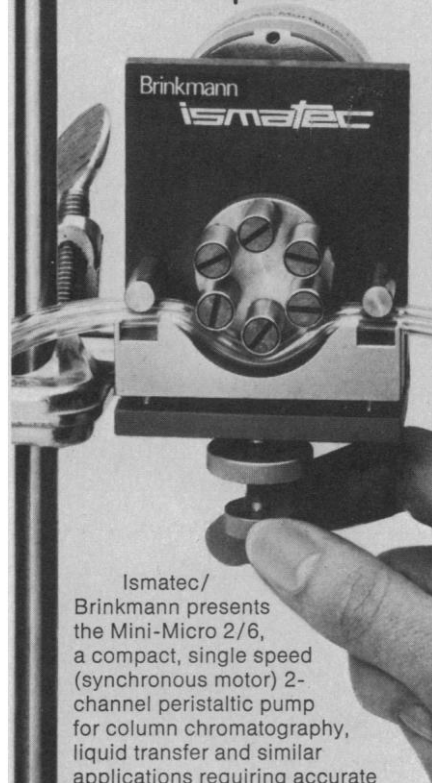


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officer and the official who dealt with us on the book, expressed some concern about the "appearance" of the situation when I went on the TVA beat. We discussed it only briefly, for we both knew the book job was secondary to my career with the *News-Sentinel* and should not interfere with any assignment the editors might give me.

Within a few months after we began our research, Alberta and I realized this kind of book was going to require much more time than we'd guessed when we agreed to do it for \$10,000. We sometimes joked about the painful fact that we were the only people working for TVA paid less per hour than the janitors. (We now estimate we devoted 6000 to 8000 man-hours to the project.) We consoled ourselves that most of the work was interesting, and we determined to make the book that would bear our names a good one.

Incidentally, it's not a book that glorifies TVA. Only two of the 38 chapters deal very much with TVA. These two are about TVA building Fontana Dam.

The author makes a point of the fact that the current Tellico Dam controversy is not mentioned in the book. Our manuscript contained two chapters on Tellico, but the publisher, the East Tennessee Historical Society, decided to omit them, on the theory it should not be involved in current controversy.

The book *Valley So Wild* was published late in the fall of 1975. So far, 5000 copies have been sold, and the society has recently ordered 3000 more. I'm told this is exceptionally good for a regional book. Many have praised it, and among these have been several who oppose Tellico Dam. In what I took to be a kind of testimonial to the book's accuracy, the lawyer who represents the group now involved in the lawsuit against the dam said he cited information from it in a recent property condemnation case, and that the opposing TVA lawyer cited another portion of it in support of a point he was making.

CARSON BREWER

The Knoxville News-Sentinel,
208 West Church Avenue,
Knoxville, Tennessee 37901

Vaccination: An Acceptable Risk?

The article by Philip M. Boffey, "Guil-
lain-Barré: Rare disease paralyzes swine
flu campaign" (14 Jan., p. 155) was a
useful and timely review of an unfortu-
nate situation. It is distressing that the
lay press and public in general do not
have (or make use of) the facts and rea-

soned interpretations of scientific and
medical events as presented therein.
There is, however, another and related
public health conundrum that desper-
ately needs discussion and widespread
recognition, and we in preventive medi-
cine have a grave responsibility that is
not yet being met.

Three phenomena in our society, be-
cause they are inconsistent, lead to con-
fusion, controversy, and the ineffective-
ness of public health programs. This tri-
ad consists of (i) the availability of a
highly effective epidemiological surveil-
lance system; (ii) the presence of a vigor-
ous, effective, and rapid news gathering
and dissemination system; and (iii) the
absence of general public recognition of
and a social consensus on the balance of
benefits and risks in disease preventive
programs.

