(Rehe MSS
R499

July 17, 1969

PERSONAL AND CONFIDENTIAL

Robert T. P. deTreville, M.D.
President, Industrial Hygiene
Foundation of America, Inc.
5231 Centre Avenue
Pittsburgh, Pa. 15232

Dear Bob:

I have been seemingly negligent in replying so tardily to your letter of June 19, and now you have returned from your vacation, no doubt, to find no reply on your desk. I regret very much the necessities which have intervened to give my behavior in this the appearance of discourtesy. Such an appearance is misleading, however, for I've been very busy contending with a number of editorial duties and other demanding tasks which kept my correspondence in obeyance. Perhaps, however, I may take refuge in the old saw that it is "better /to be/ late than never."

If my delay in writing has retarded your efforts in the direction indicated by your correspondence with medical organizations and your proposal that I write, somewhat as you have indicated, to the Kettering Alumni, I do not find myself too unhappy about it. In fact, I must express myself here bluntly. I think your letter to Henry Howe was naive and unwise; I consider that Duane Block was expressing the views that could have and should have been anticipated fully. You are, I believe, starting at the wrong end of this matter and backing "the wrong horse," or perhaps, "a lost cause." Moreover, there is hardly an idea in the letter to the Alumni that I could possibly espouse. I am not prepared to write to President Nixon about much of anything, and I do not consider that "industrial hygiene" is the name of the professional activity which we should undertake to develop. I say this not because I am not enthusiastically behind all efforts to improve the situation of industrial health, but "industrial hygiene" in the U.S.A. is not its name. There is a deep-seated tradition in this country which defines "industrial hygiene" as environmental control by technical and engineering means. This is indeed the Washington, D.C. idea, but even more it is the settled conviction of all of the medical organizations. You cannot buck it, and you cannot even make your views of it understood. Certainly we need "industrial hygiene" as it is labelled currently, but we desperately need the coordinated efforts of well-trained physicians with well trained technical people in industry. We do not have the physicians, not even their understanding, and you are talking sheer nonsense (as far as the A.M.A. and most of the I.M.A. will view it) in promoting this idea. By so doing, you will defeat not only your own efforts in this direction, but those of any other person or group, by your proposal. For example, in the face of the formal procedure within the A.M.A. hierarchy for the appointment of members of its official Councils, your suggestion that Dave Fassett be appointed will be regarded (probably silently) as either a piece of effrontery or in matter of naivete. Or, again, that the President of A.M.A. should write such a letter as your propose, is to suggest that he is prepared to ignore the role of the physicians of the country in the field of industrial health, and to back the industrial hygiene engineers in taking over this responsibility. You will not believe this, but I tell you that it is literally true. This is what he cannot fail to believe is the meaning, to him, of "Industrial Hygiene."

What I have said about his matter in the foregoing remarks is blunt, hard doctrine, and I would not say it if it were not necessary. You cannot afford to put yourself

and the Industrial Hygiene Foundation in this poistion, which will be regarded as foolish. One can be eccentric or mean or opinionated and troublesome, but he cannot be ridiculous and survive.

May I make one additional remark which might well be misunderstood by a less devoted and conscientious person than yourself. You, professionally, are in no position to initiate or achieve a reform in this field. This is true, in part, because you are not old and gray, but it is the more true because the Industrial Hygiene Foundation, for many reasons, is not the organization of leadership from which to sound the clarion call to the professions involved. This must be done, either by the professions themselves (which would be the desirable way), or by a virtual revolution from the ranks of those whom the professions are so weakly (in terms of numbers and geographical scope) undertaking to serve. Speaking from the sidelines, especially through the political avenue, will not now or (I think) ever turn the trick. I advise you to drop this, therefore, before it reacts on you to chill your ardor.

