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BATH IRON WORKS CORPORATION

MEMORANDUM

DATE June 1, 1953

FROM— John M. Conley, Jr., Director of Personnel

TO— Mr. John R. Newell, President

SUBJECT— Memorandum from Dr. Edward L. Kinder, Jr., Medical Director, concerning BIW employeds and reference (a) memorandum from Harold L. Adams, reference (b) memorandum attached to memo of Dr. Kinder

At your convenience I would appreciate it if you would read the attached memorandum and the references above referred to.

I think Dr. Kinder's observations are well thought out. However, I do not concur with any program involving safety hats, except as a last resort after a poor experience in relation to head injuries.

I think any head injuries have to be considered in relation to our safety program and its experience. I don't believe the experience is such that it should be considered poor in terms of manhours or days lost. I think we should exert every effort through our safety meetings with supervision and the Personnel and Safety Departments to try to bring this type of injury down to a lower experience and I believe it can be done.

My reasons for not recommending safety hats are much the same as Harold Adams' reasons. As near as I can find out from other shipyards, the men will not wear them voluntarily or purchase them at their own expense. It has been very difficult to enforce the rule to wear them and the companies which have such a rule buy these hats. I don't think the expense justifies our taking such action at this time.

It would appear to me that any recommendation for an extended policy concerning the use of safety glasses would have to be all-inclusive and for all departments using power or hand tools. The Shipfitting Department is now required to use safety glasses. This department appears to be the one which has had the most difficult experience regarding objects striking the eyes as a result of the use of hammers, chisels or hand tools. I don't believe an over-all rule would be the answer to this problem. I think we can only hope for improvement on this type of injury by concentrating on the departments which are the biggest offenders.

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JM - 83

Exhibit G

As to the asbestos material and dust, I am certain because of various studies made, that we are purchasing the most practical respirator which can be bought for these employees. I know that this respirator is efficient and if the men would use them, they would have nothing to fear as to the absorption of dust particles containing asbestos which would injure them physically. Apparently aboard ship there are positions whenh it is impractical for an employee to use a respirator at all times.

We have attempted to do everything possible to improve the construction of our Pipecovering Shop. This problem has been with us since World War II and hence the Drinker report (see attached).

To date I don't know of any employee who has worked in the Pipecovering Department who has been affected by silicosis and I hesitate to recommend the adoption of an X-Ray policy (as I have expressed to Harold Adams in the past) for these employees as I think it would be very upsetting and undoubtedly would lead to requests for premium rates for employees who are exposed to dust by the handling of asbestos material. However, if medical opinion states it is a necessity, I think we should do it.

If and when there should ever be any change of quarters for the Pipecovering Department, I think we should make a very comprehensive study of a new location with the thought in mind of setting up ventilation improvements to eliminate as much of these dust particles as possible. I think such a move would not only be helpful from a health standpoint, but also from a production standpoint.

We have also checked with Fore River, which appears to be handling comparable material when building destroyers as BIW, and they do not have any compulsory X-Ray plant for their employees in the pipecovering department. They do, however, X-Ray employees if they ask for it and the company absorbs the expense. We must consider that they have X-Ray facilities in their industrial health department.

With all due respect to Dr. Kinder's opinion, I think if we were to compel the pipecoverers to have X-Rays, we would have to do the same for welders, grinders in the Paint Shop, etc.

John M. Conley, Jr.
Director of Personnel

JMC:efh

BATH IRON WORKS CORPORATION

MEMORANDUM

DATE May 19, 1953

FROM— Edward L. Kinder, Jr., Medical Director

TO— Mr. John M. Conley, Jr., Director of Personnel

SUBJECT— Observations and recommendations concerning the industrial health of employees of the Bath Iron Works Corporation

During the last year at the Bath Iron Works, I have been impressed by the low accident rate and the good general health of the workers. The fact that serious accidents are uncommon in such shipyard work is praise for management's planning and the overall worker's cooperation.

I have noted that accidents have occurred in high percentage to certain body regions. These are head, hand and foot. Injuries to the hand and foot while multitudinous are largely not preventable. Head injuries, on the other hand, are always of concern to us. The head injuries, including scalp and skull, as well as the upper face, for 1952 totaled 582, or more than two daily. They were caused by objects falling on the head or, more commonly, by the man bumping a sharp metallic surface. Such injuries, when incurred, routinely require one or two hours of lost time for adequate treatment of the cut or bruise and observation, including a neurologic examination on the day of injury and subsequent day in most cases. In 1952 two such injuries were of serious nature and involved several weeks of lost time apiece. One resulted in the loss of an eye (retinal detachment).

