Environmental Health Perspectives
Vol. 29, pp. 175–176, 1979

Overview

by Jack Finklea*

I'd like to leave you with just a few points. If you think back again to the opening of this conference as to why we are concerned with increased susceptibility, however one might define it, I think the panels expanded upon Dr. Barth's opening remarks. The sponsoring agency has expressed its concern that the legal mandates under which the federal agencies are working require that high risk groups be specifically considered in the process of setting standards. We've had a lot of additional discussion this afternoon on the question of cost-benefit analysis or risk-benefit analyses. I think that we should not forget the remarks of our colleagues from the clinical sciences who expressed the need for us to better understand the etiology of major disease problems and the environmental and occupational contributions to these problems. Certainly that will continue to be a major task in future years, and I think a lot of the speakers expressed the need to understand these issues from both the scientific and the social, and economic viewpoints.

I think Dr. Dinman's remark about policy development reflected the kinds of judgments that people in labor and management are having to make every day. I'd like to spend a moment addressing the question of what have we learned. We can be reassured that people like Paul Kotin along with Carl Shy and Vaun Newill, who introduced me to this field, were asking the right questions when I came into the area a decade ago. Information that has been gathered by a careful, slow, scientific, progress is quite important. We now recognize that the questions we seek to answer about high-risk groups are inevitably much more complex than they appeared a decade ago. A number of the participants are impatient with what governmental agencies may have done, and that showed in our closing discussions. However, none of us should minimize the great progress that our country has made, both legislatively and socially during the last decade. We've also learned that you have to use a variety of research approaches together when addressing the social issues, and we've seen how successful that can be done in this conference. This interdisciplinary approach can result in a conference that seems to go a little slowly as the different research groups learn to appreciate each other's jargon, but bringing these different approaches together, and placing their work in a policy context gives us all a better perspective that we can carry with us.

There are two or three practical steps we might be willing to take as a result of what we're learning from this conference. It is important for all of us to remember that the differences between the various panelists from different societal segments (i.e. between people from labor, management, or environmental groups) is really quite small compared to differences within each of those segments. Dr. Dinman touched on that when he said that he could speak for his company, but not speak for industry as a whole. I think it's certainly important for all of us to work together to see if we can't make sure that all unions develop the same enlighted approach that the unions represented in the conference have adopted and that most companies do as well with their problems as the companies with whom Dr. Dinman, Dr. Kotin, and Dr. Kilian work are doing.

This leads to another point. We should use what we know in preventive programs and in directing future research. We will make some mistakes when we apply incomplete knowledge, but I think that our need for an excellent scientific information base should not mask the need for society to act on what we do know to clean-up the workplace, and environmental pollution. On the first day Dr. Fabro pointed out something that is worth re-emphasizing. We need much closer contact between people in the environmental movement, government agencies, and people in industrial health. All of these groups together have to work much more closely with knowledgeable clinicians. Investigators working in obstetrics and pediatrics are quite concerned about

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future job risks to certain of their patients in 10 to 15 years, but we did not hear from anyone who was working in the vocational training systems of the state of Massachusetts or the country as to how some of the concerns that labor might have or industry might have will be dealt with in the vocational training system. Dr. Kotin made a comment that captured the spirit of practical compromise in a nutshell. He said not everyone can do every job, but there should be a job for everyone. And, similarly, we cannot assure that every niche in our environment be completely safe. But we can assure that there will be a wholesome environment for everyone.