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AMERICAN BRAKE SHOE COMPANY

Nurses Conference



SEPTEMBER 13-16, 1953
MORaine-ON-THE-LAKE
HIGHLAND PARK, ILLINOIS

Proceedings of the Third Conference



Compiled and issued by the
MEDICAL DEPARTMENT

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FOREWORD

The third conference of the American Brake Shoe Company's industrial nurses was held at Moraine-on-the-Lake, Highland Park, Illinois on September 13-16, 1953. As in the past, the value of such gatherings was amply demonstrated. Company nurses from widely scattered locations were afforded the opportunity of meeting each other and becoming acquainted with over-all Company policies in a manner which would not have been possible otherwise.

New ideas were introduced in this session as a result of previous experience and still more innovations were disclosed for use in future conferences. A unanimous expression of opinion was that more time was needed to cover adequately all the things that come up for discussion in a meeting of this sort.

While only the highlights of the conference are reproduced in the present brochure, it is hoped that it will serve a useful purpose in assisting our industrial nurses in the performance of their daily tasks, as well as recalling a pleasant and fruitful interlude.

L.E. Hamlin, M.D
Medical Director
American Brake Shoe Co.





Seated front row: Florence Sherman, R.N. - BS & C - S. San Francisco; Genevieve Norwood, R.N. - BS & C - Meadow Lands; Rita George, R.N. - BS & C - Pomona and Amforge - Azusa; Anne Pennington, R.N. - Ramapo - E. St. Louis; Margaret Steele, R.N., Supt. of Nurses; Elsie Fogarty, R.N. - Amsco and Ramapo - Los Angeles; Margery Vancelette, R.N. - ECD - Rochester; Bridie Williams, R.N. - Amsco - Oakland; Pierrette Asselin, Joliet; Adrienne Forest, R.N. - Joliet. Seated second row: Louise Mathews, R.N. - Amsco - Chicago Heights; Ruth Logrbrinck, R.N. - Ramapo - Chicago Heights; Ruth Leonard, R.N. - Brakeblok - Detroit; Frances Kesterson, R.N. - BS & C - N. Kansas City; Vina Friday, R.N. - SW - Birmingham; Mildred Gingrich, R.N. - BS & C and SW - Toledo; Margaret Flanagan, R.N. - BS & C - Mahwah; Barbara Korinek, R.N. - Ramapo - Chicago; Audrey Krueger, R.N. - BS & C - Chicago; Opal Pasternock, R.N. - BS & C - Melrose Park; Clare Swift, R.N. - BS & C - Norwood; Edith Misic, Secretary to Dr. Hamlin; K. A. Anderson, NYO; Gay Merrihue, R.N., Executive Dir., AAIN. Standing back row: Walter Anderson, NYO; K. Dunn, NYO; J. T. Gresh, NYO; E. M. Welch, Works Manager, Amsco, Oakland; Cathryne Tice, R.N. - Amsco and BS & C - Denver; Treva Zell, R.N. - BS & C - Baltimore; Dorothy Quinn, R.N. - Amsco - New Castle; Martha Sternby, R.N. - NB - Meadville; Julia Kutch, R.N. - BA - Elyria; Ruth Ruediger, R.N. - SW - St. Louis; Pearl Jones, R.N. - Amsco - St. Louis; Dorothy Schwab, R.N. - Canadian Ramapo; Dorothy Rekiere, R.N. - BS & C and SW - Houston; Margaret Baumhardt, R.N. - Amforge - Great Lakes; Melvina Stevens, R.N. - BS & C - Buffalo; Regina Lee, R.N. - Amforge - Upset; Virginia Drake, R.N. - Ramapo - Buffalo; Margaret Lee, R.N. - BS & C, SW, NB - Portsmouth; Thelma Hogan, R.N. - BS & C - Minneapolis; Kittie Gamble, R.N. - BS & C - Chattanooga; Mary Johnson, R.N. - NB - St. Louis; Viola O'Brien, R.N. - ECD - Medina; Clara Hauck, R.N. - Kellogg - Rochester; E. J. Wallman, Chicago; Fred Hunter, NYO; Dr. L. B. Hamlin, Chicago.



ADDRESS OF WELCOME

by L.E. Hamlin, M.D.

Once again it is my privilege to welcome the Industrial Nurses of the American Brake Shoe Company to the Third Conference here at Moraine-on-the-Lake. The success of the previous meeting at Niagara Falls in June, 1948 emphasized the desirability of such gatherings, not only to provide an opportunity for our nurses to become acquainted but also to afford an occasion to learn more about the Brake Shoe Company, its people and its policies. A conference of this sort is designed to permit an exchange of ideas and experiences and allow you to "get down to brass tacks" concerning problems or questions which may have been bothering you since joining the Company.

I know that Mrs. Steele has paid personal visits to practically all of our plants and these have been of great assistance to you, as they have to me in my capacity of Director of the health program. This meeting is the direct result of Mrs. Steele's initiative and effort and it is no small accomplishment. I know what is involved, having had to act in the same situation for the 1948 session. Then, I had the able assistance of the nurses in the Chicago plants, only two of whom, Miss Louise Mathews and Mrs. Rita George, are still with us. Since Mrs. Steele is located in St. Louis, it was only natural that she should call upon our Brake Shoe nurses in that area to take over the supporting role. I am quite confident that after this conference has ended you will all agree that Mrs. Jones, Mrs. Ruediger, Mrs. Johnson and Miss Pennington have done a creditable job and their efforts have been a real contribution to its success.

At this time I want to pay tribute to the management of the Brake Shoe Company in making the conference possible. I know of no other industry which has shown similar interest and consideration for its nurses on even one occasion, not to mention three. The expense associated with the meeting is no small item and the fact that the Company has so cheerfully underwritten it not only demonstrates its faith in the nursing program but also indicates that you have done a good job. I think it is a fine tribute that not a single objection was raised by the President, Operating Head or Plant Superintendent of any Division in the entire Company when the idea of another Nurses' Conference was proposed.

I need not remind you that we have tried to provide everything possible for your enjoyment and convenience. The program has been arranged to allow the greatest latitude for discussion as our experience during the former gatherings indicated. An effort has been made to limit formal papers somewhat in order to give you a better chance to "talk shop." We want each one of you to feel "at home" and participate in the discussions. Please don't hesitate to speak up or have any fear that your questions may be "silly." They won't! And no one is going to laugh at any one else unless he or she intends it that way. As I stated at the last get-together, "this is your meeting and we want you to make the most of it."

One of the features of the present convention is the "Informal Session" for "Nurses Only", to be held at 7:30 p.m. on Monday. This is a new idea and one which we hope will prove profitable as well as popular. It should, because "You asked for it!"

This year we have eliminated the "Business Meeting" as it was felt the general procedures and policies in this regard are now well established. There will be opportunity for consideration of these in the Wednesday morning discussion.

Again we are most fortunate in having Mr. Given deliver the keynote address at the dinner on Wednesday evening. This will be the highlight of the entire session and an inspiration to us all.

We sincerely hope that each of you will derive a great deal of benefit from the conference and that it will not only result in a better concept of your place in the Brake Shoe Company, but will in addition develop new friendships and enduring memories.

PROGRESS OF THE MEDICAL-NURSING PROGRAM IN ABSCO

by

Mrs. Margaret L. Steele, Supt. of Nurses



To give you a complete picture of Brake Shoe's medical-nursing program, we need to go back 35 years and to the American Manganese Steel plant in Chicago Heights. In 1918 a nurse was hired at that plant. Mrs. Price was a practical nurse rather than a registered graduate nurse and worked for us some fifteen years with one break in service.

In those days most nurses in industry-and there were about 1200 - were expected to take care of injured employees and that was all. But Mrs. Price made home visits to sick and injured employees as well as doing first aid at the plant. She also fitted safety shoes and helped where she could to improve safety in the plant.

There were no further developments in our medical-nursing program until 1933 when Dr. Geraldine Cowle was hired as our company doctor. Her work was limited almost completely to conditions of the chest because of the alleged silicosis cases pending against the Company at the time.

Dr. Cowle who is now Dr. Pederson-Krag tells us she first went to Chicago Heights where she took her own x-rays, developed them and did examinations. She also talked to the employees regarding their chest conditions. While working alone, she could complete only seven cases a day. She was then given three assistants and was able to increase the number to thirty a day.

Later Dr. Cowle followed the same procedure at twenty-five other Brake Shoe foundries where there was a possibility of silica exposure. You will be interested to know that Dr. Cowle told Mr. Gresh she found very little silicosis in our employees except when they had previously worked in the mines. For the six years previous to Dr. Cowle's resigning from Brake Shoe, she worked only part time reviewing x-rays and examinations that were sent to our New York Office.

The second World War brought a sudden increase in industrial nurses everywhere and 1941 was an important year for Brake Shoe's nursing program. Dr. Hamlin was employed then as our medical director and was given the job of setting up a company-wide medical program. The Industrial Hygiene Department was also started in 1941 with Mr. John Littlefield in charge. He was succeeded by our present Chief Industrial Hygienist, Mr. Weber. Then, as now, the Hygiene Laboratory was an integral part of the Medical Department under Dr. Hamlin's supervision. And last but not least by any means, the first registered graduate nurse was hired in that year. She is still with us - Louise Mathews of Amsco, Chicago Heights.

It was a most propitious beginning to what was to become one of the most progressive and best known industrial medical programs in the country.

In 1943, Mrs. June Howard was appointed superintendent of nurses. On May 31, 1944 she called us into Chicago for our first nurses' conference. Our number had really grown - we were now thirteen and how big we felt! All of us were quite new to industrial nursing and only two of us had been with Brake Shoe more than a year. We were really "probies" all over again.

It was an interesting conference with many questions and much discussion both during and after meetings. We all learned a lot even those those in charge of the sessions.

Five of those in attendance at that first conference are here at this one - Dr. Hamlin, Louise Mathews, Mr. Dunn, Mildred Gingrich and myself. Mr. John Littlefield who was there transferred later to the Research Department in Mahwah and is now assistant technical director of the chemical department.

It was also in 1944 that our first Nurse's Manual was issued by the Medical Department. Those of you who have always had a manual to refer to may not realize what this first one meant to us. Of course, some bulletins had already been issued. For instance, there was one on equipment for first aid rooms and another on procedure for pre-placement physical examinations. But many times the answers we needed were not in a bulletin or the bulletin that might have the answer was not in the files. Now we had a reference and a guide. It was a tremendous help.

More nurses were hired during the next few years and a second nurses' conference was held in Niagara Falls in 1948. In just four years our nursing staff had doubled and there were twenty-six of us at that second conference. Nine of that twenty-six are here today.

Our Manual had been revised just before the 1948 conference but we had much to learn. We had three very busy days with much discussion and swapping of ideas. I think you all have copies of the Proceedings of that conference so you know the wide range of topics discussed.

We have continued to grow numerically until now our nursing staff consists of myself and thirty-nine nurses, three times the number at the first conference nine years ago. Twenty-three of these nurses are employed full time with one plant each; nine work part time in one plant each; six cover two plants each on full time and one nurse covers three plants. The Medical Department personnel has also grown. In 1941, Dr. Hamlin started out with a staff of five workers. By 1948, there were ten and now there are fifteen. These figures include the Industrial Hygiene Department which as mentioned before is under Dr. Hamlin's supervision just as the nursing department is.

So much for the physical growth of Brake Shoe's Medical Department. But its physical growth is not what has made it so well-known in the industrial medical field. Rather it is the insistence of Dr. Hamlin, Mr. Given and Mr. Dunn that the emphasis be placed on human relations, on service to the employee, on making Brake Shoe "a better place to work." For that matter, without Mr. Given's staunch support

of the entire medical program and his very special interest in the nursing program, we would not be where we are today.

Let's go back and trace the development of the program as we have the growth of the Department.

During the years Mrs. Price was at Amsco, Chicago Heights, there was no medical supervision. X-rays and physical examinations were not done. Not yet has any definite safety program been instituted or any employee benefits started. But Brake Shoe was already beginning in a small way to demonstrate its interest in its employees as people through Mrs. Price's home visits to the sick and injured.

Dr. Cowle found very little silicosis among our employees but she found poor working conditions. As a result of her reports and recommendations, many improvements were made in our plants. Though there was still no overall medical, nursing or industrial hygiene program, the seed had been planted.

Then Dr. Hamlin took over. Pre-placement examinations and x-rays were started. Within the next year or two, many of the plants began examining and x-raying all their employees, not only the new ones. In 1944 it was recommended that such examinations be done every two years. This was not on a continual basis as we do them now but everybody at one time. I can remember being so sure we could complete our plant in about two months but it took us nearly eight! It was hard on me, on our plant physician and particularly on the foremen. The continual survey plan instituted a few years later was such a relief. Now 4% of the payroll are examined each month and everyone gets examined every two years without disrupting production schedules or ruffling dispositions.

The latter plan applies only to physical examinations, of course. X-rays are different. We had a portable x-ray back in 1943 and a technician who visited the plants for x-ray surveys but it was a slow process and our plants were visited infrequently. In 1948 we purchased the x-ray bus and now almost everyone in the company is x-rayed annually.

The industrial hygiene department was also very busy. The program was gradually expanded to include dust counts in all the plants rather than just those that looked dusty. An amazing job was done in helping control the lead intoxication hazard in those plants using lead. Changes in illumination and general ventilation were recommended. Many other industrial hygiene projects were developed but I will let Mr. Weber tell you about them later today.

The general routine of our nursing program was fairly well developed in the early years of Dr. Hamlin's administration. We were handling first aid, arranging for and assisting with physical examinations and making home visits. This was and is the framework of our program. By itself, it is just a skeleton without much value but we have built a worthwhile humanitarian structure upon that framework.

When we are taking care of first aid cases we are interested

not only in the injury and our treatment of it, we also want to know how it happened and why it happened. Pertinent information we pass on to the safety director or foreman for further investigation. We chat with the employee about his wife or new baby or his last fishing trip. We are not just robots sticking on a bandaid here or there. We are nurses interested in the general welfare of the people with whom we work.

When physical examinations on employees were first started there were many who refused to be examined. They were sure we were just looking for an excuse to fire them. There are not many today who refuse. Much of the credit for the change in attitude belongs to the nurses and their patient persuasiveness. For instance, in one of our plants, there was considerable opposition to our physical examination and x-ray programs from the union as well as individuals. Through the persuasive efforts of the nurse and with the staunch support of the plant superintendent, 60% of the employees consented to x-rays when the bus arrived. We were pleasantly surprised. The nurse told me one day that she supposed she would never get them all no matter how long she or they worked for us yet each year she tries again and each year she gets a few more to have physical and/or x-rays.

Our physical examination program does not end when the examination is completed. In many instances, it has just started. Now we go to work persuading the employee to have defects corrected, helping him arrange for such corrections, encouraging him to reduce weight or keep his blood pressure down or take care of that heart. I could cite innumerable instances where our nurses have done outstanding jobs in follow-up work on defects but I just would not know where to stop.

We have built a sound structure around our home visiting program, too. It would be much easier just to make a visit to an employee who is off work, ask him why he is off and report back to his foreman. But that is too much like police work and it is not the reason for our home visits. We are interested in why he is off, of course, but we are more interested in seeing if there is anything we can do to help him so that he can get back to work.

Again, when our home visiting program was first started it was viewed with suspicion by the employees. We were accused of spying for the company. Now the more common reaction is, "Why didn't you visit me when I was sick last week?"

All nurses do not have the ability or training to build such a program as ours. We pick our nurses as carefully as we can according to their ability and personality. Unfortunately, we have made errors in judgement which caused weak spots in our structure. But, fortunately, we have been able to correct such errors and rebuild with even greater strength. Sometimes it has been a matter of explaining to plant management what the Medical Department is trying to do. Sometimes it has been a matter of educating the nurse in Brake Shoe policy.

Our plants are widely scattered thus making in-plant training virtually impossible. We needed some method besides bulletins to keep us in touch with and to help us educate our nurses in our way of thinking. Shortly after my appointment as superintendent of nurses in 1949,

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we sent out the first issue of our quarterly newsletter, the Circulator. Though I must admit there are times when I wish no one had ever thought of it, we have found it an excellent means for the dissemination of information and ideas. I hope that you on the receiving end have also found it helpful.

One of our most valuable tools in training our nurses is the Manual of Procedures. Dr. Hamlin and I rewrote the Manual last year bringing it up to date again. I am sure you will be interested in knowing that we have had many requests for copies of the Manual from outside sources even from outside the United States. We have also received many flattering comments about it from which we gather it is generally considered as one of the best in the field of industrial medicine.

Most of you saw the article regarding our Manual in the American Association of Industrial Nurses' Newsletter of September 1952. It was most complimentary and is indicative of AAIN's recognition of our nursing program. The recognition has been mutual. Brake Shoe has lent its support to AAIN almost from the beginning as the only nursing organization directed by and entirely devoted to industrial nurses and their problems. Mr. Dunn has served on the AAIN Management Advisory Council for several years and, as you know, I am at present a member of the Board of Directors.

Some of this job of building the structure on the framework we were given has not been easy. We have had to sell our program and our ideas to management and to the employees. Sometimes it has been difficult because some people just don't like nurses, some don't like women where they work, some don't like changes from "the old way". At times, it has been rather discouraging. For years, our plants had operated without nurses and they saw no reason why they should not continue the same way. Medical records, such as they were, were kept in the personnel files. Even though it would relieve them of quite a bit of work, there were some office managers and personnel directors who did not want to change the routine. In one or two instances in my own experience, it has taken several visits to the plant and a lot of persuasion and education to get the routine changed.

There have been instances where plant management has burdened the nurse with non-nursing clerical work or has told her when an injury should or should not receive medical care. It has again taken persuasion and often unlimited patience to straighten matters out.

Our troubles have not always been with management, of course. We have had our troubles with nurses, too. One nurse took all injuries even quite minor ones and redressings to the doctor. We certainly could not blame her management for objecting.

In one plant where we had trouble separating the medical files from the personnel files, we found that the nurse did not know what the term "confidential" really meant. The right nurse in that plant soon won management over.

We have had nurses who were dictatorial or who refused to follow suggestions made either by management or the Medical Department.

They have been few and far between but they did not help us sell our program to management.

However, the great majority of our nurses and management people have given us enthusiastic support over the years. With their help we have built a good structure so far and will continue to build a good one as long as we remember that our job is to make Brake Shoe "a better place to work."

DISCUSSIONS (Mrs. Steele's Paper)

Dr. Hamlin opened the discussion on this paper and congratulated Mrs. Steele on a very excellent presentation. He recalled the early days when the nursing program was being organized and emphasized the progress made since 1941, as outlined in this review. The present program, he stated, has developed largely on the basis of experience and the need for better nursing service as demonstrated by day to day requirements of the various plant locations.

Physical examination forms, schedules for appointments with plant doctors and many of the things outlined in the Nurses Manual of Procedure have been worked out with this in mind. The various steps therefore, have not been adopted without due consideration. They are included because there is a definite purpose behind each one. Dr. Hamlin emphasized the fact that what might appear trivial or a nuisance to a nurse in the plant as far as her particular situation is concerned, is a matter of real concern to the Medical Department and the overall program.

The part played by occupational disease such as silicosis in creating the need for a Medical Department, was amplified as was the story of the Company Mobile Chest X-Ray Unit.

Dr. Hamlin also stressed the importance of making home visits as described by Mrs. Steele. He thought that this is one of the personal services which the industrial nurse performs that enhances the nursing program as well as Company policy and employee relations.

The nurses were told that they would hear the theme of "A Better Place to Work" repeated frequently during the sessions and that this might well be a good slogan for the entire conference.

Dr. Hamlin said in his closing remarks, "You will hear much about what you should and shouldn't do in the next three days. Here is your opportunity to 'fight back' if you feel like doing so. The purpose of the conference is not to lecture but rather to do whatever we can to assist you in the performance of your daily tasks. Remember, the Medical Department is designed to be of service to you so please use it."

DISCUSSIONAL - PROCEDURES AND POLICIES

Mrs. Steele presiding: Mrs. Steele told the nurse that this was to be an informal discussional of procedures and policies. She suggested that questions be asked as they came up rather than waiting until the end of the session.

The discussion was started by reviewing the section in the Nurses' Manual on "Records." Each of the following forms was discussed.

Authorization Form: When an employee, his doctor or the clinic request his x-rays for review, an authorization form must be signed by the employee. The authorization is then sent to the Medical Department and the x-rays will be forwarded to the doctor or clinic. The same procedure is to be followed whenever any medical information is requested by an employee for his doctor.

Dr. Hamlin stated that the nurse is not to turn over an employee's record to his doctor or clinic. She should send the signed authorization to the Medical Department with a letter of explanation. Some of the information in the nurse's files may have no bearing on the employee's physical condition, and therefore turning over the complete file is neither necessary nor desirable. Dr. Hamlin will review the records and submit the pertinent information to the doctor. Such a procedure is of the utmost importance in cases of alleged occupational disease.

The only time this procedure is not necessary is when records are needed in a workmen's compensation case. Under such circumstances, an employee's physical records may be made available to our insurance carrier. The confidential relationship is waived when a claim for compensation is filed.

Dr. Hamlin suggested that the nurse keep a record of any medical file that is out. It should include the date and to whom it was given. A record should also be made when an employee is transferred to another plant and his record sent to the new location. A copy of the letter of transmittal is sufficient.

Mrs. Kesterson: What should we do when an attorney requests the medical files on employees who are to appear as witnesses in compensation cases?

Dr. Hamlin stated that the nurse's answer should be that she cannot give him the files and the request would have to be forwarded to the Medical Department. No logical reason for wanting a witness's record was apparent. The confidential relationship expected of our nurses would be violated by ceding to such a request.

Miss Fogarty: Will photostatic copies of records serve attorneys as well as originals?

Mr. Gresh said that if a record is to be used in court as evidence, it must be the original. Otherwise, a photostatic copy is acceptable to Maryland Casualty and our attorneys..

Dr. Hamlin reminded the nurses that whenever they are in doubt about who should or should not get records, they should ask the Medical Department before they do anything.

DAILY FIRST AID RECORD (11-D): A suggestion was made that the spaces on this form be made a little wider. Mrs. Steele reminded the nurses that they can use more than one space per person if necessary. It was stressed that if the nurse types the information on this form, each sheet must be signed not just initialed in case the record is needed as evidence in court.

FIRST AID RECORD CARD (39 Cons.): All industrial accidents should be entered in red. All non-industrial injuries and redressings should be entered in black.

MONTHLY FIRST AID REPORT (11-L): It was pointed out by Mrs. Steele that under the item "Lost Time - Company Injury" the number of accidents should be entered not the number of days lost. Under "No. Cases (Ind.) Referred to Doctor," only reportable industrial cases are to be entered. Any non-industrial case referred to a doctor will be included under "Miscellaneous."

Mrs. Steele explained that one accident might be listed several times but this is as it should be. For instance, if an employee breaks his leg at work, it would be listed under "Foot and Leg", "Fractures", "X-rays other than Chest", "Lost Time - Company Injury" and possibly "Hospital Cases (Co.)." The first nine columns only are used in totalling the number of injuries.

Miss Norwood: Should consultations by phone or visits by employees to the nurse's home be listed under "Home Visits?"

Mrs. Steele stated that telephone calls should be listed under that heading though she realizes they often consume a great deal of time. Consultations by phone may be listed under "Remarks." If an employee or his family consult the nurse at home, it may be listed under "Home Visits."

Whenever an employee is sent to the doctor for examination for prescription glasses, it should be entered under "Refractions."

Copies of this report should be sent to Mrs. Steele and

your district safety supervisor. Some division operating heads also want a copy. You should either make a copy for your superintendent or be sure he sees your file copy whichever he prefers.

HOME VISIT REPORT (11-M): Mrs. Steele stated that many things were being included in the space marked "Reason." Actually, it means why the employee is not at work; what he is doing about it and when he will probably come back to work. She asked how many nurses were using this form. Several were not.