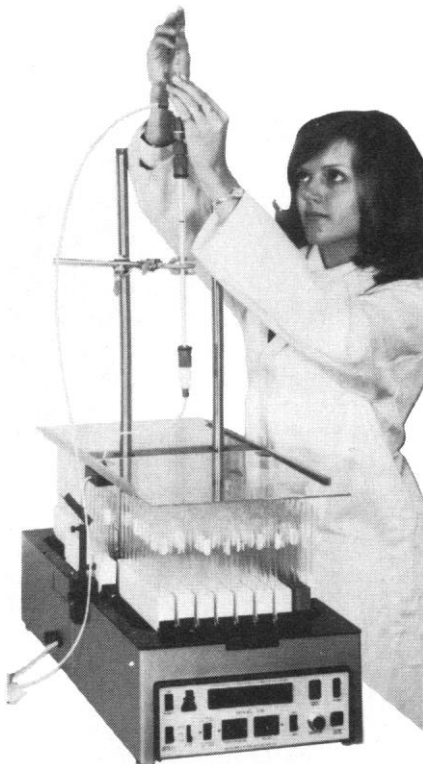
The United States is one of few coun-
tries in the world where the detection
and systematic investigation of rare med-
ical events is likely to be done rapidly
and comprehensively. With the lead-
ership and coordination of the Center for
Disease Control, and effective public
health organizations in many states, we
learn about problems that would simply
be missed in many other places.

Little need be said about the effective-
ness of our news media; we are fortunate
they work well in reporting events. But,
with few exceptions, reporters and com-
mentators are far less effective in *inter-
preting* medical events for the public,
partly because they don't seek expert
assistance often enough and partly be-
cause we don't offer it or make ourselves
available often enough.

The third component of our problem
creates a dilemma. The public has been
led to expect that doctors do "good,"
and when they don't, it is because of
personal negligence or bad practice. The
public (and even much of the medical
profession) has not been sufficiently edu-
cated to realize that there is some mea-
surable risk in every medical inter-
vention, and when that risk is spread
over thousands or millions of persons
subject to the intervention, it results in
countable numbers of individuals paying
the whole price for the benefit provided
to the larger population.

After recognition of the phenomenon
of risk, there must be a social consensus,
informed consent if you will, that the risk
is acceptable. Is our society willing to
substitute several hundred cases of Guil-
lain-Barré syndrome, caused by an act of
man (assuming the still-unproved causal
relationship), for the potential tens of
thousands of deaths from influenza, an
act of God? Or the one case of vaccine-
induced paralytic disease per million of

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polio vaccinees instead of 5000 paralytic cases (estimated lifetime risk per million before a vaccine was developed)? Equivalent risk-benefit balances could also be calculated for preventive interventions for other than infectious diseases, although the "risk" might be measured by social or economic factors rather than illnesses or deaths.

As part of the development of that consensus, our society would presumably want to address the issue of an equitable sharing of the damage caused by preventive programs. It would not be unreasonable for those protected to bear at least the financial burden of those unavoidably injured, by providing appropriate, tax-based support to the victims or their families.

Since few would wish to solve this problem by abolishing our medical intelligence system, or by censoring the publication of medical news, we must undertake the arduous task of developing a social philosophy on public health risks and benefits. Failure to do so will permit the acceleration of a beginning breakdown in public health programming.

HENRY M. GELFAND

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Public Health, University of Illinois
at the Medical Center, Chicago, 60680*

Clever Lawyers

Luther J. Carter, in his article (News and Comment, 14 Jan., p. 162) describing the 10-year struggle in Michigan to license and build the Midland nuclear station (to supply electricity to Consumers Power Company and steam to the Dow Chemical Company) concludes—correctly—that "the nuclear enterprise is one of agonizing uncertainty."

Carter further says that partners in a nuclear venture need, in addition to strong faith and good luck, "clever lawyers to write the contracts [between the partners] so as to make the uncertainty bearable." Lawyers may strive for clarity in contracts, but they have little chance to alleviate the growing anxiety suffered by their clients in today's uncertain regulatory climate.

In 1967 was any lawyer clever enough to foresee the regulatory chaos of 1977? If there was, and he then so advised his client, his vision would probably have been taken as insane hallucination, and a less clever lawyer would have been retained in his stead.

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