And now, happily, I can speak kindly and approvingly of your program for the Annual Meeting of the Industrial Hygiene Foundation. It is good, and it continues the good (and eventually productive) educational program in this field. This is what each one of us, in his particular field - university education and training, research and guidance organization (university groups, Industrial Hygiene Foundation, and private professional groups), formal professional organizations (Academy of Occupational Medicine, AIHA, IMA., etc.) - can do to bring about an attitude of mind and an understanding of the task, which, one day, will make it possible to do what you want to do now. The fact is that we do not have the backing from our own profession to make much of a splash in the medical community. But time and circumstance are on our side. Sheer danger to the life and health of the people, as it grows in the present situation, will compel the physicians - who will probably be the last to learn, because of their intense preoccupation with what they are now doing increasingly well - to recognize that their present efforts are not being expanded in the right direction. Although we (as physicians in various roles) simply cannot unite under a credible masthead to view the present scene and meet it with appropriate action, it will not be long before we shall have to do this, unless we are (as organized groups) prepared to find our influence diminishing more and more and giving away to other groups which will be more responsive to the needs of the country.

Please forgive me for lecturing you.

Sincerely,

Robert A. Kehoe, M.D.
Professor Emeritus of
Occupational Medicine

RAK:wp

P.S. I shall devote a brief memo, attached, to the article of which you sent me a reprint. RAK

July 17, 1969

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de Treville

MEMORANDUM

On an article from a recent number of Annals of Internal Medicine, by Fromke, Lee and Watson of Minneapolis on "Porphyrin Metabolism During Versenate Therapy in Lead Poisoning."

This is one of a number of articles which have appeared in the literature recently, on the chemical aspects of hematological phenomena in lead poisoning, both with and without and before and after the use of chelation therapy.

Since the authors are not wholly familiar with the clinical significance of certain of their findings, in relation to current considerations of preventive medicine in industry, it is well to call attention at the outset to a statement in the case report, which might well be misinterpreted in relation to the significance of the determination of lead in the urine and in the blood. In the third complete paragraph in the second column on page 1008, it is said that "The blood was consistently normal before and during therapy, while the urine lead was considerably increased before and much more during the Versenate therapy." Examination of the data (Table 1 on the same page), discloses the fact that the concentration of lead in the blood on September 1, (1966?) was 0.049 mg. per 100 ml. This was, at the least, a full month after the date of an admission to a hospital, which is the first indication of the time of onset of illness (in all probability some time before July 30, 1966). This value is, indeed, within the normal range, but at its upper limit. Following Versenate therapy, this level decreased in 4 days to 0.029 mg. per 100 ml. of blood. Disregarding, for the moment, the potential errors of the analysis, this decrease is considerable, and when taken with the results obtained in the urine is a reasonable expectation. The urinary lead concentration initially (September 1) was 0.146 per liter, which is not grossly abnormal, but is rather at about the same point in the normal range as is the blood value of 0.049, that is, at the peak of normal findings. The response of the excretory apparatus to Versenate therapy, in both instances, i.e., blood and urine, is in no sense remarkable. One may properly interpret these findings, therefore, in the following manner: This patient absorbed modestly abnormal quantities of lead (whether the daily dose was moderate or the duration of the daily dosage was relatively brief), became ill and discontinued the exposure, in whole or in part, with his first admission to the hospital. From that time on, his body burden of lead, having been increased by a moderate amount in a brief time, diminished appreciably, lowering the concentration to 0.049 mg. per 100 ml. from its previous level, which, in terms of our extensive experience in these matters, had been of the order of 0.08 mg. per 100 grams or a little bit higher or a little bit lower.

By reason of these events, the only evidence remaining at the time of the detailed clinical investigation, of a toxicologically significant degree of occurrence of lead absorption in a previous period was the chemical hematological findings, which are known to return to their normal state only after the lapse of a longer time than is required to diminish the lead content of blood, urine and soft tissues to essentially normal levels.

There are two unusual features in the report of this case which should be taken into account for the future recognition of cases of lead poisoning in the general population. In other respects this is a clear presentation of a clear case of mild lead poisoning. The most unusual feature (in reasonably close time relationship to the onset of frank plumbism), is the failure of the concentration of lead in the blood to show that there had been a clinically significant absorption of lead. This is readily explained on the basis of the known facts about the time and dose relationships of lead intoxication, but it is important and informative to know that the full information, including that of the behavior of the precursors of hemoglobin, can

reveal the truth of the exposure in certain instances after an interval of freedom from exposure to and absorption of lead.

