March 3, 1959

Mr. Stanley P. de Lisser
c/o Mr. William Plum
Northwest Tenth Street
Boynton Beach, Florida

Dear Mr. de Lisser:

I must begin by making an apology for the tardiness of this letter. I had expected to write to you on the day after my telephone call, but my time-table was interrupted rudely by several matters that had their own priority, and thus my volunteer work, as distinguished from my direct professional duty, suffered. I trust that I shall not have put you to any inconvenience, and if your reaction to a vacation resembles mine, I have not done so. I take the position of not complaining when I am let alone.

I have forgotten the precise date on which you expected to return to work, and so I send a copy of this letter to your office.

I shall describe the general plan of our program, and where, in my view, you fit into it, not with the idea of dictating to you but rather of enabling you to visualize the applicability of your own contribution.

First, the session is to be held in the Red Lacquer Room of the Palmer House in Chicago, from 3:15 p.m. to 5:15 p.m. on Wednesday, March 18. The subject is, "Are Occupational Health Programs worth while?" I shall preside, introducing the subject in one or two minutes, then introducing the first speaker, then the second, then the third, with a few connecting remarks in between, and then undertaking in about fifteen minutes (less, I hope) to summarize the ideas of the three speakers.

The amplification of our subject or question, by the general arrangers of the program, is made in the following words:-

"How do we measure, or determine, the value of an occupational health program in relation to the overall public health problem? How much does it effect (affect is meant) production, sales and profits? Is it an important factor in death and disability rates? What evidence do we have in the way of research studies, reports and evaluations? What agreement is there as to the definition of terms in this field, which may be necessary in addition to the usual classifications of death and disability? What are the arguments for promotion of occupational health services and programs?"

I have gone somewhat beyond these considerations in my thinking and have believed it to be necessary to define occupational health programs in the realistic terms in which I view them. With this idea in mind I have asked Clyde Berry of the Indtitute of Agricultural Medicine in the University of

Iowa, to portray the joint task of the industrial hygiene team composed of doctor, nurse, environmental engineer, chemist and physicist (or their equivalents), on the background of the occupational hazards based on modern technology and modern economic and social organization. I know he can do this and present the problem and the means of its solution, and this, in my wish, is the starting point of our discussion. I want this to be seen, not as a luxury or a field of industrial relations - good will to everybody - but as the only means by which we can hope to venture into the increasing complexities of modern industrial technology with reasonable freedom from tragic consequences. That is to say, knowledge and skill in the interpretation of this environment and in controlling it within the limits of sound human tolerance, is a stern necessity, the cost of which must, of course, be reasonable and realistic, in relation to the performance of the task.

Some of our people in both managerial and professional circles are thinking, if at all, in mamby-pamby terms of occupational health programs, as being good for industrial relations, or as a means of dealing with the problem of absenteeism, or of labor union discontent. They might be worth all they cost, regardless of what else they accomplish, if they do this. I'm afraid that there is no chance whatever of our deflecting a large number of physicians and engineers into industry if that is their role, for they are too badly needed elsewhere. Unless they are needed to do a real job of preventive hygiene, they had better stay where they are. What then can they do that is worthy of sound professional training and skill? This I think is what our managerial people have got to learn, unless they know it. Some of them do know it, and it is to those who have the wit and imagination to learn this that our remarks should be directed.

I expect to put you on the program next, to indicate such values, tangible and intangible, as you have had occasion to weigh in your experience, and to point up such values as may be expected to accrue in the future when we have more and better programs of industrial health in operation. You can be as realistic as you like, with respect to what we have achieved, and as evangelistic as you wish, with respect to what we should achieve in the future. I realize that I am not prescribing the subject matter of your talk. I do not wish to do so, for I expect you to contribute something that the others, myself included, cannot do.

The other member of the panel is Dr. Robert L. Kahn of the Institute for Social Research of the University of Michigan, who has directed a survey out of which came a report, "Employee Health Services. A Study of Managerial Attitudes and Evaluations". I hardly think that his talk will encroach upon yours, and in any case he speaks after you shall have finished.

As I see it then, Clyde Berry will describe the role of Industrial Health Services - which I speak of as industrial hygiene - in its medical and engineering aspects. That is, he will say what should be done and why, from the hygienic viewpoint. You will follow with what is being accomplished and what its value is now and may be in the future. Dr. Kahn will follow with the views of management as to what they want and why, and how they can be given what they want, perhaps. I shall summarize what has been said and

add anything which may be needed according to my sights.

I w sh to leave half an hour, at least, for questions and discussions and thus we shall have about 90 minutes. I shall take about 15 minutes at the end, and 1 minute or so to introduce each speaker. This leaves nearly 25 minutes for each speaker. If you can cover what you believe to be necessary in that length of time, you can probably add something to it in the discussion period.

I hope this conveys my ideas with reasonable clarity. Allow me to thank you for your willingness to participate in this panel. I expect it to be an interesting and worth while experience.

Cordially yours,

Robert A. Kehoe, M. D.

RAK:ss

cc: Mr. Stanley P. de Lisser at Provident Life and Casualty Insurance Co. New York.