Mr. Hunter then stated that American Brake Shoe has about 8,000 different forms. At present they are being reviewed with the intention of consolidating and eliminating where possible. It was suggested that Mrs. Steele review the Optional nurses' forms by questionnaire to the nurses regarding their use and worth.

PHYSICAL EXAMINATION FORM - Part 1 (11-A): Mrs. Steele stated that this form should be completely filled out. This means every space. The applicant's past employment history is most important and should be obtained from the time he started working. If it is not possible to get the exact dates or names of companies, it is usually possible to find out for instance, that he worked two or three years in a foundry or in a coal mine. The type of work he did is also most important. The term "laborer" is not enough. It should state if he was a laborer in the foundry or in the yard or in a coal mine, etc. Such information is most important to the Medical Department in evaluating the applicant's physical examination and x-ray. It is worth spending both time and effort to get a complete history.

If the nurse is not able to get the above information, it should be so noted on the form with the reason why. Otherwise, she will get inquiries from the Medical Department which necessitates further correspondence.

The question arose as to what procedure the nurse should follow if an applicant refuses to give her information about his previous employment. Dr. Hamlin stated she should discuss any such incident with her plant management. If he really wants the man and the man really wants the job, he will cooperate.

It was stated that in some of our plants the first page of Part I is completed by the Personnel Department who keep a copy of the personnel file. Where this is done, the nurses were asked to explain the Medical Department policy and ask the Personnel Department to comply.

The question of assigning study numbers when men are rehired was asked. If a man worked for Brake Shoe at any time and was assigned a study number and given a physical examination, he should not be given the same study number when rehired. His study number should not be given to anyone else.

PHYSICAL EXAMINATION - Part II (11-B): Too often these forms are being sent to the Medical Department not completely filled out. The nurse should check each one when she gets it from her plant physician to see that every space is filled out. This is an important record and is worth little if not complete particularly if it has to be submitted as evidence in any compensation case.

Mr. Walters stated that numbers alone are not sufficient in regard to vision. The type of test used, such as Jaeger, should also be noted.

Mrs. Krueger: Is it all right for the nurse to take a blood sample when a repeat test is necessary?

The Medical Department has no objection to the nurses taking blood samples as long as the plant physician has none. If he approves, she is then doing it under his orders. She could wait until the doctor is in the first aid room to do physical examinations. Also she can call him, explain the need for a repeat test and ask for his permission to take it. If the employee objects to the nurse doing it, he should be sent to the doctor's office.

In several locations, hemoglobins have not been entered on the physical examinations as they should be. Mrs. Steele said there was no reason why the nurses could not do the hemoglobin tests in the first aid room particularly with a talequist chart. The method used for determining hemoglobin should be indicated on the physical examination.

FORM 11-H: This is the Medical Department report following pre-placement physical examinations. It should be discussed by the nurse and her superintendent then filed in the employee's folder.

X-RAY MARKER: Mr. Walters asked that the nurses be sure x-rays are properly identified. The marker should be completely filled in with the employee's last name first and separated by a comma from the first name. Be sure the city is also on the marker.

Mr. Walters also asked the nurses to notify the Medical Department if she continues to get letters or reports on which a name is incorrectly spelled. The Medical Department files and the nurse's files should coincide.

PHYSICAL RE-EXAMINATION(11-E): Again the nurses were advised to fill out this form completely. It should contain all pertinent information since the employee's last physical whether it is a survey or re-hire examination.

This form is used instead of Part I when re-hiring a man. If, however he was terminated more than 10 years previously, Part I should be used as his old record in the Medical Department may have been destroyed.

Mr. Walters stated that, under the heading "Job Classification", some plants have been using a number. Since the Medical Department has no way of knowing what the numbers mean, he asked that a job description be used such as: chipper, grinder, molder, etc.

The question was asked if six months was too long to rehire a man without giving him a physical examination. Dr. Hamlin stated there is no hard and fast rule about this but it depends partly on plant policy. However, if the employee did not have a physical during his previous employment, it should be done now.

The nurse should fill out at least a Form 11-E on all rehired employees. If, in the process of taking the history, she finds something that might indicate the need for a physical, it should be done even if the employee has only been off a month or two.

At this point, time ran out and the discussion was brought to a close. Many questions had to be left unanswered and the desire for further time was apparent. The nurses suggested that a full day be allotted for a similar discussion when the next conference is planned.

OCCUPATIONAL DISEASE PROBLEMS

L.E. Hamlin, M.D. - Medical Director



Diseases associated with or resulting from occupation have been recognized for many centuries. While little is known about industrial health in the Egyptian period, specific information concerning it was recorded in Greek and Roman times. For example, Plato noted certain postural deformities among artisans while Pliny referred to the dangers caused by handling sulphur and zinc and even mentioned masks made of transparent bladders which were used by workers to afford protection from metallic dust during the preparation of vermillion. In the Fourth Century, B. C. Hippocrates recorded a series of attacks of lead colic in a lead miner and in the Second Century, A. D. Galen accurately described the signs and symptoms of lead poisoning. Other authors spoke of eye lesions among forge workers, varicose veins from the standing position necessitated by work, respiratory troubles and spitting of blood in dusty operations. The first historical reference to compensation for injuries dates to A. D. 643 when Rotari issued an edict making it compulsory for employers to compensate masons for injuries resulting from occupational accidents.

During the Middle Ages numerous publications related to the toxic action of carbon monoxide, lead, mercury and other metals and recommendations were proposed with respect to preventive measures.

The first real progress however began in the 16th Century with Paracelsus, a Swiss doctor and chemist who published a book on diseases resulting from the inhalation of fumes from metallic substances among smelter and foundry workers. Many other contributions were made during this period, and in 1690 Diemerbroeck reported that in making post mortem sections of the lungs of miners he gained the impression of "cutting a sandy mass" - thus the first recorded reference to silicosis.

In the 17th Century, the "learned and benevolent Italian physician, Bernardino Ramazzini" published his famous book entitled "De Morbis Artificum Diatriba" which contained more than forty chapters dealing with diseases peculiar to practically all trades and professions. These included metal workers, chemists, potters, painters, stone masons, textile workers, barbers, surgeons, nurses and many others. Because of his outstanding work, Ramazzini has become the father of industrial medicine and his treatise forms the basis for the extensive literature which now exists on the subject of industrial hygiene.

In more recent years the study of occupational disease has received such a tremendous impetus that it now ranks as a definite specialty in the field of medicine. Industrial Medicine, Industrial Nursing and Industrial Hygiene have now come of age.

Before commenting on several of the more important and prevalent illnesses associated with employment, I think it would be opportune at this time to clarify the scope of activities of the Medical Department. Since the problem of occupational disease was such an important one in the

Company, the Medical Department was originally set up to take care of this part of the health program while accidents and specific injuries were relegated to the Safety and Insurance Departments. This arrangement still holds true and has worked out well because of the close cooperation between the two groups. While primarily concerned therefore with occupational disease, the Medical Department nevertheless stands ready to assist in any way it can the activities of the Safety Department. Likewise Safety assists Medical in any way it can. This will answer some of the questions you may have as to why our group does not enter into the subject of accidents and other safety details except in an interested and cooperative manner. Possibly Mr. Gresh will cover this relationship in greater detail in his talk.

Silicosis is a disease of the lungs due to breathing air containing free or uncombined silicon dioxide and characterized anatomically by generalized, nodular fibrotic changes throughout both lungs, which are demonstrable by x-ray examination and by autopsy and result from any process of occupation involving the inhalation of silicon dioxide dust.

It is one of the oldest occupational diseases known and one of the most disabling if complicated by infection. For some unknown reason the tubercle bacillus has an affinity for silica in the lung and persons affected with silicosis are therefore much more likely to contract tuberculosis. In this case progression of the disease is apt to be rapid and disability much more common. This is what is known as "complicated silicosis." Silicosis that does not show evidence of infection, the "uncomplicated variety", is usually considered non-disabling and most persons so afflicted live out their allotted span without any more symptoms than those of a corresponding age who have never been exposed to dust of this character.

Only those particles below 3 microns in size (a micron is 1/25,000 of one inch) are thought to be retained in the alveoli of the lungs. A few larger particles do reach the alveoli but by far the great majority are removed by the defensive mechanism of the upper respiratory tract.

When the dust particles reach the alveoli they are attacked by macrophages or large phagocytic cells which have their origin in the walls of the alveoli. These macrophages ingest the dust specks and are then carried along the lymphatics which accompany the blood vessels toward the hila or roots of the lungs. This is nature's attempt to remove the dust particles, but if the exposure is too great, as in very dusty atmospheres, the defensive mechanism is unable to handle it. The phagocytes then become trapped by the lymph nodes along the way and because of the slow solution of the silica particles in the tissue fluids, a toxic reaction occurs, the cell breaks down and a local area of inflammation and necrosis results. This is replaced by scar tissue, as in the response of the body to injury elsewhere. As more and more particles of dust are inhaled the lymph channels become blocked and the "dust cells" are carried toward the periphery of the lung so that in time these small areas of scar tissue become scattered throughout the entire lung fields. This results in the characteristic, discrete nodular x-ray pattern seen in the classical form of silicosis. If the exposure continues the areas fuse and the fibrosis then becomes conglomerate. If tuberculous infection supervenes, as sometimes occurs in this type of the disease, more

and more areas of the lung are involved and the patient becomes rapidly disabled. He is very short of breath, loses weight and appetite and may develop cough, hemorrhage and fever. Usually however when such signs or symptoms occur, it means tuberculosis has been established and the prognosis is not good. People who die from this condition do so because of the tuberculous infection rather than the silicotic fibrosis. In the majority of cases of uncomplicated silicosis it is unlikely that any actual disability will result. One must always be prepared to expect the possibility of infection however so that such individuals should be advised to avoid exposure or contact with people known to have tuberculosis.

One should remember that silicosis cannot occur unless there has been adequate exposure to free or uncombined silicon dioxide over long periods of time (2 - 25 years; average 10 years). The tendency of physicians to diagnose silicosis simply on a nodular roentgenographic pattern and the fact that a man works in a foundry where there may be dust in the air, is deplorable. Many doctors, even some of our industrial physicians, are unaware of the tremendous improvement in working conditions in plants in recent years. Mr. Weber will describe this to you in greater detail but it is an important fact and one of which you should all be aware. It is one reason for encouraging visits to our plants by physicians so that they can be informed of these developments.

Silicosis varies in some of its aspects in different industries and in different locations. For example, the disease contracted by the iron miners differs from that seen in the coal miner and may not be the same in some respects as that found among quarry men, pottery employees etc. - nor is it always confined to men. Women develop the condition in certain types of work such as that in the pottery industry.

The anthracosilicosis of the coal miner may be more disabling. This is characterized by areas of "focal emphysema" in the lungs which make it more of a problem. The exact cause of the pathological reaction has not yet been determined but it has been shown that symptoms and signs may be present out of all proportion to the amount of involvement seen in the chest radiograph. We have found such a condition developing in a foundry molder who was exposed to considerable amounts of sea coal dust during his molding operations. He developed severe disability and died within a few years time.

So much for silicosis. I could go on at great length about this well known disease but time will not permit. I must point out however that it is frequently mistaken for other conditions because its nodular x-ray appearance is closely simulated by that produced by certain entirely unrelated conditions.

No new cases of silicosis have occurred in Brake Shoe since the advent of the Medical Department in 1941 and our program of improved working conditions. As a result we have a better class of workmen, lower compensation rates and fewer claims for disability because of silicosis.

This brings to the consideration of siderosis, which is perhaps the biggest industrial health problem we have at the present time. Although non-disabling, this condition so closely resembles silicosis in the chest roentgenogram that it is very difficult to distinguish it from that occupational disease. Here one must know the extent of the exposure

to dust in the plant. Not only must the atmospheric concentration be large enough to produce the condition but also the composition of the dust as to iron oxide, free silica or a mixture of the two must be determined. We have found in our studies over the past ten years, that siderosis, a condition in which the lungs become pigmented with iron oxide from dust inhaled in burning, grinding and welding operations, is of fairly common occurrence in some of our plants. Usually limited to the cleaning rooms, it is frequently mistakenly called silicosis because of its close resemblance to that disease in the x-ray. While all of you here do not come in contact with this form of pneumoconiosis, you should be aware of it.

Men afflicted with siderosis show no symptoms and will only be discovered through routine chest x-rays. This is one of the reasons for my discussing x-ray findings with employees. We want them to know the significance of such findings and we also want to be the first to explain it to them in order that they do not become unnecessarily alarmed or incorrectly informed.

Siderosis will not cause fibrosis of the lungs such as occurs in silicosis. The densities in the roentgenogram are present because the iron oxide is radio-opaque and therefore casts a shadow. It is permanent as in silicosis, but does not predispose to infection with the tubercle bacillus. From a health standpoint it is not too important but its medico-legal potentialities are great. It is more of a nuisance dust but one that should be removed as we are not happy about seeing such shadows develop in the x-rays of the lungs of our workmen. As nurses therefore you should know the facts about these occupational conditions so that you may be able to answer some of the questions directed to you by certain employees. In this regard, let me issue a word of warning. Do not try to discuss x-ray findings with the men. This is a job for the doctor and the nurse who gets involved in such a discourse can find herself in "hot water" not only with the employee himself but with the company as well. Each case of this sort is a potential litigant and the nurse who limits herself to only the most guarded comment to satisfy workers questions will be considered smart. However, since reports of x-ray findings are returned to the nurse for distribution she should know the background of these diseases.

Most of you know the story of Brake Shoe's experimental work at Saranac Lake in which dust was collected from our cleaning room at Amsco, Chicago Heights and used to expose rabbits, rats and guinea pigs over a period of three years. While we were able to produce shadows in the x-rays of the animal's lungs comparable to those observed in the roentgenograms of our workmen, it was found that no fibrosis or damage to the lungs resulted in any animal. This has been confirmed in post mortem studies in human lungs elsewhere in this country and abroad so that the evidence is now complete that iron oxide is an inert dust as far as its effect on the lungs is concerned.

While the dust hazard in our plants is still a serious problem, it is gradually being eliminated. As nurses you should become familiar with this program and what our Hygienists are doing to combat it. It is a costly process and one that demonstrates the sincerity of the management of the Company by which you are employed in providing the best working conditions possible for its employees. With competition so strong in the industrial market today, such investments in health protec-

tion constitute an additional item in meeting prices of competitors. That Brake Shoe has accepted this challenge is direct evidence of its sincerity of purpose. This program has placed the Company in the forefront of those far-sighted organizations who realize that industrial health is a "must" in any successful enterprise.

But the dust problem is only one of the hazards with which we are confronted. In the brass foundries of the National Bearing Division, lead poisoning has been one of the most serious occupational diseases with which we have had to contend. Melting operations, in which lead oxide fume is liberated, constitute one of the most prolific sources of exposure to this toxic metal. Dust from machining procedures in the manufacture of brass products also presents a serious risk. The history of lead intoxication dates back many centuries and the story is a fascinating one. For our consideration at the moment however, we have time only to review a few of the main diagnostic features.

Clinical signs and symptoms result from the inhalation of lead fume and dust. While a relatively insoluble metal, certain compounds of lead are readily soluble in body fluids. They are then absorbed through the circulation in the lungs into the blood stream and nature tries to handle the toxic materials by a complex chemical process which stores the lead in the various tissues of the body, principally the bones. The body attempts to eliminate lead gradually but when, through excessive exposure, the absorbed products cannot be stored or "immobilized" quickly enough, intoxication or "poisoning" results. Thus lead appears in the urine and the blood stream and these two media therefore provide an excellent source for evaluating the severity of the disease.

As Mr. Weber will explain, analysis of the urine and blood for lead and comparison with established standards furnish an efficient method for determining the presence of this occupational illness.

Symptoms consist of pallor, abdominal cramps, severe constipation, pains in the joints and anaemia. If exposure is severe enough, the nervous system may be affected resulting in wrist drop, convulsions, coma and death. Fortunately, the latter symptoms are seldom seen today because of better recognition of the hazard and elimination of exposure through exhaust ventilation in the working places.

A "lead line" on the gums has been described as one of the classical signs for many years. While it still may be recognized it is not of very frequent occurrence any longer because of improvement in dental care.

We have been successfully controlling lead intoxication in our plants since 1942 through our medical and hygiene program so that it is now becoming a thing of the past. For example, in one small foundry in the middle west, we used to have 14 or 15 cases of lead poisoning a month. We have had no cases in this plant in the last eight years, and only an occasional one now where we formerly had many in other locations.

I have been requested to say something about back injuries and back sprains as an occupational condition. As mentioned previously, we in the Medical Department, have little to do with injuries as these are under the control of the Safety Department. However, we are concerned

with these when there may be an occupational aspect apart from a direct accident.

Since back conditions are so varied and result from so many different causes, most of which are entirely unrelated to the job, it is difficult to classify them properly or to treat them adequately. Because the subject is so all inclusive, I shall not attempt to do anything more than discuss briefly our policy with regard to the value of x-rays in these ailments.

We have been asked on numerous occasions why we do not take x-rays of the spine on all preplacement applicants to rule out potential back cases. We have not advocated this procedure for the following reasons.

1. Taking x-rays of the spine is an expensive, time-consuming procedure, requiring specialized equipment and expert technicians.
2. Interpretation of such films is not particularly satisfactory even in the hands of highly competent orthopedic surgeons.
3. The experience of other industries who have tried it has not been such that it is a justifiable venture.
4. Even where the Company is large and has an "in plant" medical hospital completely equipped and staffed with a large x-ray department, the value of such a policy is very dubious.
5. In Brake Shoe with its many scattered locations and varied population, the idea is just not feasible or, in my opinion, justifiable.

This does not mean that x-ray of the spine in certain selected cases should not be made. They should be taken but each must be decided on an individual basis rather than a Company wide program. We believe that the "teach them to lift properly" idea is the simplest and most effective procedure if adequately explained and insisted upon.

Herniated Discs. Most of you are faced with this situation at some time or other and a word about our policy in this case might be timely.

"Herniated Discs" have become very popular in the last ten years and while not minimizing their significance, I believe that the value of surgical removal has been over-emphasized or perhaps not properly applied to suitable cases. If the disc material (nucleus pulposus) has herniated or ruptured through the cartilaginous capsule of the intervertebral disc and a fragment is lying out in the foramen of the spinal canal against a nerve root, the patient will almost certainly be a victim of intractable sciatica. He cannot be expected to improve on conservative therapy such as rest, supports, etc. Simple surgical removal of the disc in this case will probably completely restore his employability. But every such syndrome is not cured by removal of the disc. Stabilization of associated

low back conditions is essential to elimination of symptoms. Usually some form of fusion of the sacro iliac and lumbo-sacral joints is done in addition to excision of the disc. W. A. L. Thompson, Professor of Orthopedic Surgery, New York University Post Graduate Medical School, states that 15% to 20% of all lumbo-sacral disc operations not followed by fusion will produce persistent symptoms.

Because there is considerable likelihood therefore that cure may not always be effected by surgery, it is our policy to make sure that the possibilities are clearly explained to the employee by the doctor or specialist before he submits to an operation.

There are other occupational disease problems in Brake Shoe but those I have mentioned are the most important. Solvents, cutting oils, industrial soaps, etc. and allergy to various materials constitute a problem which, while significant, does not compare in scope to those already discussed. Dermatitis from these sources must be reckoned with and I realize that certain individual cases have been a source of considerable worry in some of our plants. However, in our experience such instances have not been of wide-spread occurrence. You are all aware of the importance of these however and the final appraisal lies in the hands of the dermatologist to whom you refer your cases.

A word about the importance of evaluating each patient in this category carefully to determine if the skin irritation is associated with his job or not. The nurse can be of great help, both to the Company and the dermatologist, by getting an accurate history of all the factors connected with the man's specific occupation and submitting these to the dermatologist, the Company and the Medical Department.

Patch tests, while valuable, must be carried out only by those who have had sufficient experience in their application as well as ability in evaluating results. They are not without danger in susceptible individuals, as even such small amounts as used in the tests can produce severe exfoliating dermatitis under favorable conditions. Each case must be handled on an individual basis and on its own merits.

I have tried to give you some practical high lights on the occupational diseases we ordinarily come in contact with in the Brake Shoe Company. I have said nothing about the medico-legal aspects since these will be covered by others on the program in a much more efficient manner - but I just want you to remember that a working knowledge of this phase of your duties is extremely important. If you use the opportunity afforded in your daily work to become familiar with illnesses associated with employment, you will not only enhance your value to the Company but will find therein a fascinating and rewarding experience.

* * * * *

Following his formal presentation, Dr. Hamlin showed a number of lanternslides demonstrating characteristic roentgenological patterns of a number of the commoner pulmonary conditions resulting from exposure to various industrial dusts and fume. These included such conditions as silicosis and siderosis as well as their differential diagnosis. The importance of differentiating these two conditions was shown since silicosis is a disabling condition resulting from the inhalation of uncombined silicon dioxide that predisposes to tuberculosis, while siderosis results from a pigmentation of the lung due to inert iron oxide. The latter is hard to distinguish from that of silicosis and is frequently mistaken for it. Improper diagnosis therefore has a threefold effect. It produces unnecessary apprehension on the part of the employee, causes him financial loss through changing his life time occupation to other work and deprives the employer of the services of a skilled workman. Hence, everyone suffers needlessly. A number of unrelated chest conditions were presented which simulate the pattern of silicosis and which are frequently confused with it.

The type of dust produced by certain plant operations was illustrated and the way the bad conditions have been corrected was demonstrated by "before" and "after" photographs of actual jobs in the plants.

Dr. Hamlin invited the nurses to visit the Medical Department on Thursday, September 16 if their return reservations permitted. Nineteen were able to make the visit. They were escorted through the medical and hygiene sections and the various procedures such as what happens to the histories, x-rays and other reports, were explained. This was a new experience and those present expressed the opinion that they now had a much greater appreciation of the work carried on by the Department. They were quite frank in stating that it would afford a much better understanding of details and policies which heretofore had seemed unimportant or misunderstood.

INDUSTRIAL HYGIENE IS YOUR BUSINESS TOO!

H. S. Weber - Chief Industrial Hygienist



An industrial hygienist is a latrine inspector and an industrial nurse is a menial with ambition! These misconceptions arise from a lack of knowledge of the work of the two professions. This is quite understandable and I dare say that many of our nurses here do not have a clear idea of the work of the industrial hygiene dept. Since industrial hygiene is your business too, it is important that one be aware of the scope of our program. To this end I will try to explain something about it.

There was a time in our company when the safety and hygiene people operated without positive mutual cooperation. Each group went about its own affairs with the tacit understanding that an unsafe condition was none of the hygiene department's business and that a hazard to health was none of the safety department's business. This arrangement patently does not make for the greatest return on the company's investment in these programs.

Sometime ago in New York, this fact was realized and it was decided that safety and hygiene is everybody's business. As a result the hygiene department is uncovering and reporting unsafe acts or conditions observed during our plant surveys. On the other hand safety people are reporting to us any dusty or unhealthful conditions noted by them. In addition, where there is a plant safety man, all ventilating systems are checked by him weekly. Since we of the hygiene department cannot be in every plant once a week, it is readily seen how this cooperation makes our health program more effective. Now, damaged dust piping, burned out ventilators, etc., do not go unnoticed or unrepaired for a very long period. Where exposures are to rapidly toxic substances such as solvents, lead, beryllium, and tellurium the preventive strength of this program is apparent. This would not be possible without the help of the safety people.

On the other hand, our work takes us into out-of-the-way places in the plant, such as shakeout pits, dust collectors, crane cabs, etc., and keeps us in the plant sometimes around the clock. Because of this, we have found many unsafe acts, and conditions especially during the night shifts that hitherto went unnoticed. This has reinforced the safety arm.

The hygiene department is making an effort to attend as many safety meetings as possible in order to carry the message of industrial hygiene to our people.

The Brake Shoe News is reinforcing our program with informative articles on medical, hygiene, safety and nursing.