The other "unusual" feature is the origin of the exposure to lead which induced the intoxication. While this is unusual, it is not unique. We have seen two cases of lead poisoning from this type of exposure, which was brief but fairly severe, lasting only one month, at a level of dosage which has been estimated with fair accuracy to be somewhat more than 10 milligrams and somewhat less than 15 milligrams, per day. In this instance, the concentration of lead in the blood of one of the victims, at the time of the sampling of the blood, 2 to 3 weeks after the termination of the exposure, was ± 0.07 mg. per 100 grams, while the other was ± 0.08; both undoubtedly had been somewhat higher. It is of some importance to know that the rate of the decrease varies greatly with the duration of the exposure, being very rapid where the duration is brief.

TO: Kettering Alumni

In the past there has been little recognition, outside a very limited group chiefly represented in the membership of the American Industrial Hygiene Association, of the benefits of application of scientific and technologic measurements and controls in the solution of health-related problems arising in industry and also in modern industrial society.

Dynamic changes in the consciousness of the public in environmental effects of technological advances began with Rachel Carson's Silent Spring and have now spread far beyond concern over insecticide pollution. Unfortunately, there has been no real effort to convey to the public the effectiveness with which literally thousands of health problems are solved and prevented in modern industry by sound management. Sound management in this area involves wise decision-making at that level of industrial relations responsible for employee health—the director of occupational health, i.e., a well qualified occupational physician, who should be in the best position to deal expediently with all such problems (including both those which do not require or lend themselves to measurement and effective control and must, therefore, be dealt with empirically and, conversely, those which can benefit from scientific management). In the latter case, the occupational physician can benefit from the assistance of the well qualified industrial hygienist, whose background and experience should permit him either to personally perform the measures and design the controls needed or to be able to advise how best to proceed. Obviously, Industrial Hygiene is a vital ingredient in constituting an effective Occupational Health capability and yet, there is widespread lack of public and professional awareness of the value of this important field to employee and public health conservation.

In view of the above, and at the suggestion of one of my former students who now heads the Industrial Hygiene Foundation of America, Inc. (IHF), I am writing to advise you of my intention to act in two areas of importance:

(1) I am writing to President Nixon to advise him of my conviction of the importance of Industrial Hygiene to our national welfare and public health, and asking him to consider favorably recommendations of the Presidents of the American Conference of Governmental Industrial Hygienists, American Academy of Occupational Medicine and American Industrial Hygiene Association as well as IHF that the week of IHF's Annual Meeting be designated "National Industrial Hygiene Week"—October 12-18. A copy of my letter will be sent to Senators Everett M. Dirksen and Hugh Scott who have agreed to co-sponsor the Bill needed to recommend such action to the President. IHF has prepared a special Annual Meeting program (enclosed) designed to help structure an

extensive membership drive and also, through the public relations departments of its members, to develop such extensive coverage of all media that by the year's end, the majority of our citizens and all those in the health professions should be aware of their debt to Industrial Hygiene and share our confidence in the future capabilities of this dynamic field to help advance employee and public health to the maximum practical degree, reaching far beyond all minimum standard requirements of the law.

2. I am also writing to the President of the American Medical Association, with copy to the Council on Occupational Health, of which I was a member for many years, to call to attention the fact that the present Council has not a single member who considers himself an Industrial Hygienist and who belongs to the American Industrial Hygiene Association, recommending (1) that the present President of the American Industrial Hygiene Association, David W. Fassett, M.D., be appointed to the Council, and (2) that the Council, including Dr. Fassett, consider whether or not the incoming President, Dr. Gerald D. Dorman, should write a letter expressing the American Medical Association's endorsement of the importance of Industrial Hygiene to our nation's health and welfare.

This message is being sent to you as an alumnus of Kettering Laboratory to alert you of my intentions in this regard so that you may assist me in extending some degree of order into the rather confused situation which now exists in our field with regard to Industrial Hygiene, and which, unfortunately, is preventing our entire field of Occupational Health from moving ahead as rapidly as it should in today's rapidly changing climate.

