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TRIAL EXHIBIT

Labor, Management, and the Official Agency—Relationships Illustrated by a Plant Study*

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THE work of a governmental industrial hygiene agency involves activities which are more complex than the control of occupational diseases. Investigation of occupational health hazards, measures for their prevention, promotion of good health services in plants—these are the cardinal elements of the program. But in the background of all of these and directly bearing on the success or failure of the program are the more complex social and economic factors, for example: attitudes of labor and management to health measures, attitudes of labor and management to each other and attitudes of these groups to the governmental agency.

A governmental industrial hygiene agency must observe certain basic principles if its work is to be successful

- 1 It has primary responsibility to safeguard the health of workers
- 2 Its technical work and its policies must be unbiased
- 3 It must be able to speak authoritatively regarding health hazards and the adequacy of measures for protecting the health of employees
- 4 It must be able to interpret intelligently its program to labor and management and to the health professions
- 5 It should endeavor so to conduct studies that not only the plant's previous

methods and programs but also its own are improved thereby.

UNION REQUESTS STUDY

Recently, the Bureau of Adult Health, California State Department of Public Health, had a particularly challenging opportunity to test these principles. The union at a large lead smelter came to the bureau in search of medical advice on the lead problem. The initial request was for advice concerning the adequacy of provisions in the collective bargaining contract on protection of employee health from lead. They complained that whereas formerly four blood smear tests per year on each man had been mandatory, the company had suddenly abrogated this policy and instead was doing less frequent testing and then only on the urine. Union representatives also complained that the men were not being informed of the results of the tests taken. They suspected that there was still a lead hazard in the work and they were concerned as to whether they were being adequately protected.

This approach was followed by a union request to the bureau that it investigate the entire plant for evidence of lead hazards and make recommendations for control.

During the course of and since the conclusion of this project bureau personnel have been confronted with many questions which arise in the daily life

of an official industrial hygiene agency. How do we handle these issues? Who gets the responsibility? How do we write the report? How do we gain the cooperation of management, the labor union, and the community? Where should the industrial hygiene agency be located? What should be the personnel? What should be the methods? These are the issues so report to the public in stimulating action of methods.

It was relatively easy for the union men to type of tests and evidence of lead that the quantitative was superior to after conferring with medical staff. Satisfaction that conscientious as many urine whose findings and less frequent for whom it was. Bureau representatives plain this policy accepted. The to learn that it to become an had failed to reasons for the agreement approved cleared up.

During the the bureau's held in the representatives of the including one local representative met together.

* Presented before the Industrial Hygiene Section of the American Public Health Association at the Seventy-ninth Annual Meeting in San Francisco, California, October 30, 1951.

of an official industrial hygiene agency. How do we handle a union request? Who gets the report? How is the report written? How do we work with the company? How can we do an honest job and at the same time not become embroiled in a labor-management dispute? At the conclusion of the project, what has been gained, or lost, by the workers, the management, the bureau, the people generally? Where private medical and industrial hygiene facilities exist, what should be the extent of our work? In essence, what is the role and responsibility of a governmental industrial hygiene agency? This study pointed up these issues so strikingly that we felt a report to the profession would be helpful in stimulating discussion and clarification of methods.

It was relatively simple to explain to the union men the rationale behind the type of tests chosen by the company for evidence of lead poisoning. We explained that the quantitative test on the urine was superior to the blood smear and after conferring with the company medical staff, we also learned to our satisfaction that they were following a conscientious checking program—doing as many urine tests as necessary on men whose findings or exposures were high, and less frequent testing on those men for whom it was found unnecessary. Bureau representatives were able to explain this policy to the union and it was accepted. The company was chagrined to learn that it had permitted this matter to become an issue simply because it had failed to inform the union of the reasons for the change in policy. Management appreciated having this point cleared up.

During the course of this episode, at the bureau's initiation, conferences were held in the bureau offices with representatives of the union and the company including one conference in which medical representatives of the two groups met to discuss the matter. This period

that the company agreed to cosponsor, with the union, an invitation to study the plant for lead health hazards.