The purchasing department is cooperating with us by listing only approved personal protective equipment and supplies for purchase. They check with us on the merits of dust collectors, vacuum systems, etc., from an industrial hygiene viewpoint so that least-price is

not the only consideration. With the advent of the problem of industrial noise, quietness of operation will be an important factor in purchase. We have equipment to measure the noise of a machine.

The secretary of the company sends us each month a list of requests approved by the board of directors which have any relationship to medical, hygiene, or nursing. The purpose of this is to keep us informed of contemplated expenditures pertaining to health in order that the money will be spent wisely. If, for example, a plant were to order an \$800.00 ventilator for the purpose of decreasing temperatures from a radiant heat source we would promptly advise against this since a ventilator cannot affect radiant heat. In this case, \$800.00 would be wasted.

Thus the cooperation of these various departments is tantamount to a union of effort and it is time that the nurses also be wed into this polygamous union because industrial hygiene is your business too.

This is not to be construed to mean that we are to take over each other's jobs but rather in the sense of "reaching out" as Mr. Given has pointed out in his recent book "Reaching Out in Management". To get dollar value out of each department we must help each other where we can.

You can assist us by being alert to the potential hazards to health existing in your plants; by encouraging good housekeeping - the strongest weapon we have against occupational disease; by fostering use and better maintenance of ventilating systems; and by observing process changes which create hazards previously non-existing. To give examples:

If your plant were making Beryllium bronze castings are you aware of the hazards involved? Is core oil fume deadly? I will discuss these later.

In the case of housekeeping, you are perhaps in a better position to promote it than anyone else. Men look to you as a professional person, a liaison between themselves and management. You are not the boss and they frequently confide in you when they wouldn't think of going to the boss. For the most part they believe you are on their side; you are there to help them. As a result, a suggestion from you carries weight whereas if it comes from the boss, they may think he has an ax to grind.

Since they know you have their interest at heart they are apt to believe you when you tell them that good housekeeping of their own work station benefits them personally. If we can get each man to maintain his own working place in a clean and tidy fashion we will have accomplished much. Needless to say your own first aid room should afford a good example.

In regard to the fostering of use and better maintenance of ventilating and dust collecting systems, you can help during your plant tours by noticing if ventilators are operating; if the workmen are using properly the expensive equipment provided for them. If a man has an exhausted grinding bench and you find him working on an old make-shift table instead, you might get his cooperation by the proper approach.

We frequently find that men do not turn on the exhaust fans in the grinding booths, hoods or roof; that the welding fume collectors are out of position so that they are ineffective; that men deliberately

stand in the path of a dust or fume cloud when they could easily avoid it; and many other practices that should be obvious to you if you are thinking of industrial hygiene when you walk through the plant.

When you see expensive health protection equipment battered, inoperative, or in otherwise poor condition you might encourage the maintenance foreman to correct these conditions. Naturally he is busy with operating maintenance and the plants must make money or none of us will have a job. Because of this you may not get results immediately but by prudently and continually encouraging, progress will be made.

Years ago, when we first made industrial hygiene surveys in our plants we were received in some instances with suspicion, then tolerated, later welcomed, and now the plants frequently call on us for help. That didn't come about over night and in your effort to foster industrial hygiene you may pass through a similar metamorphosis. Hygiene like safety requires a continual effort.

In regard to process changes, you being in the plant daily should know of them. The manager or superintendent does not always remember that he should notify the Medical Department about them.

Some years ago, I walked into a plant and quite by accident found out beryllium castings were being made. The plant people were totally unaware of the dangers involved in handling beryllium. We could have had some serious effects.

Again another plant started to do shell molding and the Medical Department did not know about it until a case of dermatitis was reported. The resins used in shell molding can produce dermatitis in susceptible persons unless proper precautions are used.

Other plants installed industrial x-ray equipment without informing us so that proper shielding could be provided for.

In another case, one superintendent decided to sieve old cores by hand because he wanted to reuse this material for new cores. This created an extremely dusty condition that we found out about by chance.

These are typical of some of the things that happen and you are in a very fine position to suggest to the superintendent that in the interest of good industrial hygiene, it might be well for him to notify us so that control measures can be applied before the health of our workmen is involved.

Naturally tact is always required.

The principal hazards to health in our company are as follows:

Acrolein - All foundries are involved.

This gas forms in foundry operations from the thermal decomposition of core oil. It is very poisonous but has adequate warning properties. It is so irritating to the eyes that man cannot tolerate a concentration that would permanently injure him or cause death. It may be classified as a nuisance gas rather than a toxic material because in

practice exposure of five minutes to one part per million parts of air is intolerable.

Hygiene control consists preferably of local exhaust ventilation or air dilution by general ventilation.

Asbestos - Brake principally concerned here.

The inhalation of asbestos dust produces a condition known as asbestosis.

Asbestos is the only important silicate apart from talc and mica which does not contain free silica and yet can cause disability and death. If the dust is kept below 5 million particles per cubic foot of air no cases of asbestosis are known to occur.

In Brakeblok, because of the excellent dust collecting systems, dust counts have never been found to be high.

Beryllium - National Bearing Division affected.

It is only in recent years that this metal was recognized as an industrial hazard. In 1945, 170 cases of illness occurred in certain Ohio beryllium plants. Five of these people died. Many cases have been reported from other areas which have been sufficiently authenticated. One can conclude that beryllium is very toxic even though the National Institute of Health bulletin No. 181 published in 1943 indicated that there is no specific toxic action attributable to the beryllium ion.

There are two manifestations of beryllium poisoning: The acute pulmonary disease similar to pneumonia and a delayed chemical pneumonitis now usually called pulmonary granulomatosis.

Most of the cases reported in the literature occurred in the fluorescent lamp manufacturing industry where the exposure was to beryllium phosphors; but six cases of typical pulmonary disease due to the metal were reported from one plant engaged in casting a 5% beryllium copper. Four of these six cases died. Beryllium copper castings manufactured today contain about 0.30% beryllium and to date no hazard with this alloy has been demonstrated.

From the data presently available, it appears that only a few persons are susceptible to chronic berylliosis and that mere traces of the metal in the atmosphere can produce symptoms in them. A susceptible person may show symptoms when exposed to the extremely low value of one microgram per cubic meter of air. Authenticated "neighborhood cases" - people who lived near a beryllium plant - seem to substantiate this, since they were exposed to extremely low concentrations of dust.

There are sufficient data available upon which to base a maximal allowable concentration but some investigators believe that in-plant atmospheric concentrations should not exceed 2 micrograms per cubic meter of air as an average for an eight hour day, and that no one should be exposed to a concentration in excess of 25 micrograms per cubic meter of air for any period however short. These are extremely

Missing

p 27 & p 28

- (1.) Burning
- (2.) Grinding
- (3.) Welding
- (4.) Machine grinding
- (5.) Pouring
- (6.) Melting

The recommended maximal allowable concentration of iron oxide expressed as Fe_2O_3 is 10 milligrams per cubic meter of air per 8 hour day. In all of the job exposures listed, the threshold limit will usually be greatly exceeded unless adequate exhaust ventilation is provided. In the case of machine grinding operations, exposure can sometimes be controlled by adding a wetting agent to the coolant.

Lead - National Bearing, Ramapo, American Forge, and Brakeblok involved.

In non-ferrous founding, this metal presents the greatest health hazard. All compounds of lead are poisonous but in varying degrees according to their solubility in tissue fluids. The low incidence of lead intoxication among miners of galena (lead sulphide) is probably due to the very low solubility of lead sulphide in the tissue of the lungs.

In foundry processes, it is evolved as lead oxide in melting, pouring, and welding operations. This is a very soluble form. In cleaning and machining operations, it occurs in the dust formed as elemental lead which is not as soluble as the oxide. If atmospheric concentrations were of the same order of magnitude, the incidence of lead poisoning will be greater where the oxide is the contaminant.

The maximal allowable concentration for lead adopted in the United States is 0.15 milligrams per cubic meter of air. This standard does not take into consideration the degree of solubility of the various lead compounds. In foundry work, if the average atmospheric concentration of the oxide is kept to 0.15 milligrams per cubic meter of air, men can work in that exposure for a life time without experiencing symptoms of lead intoxication. At 3.0 milligrams per cubic meter, poisoning may occur in susceptible persons. At 5.0 milligrams per cubic meter, most workers will experience symptoms more or less serious. In practise these values are sometimes difficult to meet without adequate exhaust ventilation. Even in the manufacture of "pure" copper castings there is often sufficient lead present as impurity to produce atmospheric concentrations of lead of the order named.

The literature is replete with data on the etiology, diagnosis, control and treatment of lead intoxication. It is sufficient to state here that in the production of alloy castings containing lead, there is always a serious potential hazard to health especially in the melting, pouring, cleaning, and machining operations. In any non-ferrous casting work, where lead is present as a "trace" metallurgically, there may be a hazard to health.

Lead can enter the body by ingestion or by inhalation so that even in the case of good dust control, cases of lead intoxication can occur, if food is permitted to be eaten in the foundry or liquids drunk from open containers, such as milk bottles. Foods and liquids may absorb lead dust and fume in sufficient amount to produce poisoning. Industrial

experience has shown that such practice is unwarranted.

In Brakeblok, compounds of lead formate, oxide, and sulphide are used as powders in various formulae.

In Ramapo Chicago there is a brass casting machining operation capable of producing an exposure to lead dust.

In American Forge, lead tempering baths are used in the die sinking department. Lead dross from these baths could be a hazard.

Manganese - Amsco and National Bearing affected.

Acute intoxication is almost unknown and chronic poisoning, a very disabling and serious condition, is rather infrequent industry-wide. Well established cases fail to respond to treatment.

In founding, manganese is usually associated with the production of manganese steel castings and manganese bronze. The maximal allowable concentration is 6.0 milligram per cubic meter of air. This value is seldom exceeded in the foundry industry even in the case where no exhaust ventilation is provided.

Noise - All divisions are concerned.

Occupational loss of hearing from industrial noise is now recognized as a definite disease entity and is already compensable in some States. There are insufficient data available in the field to establish noise levels in the various frequencies or octave bands above which impairment of hearing will result.

To make the problem more complicated, it is difficult if not impossible to distinguish the amount of loss of hearing due to presbycusis and that due to acoustical trauma.

Sound measurements made in typical foundries show noise levels in excess of 100 decibels even in the frequency wave lengths from 2000 cycles per second and up. While there is no conclusive proof that this type of exposure is harmful, many investigators are of the opinion that it is.

Measurements already made, show that tumbling mills, shake outs, grinding and chipping jobs, electric arc furnaces, air cylinders, and gas fired ladle heaters and furnaces are the principal sources of noise in the foundry.

Pre-employment audiograms will measure a job applicant's hearing threshold. Periodic audiograms will show whether there is any loss of hearing taking place. The amount of loss due to oncoming old age and that due to occupation would need to be evaluated by an otologist.

Prevention and control of industrial noise is difficult and the services of an engineer who has specialized in the problem is usually necessary in order to obtain an attenuation worth the cost involved.

Resins - Brakeblok, Electro Alloys, and National Bearing.

All resins are primary skin irritants and are capable of producing dermatitis in susceptible persons.

Sea Coal - All foundry divisions except National Bearing

This is a common facing used in the foundry and usually contains less than 2% free silica. It is principally carbon. Carbon dust gives rise to a pulmonary condition called anthracosis which is responsible for characteristic shadows in a chest radiograph. It has been considered as a relatively harmless condition. Recent research however, has indicated that it may be a true disease.

When carbon dust is associated with silica dust as an atmospheric contaminant - and it usually is in foundry practice - an exposure results that is capable of producing a true disease entity known as silico-anthracosis.

Permissible dustiness for sea coal and for mixtures of sea coal and silica depends on the percentage of free silica present.

Silica - All foundry divisions.

Silica is one of the principal atmospheric contaminants in the foundry. The chemically combined silicas, other than asbestos, are regarded as being physiologically inert. Thus silicates such as bentonites, slag wool, etc., are not known to produce disabling disease.

Free silica (SiO_2) causes the occupational disease known as silicosis.

In non-ferrous founding, the hazard from silica dust is usually not severe except in the case where silica washes are sprayed on molds and cores or sand conditioning practice is uncontrolled with respect to ventilation. The low incidence of silicosis in non-ferrous work is due to the facts that: the sand is usually in a tempered state during shakeout; there is seldom any burn-in; castings are often shot or sand blasted before grinding and chipping.

In ferrous founding, one of the greatest sources of exposure is the uncontrolled use of silica flour. This material falls in the dangerous particle size range and is usually 100% free silica. Zirconite, which is non-toxic and has a specific gravity of approximately twice that of silica, has been an effective substitute for silica flour in some applications. Because of its density and tendency to flocculate, zirconite dust settles very rapidly.

Sand handling and conditioning systems, shakeout, and sometimes sand slinging operations constitute the principal exposures to silica dust.

Dust sources are usually more severe in mechanized plants but this is offset by the fact that they are more adapted to local exhaust systems.

Good housekeeping is one of the most important ways of controlling the hazard from silica dust. There is good evidence in the

literature that the incidence of silicosis is inversely proportional to good housekeeping.

The higher the level of housekeeping, the lower the number of occupational disease.

Solvents (General) - All plants.

Since there are so many solvents used in our company, it is impractical to treat them specifically here. There is no such a thing as a safe solvent, except perhaps, water. Some are more toxic than others but all of them can be used safely if the poisonous properties are known and safe handling procedures are followed.

All containers of solvents should have warning labels attached giving the chemical name and stating the handling precautions. For example:

CARBON TETRACHLORIDE
DANGER!!
HAZARDOUS VAPOR AND LIQUID
MAY BE FATAL IF INHALED OR SWALLOWED

Use only with adequate ventilation.
Do not use in confined unventilated places without protective respiratory equipment.
Do not breathe vapor.
Avoid prolonged or repeated contact with skin.
Do not take internally.

Most solvents are flammable so that in addition to their toxic properties, they present the danger of fires or explosion.

Given the chemical (not trade) name of the ingredients, the characteristics and dangers of the solvent can be ascertained.

Tellurium - Southern Wheel Division.

Tellurium is used in foundry practice to increase the chill-depth hardness of chilled car wheels, and to improve the machinability of alloys. It is usually used in very small amounts (5 grams to 800 lbs. of metal).

The fumes of the element cause poisoning characterized principally by the garlic odor of the breath, and urine, suppression of sweat, dryness of the mouth, metallic taste, loss of appetite, salivation, and vomiting. Serious industrial poisoning are rare.

The maximal allowable concentration is 0.01 milligram per cubic meter of air. If foul breath is to be avoided, this value should not be exceeded. Systemic poisoning does not occur unless the exposure is to a concentration of 0.8 milligrams or more per cubic meter of air.

For practical purposes then, the presence or absence of tellurium breath can be relied upon to measure degree of exposure. If this is heeded as an indication of the need of control measures, injurious exposures are not likely to occur.

Zinc - National Bearing Division.

The inhalation of the fumes of zinc oxide gives rise to a malaria-like illness called brass-founders ague, zinc chills, smelter shakes, or metal fume fever. Recent research has now shown that finely divided oxides of other metals, such as magnesium, can also produce metal fume fever. The illness rarely lasts more than a day, causes no permanent disability, and is never fatal. Immunity is often acquired after repeated exposures.

When brass contains zinc, fumes of the oxide are readily given off during melting and pouring in voluminous amounts because of the low boiling point of the metal.

The foregoing are the principal hazards to health in our plants.

Your work as an industrial nurse can be more effective if you familiarize yourselves with them in greater detail.

NOTE (H. J. Weber's Paper)

Mr. Weber showed a number of lantern slides demonstrating good and bad examples of housekeeping, lighting and maintenance in our various plants. He also pointed out how the nurse could help by observing whether employees were using recommended protective devices or equipment to the best advantage and whether this equipment is being properly maintained. If they find it is not, they can bring the matter to the foreman's attention or thereafter to the superintendent if necessary.

Nurses should know what type of equipment the Hygiene Department uses when making industrial hygiene surveys in the plants. For this purpose Mr. Weber arranged a display of a number of instruments which are commonly employed in field studies and demonstrated their use. The exhibit included the midget impinger and electrostatic precipitator for collecting air samples of dust and fume. The samples are collected at the breathing zone of the employee so that they will be representative of the air he inhales. After collection, the samples are forwarded to the hygiene laboratory in the Medical Department for analysis. When the results are compared with known safe standards, it can be determined whether or not the workman is working in a safe environment.

The velometer is an instrument for measuring the air flow through the various exhaust ducts and hoods so that their efficiency can be determined. Readings are made at varying intervals and sometimes unlooked for obstructions which might have gone unrecognized, are located by this means.

The use of instruments for measuring the amount of noise in a plant was also demonstrated. Mr. Weber explained the physics of sound waves and their various frequencies and told how these may effect the human ear to cause industrial deafness. A sound level meter will determine the intensity in decibels and the octave band analyzer will disclose the different frequency ranges. Sound of average intensity may not cause damage to the ear as long as it remains in the lower frequencies, but in high frequency ranges it can be a definite hazard. The importance of recognizing the risks associated with industrial noise was stressed because of its injurious effect on employee health and because of the occupational disease aspects involving claims for compensation. The Medical Department has now set up a program of preplacement audiograms in several plant locations in the Chicago area so that claims of impaired hearing or occupational deafness can be more accurately evaluated.

The Hygiene Laboratory has been constantly increasing its scope of activities over the years so that investigations are now being made of possible health hazards associated with lead intoxication, dust and fumes, radiant heat, noise, solvents, explosive risks, heating, ventilation and illumination. In addition to these, analyses are made of various industrial soaps, cutting oils or other materials used in our plants which may be possible sources of danger.

The lead control program, while only involving one or two divisions, is one that has been very satisfactory and we have been able to reduce cases of lead poisoning from a group of considerable size a few years ago to only one or two sporadic cases a year in one plant at

the present time. Plans are under way to eliminate even these. Mr. Weber outlined the current procedure of analyzing samples of urine and blood from employees for their lead content and using these results as an index of control. As samples show high lead absorption values, employees are referred to the doctor for treatment.

DISCUSSION OF PAPERS BY DR. HAMLIN AND MR. WEBER

Mrs. Steele requested that discussion be withheld until both these papers had been presented since the medical and hygiene activities were so closely related.

Question: Does a high lead value in a urine sample mean that the employee has lead intoxication?

Answer: Dr. Hamlin replied that simply because a man has been found to have a high urinary lead excretion it does not necessarily mean he has lead poisoning. It is essential to distinguish between lead "absorption" and lead "intoxication. If lead absorption increases to the point where it can no longer be stored up in the tissues, the lead spills over into the blood stream and intoxication ensues. This would only occur if the man is subjected to high atmospheric concentrations of lead fume or dust. The aim of the Medical Department is to prevent lead absorption by recommending adequate exhaust ventilation measures to remove fume and dust at the source. Our whole program of control is based on "prevention" and good housekeeping plays a very big part.

Question: What is the policy of the Company with regard to requests received from local Tuberculosis Associations to conduct chest x-ray surveys in our plants?

Answer: Dr. Hamlin stated that we have been faced with this situation in quite a few locations in past years. He pointed out that most of these outside agencies had never taken the trouble to find out whether the Company had a medical program of its own or whether it was doing anything about chest x-rays or not. It has therefore fallen to the lot of the Medical Department to answer these requests and, incidentally, all such proposals should be referred to the Medical Department for reply. After they have been informed that Brake Shoe has been doing such surveys for years and after they have learned of our program, most have admitted that we were away ahead of them and the matter has ended.

While we are in sympathy with such efforts, we believe that our present set up has no need of outside service of this kind. There are also several valid objections on our part. Usually these societies refuse to give us results of the surveys so that we would be unable to properly follow employees' progress as we do now. We have also found on occasion that employees who have submitted to such surveys outside the plant have been given inaccurate interpretations of industrial chest conditions which have caused unnecessary alarm on the part of workmen and have instigated unjustifiable claims for compensation, thereby costing the Company considerable expense. We feel that we can secure better cooperation from employees with our own program and have a much better follow-up system.

Question: What should be done about the employee whose chest x-rays show evidence of disease due to dust? May he continue at his regular job or should he be moved to a different one?

Answer: This, according to Dr. Hamlin, depends on the individual case. Once the nodular pattern of siderosis is established in the x-ray,

we know it seldom shows significant change in subsequent years even though the man remains on his regular job. Since it has been established that siderosis is a non-disabling condition there is no reason why the employee cannot remain at his particular occupation. However, every effort should be made to make the working area better by removal of dust from the atmosphere. Even though we realize that the nodular shadows present in the chest roentgenogram cause no symptoms or disability, we do not like to see changes of this variety developing in our employees.

With the silicotic, on the other hand, the situation is different. Here we are dealing with a toxic dust that, unlike iron oxide, predisposes to tuberculous infection. Such an individual may remain on his usual job provided the dust exposure has been adequately controlled and provided his occupational disease is not complicated by infection. We think it is safe for him to continue working under these circumstances but insist that he be closely observed by successive chest x-rays at intervals of from three to six months. If there is any suspicion of active infection developing, the man is referred to the clinic for individual study and the final disposition will depend on results of the physical examination and laboratory tests. The important thing to remember is that each case must be evaluated on an individual basis.

Question: Can some clearer terminology be evolved for nurses with regard to x-ray interpretations received from the Medical Department?

Answer: Dr. Hamlin stated that this matter had been under consideration for some time. The necessity for some form of guide or glossar defining terms used in interpreting x-ray films is recognized and some time ago an attempt was made to compile such a list. It soon became apparent however that it would be rather difficult to confine it within practical limits so the idea was abandoned for the moment.

It was pointed out further in this regard that the nurse should not undertake to explain x-ray findings beyond the essential facts as stated in the reports. In other words, she should not become involved in x-ray diagnosis but should refer the matter to the Medical Department whenever there is any difficulty.

Question: What is the meaning of the term "pre-silicosis"?

Answer: This is simply a stage in which the chest roentgenogram shows increased markings which may represent early lung changes due to the inhalation of dust but which are not sufficiently definite to justify a diagnosis of actual silicosis. It is just what it implies, namely, that it is a preliminary stage which does not produce symptoms or physical signs. It denotes the fact that the man may be developing silicosis and should be carefully watched.

Question: What is the significance of x-ray reports which indicated "curvature of the spine" or "arthritic changes"?

Answer: Dr. Hamlin said that such changes were observed frequently when viewing routine chest roentgenograms. The great majority were incidental findings, which produced no symptoms or complaints on the part of the employee. Even some which exhibited marked bony excrescences of the spine resulted in no complaints from the individual. They prob-

ably would never be discussed if not noted by the routine x-ray. Where actual spinal injuries or back sprains are sustained, it is questionable whether these changes play any significant part in the man's disability. They are perhaps worthy of note where claims for compensation are involved but generally they are not too important. Again each case will have to be considered individually.

Question: What can be done about the man who is too stubborn to go to the doctor when advised to do so?

Answer: Physical examination other than preplacement are not compulsory. An employee, under ordinary circumstances, can refuse to visit the doctor and be within his rights. If his physical condition however is such that he is a menace to the health of his fellow employees, for example, if he has actual tuberculosis, then pressure can be brought to insist that he seek medical care in the interest of his own health and for the safety of those with whom he works. This requires individual consideration as each case must be decided on its merits. Usually the "stubborn employee" is a challenge to the nurse's diplomacy and persuasive insistence. It is an opportunity to display her "selling" ability in securing the man's cooperation.

