

THE CHANGING FACES OF SCIENCE IN
THE MAKING OF PUBLIC HEALTH
POLICY
CASE STUDY: THE RHODE ISLAND
ASBESTOS ABATEMENT ACT

Environmental Studies Honors Thesis
Karen Kadish
B.A. 1986

INTRODUCTION

How is enough attention directed toward a public health issue to initiate regulatory measures? Public health implies the well being of the general public; therefore, there must be an awareness that this health, or medical state, is threatened. When scientists' and/or physicians' work leads them to believe that certain exposures to a material probably, or at least possibly, pose such a threat, they may offer up their results to the political arena, wherein lies the power to mandate public health regulations.

Concerned citizens (who are neither scientists nor politicians) may follow this same route. People's personal experiences may trigger the demand for scientific investigations/research on an issue to induce regulation of a suspected hazard. The democratic system directs citizens to relay such requests to government representatives, who are in the position to take actions in the public's best interest.

Since politics mandates regulations in this system, the application of scientific studies lies at the mercy of the politicians. But politicians are not scientists. Therefore, when politicians take up challenges from members of the public to investigate a suspected hazard and/or generate protective policy, science is subjected to non-scientific analyses for possibly non-scientific ends. The process has three components: 1. a politically designated group decides to analyze a public health issue, probably motivated by some combination of general public pressures, interest group pressures or scientific disclosures ; the group arrives at conclusions and

makes decisions regarding appropriate policy, 2. the group communicates the work it has done, including its regulatory recommendations, to the rest of the legislature, and 3. in the public health realm, the issue is usually presented to the general public.

Studying an issue may result in a working definition of that issue. A "scientific definition" refers to: results derived from logical empiricism, the terms of a debate (on the issue) and the controversies which characterize an issue as described and discussed within scientific circles. What happens to scientific definitions of issues in the policy-making process?

The original studies/research on a health issue occur within scientific, medical circles, where definitions evolve out of data bases, experiments, models, debates, controversies, hypotheses and theories. Science is reinterpreted at the level of a governmental study group, and then again defined in translation to the general public. Thus, definitions of an issue progress through three stages. They change from the scientific level to the political level to the level of public knowledge, for a variety of reasons and with a number of potential ramifications. Along this route they may be subjected to a selection and dilution process which can lead to misrepresentation and misinformation regarding the characteristics of the issue.

This paper follows scientific definitions of public risk and hazard assessments from nonoccupational exposure to asbestos as they moved through the three stages during the evolution of the Rhode Island Asbestos

Abatement Act. The purpose of this chartered course is to determine: what happens to scientific definitions; why it happens; if it (the transformation) is acceptable; and what repercussions might result.

The case study begins with a committee appointed by the Rhode Island House of Representatives in September of 1985 called the Commission To Study Asbestos Exposure In Public Buildings which undertook the job of researching and evaluating the scientific hazards of nonoccupational exposure to asbestos in response to concerned citizens' requests which dated back to the preceding calendar year.(1) After examining the issue, committee members drafted the Rhode Island Asbestos Abatement Act based on their conclusions and subsequent decisions about appropriate policy. Committee meetings were open to the public, and different governmental agencies sponsored and contributed to a public hearing. In addition, the Secretary of State sent information about the Act to all members of the public, since people were required to vote on a bond referendum authorized by the Act. The general public's perceptions of the issue were supplemented, if not created by what people heard during public forums and read through media coverage and publications produced by concerned groups like unions.

Public health management reflects risk decisions, cost-benefit analyses determining what risks people will and will not assume and where they draw the line. Risk decisions involve analyzing competing interests based on incomplete information and uncertain predictions, both