The opinions expressed in this article are those of the author and do not necessarily represent the official policy or opinion of the New Jersey State Department of Health.
use them, we are actually endorsing them. We are saying that we believe what Dow and DuPont may have thought they could live with in a TLV is what's safe for workers. No doubt there are some decent PELs and TLVs. But they are all suspect until we have an independent scientific review of which are which. That is going to take a long time, although it might go faster if ACGIH and OSHA discover the IRIS database. In the New Jersey State Department of Health study, only 4 of 43 PELs were close enough (no more than double) to the health-based guidelines to be usable. So the odds are not good that any given TLV or PEL is decent.

Industrial Hygiene without PELs and TLVs

It won't be as awful as you might think to practice industrial hygiene with no limits. In fact, I predict it will be more fun. It will really mean getting back to practicing the full spectrum of our industrial hygiene skills and perhaps adding a few new expertise and health assessment tricks to our trade. We can practice industrial hygiene the old-fashioned way—by observing workers!

We can change the nature of our investigations to spend less time looking at instruments and numbers and more time observing the work process as it is carried out, checking on control measures, and talking to workers. Workers are the best source of information about what is really happening in the workplace. Of course, all worker interviews must be strictly confidential and conducted in private if we expect to earn their cooperation and confidence.

A tool we would do well to add to our repertoire is conducting health effects interviews of workers. Guidance and questionnaires for such interviews are now seen by occupational health professionals have recently been prepared by an occupational physician at the New Jersey State Department of Health. Nevertheless, we have to rely on our industrial hygiene evaluation; it would seem essential to find out whether workers report health complaints or symptoms. Isn't that really what occupational health is all about? Documenting worker health complaints and symptoms can be thought of as the ultimate assessment of exposure.

Writing Good Reports

Failure to write a report or writing a report which is easily misunderstood as "a clean bill of health" will undermine even the best industrial hygiene evaluation. When I first worked for OSHA in 1774, we would always write industrial hygiene reports as well as issue citations after an inspection. That practice has ceased under the pressure for higher numbers of inspections. This shortsighted valuing of quantity of inspections over quality of results must end. Every OSHA industrial hygiene inspection as well as every other industrial hygiene inspection by a consultant, corporate, or government industrial hygienist should result in a complete report of findings and recommendations which goes to the employer, employees, and the union representing employees, when there is one.

By conducting such evaluations and exposure assessments and writing such reports, we will be applying disinfecting sunlight to the workplace. We will be resisting being defined narrowly as technocrats who collect air samples, and we will be insisting that we are allowed to use all of our industrial hygiene skills, knowledge, and professional judgment. We will be seeing the occupational health "forest" despite the OSHA "trees."

We will be declaring that, given how limited our science is, controls should and must be put into place even when the causes are not known or fully understood, let alone quantified. We will be refusing to be caught in the "Catch 22" of PELs and TLVs which says (a) nothing can be done without proving "overexposure" and (b) no one can prove overexposure because the limits have been set too high.

We will be in harmony with our code of ethics, which states that we should maintain an objective attitude toward the evaluation of health hazards regardless of external influences, which we now tolerate includes TLVs and PELs.

We will be practicing industrial hygiene with no limits.

REFERENCES


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