AN INDUSTRIAL NURSE THINKS OUT LOUD
ABOUT HER WORK

Mrs. Rita George, R. N.
BS&C - Pomona)
Amforge - Azusa)



When Mrs. Steele wrote to me and suggested that I give a paper at this conference, the subject to be--"An Industrial Nurse Thinks Out Loud About Her Work", it immediately recalled to my mind a recent experience. The National Industrial Health Conference, this year, was held in Los Angeles. Because of the proximity of Pomona and Azusa to Los Angeles, it was convenient for me, and agreeable with my management that I attend a few sessions. I recall that two afternoon sessions were given over to "Talk Shops." The purpose of the Talk Shops was to provide an opportunity to share with others, your experiences training, and knowledge, on topics which vitally affect all industrial nurses. There were several topics for discussion and one particular afternoon, I chose to sit in with the group that was discussing Self-Evaluation. The leader in our group asked if we understood what we were to discuss. I admitted it then, as I do now, that although I knew the meaning of Self-Evaluation, I had a feeling that I was growing smug. I hoped to be awakened to a more honest appraisal. To explain my feeling of smugness, I attempted to outline to the group, the role the Medical Department plays in Brake Shoe. They really were impressed, for there were many nurses there, who were desperately in need of help. They didn't have, as we do, a Nurses Manual of Procedure and they weren't as fortunate to have a Medical Director, Superintendent of Nurses and Plant Management as well informed as ours concerning various routine procedures and policies. Everyone talked shop and all agreed that we could benefit by establishing criteria for self-evaluation. This would aid us, as nurses, in the following ways:

1. It would make it easier for us to practice self-evaluation.
2. It would help to measure our own progress.
3. It would make us more confident that we are growing in the right direction.

Such criteria could be used by management as:

1. A guide as to what to expect from nurses.
2. A way to improve nursing service to both management and workers provided nurses continue to progress and increase their knowledge of the latest and best ideas in their chosen profession.

As mentioned previously, we as nurses in Brake Shoe have our work fairly well outlined for us but I have thought of a criterion that would aid me as a standard for comparison or judgement. If I had it framed and mounted on the wall in the First Aid Room, it would help keep the thought always in front of me. Just three lines but they really convey a message.

"What AM I doing?"

"What SHOULD I be doing?"

"What COULD I be doing?"

COOPERATING WITH MANAGEMENT

The dictionary tells us that cooperating means "to work together

toward a common goal." I remember a long time ago, a blunt-spoken, old foreman told me that it seemed strange to have a woman in the plant, but he "guessed it would be alright as long as I minded my own business." I also remember when I began to work at a plant here in Chicago. When the superintendent introduced me to the foremen, one of them said, "Are you the weeping type of Female? We had a nurse who wept whenever you looked at her or didn't look at her and one of her favorite chants was, "All I want is a little cooperation!". She apparently wanted everyone to cooperate with her but never gave much thought to how well she was cooperating. Industrial nurses have become a part of industry so recently that we must quietly feel our way in establishing our program. Men still, and always will, talk about the nagging wife. Years ago work was probably an escape for the man who thought he had a shrew in his home. He probably resented the introduction of women into industry. We are more apt to win approval if we do not interfere with employees' work. We should know our specific jobs, do them well and above all, mind our own business where other peoples' occupations are concerned. I couldn't possibly do my work without the help of everyone in the plant. And I have learned that I can get that help if I arrange my program to fit in with the plant schedule. Management is interested in production and we can aid by doing all we are able to help make it safe production.

I never used to ask management if they were satisfied with the nursing service but of recent years, I have made this a practice. I believe it is the easiest way to stay in good grace. This way, you ask for criticism and you're spared a surprise attack. I remember the first time I tried this tactic I didn't expect there would be any criticism and I was surprised to find that I had unwittingly offended the individual in charge. The foremen had suggested that I call on absent employees and I had gone out immediately without first checking with the superintendent. Now, the foremen weren't to blame. They gave me credit for knowing my job well enough to realize that the superintendent was THE BOSS and everything should have his sanction and approval.

In the plant, every foreman thinks his is the MOST IMPORTANT department. Every superintendent wants to know what's going on in his plant. Therefore, whenever men are due at the doctor's office or must visit the First Aid Room several times for treatment, it pays off to first ask the foreman when he can spare the man and then keep the superintendent posted on appointments. I learned this lesson once when I saw two foremen have a grand battle. One foreman had gone into the other's department and "borrowed" a man without getting permission. I didn't have to be from Missouri!.

I've asked Works Managers and Superintendents what criticisms they have heard about First Aid Rooms. They have all said, "We just don't want the place to be a hang-out! It is up to the nurse to expedite the treatment and see that the men get back to the job!"

I remember one plant superintendent who when he hired me, he said, "I know you'll have your problems and I'm here to help you work them out, but for Pete's sake, don't be like the last nurse. She thought her problems were more important than those of anyone else." So, we had an understanding of what I could do on my own and what I should consult him about before taking the initiative. Usually I made a list and caught

him in a free moment and got answers to several questions at one time. I've learned when in doubt, always ask!

I believe that the primary requisite of an industrial nurse is, an interested, efficient and friendly attitude toward employer and employee. Once that is evident, she will learn from management how the company functions and what its policies include. Interest is somewhat like a contagious disease; you infect all contacts.

The nurse, in her position as screening agent for new applicants plays an important role. From her knowledge of job requirements, she determines through the interview, if an applicant's mental and physical attributes and history of previous work experience come within the scope of the job. Prior to this contact the applicant has been interrogated by supervision and management. After they have passed on him and turned him over to the nurse, he feels relaxed and confident that the job is his. He will therefore respond to efficient and courteous handling and thus enable the nurse to determine whether or not he will fit into the proposed type of employment. The applicant will talk freely because he feels that, here at last, he is talking to another employee. If there is any question as to his being unsuitable, it is wise to discuss the matter with supervision. Often a good screening agent can cut down the rapid turnover in personnel, and thus save the company money that would be spent in manhours of training and teaching.

Because of the potential medico-legal aspect of all industrial accidents, it is to our advantage to keep accurate records of all such happenings. I like to keep absentee records but when this is not possible I have managed to keep posted on attendance and find out the cause if an employee is not at the plant. Discovering this quickly saves time and worry. Occasionally it has been my sad experience to discover that an absence, which I had checked for personal reasons, later was blamed on an accident that was alleged to have occurred in the plant. It is to everyone's advantage therefore, to keep posted on absentees. Such knowledge keeps insurance records straight, and the employee feels that we are interested in his welfare.

Most of us probably make tours within the plant. I have always managed to gain a great deal from such trips. They have helped me to observe general housekeeping and unsafe conditions such as broken ladders and windows. Participation in the activities of the Safety Committee, has assisted me in suggesting corrective action. Often when I have given First Aid for an injury, the employee in describing the accident hasn't been able to make me understand. In such instances, and whenever practical I ask him to take me out into the plant and show me how it happened. I've found this little maneuver very successful. It usually makes pretty clear what he did that was wrong and enables me to write a more intelligent report of the accident.

We should acquaint ourselves with the State Labor Laws and keep up to date on publications pertaining to health, safety and employee relations. A good way to do this is by participating seriously in the activities of the local Industrial Nurses' Organizations. Nurses are often called on to provide help and advice for personal problems so it is to our advantage to become acquainted with community affairs that might have some bearing on these matters.

CONFIDENTIAL RELATIONSHIPS

Perhaps the most exacting phase of our work, is the necessity of keeping records. Inadequate and inaccurate medical records are almost as useless as no records at all. Practically every transaction between the nurse and employee is important enough to record. All records should be kept strictly confidential and one way that we can be certain that this condition will exist is to keep the records in a locked file in the First Aid Room. All information obtained during the course of a physical examination is to be considered confidential between the employee, the physician and the nurse. This is particularly true in the examination of employees already on the payroll during health surveys. It is not necessary in pre-placement examinations as here it is often essential that the plant personnel director or superintendent be informed by the doctor of certain of the applicant's physical defects in order that he may place him at suitable employment. In these instances, the superintendent or personnel director should discuss the individual case with the doctor or nurse who will give him the required information without divulging other unnecessary facts. The medical department notifies the plant superintendent of any defects uncovered during survey examination if it is deemed advisable.

I think a nurse's chief duty is to her patients' physical needs. She is serving the patient well when she makes a careful record of the ailment, its treatment and progress. In most of our First Aid Rooms. I suppose our medical filing cabinets are painted a typical dull green. It tickles me because we hear that psychologists who work on colors have said that a combination of yellow and black is most apt to attract attention, but to me, that green filing cabinet is the most outstanding object in the First Aid Room. Many times the employees joke and call it "that mystery box" or, "the vault," yet they have the utmost regard for it. They respect us also for keeping their confidence and the only time they have asked me to divulge anything that was part of the record, was when a telephone number or an address list for Christmas cards were needed.

HOME VISITS

Another thing that we are allowed to do at Brake Shoe is to make home visits. I purposely chose the word "allowed" because whether you know it or not, there aren't many companies that permit the nurse to visit in the home. Many firms have a visiting nurse service to contact ill or absent employees-and that is all this nurse does! She makes a cold, impersonal report in writing while the regular industrial nurse who comes into daily contact with the workmen knows little and understands less about the plant personnel, because she is too busy or just isn't "allowed" to make home calls. During the war, I worked for a company which operated four plants within an eight block radius. The particular plant in which I was employed had 3000 employees on the day shift. I was the only nurse. I stood at the treatment dressing table, bandaged and passed out medication as fast as I could possibly do it. There was always a group waiting outside the First Aid Room door as long as the line-up at meal time outside Salvation Army Hdq., on Skid Row, here in Chicago. At least so it seemed to me, for when I went home at night and passed the Salvation Army, I often thought "how would you like to have that for 10 hours a day." Some good jokes were played on me also. Often the men realized I was speeding up the bandaging and they would slip the medicated gauge onto another finger and I would blithely bandage it, only to be laughed at by the gang in the waiting room. At times like these I would really think what a cracker-jack nurse I was! I didn't know my

patient's name, how he injured himself or where he worked. You see, I wasn't expected to. We had efficiency experts who checked with us every so often and all we were supposed to do was bandage and pass out pills. We had a clerk who took the name, clock number and department information, when I shouted to her above the din from the waiting room, "right great toe, contusion or left index, laceration!" Now, in Brake Shoe, as I bandage I say, "What happened?" The man tells me and I write it down. When I dispense pills I know what they are for and I have a better idea why a workman has frequent headaches or why he is feeling sick that day. It all comes out because the employee has confidence and respect for the nurse. Why? I think it's because we've won it. We go to see them if they are ill or when requested to do so by the superintendent after they are absent and haven't reported in for several days. Once you have made that initial home visit, you had better go again, because the men look for it. The wife whom you may have met for the first time, will call you thereafter when her husband is sick or she may tell you that he was not feeling well before he left for work. She will ask you to check and call her back because she's worried. To my mind, home visits promote better relationships. No one person can get along with just everybody. But, we as nurses must try. I once asked a very popular foreman his secret for getting along so well with his men. He told me to show an interest not only in the employee but also his family. Ask about them---frequently!

It is my opinion that home visits should be made to pensioners at least every three months, though these may be advisable more often. Home visits afford an excellent opportunity for health education and assistance with nutrition as well as domestic and economic problems.

All home visits with the exception of pensioner calls might be set up best on a "spur of the moment" basis. This would include investigating absenteeism and reported serious illness or accident or any illness of longer than three days duration. All of this, of course, should be authorized by the plant superintendent.

Usually with pensioners, we set up a schedule of visits and when these calls are made, we say we will be seeing him in 3 or 4 months so that he will know when next to expect us. I have found that they really look for our visit and if we are a month late, we hear about it.

I usually use the Welfare Fund to buy something for the pensioners. It doesn't have to be much and if I can't decide what it should be, I get candy. That is usually only for the first visit. I think they get more pleasure out of a gift that shows individual thought, such as a pipe, a sport shirt, a tie, stationary or a pen. Almost anything that they can get some good out of and that will last, will be welcome. It seems to make them feel good to be remembered through some little item. Pensioners also like to have you bring---NEWS. I've had a lot of to talk of recently, describing the new Pomana plant. I've always been glad that no one who knew the mechanical details well, could hear me describe it. I probably botch it up, considerably.

For Pensioners that I haven't known for any length of time, I keep notes on the people they are acquainted with at the plant and try to carry messages back and forth.

PLANT WELFARE FUND

As outlined in the Nurses Manual, it is a Brake Shoe policy that a fund of \$25.00 be made available for the nurse's use to purchase medicines, groceries, cigarets, candy, fruit, etc., for ill or injured employees or pensioners. I once had an amusing experience, with regard to this money, while working at Ramapo Ajax, in Chicago. A new internal auditor was visiting the plant. The office manager informed me that the auditor was to check my \$25.00 fund. That was alright with me. It was the first contact I had ever had with an auditor and I might add now, my last one. The auditor asked for my fund. I took it from the vault or the file cabinet and proudly presented it with all my receipts. First of all, he complained that I had more money in my little pocketbook than I should have had. Somehow I had bought and obtained receipts for my purchases but often I wouldn't have the cash fund with me. I would put in the receipts and if a small amount of money were due me, I might neglect to get change and take what was mine. I was quite proud that I had more money than I should have had in the vault but the auditor looked so unhappy that the thought occurred to me how awful it would be to have had less. The auditor didn't think it was anything to be proud of. He pointed out that I was as much in the wrong to have more money on hand than less and that receipts and money must balance to the penny. Therefore, so as not to get in a muddle with the auditor again, I have asked management if instead of the \$25.00 fund that I must account for, I might purchase welfare and bring in the receipts and be reimbursed. Fortunately for me, this plan has been agreeable with management. Now the only contact I have with the auditor is when he visits my department for aspirin. He may have his headaches, but I've gotten rid of mine!

SAFETY PROGRAM

We as industrial nurses see a lot of people during each day. The injured worker, his supervisor, the employee who drops by for an aspirin each presents an opportunity for us to emphasize anew the company policy to "do it the safe way." If we are friendly and sympathetic in our attitude we encourage the injured employee to give reasons for his injury as well as suggestions for prevention of recurrences. We can try to start people thinking about safety in their jobs and work practices. This may result in some worker discovering a safer way to do his job. It may help to convince him that he had better use his safety glasses all the time and not just when the boss is around. As a result of our professional training and skill, we have acquired judgement that enables us to screen the "first-aid-room-only" type of injury from those with more serious aspects requiring the doctor's attention. From the daily log which we keep, we can each month assemble and analyze the accident data and present the record to management and supervision.

Unfortunately for me, it hasn't been my experience to work for very long with a safety director. One plant at which I worked for a very short period, had a full time safety director. Another plant had one for a very short time. I believe that the nurse and the safety director can work together as a team and ultimately accomplish a great deal in reducing the severity and frequency rate. The nurse can assist the safety director in cataloging the frequency and running down the reasons behind all accidents. From her store of information, the safety director collects his data and statistics. The nurse can bring to the attention of the safety director, potential hazards that she knows exist possibly because of recurring accidents. As a team they can work together to sell safety up and down the line.

COOPERATING WITH THE PLANT PHYSICIAN

Our plant physicians are usually very busy men. We can help them understand Brake Shoe policy and the medical program by presenting the doctor with a Nurses Manual of Procedure. To be sure that they have read the manual, particularly the part directly related to them and their part in the program, we can discuss the subject with them. I confess that when I first thought of the subject of cooperating with the plant physician it seemed that it was simply a matter of orienting the physician with Brake Shoe policy and making sure that employees kept their appointments at the doctor's office. Imagine my surprise when just at vacation time, this year one of the plant physicians wrote a letter in which he complained that we frequently arrived ten minutes late for a visit and thus upset his schedule of appointments. It certainly made me realize that from time to time it might be a good idea to ask the doctor if he is satisfied with us and perhaps we can iron out any existing dissatisfaction before it becomes serious. On the other hand we can explain to the doctor that employees visits are made on company time and the longer the employee must wait in the doctor's office, the more man hours in production are lost. This last is most frequently the complaint of management.

I had just returned from vacation when management at another plant, complained that frequently employees have to wait at the doctor's office for one and two hours. Such a loss of time can be due to a poor scheduling of appointments by the doctor's receptionist if it happens often or because of an emergency with priority, if it happens seldom. We have tried to work out a system whereby we issue each employee an authorization for medical treatment. This shows what time the employee left and returned to the shop and what time he arrived and left the doctor's office. There is also space for instructions and comments by the physician. It shows too, the time of the next appointment. I think it will prove to be a valuable record. It will keep the employer posted regarding the progress of the injury and the exact manhours lost in production.

As a general rule though, the plant physician seldom complains. It seems to me that his chief concern is that we return for treatment as scheduled. Sometimes the injured employee feels that the wound has healed and time used to return to the doctor is waste. However, he doesn't realize as we do, that for the insurance record, the doctor must see and officially discharge the patient.

As for the problem of time lost in the doctor's waiting room, I've made an extra effort to be friendly with the doctor's receptionist and when we arrive, I ask her about how the appointments are going. If the doctor hasn't yet arrived or if there are emergencies to be treated before us, we arrange to have our employees return at a later date rather than wait that day for one or two hours.

I remember one receptionist whom I asked "How long does Clarence have to wait?" She became quite upset and told me that naturally we would have to wait our turn. We didn't have special privileges. Later that day I found time to get a pound of candy and took it to her and asked her to please be "sweet". By that time she felt good enough to laugh it off and I was sure that the incident of the morning wouldn't spoil our relationship. I had intended no wrong but I vowed that in the future I would phrase my words more carefully.

In conclusion, I'll summarize briefly, hoping that you will give me the benefit of your experience and we can better round out the picture of the work of an industrial nurse.

1. Plan your program to fit in with the plant schedule.
2. Let the superintendent know what you are doing, at all times.
3. Consider and consult the foreman about matters relating to their departments.
4. Get the men back to their jobs as fast as possible
5. Keep accurate records.
6. Make home visits and report findings to management.
7. Use the Welfare Fund wisely and to it's best advantage.
8. Make production safe as far as we are able. Keep safety foremost in the thoughts of the employees. Cooperate with and assist the safety director.
9. Know our jobs, do them and do not interfere with other peoples' work.

DISCUSSION (Mrs. Rita George's Paper)

In commenting on this excellent, practical talk Dr. Hamlin voiced the opinion that most of the nurses present had experienced the same thoughts expressed by Mrs. George in connection with their own occupations. He thought that Mrs. George had done an exceptional job in the time she has been employed as a Brake Shoe nurse, and the idea she introduced with regard to a nurse "minding her own business" was something which should be taken seriously. Every so often, through over-enthusiasm in her work, the nurse becomes frustrated because she feels that very little is being accomplished. Perhaps she needs help and encouragement, but most of these things can be resolved if the nurse will try to arrange her work so that it fits in with the schedules of those with whom she has daily contact. One of Mr. Given's "yardsticks" mentions "fighting your Boss" but one is expected to be sure he is right before doing so. The nurses' attitude therefore can make all the difference in the world in selling the program to management.

The nurse, as pointed out by Mrs. George, can help by arranging suitable appointments with the plant physician for the examination of applicants for work as well as those undergoing periodic health checkups. She must arrange these to fit in with the plant schedule and should always cooperate with foremen and the plant superintendent. Here is a chance for the industrial nurse to demonstrate her value in "screening" applicants for work so that needless preplacement examinations can be eliminated. We realize that in the interests of rehabilitation and human relations we must accept our fair share of employees with physical defects. There is no reason why these people cannot be hired provided they can work with safety to themselves and their fellow employees. They have as much right to earn a living as those more fortunate ones who happen to be healthy. These applicants therefore should be reviewed with critical appraisal to be sure they are properly placed. In this regard, the records are of prime importance and the efficient nurse will see to it that they are complete in every detail.

Dr. Hamlin stated that he was particularly impressed with one of Mrs. George's statements to the effect that "no one person can get along with just everybody but at least the nurse should try." In his opinion this was one of the basic essentials for success in the entire industrial nursing field. Ability is one thing but getting along with people is another. The nurse who can do this has already won half the battle in reaching the top in her chosen profession.

Another important point in this paper was with reference to the nurse having difficulty with the physician who services the plant. Doctors are not infallible and are subject to the same human frailties we all are. He is busy so that it is essential that appointments be kept. The doctor should also remember that keeping an employee waiting costs the Company money. The nurse can overcome most of these difficulties by frank discussions with the doctor so that misunderstanding can be corrected.

Question: Have specific standards of disability when hiring new employees been set up?

Answer: In the early days of developing a medical program such standards were devised and listed. Then along came the war and they had to be abandoned because of the acute labor shortage. After this experience, it was found that specifications were unrealistic, and hence they were discarded in favor of individual consideration of the applicant for work. There must be flexibility in the selection of people for work in our plants, and even though the examining doctor rejects an applicant he may still be employable if suitable work is available for him. In this instance, the final recommendation will come from the Medical Department after all the facts have been made known to it. Occasionally an applicant for sedentary employment such as office work has been rejected because he happens to have a small hernia. There is no reason why such people cannot do this work without risk to themselves or the Company so that rigid physical requirements are not necessary. Adherence to rules of this sort could mean the loss of a valuable employee.

Question: What do we do about x-ray which has been diagnosed as suspected pulmonary disease by the Medical Department but the local doctor says is negative?

Answer: In the great majority of instances we have serial films on our employees so that we can pick up new shadows or "developments" that did not appear in previous x-rays. The local doctor usually does not have this advantage so that he is not always in a position to make a correct evaluation. On the other hand, we frequently have only one film to go on so that we may be unable to make a proper diagnosis. Usually however, we assume that any definite shadow in a chest x-ray represents possible pulmonary disease until proven otherwise. While this attitude has always been taken with regard to tuberculosis in recent years, it is all the more necessary today because of the increasing incidence of cancer of the lung. Hence, regardless of the local doctor's opinion, you should refer all such cases to the attention of the Medical Department and be governed by our instructions. Remember also that chest x-rays are not the final word in diagnosis. They are highly essential aids to evaluation but must be considered along with other findings revealed through physical examinations and laboratory tests.

Question: Should we inform the plant superintendent about defects found on employees' physical examinations and chest x-rays?

Answer: Mrs. Steele replied that the superintendent should be given only that amount of information that is necessary for him to know. Where a claim for compensation is involved the confidential relationship does not apply so that the plant manager will have to be informed on the general medical and roentgenological facts so that he can take proper action in handling the case. It is not necessary or desirable to go overboard on details. This should be left up to the discretion of the Medical Department. In certain instances also both superintendent and foreman will have to know some of these facts in order to place an employee at suitable work. The nurse therefore will have to use discretion in divulging such information.

Question: Are we supposed to try to eliminate applicants for work who have physical disabilities?

Answer: In some instances the nurse will sense from her interview with the applicant that he will not be able to perform the duties necessary for the job for which he is applying because of obvious physical defects. Again he may not be the right type of employee to handle a specific operation. It will depend on the requirements of the plant and the physical capabilities of the workman. There is no object in going through with a physical examination and all that it entails when it is apparent the man will not be able to handle the work. The nurse should not take it upon herself, however, to make the final decision but should discuss the situation with the plant manager or personnel director and pass her observations on to him. Again the Medical Department can act as referee on these cases.

Question: Can we make employees submit to physical examinations or even eye examinations?

Answer: Dr. Hamlin pointed out that one of the first essentials in "selling" our medical program originally was that the examinations, other than preplacement, would be on a voluntary basis. We have not deviated from that policy. Nurses should try to accomplish these ends by doing their best to persuade employees to cooperate. Our experience to date indicates that a good job has been done in this respect since we experience very few refusals throughout the whole Company.

Question: Could not better use of the yellow cards be made, particularly as to transfers since the cards are often forgotten?

Answer: The yellow card is designed to prevent improper placement of men with physical defects. It is part of the nurse's job to bring any information in this category to the attention of her superintendent. Each plant nurse should devise a procedure whereby the foremen and plant superintendent are kept informed without necessarily revealing the actual condition from which the employee suffers. They should also know why the man cannot be transferred to another position without consulting the superintendent, nurse or doctor.

PLANT MANAGEMENT AND THE INDUSTRIAL NURSE

Mr. E. M. Welch, Works Manager
Amsco - Oakland



I have been asked by Dr. Hamlin and Mrs. Steele to devote my remarks toward a discussion on the relationship of Plant Management and our Industrial Nurse. It will be my intent in presenting the following to touch on the importance of close cooperation and understanding with the thought "a better job might result in our over-all effort" toward making our plants a better place to work.