Best wishes to each of you for an enjoyable summer with your families.

Sincerely,

Robert A. Kehoe, M.D.
Professor Emeritus
University of Cincinnati

Enclosure

cc: Robert T. P. deTreville, M.D.

Many thanks and with best regards.

Sincerely,

Bob

Robert T. P. deTreville, M.D.
President

deT:sjc

Enclosures

ESTABLISHED 1935

(412) 687-2100

INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

5231 CENTRE AVENUE PITTSBURGH, PA. 15232

"DRAFT"

Dr. Henry F. Howe, Secretary
Council on Occupational Health
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Dear Henry:

Thanks for your letter of June 4.

Enclosed for your information is a copy of my letter to Duane Block, President of IMA.

Even though you feel that Dr. Dorman should not write President Nixon, I would like you to get the opinion of the AMA Council on Occupational Health regarding the wording of the enclosed bill which will be co-sponsored by Senators Hugh Scott and Everett M. Dirksen.

Any comments supplied will be carefully considered, however, I would feel a lot better if there were at least one industrial hygienist on the Council who might put in a good word for those of us who are working in this field. How would I go about suggesting that Dave Fassett, current President of AIHA, be appointed? Drs. Jim Sterner and Robert Kehoe, past presidents of AIHA, served in the past on the Council with distinction and without such representation, frankly, the Council appears misnamed.

With kind regards.

Sincerely,

Robert T. P. deTreville, M.D.
President

deT:sjc

Enclosures

cc: Dr. Gerald D. Dorman

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

June 4, 1969

Robert T. P. deTreville, M.D.
President, Industrial Hygiene
Foundation of America, Inc.
5231 Centre Avenue
Pittsburgh, Pennsylvania 15232

Dear Bob:

Gerald D. Dorman, M.D. informs me that he replied to your letter of May 13 regretting that he could not attend your 34th Annual Meeting Management Conference on October 14 because of a previous commitment to speak in Hawaii on that date. He suggested that I write you further with regard to the action of the Council on Occupational Health on the proposed National Industrial Hygiene Week.

In the opinion of the Council, it would be preferable, if such a national "week" is to be instituted, to have it called "National Occupational Health Week." The Council are generally in favor of such an observance but do not believe it should be limited to the subject of industrial hygiene. Furthermore, the Council was strongly of the opinion that it was unwise to single out one organization, namely the Industrial Hygiene Foundation of America, as the principal sponsor of such a week of public emphasis in this field of disease prevention efforts. Other occupational health organizations in both private and public sectors have recently celebrated anniversaries of from 25 to 50 years and would seem to be as worthy of recognition as your particular Foundation. As examples, one might mention the AMA Council on Occupational Health itself, the Industrial Medical Association, the American Industrial Hygiene Association, and the Bureau of Occupational Health of the U. S. Public Health Service. The Council believed that the whole gamut of

occupational safety and health groups who have collaborated so effectively over the years in improving the work environment and the workers' health and safety should be commemorated in such a national week. This would serve to inform the public of how wide-spread are the efforts by all the professional health teams involved.

I hope all goes well with you and the Foundation.

Yours cordially,

Henry F. Howe M.D.

Henry F. Howe, M.D., Secretary
Council on Occupational Health

HFH:bsj
cc: Gerald D. Dorman, M.D.
George F. Wilkins, M.D.
Hugh H. Hussey, M.D.

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

PRESIDENT-ELECT
GERALD D. DORMAN, M.D.
10 Columbus Circle, Suite 1270
New York, New York 10019

June 4, 1969

Robert T.P. deTreville, M. D.
President
Industrial Hygiene Foundation of
America, Inc.
5231 Centre Avenue
Pittsburgh, Pennsyl ania 15232

Dear Bob:

Your letter of May 28 caught me en route to the 3rd International meeting on Traffic Accidents and then a dinner in Boston, from which I've just returned. Tomorrow I fly to Fairbanks and next week to the Canadian Medical Convention.

You can understand that were I to write Senator Dirksen or any official in government, no matter what I say, it is official AMA policy. I can have no personal statements or policy while I am AMA spokesman.

