March 2, 1959

Dr. Clyde M. Berry, Associate Director
Institute of Agricultural Medicine
State University of Iowa
College of Medicine
Iowa City, Iowa.

Dear Clyde:

I am sorry it has not been possible for me to reply sooner to your letter of February 6th, after my extreme haste in enlisting your help on my team. There have been other jobs to do however, and these have given me no respite. Indeed it is only because I cannot delay longer that I am dropping another job, unfinished but overdue, to fulfill my obligation to you.

I shall be as brief and as much to the point as possible on both your behalf and my own. I shall put you on the program first in an effort to put clearly before the group what we (you and I, at least,) mean by industrial hygiene as a combined professional discipline, not fragmented into a series of little techniques. By so doing I hope to begin by establishing that it is not a luxury in industry, but a sheer necessity in the conduct of the day's work; not to paliate, to propitiate, to express good will (although it should do this automatically and as a by-product of good human relationships), but to protect our people against the hazards and the personal insecurities of modern technologic industrial life, so far as possible, regardless of their position in the industrial organization. As you have indicated the disciplines of industrial hygiene, I hope you will emphasize their function, but also make clear (for it will not be clear otherwise) who are the professional people who must work together to combine each other's abilities and to make up for each other's shortcomings.

In short, I want this to be the genuine article, and not a spurious professional front for a peace-making function, as directed toward the amelioration of labor union-management relations, or a goodwill - cultivating function in the area of industrial relations, but a straightforward dealing with the health of people threatened by the environment in which they work.

I advise you to stay out of the problems of the home and family. It is true that they cannot be avoided entirely, nor should they be, but they must be led into the hands of persons outside the industrial organization, since otherwise we physicians will be intruding into the field of private medical practice. This we cannot do at present for several very good reasons, and should not take it on as a responsibility to be borne, although we must understand it.

Now as to the paper to be provided, if possible, and the time to be taken on a less formal and more satisfactory presentation. I hope you can provide a paper for publication in the proceedings, at least. I welcome your speaking rather than reading. We have, altogether two hours - 3.15 to 5.15 p.m. on Wednesday, March 18. I have asked two other persons to speak and I expect to introduce the subject (with a few well chosen - I hope - words) and close the talks with a brief summary. I want at least half an hour for questions and discussion from the floor. I should prefer having a little longer, but no further time is available, unless the group wishes to stay longer, say until 5.30 p.m. This means that the four of us have about 90 minutes if we start on time and everything goes smoothly. I shall need two minutes to start off, and fifteen minutes to end the talks with a summary. This leaves almost twenty-five minutes for each of the other speakers. Your talk then should be just a trifle less than twenty-five minutes long.

Another man on the panel will be Dr. Robert L. Kahn of the Institute for Social Research, who will speak primarily on the attitudes of management toward industrial health services, and the value which management attributes to them, as the result of an investigation made by himself and his colleagues on these matters in 1956 - 1957. The health services which he envisions are largely those provided by doctor and nurse, and are not as you and I view them. It is this situation which makes me feel the absolute necessity of supplying the whole pattern of industrial hygiene in environmental and medical as well as to human relation aspects, so that we shall be talking about the right things. Thus I do not want you to talk of the job of the engineer, but that of the industrial hygiene team. I can supply what may be needed, in addition, with respect to certain specific medical techniques and functions. I expect that when you have finished, little will need to be added, except perhaps by way of emphasis.

The other member of our panel will be Mr. Stanley P. Brisser, Vice President, Occupational Health Service, Inc. New York City, and Consultant to Provident Life and Casualty Insurance Company, New York City. He is interested in the measures - chiefly those of environmental control, but also those of diagnosis and therapy - of industrial hygiene that limit casualties of various kinds. He comes highly recommended to me as a competent and sound man, humanly speaking, in this field, and I believe he will show that industrial hygiene pays dividends in terms of costs, without holding that that is the main purpose or goal of this professional function.

This is the story, and I leave it to you, with my sincere thanks and my full confidence in your efforts.

Sincerely yours,

Robert A. Kehoe, M.D.

RAK:ss