In the operation of our many plants throughout Brake Shoe Company there are many individual departments, and generally to each of these departments Supervisors are assigned.

One of our very important departments is the Medical or First Aid, and the responsibility covering the successful operation of this very important phase of our plant operations is headed by our industrial nurse.

Possibly the most important function of management is to assist the individual department head in doing a better job. Without understanding and close team play, neither can achieve the real objective.

A few years back at one of Brake Shoe Management Conferences, Mr. William B. Given outlined in no uncertain terms the most important job of the Foreman. This was, first and foremost, "Human Relations." Good human relations simply reflects our ability to get along with people. And how are we going to achieve this understanding unless we maintain and follow closely the practice of good sound relationship between department heads and the people that work for them.

In my opinion, the Plant Nurse is in the "key" spot in establishing commencement of the Human Relations program. In conjunction with the Personnel Department they represent the Company in the employee's first indoctrination of the Company's policies. The interest manifested by the Plant Nurse during the preparation of a new employee to come into the Brake Shoe Family can be the means of creating a profound and lasting impression on the new employee's mind, and at the same time command his admiration and respect.

The fact that you are an integral part of Management should manifest itself in your thinking to the end that you should develop the same employee interest as would be required of the new employee's immediate superior. Undoubtedly, in the exercise of your duties, you will make many contacts with each employee and that first impression could prove all important. What you do and say to the individual employee could contribute to the employee's happiness and his attitude toward his job.

Management generally recognizes the many burdens and complex situations that arise throughout the various departments and your department is no exception. It is our duty and responsibility to assist you

whenever possible, and this can be accomplished successfully only when we have a complete understanding. There may be times when we may not have the immediate answer, however, again it is our responsibility to assist you in getting the answer to your problems.

Cooperation does not mean a dead-end street - it is a two-way street. If we are not reasonably conversant with the problems at hand, we most certainly cannot lend the kind of assistance you would desire. When you stop to consider, the success of management depends on the successful operation of each individual department.

A great many of our plants employ a Safety Director, and in such instances you can readily appreciate that they have many duties in common with our Nurse. In many cases they are qualified first-aid people, and handle the first-aid duties when you are away from the plant. It is highly essential, therefore, that these individuals work in close harmony and enjoy the best possible relationship.

In all of our plants the Nurse is required to maintain complete first-aid records, and these records are valuable in several ways. With the thought in mind of maximum cooperation, much data from these records, along with possible suggestions can be passed on to the Safety Director to assist him in his efforts on watching for indications of a definite hazard, a recurring type of accident or an accident prone individual.

It is equally as important for our nurses to really learn to know our plant physicians. They should likewise know the plant physician's staff and the facilities available in his office. The same condition applies to certain representatives of our Compensation and Health Insurance carriers.

I believe you will agree that with close and sincere contacts, as mentioned, it cannot but help to make your office most efficient and will prove exceptionally sound in the handling of our employee medical problems. The Plant Superintendent or Works Manager has many complex problems and generally appreciates not being bothered with routine or trivial matters. On the other hand, it is our duty and responsibility to be fully aware of your problems, and in this respect you should at all times feel free to discuss them and request assistance when necessary. These various practices followed on a sincere basis represent positive team play and certainly will be productive of what we all desire to achieve in our respective plants.

In a great many industries, the Industrial Nurse has been placed in a rather awkward position for the reason that duties involving regular and routine clerical work have been delegated to them, which in no way are connected with first-aid, medical, insurance or other related work. During periods of accident-free operations, we have known on many instances wherein the Nurse has voluntarily requested to be of assistance of a clerical nature, however, it should be distinctly understood that her regular duties have top-priority. The Superintendent or Works Manager should be sufficiently well informed, and maintain maximum interest in the Industrial Nursing Program to make certain that you receive all the help and support you are entitled to. The successful and harmonious operation of your department should be just as important to Management, as would be expected in the Pattern Shop, the Foundry, Grinding Room or any other department.

In another of Mr. Given's talks a few years ago, it was pointed out that most Managements have ceased thinking of plant people in terms of their working hours only. Further, it was stated that in our Company when a man comes to work with us, we think of his whole family joining our ranks. Also that a strong Medical and Hygiene Department with an available Nurse for each plant is not only something companies owe their people, but that it turns in a profit for Stockholders through the development of human relations.

It is highly important that all of us recognize and support to the limit of our ability these high standards of employee relations. Frankly, it is the employees who make the Company, and quite conceivably if they all work together as a healthy and happy family, our jobs are made easier.

It was indeed gratifying recently to have the pleasure of receiving from an Employment Agency, the reaction of an applicant for our Industrial Nurses job. During our interview with various applicants, we not only outlined our requirements insofar as training, background, experience, etc., was concerned, but also mentioned the fact that we hold a genuine and sincere interest in the health and welfare of all of our employees. Further, that one of our most important requisites would be the measure by which we could determine her ability to get along with people. The applicant referred to advised the agency to the effect that she was completely sold on the sincerity of purpose and apparent genuine interest manifested by our Company on behalf of the employees, and further that her efforts would not be considered largely as routine. Incidentally, this Nurse is among you today, and we are quite happy and proud to have her in our organization.

On many occasions it has been felt that our Nurses by-pass the Foremen. Here again, we must bear in mind that our Foremen also have numerous responsibilities, and their foremost task embraces keeping tab on people working with them. Under ordinary circumstances, the Foreman should be aware of any accident, however, he may be confined to other duties and the injured man goes directly to First Aid. In practically all instances the Nurse should advise the injured man's Foreman concerning the accident. In some cases it has been stated that the Foreman was not taken into consideration until he was confronted with making out the accident report, and in other instances when the accident was being discussed at the Safety Meeting. Such practises certainly cannot promote harmony, and is lacking in team play.

In many of our Labor Agreements there are incorporated clauses referring to routine to be followed in the event a grievance should arise. The first phase of our set-up states as follows: "In case a grievance arises, it shall first be taken up by the aggrieved employee and his foreman." Such procedure is most important for the reason that if any individual should be familiar with an employee's complaints, it should be his immediate supervisor. All parties recognize and appreciate this practice should be followed explicitly if we hope to achieve proper cooperation and satisfactory results.

A good sound practice, as mentioned above, eliminates many so-called minor grievances getting out of hand, and assists in maintaining better relationship with the Unions, when they represent our employees, as they do in many plants.

Speaking of grievances, we are cognizant of the fact that in many instances when some of our employees find it necessary to visit the First Aid rooms, either for treatment or advice, they many times confide in the Nurse, and tell you of their troubles. At times some of their so-called troubles might involve real or imaginary pet-peeves involving the Foreman or the Company, or even at times involving spats with the "little woman" at home. In many instances we believe you might help both the individual and the Foreman by so informing the Foreman in some tactful manner without in any way betraying the trust which is placed in you.

A few days ago, I had the pleasure of reading a report submitted by one of our Foundry Foremen. It read in part as follows: "During a routine checkup by our Nurse and the Safety Director, my attention was called to a new employee who in ten days had been treated for eight minor injuries." Immediate action was taken by this Foreman toward investigation and preventing further injuries. This is another good example of working together.

In some instances it has appeared doubtful that all our Nurses realize their importance to the entire operating staff in the matter of helping to keep our employees physically and mentally fit. The most important part of any plant operation is its people. It is our responsibility to know our people and their families and often times their problems. The Company's success depends largely on each employee's attitude and without this knowledge of the individual employee's thinking as regards the Company, the environment surrounding his work, his feeling on security and safety and the other pursuits of happiness, we cannot anticipate our full responsibility.

Each of us sharing this responsibility, with a desire to cooperate toward a common goal, will certainly build our chances of maintaining a "better place to work." I believe you will all agree that any information pertaining to an employee's unhappiness should be discussed with the employee's department head and the plant manager. Without such knowledge, the employee might be subjected to unfair criticism.

Real cooperation is the result of a common understanding, confidence, ability, and a strong desire to collectively do a better job. Proper understanding and good will throughout the plant will do most in avoiding so-called grievances and permit a much better work attitude by all concerned.

We have heard some complaints that in some instances, the Nurse leaves the plant without leaving word where she can be reached. We, of course, realize that your duties require you to visit the homes of employees due to illness, visits to the hospital and to our pensioners, but you also must realize that without a definite itinerary on such visits, we would have no way in immediately contacting you in the event of an emergency.

We have also heard complaints to the extent that the Nurse has assumed an attitude of having a "chip" on her shoulder, particularly with certain individual employees. Such practice, of course, cannot be tolerated. Sometime ago a Nurse was employed by our Company and it was the general opinion that she was most competent. This individual certainly possessed an exceptionally good background and knowledge insofar as her ability to follow her general profession was concerned. After a few months

however, she adopted the policy of losing her sense of understanding, became quite gruff and in many instances a bit profane. Such practice is not in any measure conducive to our human relations program and obviously she is no longer with our Company.

In my mind our Nurses have no greater asset than the esteem and confidence placed in them by all of our employees. The manner in which she conducts herself and her department can contribute much to our over-all successful operations.

I think you will appreciate the following quotation which is taken from a letter received from one of our Pensioners a couple of years ago: "My door bell rang, I opened the door and there stood a vision neat and trim with smiling face and dancing eyes. The vision spoke: "I am the new visiting nurse from the American Manganese Steel Division, are you Mr. Snyder?" Then through my mind ran that old, old refrain: "Open up the windows, Open wide the door - Let a little sunshine in." I did and said: "What a lovely Granddaughter you would make." The Nurse said: "Thank you. I have your check. Are you O.K.? You look splendid. Call on me if you need me. I must not stay, there are others who are not so well." My goal was 114 years but I am now making mental reservations that that is too low. When I told the clerk in the store on the corner about the Nurse's visit, he said: "What is the name of that Company? Wonder if they could use a drug clerk?" Your way must have sparked the writer to write that song - God Bless America."

Recently one of the Nurses employed by the Company was making her first visit to the homes of our Pensioners, delivering their checks, and inquiring as to their general health, etc. I think you can well appreciate our pride and happiness when we received three different telephone calls giving an expression of their appreciation and acknowledgement of her apparent genuine interest as regards their health as well as other possible problems. By the same token, it was equally gratifying to learn from the visiting nurse that each of the Pensioners and their families referred to the plant as their other home. When our Nurses visit these retired employees, you not only represent Management but the Company and we must rely on your ability and sound judgement to be ever alert as to their possible specific needs. I believe that you will find, however, that most of these people are quite proud and many times reluctant to advise they might be in distress and in need of assistance. Again, when they learn to know of your sincerity of purpose and understanding, there may be times when you can make ready use of the Nurse's Welfare Fund entrusted to your care. It is also well to bear in mind that although these individuals are no longer in the plant, they are still in many respects the responsibility of the Plant Superintendent and he should be kept fully informed. We still have a moral responsibility to these people as well as to the community.

There are many rewards in trying and doing things to help others. Another of our jobs is to develop discussions as to the best methods of avoiding injuries and endeavoring to persuade individuals or groups to submit their suggestions for so doing. Many times I am sure that individual employees reporting for First Aid confide to the Nurse the real or underlying cause of the accident causing the injury. Many times the Nurse can appeal to the individual as to how best avoid a recurrence and many practical and sound safety suggestions might result to our mutual benefit.

We should all realize that illness and accidents greatly retard production programs and add greatly to the various problems of the foreman. Contrary to a previous statement, we have learned of many instances where the Nurse has called in the Foreman and discussed a particular problem having to do with an individual employee, wherein the condition could have a profound effect on his work. This attitude is always greatly appreciated and results in better understanding. It is our strong desire to have our Nurse visit the various departments throughout the plant and any suggestions on hygiene, housekeeping or anything having to do with medical or human relations is always appreciated.

In some instances, it might appear that some of us are not so fortunate in our thinking as to when we are getting the right treatment. Possibly you may not have heard the following story:

"The manager of a large industrial concern, worn out by bitter and fruitless negotiations with the Union, went to his psychiatrist for treatment of his trembling nerves. I'm going to give you some "twilight sleep" announced the medical man. That should fix you up fine. Twilight sleep? grumbled the patient. Never heard of it, What's it generally used for? "Labor" explained the psychiatrist. Labor? screamed the patient. Don't you have anything for management!

The Nurse should keep the Superintendent currently informed regarding all accidents, serious illness, results of home visits and any special problems. Such information will permit the proper and necessary planning and possible advice to the departments affected. This practice is not intended to show a lack of appreciation or any lack of confidence, but should prove the medium of greater understanding of our many common problems. There have been instances wherein misunderstandings occurred between the Nurse and the Superintendent or Plant Manager, and largely for the reason that neither were entirely conversant with the others problems. On the basis of a common understanding, there will be little doubt that either is trying to run the others department. There should and must absolutely be mutual respect.

Here again I would like to refer to another incident wherein our Nursing Staff come in for much praise. Just about a month ago at this time I received a telephone call from the Father of one of our valued Sales Engineers working in our Los Angeles office, and who, incidentally, was hospitalized only two days previously as the result of a slight coronary condition. Unfortunately, the parents living down the Peninsula south of San Francisco, had not received all of the details and were highly concerned about their son's condition. They were anxious for complete details. We immediately called our Plant Manager in Los Angeles and who, incidentally, was the first person notified of the incident, and we received a full report and with the further advice that our Nurse was then at the hospital consulting with the attending specialist. The parents were advised of our telephone conversation and attendant report, and with the further advice that arrangements had been concluded for our Nurse in Los Angeles to telephone them direct and present a complete first hand report as soon as she returned to the plant. You can well imagine that these parents were very appreciative of the efforts put forth by both the Plant Manager and the Nurse. Further, it was later deemed advisable for the parents to visit the hospital and these same individuals concluded arrangements to meet the parents at the train and take them directly to the hospital. This is another splendid example of

working together. There is much satisfaction to be gained from human understanding.

To a large degree, I believe the letter which I am about to quote sums up in a small measure the way we like to feel our Company and our Nursing Staff rate in the community:

"Your President sent me a Merry Christmas Gift - chicken and fixin's, all top quality. The President himself did not have better quality. That chicken, I fried the meaty pieces for the first day and the next day, the boney pieces were stewed with noodles and creamed spuds - yum, yum. My friend down the street popped his eyes when he saw the spread. Swallowing a few times, he said: "They are wonderful people. If I had it to do over again, I would have worked for a Corporation Family. I think that is the best way. I see a Nurse is sent to see you every so often. She is right kind; she walks all business. I don't think you will ever need any Nurse or Doctor but it is nice to have that kind of security. In the "Old Country" it never was like that. I am glad I came to America for here is the only place you are treated right." When he went home, I could not help think -- how right you are, Old Timer."

In closing I would like to leave this final thought. If we have the sincere desire to understand each other better, and with confidence work together, we should most certainly prove successful in our ambition to make our plants "A better place to work."

DISCUSSION (Mr. Welch's Paper)

Dr. Hamlin stated that it was a great help to have such a forthright message from management. We have been endeavoring to sell management on the nursing program now for a number of years, and while there has been general acceptance of the idea there are still a few locations in the Company without nursing service. It is a source of satisfaction to receive so many valuable ideas as to the viewpoint of top executives particularly from one who has had the experience in industry that Mr. Welch has.

In this talk we asked for brick bats as well as bouquets, and while Mr. Welch did not throw too many of the former, those he did select were well chosen. Criticism of this sort brings results. Perhaps you are already aware of some of the things he mentioned but as we all know misunderstandings still arise. If everyone works together most of these can be settled locally by simply sitting down and having a heart to heart talk. Management expects you to do this in such situations. A nurse with a "chip on her shoulder" is bound to run into trouble and usually she will be the one who suffers most.

Dr. Hamlin said that he was impressed by Mr. Welch's remark that nurses not only represent local management but also the Brake Shoe Company as well. Perhaps some nurses did not realize this but it is something concerning which all should be aware. The story told about one of our nurses was typical of the entire group.

Question: Does the nurse have to get approval from the Superintendent before sending an employee to the doctor for treatment?

Answer: Mr. Welch said in his opinion there was no question about the nurse having the right to decide when men should be sent to the doctor. Furthermore, management should rely on the nurse's judgment in this regard. However, the superintendent has a right to know about such cases and it should be the nurse's duty to keep him informed. Because she has this authority, the nurse must not become arbitrary or dictatorial about it and she should remember that she is still an employee subject to the superintendent's jurisdiction. In some locations it was evident the nurse does not always get the full cooperation of the superintendent in this regard. In such event the matter should be brought to the attention of the Superintendent of Nurses, Mrs. Steele, who will discuss it with Dr. Hamlin before bringing the matter to the Operating Head of the Division.

Question: How is transportation of a patient to the doctor handled?

Answer: This will vary according to each Division and its particular policy. Mr. Welch stated that if the Company car is not available at the plant, other means of transportation must be secured even to the extent of calling a cab. Usually, however, provision for such emergencies has been a standard procedure which has been found to be applicable to the individual plant. The important thing is that the means be available at all times to get injured employees to the doctor.

Question: How are nurses classified? Are they management or what?

Answer: They are considered as supervisory personnel.

EMPLOYEE RELATIONS-

THE INDUSTRIAL NURSES' BIG OPPORTUNITY

Fred D. Hunter,
Mgr. of Employee Relations



First, as a representative of the Industrial Relations Department, I would like to pay tribute to the outstanding work you ladies are doing in the field of "Human and Public Relations." You, perhaps, can do more in one interview than a supervisor can do in a month, - in promoting harmony of opinion among our people. You nurses have a distinct advantage over other Company supervision. You have no axe to grind. The workers you know have nothing to gain in helping them or offering advice. They listen to you without that skepticism that usually confronts foremen, supervisors or "The Boss" who offers advice or assistance to their employees. Through your efforts, (yes, your personality), the worker will readily come to you with his problems, speaking frankly and listening attentively, knowing that what you say is for his own good and nothing more. Through your contributions of improving employee morale, you are improving on one of our mutual aims, "A Better Place to Work."

I would like to direct my comments under two general headings:

First: Company Labor Policy and the work of the Industrial Relations Department.

Second: Problems in Industrial Relations, - with your understanding will promote better Employee Relations.

Company labor policy is defined in Brake Shoe talks - and Yardsticks by Mr. W. B. Given. They are not a hard and fast set of rules, but are the guiding principles that each of us in operating try to live up to in dealing with about 90% of the Company employees, - those who work in our shops.

Nine years ago this month -- September 1944, Mr. Given gave a talk to a group of our operating people right here in Chicago entitled "Human Relations in Brake Shoe." It is as applicable today as in the past. To those interested in employee relations it bears repeated studying.

First, - "See that you think of labor in terms of individuals."

"Company policy - to stay in business as long as possible." - Recognition of just that helps in making decisions.

"Let's always keep in mind that a concession which hurts the Company hurts everyone eventually who stays in the Company."

"It does mean fair wages, the best possible working conditions and the maximum of steady employment."

"Remember today's labor situation will keep changing over the years, sometimes for better and sometimes for worse."

I am very much concerned over one important Yardstick, as the boss gave me some extra vacation time last year. It reads as follows: "When any of us think we definitely know how to handle labor, a smart boss will give us a three months' vacation." Apparently, I didn't quite qualify for the full three months, but did manage to get a little extra time under this Yardstick.

Our job in Industrial Relations, that is Bus Strong working out of Chicago, Scott Fraula, Joe Prus and myself in New York -- is that of a "Service Unit" of Headquarters to help your Division Labor Head, Works Managers and Superintendents in their contract negotiations, and day to day handling of any unusual labor situations.

You may be interested in a few statistics on the current labor situation. --We now have slightly under 8,000 shop employees in the 58 plants of the United States and Canada.

In some cases we have two or more bargaining unions in a single plant. Amsco -- Oakland has I.M.&F.W. - A.F.L. and United Steel Workers, Machinists - C.I.O. Ramapo - East St. Louis has 5 separate A.F.L. craft unions in a shop employing less than 100 people. Individual labor agreements are negotiated with a total of 64 local unions, as we have no master agreements. Each plant handles its own contract negotiations with such help as they may require from their Division Labor Head, or our office.

Some 17 labor contracts are now in negotiation -- either in their entirety or wage rates alone are up for consideration.

In thinking of the various problems in Industrial Relations, I have selected one -- "Forms of Union Security," which, if I am able to fully explain to you the Company's position, will go a long way in improving employee relations.

First, may I define the term "Union Security." It is the end result of any form of an agreement, whether written or oral, in which the Company agrees that their employees must join or remain in the union to secure or keep their jobs. The essential feature is that the worker is compelled to join a private organization to earn his livelihood. This compulsion is exerted, however, by the Union through the employer. It is the Company or the employer, not the Union that is compelled to force the employee into Union membership and he is the one who must fire the employee who does not maintain his membership in the Union. The agency for action is the Company, yet the primary beneficiary of such action are the officers who control the Union.

The following is an outline of various "forms of Union Security" used in the United States and Canada today.

- (1) Union recognition only.
- (2) Voluntary revocable check-off.
- (3) Voluntary irrevocable check-off.

- (4) Voluntary year-to-year automatic renewal check-off.
- (5) Automatic check-off.
- (6) Involuntary irrevocable check-off.
- (7) Harmony clause.
- (8) Agency shop or "Rand" Formula.
- (9) Maintenance of Membership (with or without No. 2 or No. 3 above).
- (10) Modified union shop.
- (11) Union shop
- (12) Union shop with preferential hiring.
- (13) Closed shop.
- (14) Closed shop with hiring hall.

Definitions of Union Security

1. Union Recognition. That the Company agrees to recognize a union that the National Labor Relations Board has certified as representing the majority of the employees in the plant.
2. Voluntary Revocable Check-Off. The Company agrees to deduct monthly union dues and/or initiation fees, on the individual employee's signed authorization. The employee may revoke this authorization any time he sees fit.
3. Voluntary Irrevocable Check-Off. The Company agrees to deduct monthly union dues and/or initiation fees on the individual employee's signed authorization. The employee cannot revoke this payment to the union for one year from date of signing or the termination date of the labor contract, whichever is sooner.
4. Voluntary Year-to-Year Automatic Renewal Check-Off. The Company agrees to deduct monthly union dues and/or initial fees and yearly assessments that apply uniformly to all members on the individual employee's signed authorization. If the employee does not revoke his authorization at the end of a year or at the contract termination date, it goes into effect for another year. Most clauses of this type provide a ten-day revocation period.
5. Automatic Check-Off. The Company agrees automatically to deduct union dues and other monies from the employee's wages and turn the money over to the union. This money is taken from the worker's wages without his written authorization. This practice is illegal under the Taft-Hartley Act.
6. Involuntary Irrevocable Check-Off. Here the Company agrees with the union that for the worker to secure and keep his job, the employee must sign a form authorizing the employer to deduct union dues and other monies from his wages. (The legal status has not yet been seterminded.)
7. Harmony Clause. The employer agrees that he shall encourage all present and future employees to join the union, but he does not agree to make the employees' union membership a condition of continuing employment. It is permitted under the Taft-Hartley Act.

8. Agency Shop or "Rand" Formula. The Company and the Union agree that an employee shall not be forced to join or stay in the union to keep his job. The worker has the choice of joining or not joining. But if he elects not to join, he must pay to the union a sum equal to union dues. This sum represents a fee charged him by the union for acting as his agent in collective bargaining. (Neither the National Labor Relations Board or the Courts have a definite opinion on its legality.)
9. Maintenance of Membership. The Company agrees that all workers who presently belong to the union and all employees who join in the future must remain in the union for the duration of the contract in order to keep their jobs. Employees who are not in the union and who do not join the union in the future can keep their jobs without union membership. It is permitted under Taft-Hartley Law.
10. Modified Union Shop. The Company agrees that all employees presently in the union and all present employees who join in the future must remain in the union for the duration of the contract in order to keep their jobs. The Company further agrees that all new employees must join the union within a specified time (usually 30 days) or lose their jobs. (It is permitted under Taft-Hartley Law.)
11. Union Shop. The Company agrees that all present and future employees must belong to the union to hold their jobs. The Company can hire anyone it wants; but the workers hired must join the union within a specified time (usually 30 days) or lose their jobs. (It is permitted under Taft-Hartley Law.)
12. Union Shop with Preferential Hiring. The same as number 11 above with the further provision that the Company agrees that in hiring new workers it will give preference to union members. (It is prohibited by the Taft-Hartley Act.)
13. Closed Shop. The employer agrees that all workers must belong to the union to keep their jobs. He further agrees that when hiring new workers he will hire only those already members in good standing in the union. (It is prohibited by the Taft-Hartley Act.)
14. Closed Shop with Hiring Hall. The same as number 13 above with the further provision that the employer agrees that he shall get all his new workers direct from the union's hiring hall. (It is prohibited by the Taft-Hartley Act.)