Therefore, to urge "National Industrial Hygiene Week" when the AMA Council on Occupational Health has expressed the opinion that such a week should be "National Occupatinnal Health Week" instead of limiting it to industrial hygiene, would be impolite and in bad taste.

I have suggested to Henry Howe that since he received a copy of your letter to me that he might report directly to you, the reaction of the AMA Council.

Cordially,

Gerry Dorman

Gerald D. Dorman, M. D.

Industrial Medical Association

55 EAST WASHINGTON • CHICAGO, ILLINOIS 60602 • (312) 782-2166

HOWARD N. SCHULZ
Executive Director

RITA KIRTLEY PACKER
Assistant Executive Director

DORIS L. FLOURNOY
Director—Public Relations

Office of the President
DUANE L. BLOCK, M.D.
Ford Motor Company
3001 Miller Road
Dearborn, Michigan 48121

May 19, 1969

Robert T. P. deTreville, M.D.
President
Industrial Hygiene Foundation of America, Inc.
5231 Centre Avenue
Pittsburgh, Pennsylvania 15232

Dear Bob:

I have received and reviewed the correspondence which you sent me soliciting assistance from the various professional organizations in having the Congress designate the week of October 12th as National Industrial Hygiene Week.

Since the Industrial Medical Association's Board of Directors will not be meeting until the first week of July, I will be unable to bring this matter to their attention until that time and, as such, find it impossible to comply with your request at this time.

As a personal comment, it seems to me that in view of the fact that several organizations are currently exploring ways in which the various disciplines may work more effectively together in identifying their efforts on behalf of occupational health in this Country, it might be more appropriate to designate a special week as National Occupational Health Week rather than identifying only one discipline relating to the total effort. I will call this matter to the attention of the Industrial Medical Association's Board of Directors, however, and would, of course, comply with their wishes in regard to your request.

With kind personal regards.

Sincerely yours,

Duane

D. L. Block, M.D.

ic
cc Mr. Howard N. Schulz

COPY

ESTABLISHED 1935

(412) 687-2100

INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

5231 CENTRE AVENUE PITTSBURGH, PA. 15232

June 20, 1969

D. L. Block, M.D., President
Industrial Medical Association
Ford Motor Company
3001 Miller Road
Dearborn, Michigan 48121

Dear Duane:

Thanks for your kind letter of May 19.

For your information I am enclosing a copy of the draft of the Bill which will be co-sponsored by Senators Hugh Scott and Everett M. Dirksen. Should IMA's Board of Directors have any comments I should be happy to receive them, even though they may decide against your writing to lend IMA's recognition to the importance of Industrial Hygiene, as defined therein.

With best personal regards.

Sincerely,

Robert T. P. deTreville, M.D.
President

deT:dfk

Enclosures

cc: Dr. Merle Bundy
Dr. Miles O. Colwell

bcc: Dr. Robert A. Kehoe

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bcc: Dr. Robert A. Kehoe

167

91st CONGRESS
1st SESSION

S.J. RES. .....

(NOTE.—Fill in all blank lines except those provided for the date and number of resolution.)

IN THE SENATE OF THE UNITED STATES

.....

Mr. DIRKSEN (for himself and Mr. Scott)

.....

.....

introduced the following joint resolution; which was read twice and referred to the Committee on .....

JOINT RESOLUTION

To authorize the President to designate the period beginning October 12, 1969, and ending October 18, 1969, as "National Industrial Hygiene Week".

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That, in recognition of the need to preserve the Nation's primary natural resource--its employed population, and in recognition of those individuals and organizations seeking to protect and improve the health of the Nation's work force,* the President is authorized and requested to issue a proclamation designating the period beginning October 12, 1969, and ending October 18, 1969, as "National Industrial Hygiene Week", and calling upon the people of the United States and interested groups and organizations to observe such week with appropriate ceremonies and activities.

