.

Sheldon Samuels, at the November 26-28, 1979, ACGIH Symposium on Non-Ionizing Radiation gave a report on the International Commission of the Society for Occupational and Environmental Health. Samuels described the group as follows: "The Commission itself is an experiment that will be complete in the summer of 1983." He gave his views on ACGIH and the threshold limit values (TLVs). At one point, he said, "At the same time, if you are to engage in public affairs, then you must be willing to accept the state of warfare characterizing the marketplace of ideas in occupational health." His presentation appeared in the ACGIH Symposium proceedings in 1980.

Again in June 1987, Sheldon Samuels delivered another analysis of the TLVs on the occasion of his receiving the William E. Steiger Memorial Award from ACGIH during the 1987 American Industrial Hygiene Conference. The remarks were published in the July 1987 issue of *Applied Industrial Hygiene*.

While in San Francisco for the 1988 American Industrial Hygiene Conference, I noticed a number of copies of the initial page of the Castleman/Ziem article in the registration area with full details for obtaining copies.

ACGIH continues its policy of providing an open forum so that the participants can weigh all viewpoints and make their own informed judgment.

**William D. Kelley
Publisher, AIH**