In conclusion, I would like to quote a short paragraph also from a talk Mr. Given gave to a group of Division Operating people at the Otis Cutler Club on June 21st, 1946. His subject was "Know Your People." His remarks made a lasting impression on me.

"You and I must see that the supervisors make this --

'Knowing Their People' -- the number one purpose; even then

we won't succeed unless they realize that progress will be slow, patience is necessary, those without it cannot lead us back to a sounder footing with our people."

Yes, - People are the "unfinished business" of modern industrial life. In the past 100 years, man has made more technological progress than he has since creation.

It is said there are "The 12 P's" that each of us in supervision should know if we are to have the best in "Employee Relations" with the "Individual" worker. We must know our Company's

Principles	Procedures	Products
Policies	Progress	Problems
Plans	Prospects	Profits
Practices	Processes	People

The reason we are here today.

Early in your professional training you learned the importance of individual analysis and treatment. Our progress will depend on our ability to utilize this age old principle.

DISCUSSION (Mr. Hunter's paper)

Dr. Hamlin commented on Mr. Hunter's paper as follows:

"Each of us now has a much better idea of the complex problem of union relationships especially as these apply to the Brake Shoe Company. It is interesting to observe that the great majority of our plants are in the top four brackets of the various forms of Union Security which Mr. Hunter outlined. Perhaps Mr. Hunter can clear up another point. We have specified in our Nurses Manual of Procedure that our nurses should take a 'neutral' attitude as far as unionism is concerned. It was stated that nurses should be considered as part of management in which case neutrality would be difficult to maintain."

Mr. Hunter replied that nurses are certainly at liberty to speak freely whether referring to unions or anything else. As far as unionism is concerned, management can say anything it wishes as long as no promise of reward or threat is involved. The nurse has a good opportunity to know why the company takes the position it does in dealing with the union but whatever she discusses about it should be tempered by her own good judgment. Mr. Hunter stated that we should know where we stand in such matters especially since some individuals might seek our counsel or advice. In such cases, the nurse should refer the matter to her plant superintendent or works manager but she is entitled to know what the man is concerned about and the reason back of it.

Mr. Hunter mentioned the fact that as far as labor negotiations are concerned, the plant superintendent is always informed about the Company's viewpoint. He stated that the nurse would not likely become involved in negotiations because of the very nature of the way labor contracts are worked out. Such contracts do however have a very definite "tie-in" with the foreman's duties. If approached by men from the plant about negotiations, the nurse's answer should be, "I don't know" rather than to venture an opinion or say something that might cause trouble. Management would not want the nurse to become involved in such matters or in any way jeopardize the confidential nature of her work.

Dr. Hamlin said that he thought the nurses would like to have a better idea of where they stand with regard to unions in their respective plants. In the past it has happened in one instance at least, that the first aid room has actually become a place where union meetings have occurred. Men will come in and talk with the nurse about problems which they would not think of discussing with management. They know the nurse will respect their confidence and this is as it should be. The nurse therefore has a unique opportunity to present Company policies in their true light and is in a position to do this in a way that management cannot. We would not want to jeopardize this good relationship.

Mr. Hunter replied we do not want to do anything that might break down the confidence that employees have in the plant nurse so that anything of a privileged nature should be kept that way.

Mr. Dunn stated that we like to think that 90% of our people want to do a good day's work and will if given the opportunity. Because of this, therefore, we prefer to take strikes if necessary rather than compromise on a principle. He pointed out that it is easy to give a

nominal raise and have it over with but long range, this would not be advisable. Nurses, accordingly, should know the Company side of the picture as well.

Question: One of our nurses stated she was asked why did she not join the union since she was so concerned about employees' welfare.

Answer: Mrs. Steele replied that after all she is a professional person and as such is not expected to belong to a union. For example, suppose nurses belonged to unions, what would happen if they were required to go on strike?

Miss Pennington said that her answer to the union was that she already belonged to her own nurses association which looked after her interests satisfactorily.

INDUSTRIAL NURSING AND BRAKE SHOE GROW UP TOGETHER
Kempton Dunn - First Vice President



Most people would call farfetched a statement that the fundamentals of a corporation's success closely paralleled those of the medical profession. And yet, the two most important factors in the success of Brake Shoe happen to be the bedrock foundations of the medical profession -- a deep concern for people; and research.

In making this comparison, I don't want any of you to think for a moment that I am claiming for Brake Shoe any ideals as lofty as those pronounced in the Hippocratic oath; but I do sincerely feel that in objective and approach the difference is only a matter of degree.

Take research, for example. The research objectives of medicine on the one hand, and Brake Shoe on the other, are essentially the same-- to develop new or improved products to serve better the user. Each type of research, in its own area, is an effort to find more and more new ways to be useful and to be of help to other people. While one has to do with physical condition and the other with material welfare, a combination of the two is essential for a sense of well-being and the ability to enjoy and appreciate life. We are proud of our research in Brake Shoe and recognize that taking better care of our customers has meant much to our progress.

In Brake Shoe, our concern for people, if I may be so bold as to say so, covers a somewhat wider range of their problems than does that of the medical profession. Because of the high degree of specialization in medicine and due to serious time limitations, medicine must necessarily limit its scope to the physical and mental welfare of an individual, including, of course, those areas of his life which touch on or affect his general health. Our concern goes beyond that. While it is our desire--in fact our obligation--to safeguard the health and safety of our company people both on and off the job, we are also concerned with such other personal matters as whether the bosses in Brake Shoe are fine people and treat those working for them accordingly; whether a retired employee is remembered at Christmas; whether our molders are being given every opportunity to improve their job-performance so that they may earn a larger pay check for their families. Should we put in a couple of extra fans in the plant office in order to make July days less uncomfortable? These are only a few. You all, I am sure, can think of many more examples. They do cover a wide range. There is no longer a doubt in any intelligent person's mind as to what is the most important asset of a company--its people. Here again, Brake Shoe is proud of its people, of their loyalty and friendship; and we recognize that more than any other one factor, they have contributed most importantly to our company's success.

An industrial nurse, being both a part of the medical profession and a part of industry, is in a unique position to further the common objectives of both. But before touching on this, I thought you might find it interesting if I reviewed briefly and chronologically the history of industrial nursing, and the history of Brake Shoe.

The founders of industrial nursing got the jump on the founders of Brake Shoe by fourteen years. In 1888, a nurse by the name of Miss Mary Moulder (Her name would have made her ideal for Brake Shoe.) was employed by coal mines in Drifton, Pa., to visit the homes of employees and to promote their general health and welfare. Seven years later, the Vermont Marble Company employed a nurse for home visiting. She must have had a tremendous amount of energy and capacity for work, because it was said of her that she also taught school and "delivered babies in the community." In 1897, John Wanamaker Company of New York employed a nurse to visit their sick employees. It is very interesting to note that in all three of these early instances the nurse was employed for service in the home rather than in the mine or the plant. I will refer again to this point a little later.

In 1902, The American Brake Shoe & Foundry Company came into being as the result of the consolidation of four companies which were independently engaged in the manufacture of brake shoes. Of these four original plants, two are still today part of the Brake Shoe family; Mahwah, New Jersey, and Amsco, Chicago Heights, Illinois.

In 1909, what appears to have been an important advancement in industrial nursing took place. The Metropolitan Life Insurance Company instituted a Visiting Nurse Service for its policy holders; and, almost concurrently, the Visiting Nurse Association introduced nursing service in industrial plants.

Brake Shoe, a year later, in 1910, acquired the American Manganese Steel Company; and, in 1913, the Southern Wheel Company was added.

Meanwhile, in 1911, the various state legislatures began to enact Workmen's Compensation laws. This, of course, made it important for industry to put into effect programs for the treatment of occupational injuries. A still more important impetus came along in 1914 in the form of World War I. As to be expected, demands on industry for production and a vital need for conserving manpower resulted in a marked advancement in industrial nursing. For example, in 1914, prior to the United States' entry to the war, records show that only 60 firms in this country had industrial nursing service. By 1918, this had increased to 871 firms employing 1,213 graduate nurses. Incidentally, it was during that period, 1918 to be exact, that Brake Shoe's first nurse (a practical nurse, I might add) was employed. She was with us until 1935. However, our real nursing program did not commence until 1941.

The period of World War I was for Brake Shoe one of great production activity; and our program of expansion through acquisition of other companies and other products was at a standstill until 1920 when we purchased the Ajax Forge Company; and the forge end of the business became what is now our American Forge Division. In 1922, the trackwork business of the Ajax Forge Company was combined with Ramapo Iron Works to form what is now our Ramapo Ajax Division.

Also in 1922, the first industrial section was formed in the National Organization of Public Health Nursing (now the National League for Nursing). When, in 1926, this organization first prepared a Manual of Public Health Nursing, standards, guides, and procedures for the inclusion of industrial nursing in public health nursing agencies were included.

Our present American Brakeblok Division was, on its organization in the middle twenties, originally known as American Brake Materials Corp. and is one of two of our operating divisions which was built from a Brake Shoe idea rather than from buying a going business.

In 1926, six plants primarily engaged in the production of railroad journal bearings were combined; and, shortly thereafter, Brake Shoe bought the controlling interest in this new company which was then known as National Bearing Metals Corporation.

1929 saw the market crash, and the subsequent depression had its serious impact both on industrial nursing and on Brake Shoe. Not only did many nurses lose their jobs because of companies going out of business; but, in many cases, companies able to weather the storm considered nursing a non-productive job; and, accordingly, the nurses were laid off. This will be one of the really serious problems confronting industrial management when the next depression hits. The stature of a nurse and her recognition by industry has certainly grown many, many times since the thirties; but there is a point, in a critical period, at which her indispensability must be weighed against that of other essential employees. Let us hope that time never comes; but, if it does, it will require great judgment and far-sightedness. Your performance will, in great measure, affect the decision.

During the depression of the thirties, Brake Shoe battled hard to keep its head above water and was able to show a profit in each of those lean years, thereby continuing a record which today stands at 51 consecutive years of making a profit and paying a dividend. It is impossible to measure the degree of security which such a record means to all of us in Brake Shoe.

The depression also had its impact on Brake Shoe, and industry in general, in still another way. All too often, people (and corporations are nothing more than groups of people) have to be shocked into doing something they should have undertaken long ago. Thus, it was a flood of occupational disease cases--an economic by-product of a depression--that forced industry, and particularly foundries, to take immediate steps to improve working conditions. One of the many positive steps which Brake Shoe took was to initiate our X-ray program which was first installed in 1933 at the Chicago Heights plant.

We would be among the first to admit that the steps then taken by Brake Shoe and other companies were defensive. They were intended to keep the employees healthy so that they could stay on the job, and also, very importantly, to prevent employees suits for damages. In much the same way, according to history, the first army nurse, Florence Nightingale, was employed by the British to get their fighting men back to the front as soon as possible. It perhaps was several wars later before high-ranking army people realized that the Army nurse, in addition to her first-aid functions, had an immeasurable value as a morale builder. So also, it took Brake Shoe some time to learn that the nurse's value as a morale builder--with her countless opportunities to help employees and their families--far outweighed the human relations part of your job where lies your real challenge and your greatest opportunity. I can't help but wonder if the mines, the marble company, and the department store--all mentioned earlier--had a real vision almost 50 years ahead of the rest of us.

Interestingly enough, during the depths of the depression in 1933, the first industrial nursing manual written by Violet H. Hodgson made its appearance.

In 1939, as things began to look a little rosier, the Kellogg plant in Rochester, New York, was purchased by Brake Shoe, not because we wanted to get into the air compressor business, but in order to round out our metal-working facilities by the addition of a light, accurate machine shop.

Our Medical Department began to assume real stature in 1941 when Dr. Hamlin decided to "hang out his shingle" with Brake Shoe by becoming our first Medical Director. Also in that same year, Miss Mathews joined the company as nurse at Amsco, Chicago Heights. We think it's grand that both of them are with us today.

In the same year, the U.S. Public Health Service appointed for the first time an industrial nursing consultant to its Division of Industrial Hygiene, now known as the Division of Occupational Health, to work in an advisory capacity with State departments of health in developing State and local industrial nursing consultation services.

In 1942, the American Association of Industrial Nurses was organized at a meeting in Philadelphia.

Also, that same year, Brake Shoe put its medical program "on the road," so to speak, by acquiring a portable, knockdown X-ray unit which traveled from plant to plant in a station wagon. While a definite forward step in our health program, the unit was not too efficiently and it was an awfully tough job for the technician. It wasn't many years before we made a change.

By 1943, the number of industrial nurses had grown to over 12,800; and Brake Shoe, keeping pace, added to the family, Electro-Alloys Corporation at Elyria, Ohio, for the production of high alloy castings.

A year later, in 1944, we held our first nurses' conference in Chicago which was attended by our 13 nurses, our superintendent of nurses; and, of course, Dr. Hamlin and his staff.

As a result of a process developed by the Metallurgical Research Laboratories for making iron castings dimensionally accurate and with a smooth finish, a small foundry in Rochester, N.Y., was purchased to produce these castings on a commercial scale. Thus, in 1946, our most recent operating division was formed--Engineered Castings.

In 1948, we acquired the mobile X-ray bus which is still in operation. So far as we have been able to ascertain, Brake Shoe was the first industrial company to acquire such a unit. In that same year, we held our second nurses' conference, this time at Niagara Falls, New York, with 27 nurses in attendance, and with Dr. Hamlin again presiding.

World War II, and more recently the Korean situation, provided further stimulus for the expansion of both industrial nursing and Brake Shoe. Today there are reported to be 16,000 registered nurses employed by industry. In Brake Shoe, we have 40 nurses serving 47 of our 57 plants.

We are tremendously proud of our nurses and of the Medical Department of which you are a part. We feel that all of you in the Medical Department come closer to company objectives than do the rest of us. Professionally, as a group, you rank at the top, as evidenced by the many nationally prominent companies which each year look to Brake Shoe for counsel and guidance in industrial medicine.

Our Medical Department, in addition to Dr. Hamlin and Mr. Weber, has 15 other people concentrating on improving the health of our employees. Brake Shoe's stockholders spend a lot of money each year, \$425,000 approximately, on our Medical, Industrial Hygiene, and Nursing programs. Only the most uninformed stockholder would venture to say that it has not been and will not continue to be a most worth-while investment.

Today our company consists of 10 manufacturing divisions operating 57 plants which average 155 people per plant. Sales come from many products most of which are small in volume. Typical of the more prominent of our largest customers are: General Motors and U. S. Steel, both of whom buy from 9 of our 10 divisions; Westinghouse Electric and Republic Steel, who buy from 8; Ford and Union Carbide from 7; Phelps Dodge; Deere; Sinclair; Curtiss-Wright; Gulf Oil; and many other nationally known names.

American Brakeblok with two plants is one of the three biggest producers of automotive, aircraft, and industrial brake lining for all types of vehicles and industrial equipment. It is the largest manufacturer of heavy duty brake blocks for trucks and buses..

The AmForge Division, having three plants, is a major commercial producer of upset and drop forgings, forging a multitude of steel parts for the farm equipment and automotive industries and the government. It also is one of the largest manufacturers of anti-aircraft and other types of projectiles, having delivered to the armed forces during World War II and Korea over 15,000,000 shell bodies.

The Amsco Division is the largest producer in the world of manganese steel parts for power shovels, ore crushing equipment, earth moving equipment, and railroad trackwork. It also produces a complete line of alloy welding electrodes for repairing and rebuilding worn machinery parts. Amsco operates six plants.

Our Brake Shoe & Castings Division is the world's largest manufacturer of metal brake shoes for stopping railroad trains. It operates 18 plants scattered throughout the country from Norwood, Mass., to Portland, Ore. Six of the plants also make miscellaneous iron castings.

Electro-Alloys produces at a single plant alloy steel cast parts for a multitude of uses as, for example, the heat treatment of metals and for the corrosion resistance needed in the chemical industry.

Engineered Castings Division, with two plants, produces ferrous alloy cast parts which require close dimensional tolerances and unusually smooth surfaces. This division, in conjunction with research, recently developed a metal and a method to cast a vital part for the Sapphire jet aircraft engine being produced by Curtiss-Wright and Buick. This division also produces molds for the production of tires and footwear in the rubber industry and molds for the production of television and electronic tubes in the glass industry.

Kellogg, with a single plant in Rochester, N. Y., manufactures small air compressors for use on farms, automotive repair shops and service stations. It also operates a high-precision machine shop, and today an important portion of its machining production is for national defense.

Our National Bearing Division is the second largest manufacturer of journal bearings for railroad cars and, more recently, other types of bearings for diesel locomotives. In the industrial field, National Bearing products include bronze bearings for such services as steel rolling mills and sugar mills, and cast parts from copper for blast furnaces. National Bearing has six plants.

The six plants of our Ramapo Ajax Division form the largest manufacturer in the country of speciality trackwork for our railroads. The products consist of switches, crossings, turnouts, switch stands, and more recently, a special form of railroad spike, tie pads, snow blowers, and other miscellaneous items for installation in the railroad's right of way.

Our Southern Wheel Division, with eight plants, is the second largest manufacturer in this country of cast iron car wheels which are used on over a million and a quarter freight cars. We have recently started a ninth plant located at Calera, Alabama, for the production of a new cast steel wheel, which we have been developing in our Research Department for the last eight years, and which is one of our high hopes for the future.

In Canada, we have been expanding our activities with the objective of having there the same setup on a small scale which we have in this country. In the accomplishment of this, we acquired Joliette Steel for the production of manganese steel castings and built a new plant at Lindsay, Ontario, to produce automotive brake lining. These additions, coupled with the existing facilities for assembling air compressors and the manufacture of trackwork and brake shoes, bring us closer to our objective.

Our operating divisions have a high degree of autonomy, with the division president having freedom to run his own show pretty much as though it were a separate company. Of course, he and his other division people must conform to over-all company policy and be quick to realize when they should ask for help from Brake Shoe management.

So much for our operating divisions.

There is an eleventh division known as Headquarters which performs for each of the ten operating divisions certain staff functions which we feel can be more effectively and economically administered from a central headquarters. Each department is actually a service department working for the divisions in areas where, such as the law, a specialized know-how is important. By freeing the operating divisions from responsibilities in these areas, the divisions are better able to effectively perform their essential functions of manufacturing and selling. The 12 departments comprising the Headquarters Division are: Accounting, Advertising, Commercial Research, Construction and Maintenance, Export, Industrial Relations, Personnel Services (including Medical, Nursing, and Industrial Hygiene), Purchasing, Research and Development, Secretary's Office, Standards, and Treasury.

So much for the past and the present. I have chronicled the histories of industrial nursing and Brake Shoe side by side as each made important advance over the years. Scattered through these histories, you will find a gradual merging of the two as new evidences occurred of our community of interest--a deep concern for people.

You Brake Shoe nurses, and your counterparts throughout many companies, have been the avenue over which have traveled into industry the ideals and the philosophies of the medical profession. Further, you have been the vehicle whereby industry has put into practice in their plants, those ideals and philosophies. Mr. Given, in his talk tomorrow evening, will give you some of Brake Shoe management's thoughts on how, from here on, you and the company can even more effectively carry on in our common objective of making Brake Shoe a better company to work for.

As one example, I am going to read a letter written to one of our plant superintendents by the daughter of a retired employee.

"Dear Mr. Smith:

"This is Lillian Jones, James Jones' daughter, writing to you to ask if you would send the company nurse to check Papa again for us. His ankles are beginning to swell and little puffed pouches are under his eyes. I thought if he's checked now, it may ward off something that's developing. He's been fine under the condition and his age. We are grateful, and he still gets about without aid. I'm just afraid he will fall over sometimes. But it's that his back is bent with age. He doesn't know I'm writing you.

"You have been wonderful to him and I just knew that I should ask you to do this. I mean you would expect us to let you know what was needed, and you then could know what steps to take. Thanking you in advance. I hope you and family are fine, and may God ever bless and grant your desires.

Respectfully yours,

Lillian Jones"

Here the nurse and the superintendent had done an outstanding job of being of help; but, even more important, they had made it known that they wanted to be asked for help when needed.

It is impossible to measure results in any area that touches on human emotions; but I can sincerely tell you that a letter such as the one I have just read, while not appearing on the company balance sheet, is in fact one of our most valuable intangible assets.

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DISCUSSION (Mr. Dunn's paper)

Dr. Hamlin, in commenting on Mr. Dunn's paper said that even after having been with the Company since 1941, it was a revelation to hear of the progress that has been made. He was especially impressed with the number of "firsts" in Brake Shoe and was sure that the talk would be most enlightening to those present. We have tried to keep pace with this program in our medical and nursing program, as demonstrated by these three successful nurses conferences. None of them would have been possible had it not been for the sympathetic understanding and fine support we have received from Mr. Dunn. Dr. Hamlin pointed out that operating a Medical Department is expensive. The fact that the Company is willing to spend \$425,000 annually for this purpose is tangible evidence of its faith in the program. We must strive therefore to justify our place in Brake Shoe and each must do his utmost to merit such confidence.

Question: Are the chest x-rays which were taken in 1933 before the present Medical Department was organized still in use?

Answer: Very definitely! Each employee has an x-ray file containing all the films he has had since coming with the Company. These serial x-rays are most important for comparison in diagnosing new developments or evaluating old lesions.

The question was again brought up with regard to the Industrial Nurses' employment classification. Mr. Dunn answered by saying that nurses do not "supervise" anyone but are considered as part of management. They are professional people, not clerks, and are subject to supervision by Dr. Hamlin and Mrs. Steele as far as the way in which they carry out their nursing duties is concerned.

SAFETY AND ITS CORRELATED INSURANCE PROGRAMS

J. T. Gresh

Ass't. Dir. of Personnel Services



Compensation for the time lost during treatment and recovery and for permanent types of disability, including death, resulting from job-connected injuries, is almost universally established as a right--although with varying degrees of effectiveness. This is also true for job-connected diseases.

The principal underlying the foregoing statement is that the risk of economic loss through personal injury in the course of employment should be borne by industry.

From this principal evolved Workmen's Compensation and/or Occupational Disease legislation.

What is Workmen's Compensation and/or Occupational Disease? It is a legislative procedure whereby (1) an injured employee shall be given prompt medical care and a reasonable part of the wages lost due to disability resulting from a work-connected accidental injury or disease, and (2) in case of death of an employee resulting from a work-connected accidental injury or disease, to provide his dependents reasonable sustenance in place of normal expected wages. This is without cost to the employee and regardless of who was at fault in the accident or for the disease.

The remedy for such recovery prior to the adoption of the workmen's compensation laws was for the employee to sue his employer for damages and prove that the injury or disease was due to the negligence of the employer. Brake Shoe by electing to come under the workmen's compensation laws and paying the prescribed benefits to injured employees makes it unnecessary for the employee to sue the company at common law for injuries within the act.

The economic loss to the company which results from our liability under the various workmen's compensation and/or occupational disease laws is considered a cost of production and steps must be taken to reduce or keep at a minimum this cost the same as any other production cost such as labor, materials, etc.

This is accomplished in two ways:

1. Establish an active and effective Safety and Fire Prevention Program (as well as Medical, Industrial Hygiene and Nursing), to prevent accidents and resulting injuries to persons and damage to property and,
2. Establish an insurance program to meet our liability and claim handling requirements.