*through the coordinated scientific measures, technological and engineering controls which characterize industrial hygiene,

ESTABLISHED 1935

(412) 687-2100

INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

5231 CENTRE AVENUE PITTSBURGH, PA. 15232

June 26, 1969

Dr. Lee B. Grant
Medical Director
PPG Industries
One Gateway Center
Pittsburgh, Pa. 15222

Dear Lee:

As a result of our recent luncheon meeting, I have asked Dave Fassett to speak on future needs and goals of Industrial Hygiene in the place of the OHI presentation (see preliminary program, enclosed). Dave advises that he will give some thought to accreditation and may have something to say on it but did not want to be committed to this narrow an aspect of Industrial Hygiene planning, which is understandable.

For purposes of your meeting with the OHI Accreditation Committee next month, I should like to repeat my personal conviction that there is a need for an objective authority to review and certify the adequacy of programs of occupational health in industry. Occupational health includes Industrial Hygiene as well as Occupational Medicine, and it is necessary that the process of accreditation have outstanding competence in judging adequacy of performance in every discipline involved. Obviously, Occupational Medicine will be a key function, as it is the Occupational Physician, ordinarily, who is in the best position to decide from among the numerous health-related problems coming to his attention, which need to be dealt with expediently, on an empiricle basis (in which professional judgment is the only determinant) and which, on the other hand, lend themselves to Industrial Hygiene measurement and scientific management involving technological and engineering controls.

By information copy, I am advising Dr. Kehoe of our discussion. I have asked him to consider ways in which we might proceed to attempt to reinterest the organized medical community in Industrial Hygiene, in hopes that Dave Fassett and perhaps other Industrial Hygienists as well, may be added to the AMA Council on Occupational Health. We should also be considering, concurrently, ways in which the field of Industrial Hygiene can be better integrated into the OHI's programs—either directly or by association within some joint accrediting agency.

As mentioned at the time of our meeting, I believe IHF may be helpful in supporting the development of the above joint accreditation concept and function

and will be happy to assist in the development of a specific OHI proposal for IHF's Board of Trustees to review at their meeting on October 13. It might be possible to make an announcement during the Management Conference next day which, in view of Dave Fassett's possible mention of such a need, would be very timely. Should OHI decide not to collaborate in such planning or to discontinue its certification service, it would be especially timely and appropriate to announce such a decision or intention, also.

I can be reached through the office even though on vacation the week of July 7 in case you wish to discuss these matters further before leaving for Chicago.

Best regards.

Sincerely,

Robert T. P. deTreville, M.D.
President

deT:sjc

Enclosure

cc: Dr. Robert A. Kehoe

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INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

5231 CENTRE AVENUE PITTSBURGH, PA. 15232

June 19, 1969

Dr. Robert A. Kehoe
Professor Emeritus
University of Cincinnati
Kettering Laboratory
Eden & Bethesda Avenues
Cincinnati, Ohio 45219

Dear Dr. Kehoe:

Just a note to report progress in the program for our 34th Annual Meeting to be held October 14-15, 1969 and to request your help in the form of (1) comments on an article in the Annals of Internal Medicine we would like to abstract for our Industrial Hygiene Digest (enclosure), and (2) a letter to the Kettering Alumni.

A preliminary program is enclosed and you will see that I have followed your advice and moved the consideration of breathing air standards to the Technical Conference. Herb Stokinger suggested Andy Hosey since Andy has just taken on extensive new responsibilities in this area, as you are aware. We are having difficulty finding time for our Chem-Tox Committee Discussional prior to the Annual Meeting date because of conflicting vacation schedules of principle persons we would wish to involve and the fact that several will be attending the Tokyo meeting and continuing around the world enroute home. It now appears that it will be best to decide if and when to hold it at the time of the Chem-Tox Committee luncheon on October 15, following Andy's talk.

The proposed letter to the Kettering Alumni is enclosed. While I could send it, I believe it would be much more effective over your signature. If you agree with its content, please sign, after making any needed changes, and we will reproduce and mail the corrected version with a copy to you. If for any reason you do not agree with the concepts expressed, please provide me with the basis for your disagreement in order that I may be guided by it in charting the future course of our Foundation. As you know, I value your opinions in such matters and count on your continued help as Professor, Advisor and friend.

I shall be leaving on three weeks vacation next week, but will call you on my return. By then, you may have had a chance, hopefully, to have given these matters consideration.