These injuries are all serious - each one could result in death or considerable permanent disability. I believe head injuries could be prevented almost completely by the obligatory use of "safety hats" by all men working aboard ship or on the ways. Such hats of modern design have a plastic dome and short visor; they have an inner band that is fitted around the head and two straps across the top, one front to back, one side to side. The plastic dome will absorb blows from sharp surfaces and the straps will dissipate the force from falling objects - distributing it equally over the head.

A second matter concerns the use of safety glasses. Present policy requires the use of safety glasses by all men using power tools, such as wire cleaning brushes, grinding stones or chipping guns. The safety glasses cut down a large extent on small foreign bodies that often become imbedded on the surface of the eye.

[illegible] the last year the eyes have been [illegible] the [illegible] in the second, useful vision has been reduced to about 10%. During this same period I have removed more than twenty-five foreign bodies from the forehead, cheek, lip, neck and arm. It was only chance that more of these did not strike the eye and destroy its useful vision. In all of the above-mentioned injuries, the history has been uniformly similar, and the metallic foreign bodies, usually two to four millimeters in size, from a common source. This is from a hammer, chisel or punch - hand tools. Usually a shipfitter who is marking or trimming his work. I would strongly urge that safety glasses be required for men in any department using power or hand tools routinely. This should include shipfitters first of all; also pipefitters and tinsmiths while using such tools. This safety measure, if effected, will, I am sure, prevent most of the costly eye injuries in the future.

The third matter that has come to my attention is asbestos dust contamination in the Pipecovering Shop. A survey of this situation was made January 23, 1945 by the Harvard School of Public Health at the request of the U. S. Maritime Commission and the U. S. Navy. A copy of this report has been appended for your information.

Asbestosis is the progressive disease of the lungs due to inhalation of asbestos particles, one-half to five microns in size, over a period of seven to nine years at a minimum. Where heavy air contamination exists, it causes diffuse scarring of the lung tissue - often death by secondary infection.

The maximum allowable concentration or toxic level, according to most compensation commissions, is five million particles per cubic foot of air. In reading page 2 of the enclosed report, it should be remembered that the asbestos, at the most, constituted twenty-one percent of the dust samples taken. Accordingly, counts of forty-two million at the band saw give an asbestos count of eight and four tenths million; or more than the allowable five million.

At the time of the original report it was noted that there existed a hazard in heavy concentration of asbestos. The prime concentration occurred at the cutting room, mixing trough and band saw. The counts at the band saw were heaviest, despite the existence of a large exhaust and filter unit attached to the saw. Thirty-eight pipecoverers were examined by chest X Ray in 1945; of these, six were found to have fairly definite evidence of asbestosis. To my knowledge, a complete survey of the workers involved has not been made.

It was recommended that several steps be taken to eliminate the hazard to the workers in the cutting and band saw areas. These were:

1 - Provision of adequate ventilation or the use of suitable respirators for all workers in these areas.

2 - Preemployment and periodic (yearly) chest X Ray examinations of all men working in the areas of high dust concentration.

3 - Installation of suitable partitions to thoroughly isolate the cutting and band saw operations.

The third recommendation was carried out in part by "roofing over" the cutting and band saw rooms. Subsequently, however, the roofs were removed to provide access of the sprinkler system to these areas in case of fire.

All the counts taken as a basis of the attached report were taken during wartime and three-shift operations. It may be possible that there is no toxic concentration at present. This might be clarified by new counts being made. Mr. Burbank has the necessary apparatus to carry this out, if indicated.

In my opinion, alterations to the Pipecovering Shop as planned for the near future should include complete isolation of the band saw, cutting and mixing operations from the general shop, and other steps necessary to reduce the air contamination below the toxic level.

Edward L. Kinder, Jr., M. D.
Medical Director

/efh

MEMORANDUM

FROM

O. R. KING

6/2/53

John:

I definitely am opposed to compulsory use of safety hats. It would be very hard to enforce and in difficult 75% of our work, in my opinion, unnecessary.

I think the "fifecovery" condition is one we should check every so often but not until after labor negotiations are concluded.

Orv

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JM - 83

Exhibit I