SAFETY AND FIRE PREVENTION PROGRAM

All of us realize that at the year end the company will record in its cost records the dollar loss that resulted from occupational injuries and diseases.

What then are we doing to reduce or improve this production cost item?

Brake Shoe has an active and effective Safety and Fire Prevention Program designed to provide safe working conditions for its employees and to protect them from injury resulting from work-connected accidents. Further, it has as its objective the production of an environment compatible with good efficiency. This in turn bears a relationship to how well our product is made and priced.

The top management in our company believes that a sound, effective program of this nature is good business. We must therefore, maintain the safety of our employees by every reasonable method we can use. This means that each of us cannot, for one minute let up on our efforts, for in that short time one of our people can be injured or even killed. When an employee is injured as a result of plant accident, the accident usually results in reduced employee morale and efficiency as well as increased operating costs, depending of course on the severity of the accident.

The most important consideration in this program is the well being of the worker and the protection of his family from misfortune or want. Another driving force behind such a program is the cost of accidents in terms of money and human resources.

Here is what is done in an attempt to accomplish these aims.

The plants have been divided into districts - Eastern, midwestern and Western. A supervisor of Safety has been assigned to each district. This arrangement was established in the belief that the plants could be better served by the Headquarters Safety Department through more frequent visits, a better knowledge of the plants' operations and a better understanding of the plants' people and problems.

Furthermore, the Safety Department through its District Supervisors--

1. Assist all division operating heads, plant management and plant supervisory personnel in safeguarding employees from accidents and injuries resulting from work or working conditions and in protecting company property against loss due to accidents.
2. Assist in the development and use of safe equipment and operating methods.
3. Develop information concerning safe procedures and practices.
4. Assist in organization and guiding division and plant safety committees.
5. Work with the divisions and plants in recommending suitable corrective measures for the elimination of unsafe conditions and practices.
6. Selling, convincing, persuading (or any other descriptive adjective) the importance of real accident prevention-- not just lost-time injury prevention.

Needless to say, the safety program will be a success only when

all of us have been sold and we, in turn, sell others on its importance.

Permit me to expand somewhat on item 6, that is, real accident prevention.

The safety department has been putting greater effort into the prevention of all injuries not merely those that cause lost time. It might be said that by focusing attentions solely on "lost-timers" we have been "missing the forest for the trees." By using the lost-time injury frequency yardstick, as in the past, to measure our performance, we have tended to overlook the fact that there are many more injuries resulting from accidents about whose causes we should be equally concerned. Furthermore, it has been our experience that some injuries which heretofore on the record showed no lost time, did, in the final analysis, cost more money than a lost-time injury. You, as our plant nurses undoubtedly saw this loophole long before the Safety Department.

Therefore, we are firmly convinced our present system of calculating an all-reportable injury frequency gives a truer index of our safety performance and also of the dollar losses resulting from industrial injuries.

Frequent mention is made by management of dollar losses, production costs, etc., and the Safety Program also mentions it, uses it, does something about it. This comes about through our intra-company retrospective plan involving those plants insured by our principal workmen's compensation - occupational disease insurance carrier, the Maryland Casualty Company.

Each year we receive from our workmen's compensation and occupational disease insurance carriers a breakdown of the reportable accidental injuries together with the dollar losses paid and held in reserve for future payments. The total cost of these injuries are tabulated at the end of each insurance year and the costs allocated to each plant on the basis of the plant's actual loss experience. The plant and/or division then receives a return on the audited insurance premium or pays an additional premium as the case may be.

It is believed that such an arrangement clearly shows our operating people that accident costs are operating costs and it is to everybody's advantage to keep them at a minimum. This is a direct or out-of-pocket expense and doesn't tell the whole story because consideration must also be given to the indirect or intangible expenses, such as, damage to equipment, time of another personnel, nursing, etc.

INSURANCE PROGRAM

We know that it is not logical to think that we will operate our plants without a single accidental injury or disease. Further, and in order for the company to fix its cost ceiling, it has been decided to buy insurance against such loss. Another factor in considering the buying of insurance rather than self insuring is that in view of the many services necessary and incident to insurance, for example, claim investigation and legal services, it is more practical to engage a company, that specializes in such matters, to work in our behalf. Further, it is our belief that our present arrangements lends itself to better employee-employer relations

in matters relating to claim adjustments.

In Illinois, Missouri and Alabama we self-insure our Occupational Disease Risk only, because the law of these states permits insuring workmen's compensation and occupational disease coverage separately. Furthermore, since approximately one-third of our plant personnel and our exposure to occupational disease is concentrated in Illinois and Missouri, self-insurance is to our advantage economically, because of administration and claim handling costs, etc.

In view of our insurance arrangements, Brake Shoe's liability is automatically transferred to our insurance carrier. Therefore, it is to our best interests that our people work in a cooperative manner with the representatives of these companies. It is important that we furnish them with all the facts and data pertinent to an occupational injury, or disease claim, in order that they can handle and process the claim expeditiously and equitably.

The facts and details of an accident, brought out at time of the recommended accident investigation by plant management, are, many times, of great value to the claim adjusters and attorneys in preparing for the defense of a claim alleging injury or disease.

The important problem in the occupational disease field, as is also true in workmen's compensation, is not what disability benefits (losses) are to be paid, but rather how the hazards leading to such diseases are to be brought under control. This necessitates the combining of medical (including nursing) and engineering techniques to determine the significance of the hazard from the standpoint of health and safety. The work of our Industrial Hygiene Section is to control working conditions in our plants to such a degree that there will be no exposure to materials productive of occupational disease.

Probably no other insurance is more closely related to our Safety and Fire Prevention Program than Fire Insurance since it consists almost entirely of inspection and prevention.

The purpose of buying Fire Insurance is not only to prevent a catastrophic financial loss to the company but also to buy, as in the case of Workmen's compensation and occupational disease insurance, expert services particularly those applying to inspection and fire prevention. In this connection our Safety and Fire Prevention Program is supplemented by these services to the extent that dangerous conditions may be discovered and corrective action taken, thereby eliminating to the greatest degree possible the causes of fire.

The Safety Department is provided with and distributes various types of informative bulletins relating to specific hazards which have proved to be disastrous either as a result of laboratory study or in actual fires. This information outlines practical preventive measures against hazardous exposures.

To further show how important fire prevention is to our company, let me give you the actual volume of dollars involved within Brake Shoe. At the present time the insurable value of all plants and equipment for fire insurance purposes is approximately \$100,000,000.00.

As a matter of interest, you may like to know what our potential maximum loss could be compared to the recent General Motors disaster at Livonia, Michigan. The latest estimate on that fire indicates property damage of only \$70,000,000.00.

Brake Shoe's largest single exposure is the Amasco, Chicago Heights plant where the present insurable value is approximately \$600,000,000.00. Our least valued plant is the BS&C plant in Portland, Virginia, with an insurable value of approximately 230,000.00.

I am sure all of you can readily see how important it is from both the Company's outlook and the employees' welfare that our plant continue to operate safely and profitably. To accomplish this, it is essential that we and our fire insurance carrier cooperate to the fullest extent in making our plants better and safer places in which to work.

Another form of insurance that Brake Shoe has and which should be of interest to you is Public Liability Insurance. While we have few claims arising in connection with this coverage, nevertheless, it is very important insurance to the company since it affords protection for legal or assumed liability.

In brief, this policy provides that the insurance carrier agrees to pay on behalf of Brake Shoe all sums our company becomes obligated to pay by reason of liability imposed upon it by law or assumed by it under contract for damages including death at any time sustained by any person or persons and caused by accident. Furthermore, it affords the same protection for damages because of accidental injury to and destruction of property including loss of use thereof.

The same coverage is provided where damages as just described occur as a result of a product made by Brake Shoe allegedly failing because of faulty manufacture.

The efforts of the Safety Department in connection with this type of coverage has to do mainly with maintaining the company's physical property and exposures to such an extent that injury to persons outside the company who have occasion to visit our premises will be protected against personal injury and loss of property.

In conclusion, I should like to point out the obvious, that is, our company, through its Safety and Fire Prevention program, concerns itself primarily with protecting people, used in the broad sense to include employees, customers and anyone who might visit our plants for the purpose of carrying on business, from accidental injuries due to our operations and use of our products. As industrial nurses you are concerned principally with people, as it should be. In this regard, you have been and are an integral part of our safety structure and all of us look to you for the assistance necessary for attaining our objective of preserving life and property.

DISCUSSION (Mr. Gresh's paper)

Mr. Gresh was introduced by Mr. Wallman who emphasized the importance of close cooperation between the Safety and Medical Departments. In his remarks on Mr. Gresh's talk, Dr. Hamlin pointed out that there are many borderline cases such as hernias, back sprains, etc., which may be difficult to classify as accidental or occupational. Here consultation and cooperation between Safety and Medical is essential. "Off the Job Safety" and the higher incidence of accidents away from the plant presents a viewpoint that is not only interesting but enlightening as well. Nurses can frequently find out the reasons for certain accidents and "accident proneness" in employees through diplomatic questioning. Preoccupation because of domestic difficulties and other home problems may be eliminated through nurse's thoughtful and considerate help, thereby providing a real contribution to health and safety.

Question: What should the industrial nurse do when requested to give first aid to a workman, other than a company employee? For example, if a man working on a plant project for an outside contractor comes in with something in his eye.

Answer: Dr. Hamlin said he saw no reason why the nurse could not render first aid within the prescribed limits. He did not think that the Company would be assuming any liability but Mr. Gresh stated that sometimes such incidents could cause trouble. He agreed however that if an injury occurred on plant property, first aid should be given but the circumstances should be immediately reported to the employee's supervisor and employer and to your own plant superintendent. If he needs the attention of a physician, he should be sent to one recommended by his employer. An accident report should be completed on all injuries to outside workers no matter how minor the injury is. The Maryland Casualty Company form called "Report of Accident to Persons Other Than Your Employees" should be used rather than the regular forms. Mr. Gresh added that the Brake Shoe Company carries public liability insurance to cover an occurrence.

Further discussion brought out the information that an eye injury is not reportable when any of the following conditions exist:

- (1) Upon examination, the doctor advises that no foreign body is present.
- (2) There is no history of a foreign body entering the eye while the employee is on the job.

But eye cases are to be considered reportable if:

- (1) In the absence of a foreign body the doctor still thinks the irritation, etc. resulted from an occupational foreign body lodging in the eye.
- (2) The employee states (positively) a foreign body did enter his eye on the job.

One of the nurses remarked that sometimes the man changes his story whereupon Mr. Gresh replied that we assume the employee's first

story is the correct one. In the final analysis however we must take the doctor's word about it.

Mr. Gresh recommended that the nurse fill out a form for her own record in all cases whether reportable or not. A copy of such notation should not be sent to the insurance carrier. For compensation purposes the only time a report to the insurance company is necessary is when the employee is unable to work; there is likely to be partial permanent disability; the injury requires the service of a doctor for the purpose of treatment; the employee alleges and insists his ailment is caused by his work.

It was stated that whether an uncomplicated fracture should be reported would depend on whether it were complete or not. If, in the opinion of the doctor, the injury needs extended treatment or could result in some disability, then the case should be reported to the insurance carrier regardless of the type of fracture.

Question: In reporting a fracture should the nurse attempt to make her own diagnosis in completing the standard forms?

Answer: The form asks the "Nature of Injury." The person who fills in this item could not properly do so without obtaining a doctor's diagnosis. If the form is executed by someone other than the nurse, he should consult her before trying to answer the question.

Dr. Hamlin brought up the matter of taking x-rays of various injuries, particularly those which might appear trivial on the surface but which later prove to be fractures. Whether the fracture is the "complete" variety discussed here, or not the word "Fracture" implies a serious condition, especially as far as the employee's mind is concerned. The point to be considered is whether our plant physicians take x-rays frequently enough to cover these conditions. Obviously, medical costs will be increased but this may be more than offset if compensation is involved. There is no satisfactory answer for neglecting to take an x-ray at the time of the first visit to the doctor. Even if this proves to be negative, no criticism can be advanced on this score if the injury is slow in healing. As a matter of record, it is well worth the money spent. Naturally some discrimination and good judgment must be exercised in such referrals but it is better to err on the side of safety rather than not send the patient for an x-ray.

Mr. Gresh thought there should be no question about this and that x-rays should be taken whenever advisable.

Question: Are preplacement x-rays of the spine advisable to eliminate the possibility of back injuries later?

Answer: Dr. Hamlin seriously questioned the practical aspects of such a procedure. Under certain circumstances it is feasible but spinal x-rays are time consuming, expensive and frequently not too diagnostic. Experience in certain heavy industries have tended to show that routine spinal roentgenograms have not been justified and they have been discontinued after a trial period. In some large plant dispensaries or hospitals were well staffed and completely equipped x-ray

facilities exist x-rays of this type can be performed with minimal cost and effort. However, in a Company such as Brake Shoe with its many scattered locations, such a venture would not be practical or justifiable.

Dr. Hamlin thought that of far greater importance was teaching employees the proper way to lift. While he admitted that proper selection and x-rays definitely have their place, our experience with a few exceptions, has been uniformly favorable. He emphasized the fact that most men of small stature who might be selected as potential back cases never develop back injuries if taught to lift in the right manner. Conversely, a fair number of back ailments occur in "big strong back" individuals who normally might be chosen for their ability to do heavy lifting.

If an employee develops a back complaint which does not clear up in a few days, he should be referred to the doctor who will decide whether x-rays are necessary or not.

At this point another inquiry as to reporting injuries arose. All cases treated by the doctor are to be reported. Also, if the doctor believes there may be some permanent disability or involvement of a tendon, joint, etc. and the employee complains of symptoms commensurate with the doctor's opinion, the case should be reported. Nurses were asked to keep the New York Office advised concerning injuries which might result in permanent partial disability.

Mrs. Steele referred to Bulletin #250 which concerns copies of doctors' reports. She stated that when a man files a claim for compensation he waives his rights to any confidential relationship. Copies of all letters and doctors' reports on accident cases will be sent to Mr. Gresh. Dr. Hamlin does not want all the accident reports except possibly on a serious one. Reports on accident cases are to be sent to Dr. Hamlin if there is total or partial disability, back injuries, hernias, etc. plus any about which you might be in doubt. You should indicate at the bottom of your covering letter those to whom you send copies.

On non-compensable cases, a copy of the doctors' reports should be made for the nurse's file and the original sent to Dr. Hamlin who will decide whether anyone else should get a copy. The nurse should state in her covering letter that copies have not been sent to anyone else.

If the nurse is unable to get the doctor's report, the Medical Department should be so informed or else she will be asked about it when their follow-up file comes up again on the subject. Reports have been too brief. They should contain all the information you can give on the man. Very often the doctor does not understand why we want the reports. In this case, Dr. Hamlin will write him stating why it is needed. Nurses need not wait for the follow-up period on letters but can write in any time before then.

Mr. Wallman told the group that the Safety Department greatly appreciated the help that the nurses had given in keeping reportable injuries to a minimum. He felt happy over the fact that they were pleased with the new definition of "reportable injuries" even though next year it might be necessary to change it. If discrepancies in safety reports occur or if there are other questions as to procedure, the Safety Depart-

ment will discover them and will write to the nurses. Mr. Wallman asked that the nurses be sure dates are correct and that the dates of injuries are the same on all forms. One way in which the Safety Department knows how much the nurses accomplish in safety work is through the fact that even though the plants may be shut down for vacation, reportable injuries increase when the nurse is away during this time. Is she were able to be present during this interval, it would mean fewer such accidents.

INTRODUCTION OF MR. GIVEN - Dr. L. E. Hamlin

Before introducing our Keynote Speaker this evening, I should like to extend sincere greetings on behalf of the nurses to our guests and their wives from the Chicago Area who represent management of the Brake Shoe Company. I am sure most of you have already met Mr. and Mrs. Hutchins and Mr. and Mrs. Darke of the Ramapo Division; Mr. and Mrs. Ward of the Amsco Division; Mr. and Mrs. Anderson and Mr. and Mrs. Nettenstrom of the Forge Division. We are sorry Mr. and Mrs. Mullin of the Amsco Division were unable to be with us as planned.

We have been very happy also to have the wives of our guest speakers with us and hope that they have enjoyed their stay at Moraine-on-the-Lake.

Our thanks also goes to Mr. Walter Anderson, Editor of the Brake Shoe News who has been covering the publicity and news aspects of the conference. We believe this is a very important contribution to our program.

When we were discussing the program for this, the Third Brake Shoe Nurses Conference, last June we had no doubt as to who should be our keynote speaker. Aside from the fact that his memorable address at the 1948 gathering was still fresh in our minds and that his interest in our industrial nursing program was so well recognized, we hesitated to add to his busy schedule by asking Mr. Given to accept the assignment. However, we felt sure that if it were at all possible he would consent so the invitation was extended.

Mr. Given replied in his usual prompt, characteristic way that in spite of three previous appointments in New York, he would appear in Highland Park on the 16th of September "thirsty and hungry." We hope that the latter symptoms have now been amply taken care of.

It goes without saying that this gathering would not be complete without the presence of Mrs. Given and we are particularly happy to welcome her on this occasion. You have read the report of the Proceedings of the Second Nurses Conference held at Niagara Falls in 1948 at which I related the story of how she and Mr. Given "nursed the nurse" back to health. We have therefore always considered her one of our Brake Shoe "nurses" and hope she will feel right at home in the present assembly.

It is a matter of record that Mr. Given seldom visits a Brake Shoe plant without taking time out to drop in to the first aid department and talk to the nurse. It is this kind of thoughtfulness that means so much to our nursing program. His appreciation of the human interest stories from plant nurses reflects the deep concern for people for which he is so well known. It is therefore only natural that he should talk to you this evening about our nursing program and its opportunities - Mr. Given!



OUR NURSES AND THEIR OPPORTUNITY

By

Mr. William B. Given

It is a pleasure to again address a conference of Brake Shoe nurses. In '48 at Niagara Falls, I talked with our nurses about their endless opportunities to be useful. In reviewing that talk, I was struck again by one fact. The fundamentals of like -- of human relations -- never change. The basic truths of industrial nursing in '48 are exactly the same in '53. What I have to say to you tonight is essentially what I said to the nurses of '48 of whom, I understand, only five are with us tonight.

In their fundamentals, your job and mine are alike. First, we both must try to be available when needed. Second, we must concentrate on trying to make the company a better place for its people and give this cause all the extras we have in the way of imagination and effort. We need to keep constantly in mind what Francis Bacon said many years ago: "Good thoughts are little better than dreams except they be put into action. Your occupation, like mine, gives opportunities to make real for others, dreams we have had for ourselves.

In an effort to be available, I keep my time as free as possible for Company people. Away from the office, traveling or on a vacation, our people can always reach me. I try to give each whatever part of my time he may need. My part in their problem mostly is to relate their consideration to overall plans and policies. My experience has been sufficiently a mixed one so there is always the chance something out of the past can supply them with a different angle of approach. It seems to me that, like you, my part is to be available when needed.

In comparison with my job, as a nurse your being on hand is more important. You can in times of emergency affect the man's or woman's life to a much more important extent than I. Your prompt aid may, in some instances, prevent serious developments. Your mistakes in taking care of physical ills can do greater damage than my mistakes.

How prompt and human the nurse is in attending the physical ills is also often influential in avoiding mental ills -- worry, fear, and demoralization. Your interest in the day-to-day problem of the man and his family, if it is sincere, will much more readily than mine open the door to a feeling of friendship and unlock the frankness which makes possible a contribution to the lives of many families. Here your individual opportunities are more important, more vital to our people than mine.

Thirdly, except in emergency situations, your day as mine is spent on minor problems. When the day is done, seldom do any of us have big moments to describe to our families or friends. There has been a series of events and questions, few varying much from those of the days before. The important part has been the effect on the lives of others. Only when things go badly for an individual are we fully conscious that in this is the importance of the details of our days. In our seeming routine we are effecting, one way or another, the happiness of people, their happiness today and tomorrow. You can help many with your friendship.

Most of my time is spent talking with company people about their problems. Each knows his speciality. I don't seem to have any specialty. If there is one, it is people. The driving force on my side is trying to find ways of making the company a better place for our people today and over the years ahead. You, as an industrial nurse experienced in social welfare, are specialists. You know that I can't help you with advice as to the medical part of your work, which is of first importance. If there is a chance of my being helpful, it will be in suggesting ways you can contribute still more to the lives of your people, our people, and by doing so strengthen them and the company. In return, you will get the spiritual uplift of making life better for people harrassed by, to them, seemingly over-whelming problems and troubles. The company debt to you will be greater because of your contribution to their peace of mind.

THE IMPORTANCE OF TEAM WORK

The first industrial nurse I knew well, a relative, contributed to my education. She was a fine person and an excellent nurse. That was before Brake Shoe had its first nurse. She talked about her job a lot, and to me it was definitely interesting. At first I was strong in my feeling "How lucky the plant and its management are." Time ran on and gradually it seemed the plant's supervisors were her only subject of conversation. Suddenly, she was "telling them." She was no longer teaching. She was trying to run the plant. One day she took off her uniform and went to headquarters in the city. The president refused to fire the superintendent. In two other companies as plant nurse she tried running the plant, then went back to hospital nursing where she belonged.

That example is a bit extreme. It hasn't happened in my office yet. A number one qualification for your work was lacking in this nurse. She had no instinct for, or understanding of, team play. That alone eliminated any possibility of her success as an industrial nurse.

YOUR FUTURE

I realize all of you are wondering how long you will continue in this work. There may be some who expect to carry on until there is a pension envelope instead of a pay check. I doubt that. Whatever your long range plans, I like to feel each and every one of you wants to give the maximum aid to other people's lives every hour of every day as long as you serve as a nurse. We will try to establish your place in the company management on whatever basis gives the maximum of opportunities to you in our joint effort to give our people the top chance to build happy, useful lives. And you also have the opportunity to give their children - the next generation - a better opportunity in life.

Our first nurse started at Chicago Heights in July, 1918, 35 years ago. Today you are 40 covering 47 plants. Our long range plan is to have every plant covered by a company nurse; a nurse who covers one or more of the plants; a visiting nurse association arrangement for coverage; or a hospital tie-in which will accomplish the same end. In other words, we want complete coverage which will include every plant, even those with under 50 employees: (As of today, we have 58 plants with staffs varying from 18 to 628 people. 32 plants have less than 100 people). This shows how seriously we take our responsibility toward the health and welfare of our people and our awareness of welfare possibilities.

You all realize that one of industry's important steps forward

in the last period of years has come from industrial nurses. Your profession has made an outstanding contribution to the lives of millions of people. This service to humanity is to a large degree now taken for granted by most people. I hope as you carry on there will be the glow, the satisfaction of realizing you are making the lives of many people better. Your effective field embraces a greater area than that of the private nurse. You have a much greater chance to use your own initiative, to accept greater responsibilities and to develop your latent talents to their maximum. But remember, all of this must go hand in hand with common sense. There can't be a full friction of your talents unless you use all the help available when a responsibility should be shared. This is just as true of your position as of mine. Be sure to call in whatever additional experience the situation demands. It may be that a doctor's confirmation is needed, although the medical problem seems simple. It may be a family problem that needs a lawyer. No traits build effectiveness more firmly and more rapidly than the common sense instinct which leads to asking outside help when needed, and the human instinct which leads to the right person for that help. As to this our jobs are identical.

We can't accurately chart your place as part of the management of this company. Nor do I think anyone in the company could describe mine. To me, you and I are assigned the important task of contributing all we can to help give our people a maximum of security from every standpoint. That explains why in selecting nurses, we stress the importance of the kind of person the applicant is more than we stress her experience. This job of yours needs a good heart as well as a lot of common sense. We stress the degree of your interest in your work, and your interest in our people. If it is real, and we require that it be real, there can be no question of anything being too much trouble if it might help someone. If human calls for help stir you to action you have a great calling, a calling which gives endless chances to make people feel more secure. It has never been possible for any really human being to be lazy when there is an opportunity to help someone else.

UNDERSTANDING THE SUPERVISOR'S PROBLEM

In the early stages of the medical department some of our superintendents were not receptive to the idea of a plant nurse. Also, there were unfortunate incidents which switched the feeling of some who were receptive. There were many faults on both sides. Today at plants, talking with supervisors and nurses, I find generally a fine relationship and real appreciation on both sides.

There are many details to work out as between the superintendent and the plant nurse. As you face these, remember there are really more complications in his job than in yours, more difficult problems on his desk. For you, under less strain, it should be easier to be patient and thoughtful. We do not mean to keep in supervision any but really worthy people. Be sure that your contact with the men does not lessen his contact with them. As you know, we try to carry on so the man in a jam takes for granted the friendship, the desire to help, of the boss. Your job is one of helpfulness, but all the time keep in the back of your mind that helpfulness should be directed toward improving and making closer the relationship between the boss and his people. In doing that, day after day, you build your influence and usefulness, your value to the company.

You are part of the plant's management. Your objectives are

the same as those of the boss. Each has a definite scope of responsibility. Each has the same objective -- a better place for right people to work.

Try constantly to get a better and better understanding of what the supervisors are up against. They are being pushed by their seniors, the plant people and customers most all of every day. Be patient and appreciative in your understanding of their frayed nerves and periods of impatience and unreasonableness. In their place you would get impatient too and often have a frayed temper.

As you observe the relationship between supervisors and men, keep in mind that we believe it is unfair to our people if we keep men in supervision who do not rate being kept. Weak links endanger the security of all the people. Keeping such men is the mark of weakness in top management. Then too, often that man will do better some other place, find greater security for himself and family there. Remember this as you see what goes on around you. Give superiors the benefit of your confidence in them as right human beings. Try to believe that if we seem to play favorites -- they are favorites from only one reason-- because we believe they give their maximum to our common cause.

We have never planned to and never will surround you with a lot of "do's" and "don'ts". We want you to use initiative and common sense, to exercise your capabilities. To me, you have chosen a profession similar in all its fundamentals to the doctor's. Your profession is dedicated to making the world a better and a safer place for people. The higher your ability, reliability, loyalty to human beings, the more you will accomplish with your life. On the other side, the greater will be your recognition in the pay envelope if we correctly gauge your value -- and we earnestly try to. In this objective we have never been able to prove to everyone the quality of omniscience. But a look around will show you that company people do stay. This may indicate that, although we move slowly, long range the work-out is not too bad.

INSPIRING CONFIDENCE

You girls know what is needed in the way of training, education, and experience to qualify you for your important place in industry -- in life. You realize that, like all the rest of us, you need continual study to keep advancing your knowledge. On the non-professional side, it is important that you understand the company, its aims and ambitions. You must accept the sincerity of our aim to become a continually better place for people to work, and a better, more useful industrial member of the community. If, after being with us for a time, you doubt the sincerity of our stated purpose, I do hope you will find yourself a place which seems to better rate your confidence in the actuality of their stated ambitions.

People speak of the necessity of a good personality in your work. When told this I asked "What does that mean? Describe one." -- and got nowhere. The dictionary says personality means -- "distinction or excellence of personal or social traits." This didn't help me any. To me, what a good personality is in your work is pretty simple. I think in terms of its being something the people have whom I expect to like. It is that something about an individual which makes me feel comfortable, and makes

me like to have him or her around. If you run over in you mind a few of the people you like, I believe you will decide they have personality as far as you are concerned. Most of us don't think of people in terms of personalities. We like them or don't, the degrees vary. Let's drop out that word personality as a requisite for an industrial nurse. Let's substitute the requirement that she should be someone who inspires confidence in us and is darn likeable.

We hear of this nurse having dignity and that one being undignified. When I became President in 1929 -- 24 years ago -- the then First Vice President said, "Bill, in this new job you must be more dignified". I find it difficult to describe my idea of the needed dignity in your profession or in mine. You certainly do not need some of the dictionary's characterization of it. Don't have, even if you can, "a grave or noble bearing." When I look in on you, please hide your "repose and serenity of demeanor." Being dignified is not that hard by far. Do not have what medical students call the hospital face. As a matter of fact, none of you here could. The all-out purpose of your carry-on must be to make your place "worthy of respect." That of itself is sufficient to dignify your profession and thereby yourself. There it is in a nutshell. You know it. Try to carry on that way, all the time. When you slip, get back on that purpose with fresh determination. You are entitled to pride in your work. That need not be hidden.

Let's discuss the daily quota of your tasks. These vary as to the time they consume, and are, of course, affected by the size of the plant. They include first aid, compensation cases, doctor visits, medical check-ups and keeping familar with what goes on in every part of the plant with eyes alert to bad spots, to possible further improvements. A habit of walking through the plant from time to time is invaluable.

There is the daily opportunity to assist, to extend capable and effective help in the many home problems of our people. These range from the emotional upsets to the expected child's birth. As you help, you contribute toward the family's safety and peace of mind as well as toward the worker's health and effectiveness. We all want the human interest of others, and each and everyone of us often badly need it. With it comes a feeling of greater security in life. You have endless opportunities to make life seem more secure to many through your evidence of real interest. Each of us can help someone who has taken an awful beating.

For most people, loneliness, and let's acknowledge we all suffer it at times, is seldom a matter of physical isolation. It comes most importantly in periods of seemingly incurable trouble. You are helping many people by the friendliness of you interest, its complete sincerity.

We look to you to keep your ears alert to opportunities for Brake Shoe to prove its deep interest in the people who are making the Company's progress. It is important for you to keep in mind that there are, and always will be, men in our ranks who would be happier some other place and some who would not be happy anywhere. Some of the former can be helped. With some of the others the cause seems hopeless. There must be realism in your judgments, and, although a woman's intuition is usually better than a man's, keep in mind that even men are sometimes right. Our job is to help right men progress. Alertness to our opportunities will help your company be a better industrial citizen.

By the nature of your work you possess confidential information. You should use high care in your conversations at all times both as to the subjects you discuss and the detail of what you say. Breaching such confidences hurts your position and your figure with our people. You have innumerable opportunities to hear, but remember out of that hearing it takes a controlled tongue to miss the pitfalls which open wide.

Also, to be sure you know what you're talking about is good company policy in all management jobs. Always realize that keeping away from discussing the question which definitely are not in your bailiwick -- such as the pay rates of men and supervisors--is necessary to success.

When you are asked things beyond your field of training, be cautious. Don't give advice unless certain you are qualified to be an adviser on that question. Frequently "I don't know" is a perfect answer. You usually can find someone qualified to help with the problem involved.

There have been more than a few cases of girls going off the deep end with guesses which were entirely wrong and which made a lot of trouble. For instance a nurse told one of our pensioners that his insurance would be cut each year by \$500 until \$500 was left. As to facts she was, let us politely say, nutty. The problem was not part of her job. Incidentally, probably few if any of you keep fully informed on that subject.

There will be times when the superintendent is right even though you are sure he is not. Giving the other fellow the benefit of that possibility early in the argument is the mark of a balanced person. Criticizing your partners in supervision to other people builds nothing and destroys much.

HELPING OUR PEOPLE

Every month we try to have contact with those of our people who have retired. Some come in for advice and others for instruction on how to carry out prescribed home treatments. We include them for chest x-rays when our unit visits the plants. We deliver the monthly pension checks and make an effort to learn of any problem of a disturbing nature. Our shut-ins and pensioners are not on our minds enough. They afford one of our best opportunities to be useful. With luck all of us will be old some day. Try thinking about that once in a while. You know lots of these pensioners. You mean to make an effort to help them -- even just a short visit does that. Make that visit. Usually you will enjoy it. Later on in your life, whether en route to the altar or to Heaven, you will enjoy looking back on incidents of such helpfulness. We expect you to accept our pensioners and shut-ins as your Brake Shoe family friends. Lend these people a hand, and when necessary, remind your plant people to do it too.

Every week there is at least one touching company tale of the meaning of helpfulness -- the welfare success of a plant nurse.

You have read the company paper's description of the two children instinctively running to our nurse with their paralyzed puppy. The plant nurse had done a fine job of good-will building or that instance would not have occurred.

There was in another plant a girl physically and spiritually

licked by asthma, hopeless as to the future. Recent research had developed a new method for her physical cure. It was successful, but it took a long time, and then there was also her mental sickness to overcome. A well chosen psychiatrist and a concentration on diverting her mind, helped greatly by our nurse, led to full recovery.

To win where a discouraging rehabilitation problem is in hand needs not only effort -- but also a sustained will to win. There are company records of tuberculosis, rheumatism, and many other ills seeming to have a man licked, but the man was pulled through.

We have had many incidents where a nurse in someone's home was absolutely necessary and none was available. Time and again you have helped out in these homes until they could get a nurse for the family.

However, do not try to cover too much ground. As far as practical limit yourself to the area you can cover effectively. Proceed with caution whenever you are uncertain, whenever the road ahead is a bit misty - unclear. In my job too that is important.

Time and again I have heard of a company nurse's outstanding help to the widow of an employee. You have helped in arranging the funeral, helped with insurance problems, property questions, perhaps relocating the family and planning the adjustment to the new basis of income. There must be thrills for you stepping in as a competent able friend to help the family in its greatest crisis. Certainly here is an evidence that the company means to prove its acceptance of the obligation to be a friend. Again I must say, be sure to get advice before advising unless you are fully qualified by experience.

Let me recite a few more examples, typical incidents of your making life better and the world a less cruel place. These are from your reports to Lloyd Hamlin - incidently, I am still extremely damn glad he joined us and that, unlike many company nurses, no marriages or child births have taken him away - :

Among the reports of nurses I have found such stories as these:
As I read keep in mind what follows are quotations from their reports----

"One of our apprentices was on his first visit to another plant when a neighbor of his called to tell us that Tom's wife and small son were quite ill. I made a home call armed with a few simple medications and a thermometer. They were both running temperatures well above normal. I returned to the plant and told the superintendent. We asked our plant physician to visit the family. I again visited two days later and found them still running fevers. The doctor ordered some more pencillin which I took out and gave. I also took canned soups, fruits and fruit juices. The neighbors also helped so that the family was recuperating nicely when Tom returned. His wife was pleased that she had not had to call him home from his first trip to another plant."
Another report---

"One afternoon I was called to the phone. An excited woman told me that she had in her care two children of one of our people. Both parents worked. The children were two and three years old. They had been playing in the bedroom of their home and left alone for a few minutes, had happily consumed "all of Mommie's pills" which they had found by open-

ing a bed-side table drawer. It was not clear what the pills were but they were thought to be sleeping pills. My caller had given the children mustard water which they cheerfully drank and retained. She had frantically tried to reach the mother and some doctor. Unsuccessful, she wanted me to find the father. She planned to take the children to the hospital but had neither car or cab fare or near neighbors.

I took over from there and sent a car to take the children to the hospital. I learned the name of the doctor who had written the original prescription and called him. He told me the pills were a barbiturate and he would call the hospital emergency treatment room and tell them. Meanwhile we found the father who was on the way home. He went to the hospital and got the children after they were treated. Next day they were as healthy and happy as ever."

Again----

"Recently the eight-year old son of one of our employees telephoned me. He had a rash all over his body and wanted to know what was wrong. I knew his mother had walked out and left his father to care for the two boys. I asked the boy about his diet. By starting with breakfast and having him itemize everything he had eaten all day, I found his diet consisted mostly of soft drinks, candy, cake and ice cream. I explained in simple detail what he should eat and told him I was going to phone him every day to ask him what he had eaten. He enjoys our little game and his father tells me his skin trouble has cleared up. The father had been unable to cope with the boy's eating habits by himself."

Another:

"One of our employees is in the hospital with tuberculosis. Being a veteran, he is in a government hospital some distance from home. About the first of December, I wrote him a letter and told him that the carpenter had built our adopted dog a dog house out of scrap lumber and painted it green. It is just outside the first aid room windows where I can get a good view of the new puppies. In a few days, I had an air mail letter from him asking if he could have one of the puppies. By further correspondence, it was decided that I would deliver one of the male puppies to his house as a surprise. Just before Christmas I delivered the puppy. When his wife saw the dog, she just stood speechless. I told her it was a surprise, arranged by her husband; but, that if she did not want it, I would return it to the plant. She answered by saying, "Oh, nurse, I am so happy that I don't know what to say. You see, my little daughter wanted a puppy for Christmas and we weren't going to be able to buy one for her."

Just one more quotation---

"One of our employees suffered a cerebral accident about two years ago and is paralyzed on the left side. He speaks very little English so conversation has always been difficult for him. His spirits were usually low when I visited him, and he was quite anxious to get out of bed so I got permission from his doctor. One Sunday my husband and I got him into a wheelchair. He was very excited and his wife cried with happiness as we wheeled him out on the porch and around the house. We finally got him back in bed, and he was quite happy as we left, telling him we would be back to get him up again soon."

It was said of a great man who worked in the London slums, that

his understanding and sympathy made it possible for him as he looked at misery to identify himself with each individual, actually feeling "There I am." The great nurses in social work have the "There I am" feeling as they carry on their help to humanity. It is an asset of greatest value for people in your position. Then, actually you can be working at a vocation, rather than just in a job. You can identify your interest with those of the company people. You see, serve and carry on the human relationships with full understanding. Look for the fine things in other people's lives - unselfish family love and family pride. Respect these. Remember your pride as you talk with families and remembering, respect theirs.

In closing, I want to quote from the sobering words of a friend, Chancellor Harry Woodburn Chase, to a recent graduating class of New York University.

"It is a challenging thing to be an American in these critical days. Never in all its history has our country stood in greater need of men and women of good-will and wisdom ----. To live as a good American in the world you must be conscious of obligations to humanity as well as to your country, if your country is to fulfill its promise."

Yours is a great opportunity with good-will and wisdom to help people better adjust themselves to life. Yours is a place in people's lives which can lend itself to their building better the part of our national life within their area of influence, and always remember each and everyone of them has an influence.

EMPLOYEE BENEFIT PROGRAMS IN BRAKE SHOE

K. A. Anderson
Director of Personnel Services



Most of you are interested in our employee benefit plans from a personal standpoint as employees. In addition, I am sure many, if not all of you, are frequently faced with situations where a knowledge of them is most helpful and, therefore, the more you know about them the greater help you can be to your people. Obviously, you cannot be experts so I am not going into detail in this discussion but rather will attempt to give you some of the background on the plans and the thinking involved in their development.

Employee benefit plans, as we have come to know them, were originally developed in the United States by the railroads in the late 19th century. Following the railroads came the banks and other financial institutions and finally the industrial companies. Most of these earlier plans covered only higher paid employees and did not include the average worker. Of the original retirement plans many were discontinued in 1937 with the advent of Social Security.

Development on a large scale started with World War II. A strong motivating factor was the favorable tax situation which made the cost less burdensome to the companies. The Wage and Salary Stabilization Regulations which restricted dollar earnings but did not apply to employee benefits also made them attractive. After the war, particularly in 1949, the Unions began concentrated drives for employee benefits and as a result many more companies installed them.

To give you some idea of growth in the last ten years, the number of Treasury approved retirement plans (those qualifying for tax deduction by the companies) has increased from approximately 650 in 1940 to over 20,000 today. Hospital and disability plans, like C.I.P., have also grown tremendously and now approximately 65 million employees and dependents are covered as opposed to less than half this number ten years ago. Group Life Insurance provides approximately 23 million employees with 62-1/2 billion dollars of coverage.

The intervention of the Unions brought a marked change in the approach to employee benefits. Prior to that time practically all such plans were established voluntarily by management. Shortly after the Unions became active in them Washington ruled them to be a part of wages and as such they are now subject to negotiation. Effectively, this means that if a company, like Brake Shoe, wished to make any changes in its plans, even to increase the benefits, it could not do so without Union approval unless it wanted to run the risk of being charged with an unfair labor practice. From a practical standpoint this means that changes in benefit plans can be made only when a new contract is negotiated or when they are voluntarily agreed to by both the Union and management. As most of you know, Brake Shoe, in October of 1950 entered into five year contracts on employee benefits so they will not again be subject to bargaining until October, 1955.

From the standpoint of being able to afford benefit plans, Brake Shoe is not as fortunate as are many companies, since our payroll costs run around 30% of our selling price. In some companies, such as the chemicals and oils, payroll costs run as low as 10% of the sale price. Obviously, this means that any flat percentage increase in our payroll costs has a much greater impact on us than on these other companies. Therefore, if we are to remain competitive, our payroll costs must be carefully controlled and any dollars spent must necessarily be spent where they will do the most good for the greatest number of our people. I can't overemphasize the importance of this as each of our plans and the benefits they provide have been developed with that basic principle in mind.

Now let's briefly review our plans.

Group Life was installed back in 1932, well ahead of most of the industrial companies. Through the years it has been liberalized from time to time and at present its benefits compare very favorably to those of other companies. The total and permanent disability feature, to the best of our knowledge, is no longer provided by most insurance companies. The amount of insurance carried on our retired employees is very generous.

I think you might be interested in knowing that Group Life Insurance is not insurance as most of us consider it. Usually, we think of insurance as covering a large unknown risk, the cost of which is shared by a number of people, each paying a small premium for their individual protection. This is so in Group Life Insurance as far as the individual is concerned, since each employee in Brake Shoe pays 50¢ a month per \$1,000 of coverage. However, Brake Shoe is, in effect, the carrier. Large group policies like ours are on a "cost plus basis" with Brake Shoe paying the actual claims plus the insurance company's profit and cost of administration. The premium we are charged represents an amount which the insurance company has found over years of experience will approximately equal our claims. In our case it ranges from 50¢ a month per \$1,000 for a 20 year old employee to as high as \$32.00 a month for on in the 90s. If claims during the year are lower than the insurance company estimated, Brake Shoe will receive a dividend. On the other hand, if they are on the high side, we will not receive a dividend and, in addition, any loss will be counted in future years' experience. If losses continue, the company's premium rate would be increased and obviously the company or the employees would then have to assume the increased cost or else the benefits would have to be reduced. The same situation holds true for our C.I.P. plan and the Retirement System. The Retirement System is not an insured plan as will be explained to you later, but nevertheless it does provide fixed benefits, and if the cost factors such as members living longer, fewer separations than expected, etc. are unfavorable, someone must make up the increased costs. To date the Company has assumed all the additional costs resulting from unfavorable experience in the plans and these amounts have been substantial. How long it can continue to absorb them, of course, depends on future developments.

C.I.P. began in February of 1948. A great deal of thought and effort went into determining the benefits which this plan was to provide, since there is such a great variety available. In the final stage the benefits selected were those, as pointed out earlier, which seemed to be most needed by the majority of our employees at a cost we could afford. It was recognized that they would not be adequate in some areas; but if high benefits were provided the man in the big city, it would mean that

the fellow in some small town would be paying a disproportionate share of the premium since he wouldn't need such high benefits. Similarly, if we were to provide benefits which would only be used by few people, this too, would be unfair. A good example might be continuance of the coverage on retired employees. The insurance company's experience has shown this coverage, which affects only a few, is very costly. Brake Shoe, therefore, felt it could best spend the money elsewhere. In this particular instance there was also another reason in that we felt by keeping in close contact with our retired people we would be able to take care of meritorious cases through welfare. The nurse can be of great service in apprising local management of any such situations which might come to her attention.

C.I.P. is what is referred to as a "money-reimbursement" plan under which actual expenses are paid subject to a maximum. Accordingly, if maximums are not too high, the employee receives in return for his contribution full benefit which would not be the case if the maximum were set too high. In other words, he is getting his money's worth for the contribution he is making. By this statement, I do not intend to give you the impression that we feel the benefits of C.I.P. should not be increased. Actually, we recognize that today as opposed to 1948, when the plan was started, hospital and other medical costs have risen appreciably and, although the plan was considered adequate in 1948, it is somewhat on the short side at present. This is particularly true of the daily hospital and surgical benefits. I feel sure these benefits will be among the first to be improved when the Company can afford it. In addition, at this time under our Union agreements, we could not change these benefits without reopening our contracts for renegotiation on the whole field of employee benefits.

The Retirement System, established in 1940, again was well ahead of most other industrial companies. It, too, was considered adequate in 1940, but by today's standards is slightly less liberal than some of the newer plans being written which average benefits (including Social Security) of approximately 2% of earnings multiplied by years of service compared to our 1½%. The amendments to the Plan in 1950 providing minimum and disability pensions, however, improved the Plan particularly in the case of the lower paid employees.

The Pension Plan was put into effect in 1950 as a result of Union negotiations. It pays benefits which are not in any way related to earnings and are based solely on years of service. At the present time the maximum benefit, including Social Security, is \$100 per month for 25 years or more of service.

Both the Retirement System and the Pension Plan are what are known as "trusteed plans". Briefly, this means that all monies contributed to the plans are paid into a trust fund administered by a bank. The bank acts as trustees and handles the funds' investments with the approval of the respective Plan's Board. Without going into detail, the trust fund type of plan was picked because it provides the most flexibility and, in addition, in plans the size of ours the cost of administration is more reasonable.

Now let's look at the over-all cost of Brake Shoe's Group Life, C.I.P., Retirement System, and Pension Plans. During 1952 these plans cost \$3,115,600. Over half or \$1,750,200 was contributed by the Company. In addition to this direct cost of administration of the Plans is handled

by Brake Shoe people at an estimated cost of over \$50,000 a year. In terms of payroll Brake Shoe's payments represented approximately 9-1/2¢ per hour worked.

This is only part of the money which Brake Shoe and other companies actually spend for all employee benefits. They cover a very wide range including vacations, holidays, unemployment insurance, free coffee and a host of others. Yes, I guess even a nurse could be classified as an employee benefit. All together in 1952 Brake Shoe spent approximately \$5,627,600 or 28-1/2¢ per hour on these benefits, which was considerably in excess of the \$4,073,000 in dividends paid to the owners of our Company, the stockholders. This year, 1953, we estimate their total cost will run in excess of 6 million dollars.

One other point in which you might be interested is the reason Brake Shoe's Plans, with the exception of the Pension Plan, are contributory. The basic reason is one of principle, that of having a man share in the cost of providing the things he considers worthwhile for himself and his family. Contributing also tends to create and sustain greater employee interest. The other important reason is that greater benefits can be provided. After all, if a company is spending all it can afford to then, if the employee does not contribute, it would mean that the benefits would have to be reduced. For example, in our case most of the benefits would be about half of what they presently are.

Looking back to the time the Non-Contributory Pension Plan was put in, quite a few of us were trying to guess what the effect would be and how many of our people would switch from the contributory Retirement Plan. Actually the Retirement Plan gained members. Prior to the establishment of the Non-Contributory Pension Plan membership in the System was around 90% of eligible employees. Afterwards it rose to 92%. This was a pretty good indication of how our people felt and, in addition, highlighted the very fine job which supervisory people did in explaining the plans. It shows that contrary to the somewhat popular theory of "something for nothing" that, if the facts are known and there is no outside pressure, the right kind of people can still be counted upon to come up with the right decision.

I hope that I have given you a little better understanding of Brake Shoe's Plans and the thinking behind them. However, as mentioned before, you cannot be expected to be experts. The Brake Shoe yardstick "I don't know is often a good answer" is sound advice, and when you don't know, seek the assistance of your plant management who will get the answer for you.

DISCUSSION (Mr. Anderson's paper)

Dr. Hamlin complimented Mr. Anderson on presenting a rather difficult subject in a complete and comprehensive fashion. He pointed out that while most of the nurses were familiar with the various employee benefit plans in the Company, there were undoubtedly a number of provisions which were not previously understood. The matter of retirement extensions and special disability pensions was discussed further by Mr. Anderson and nurses were reminded that they should make visits to these employees quarterly and send reports to Mr. Anderson and Dr. Hamlin. This is necessary since the status of employees disability is reviewed from time to time to determine if it is still total and permanent. In this connections no specific plan has been set up for physical examinations unless the nurse's report indicates the advisability of having these performed. If the report suggests the necessity for a physical examination, the nurse will be so advised.