However, collective bargaining talks became deadlocked over economic issues and the projected study had to be postponed because of a 90 day strike. It was in this atmosphere that the bureau later commenced its study.

THE STUDY

While the bureau realized a need to combine medical with engineering procedures, only an environmental study, including air sampling and chemical analysis for lead, was at first contemplated. Upon completion of the environmental phase of the study, it became apparent that a clinical study of the workers was essential to evaluate correctly the extent of the lead health hazard. Such a study was proposed to both the union and the company and both agreed. Both groups were informed that none of the findings would be released until after the medical study was completed.

The environmental phase of the project was conducted with as full participation by the company and union as any agency could hope for. Each time an engineer of the bureau took air samples, he was accompanied by a representative from the company and one from the union. Parenthetically, it is of interest to note that the time of the union representative was paid for by the union. When the union man felt that the particular process being sampled was not in typical operation at the time, the bureau engineer would arrange for additional samples at other times. Ample opportunity was given to both sides to see the method of sampling and to object if either thought anything was wrong. In some cases, an industrial hygienist from the company took samples at the same sites, and there was opportunity later to compare results, although the bureau made it clear to the company

that it would report only its own results, irrespective of company findings.

Discussions with management and with the union took place before the engineering sampling. Following these meetings were also held to learn the time spent by employees in different exposures on which to establish 8 hour ("weighted") exposure levels for jobs. Before the medical study was planned, and again before it was begun, the information to be obtained and the extent of medical study were cleared with both management and union representatives. The fundamental right of each employee to decide to what medical personnel his findings should be made available was established and safeguarded from the outset. Criteria to be used in evaluating medical data were presented to and discussed with physicians for both the union and management. These discussions led us to revise some of our statements so that we could all agree on the meaning of the language used. As a result, company and union representatives approved in advance the validity of our interpretations of the data, and communicated their technical approval to their respective organizations. Thus the data we submitted, in effect, became not just *our* findings but also theirs. It is difficult to overstress the force of this point.

With the aid of the bureau public health analyst, a 20 per cent cross-section sample of employees working in all departments was selected taking into cognizance length of employment. Forms were prepared, and a physician and nurse team did the medical study which included history, general physical examination and laboratory tests. The battery of tests included complete blood count, blood smears for stippling and basophilic aggregation, sedimentation rate, quantitative lead determinations in blood and urine, urine albumin, and, for good measure, urine sugar. Lead levels were determined by both the

dithizone and spectrographic methods.

In addition, porphyrinurias were determined as an experimental project, and with the aid of equipment and a chemist furnished by the company to the bureau. It was understood that the porphyrin tests would not be considered in the results of the study but would serve as an incidental research project to evaluate its usefulness and compare its efficiency with the other tests.

Summaries of clinical findings on each individual were sent as he directed, either to the plant physician or to his own physician.

In summary of the laboratory work, 157 air samples were analyzed; over 1,000 biochemical analyses done and over 500 blood counts and smears examined.

FINDINGS OF STUDY

Results of the investigation in this study may be summarized as follows:

1. Inadequately controlled, large-scale materials-handling and processing operations, together with secondary sources of settled dust, resulted in a general plant atmospheric contamination near the maximum acceptable concentration (MAC) of 0.15 milligrams of lead per cubic meter of air, and in the weighted employee exposures exceeding this figure at all operations studied. In part, these exposures resulted from inadequate maintenance of existing control equipment.

2. There was evidence of clinical effects attributable to lead exposure. In the 20 per cent sample of employees examined (108 out of 542) 82 per cent showed either excessive lead excretion (over 0.15 mg per liter of urine) or more positive findings. These were of a relatively mild nature.

3. When employees were grouped according to levels of weighted atmospheric lead exposure there appeared to be a direct correlation between increasing lead exposure levels and the frequency of clinical findings attributed to lead.

POLICY IN REPORTING

The Bureau of Adult Health makes investigations of occupational disease problems on request of management,

trade unions, and on its own initiative requested by management findings and recommendations only to management. It was believed that a solution of a problem is itself in it and hence part of whatever hazard it is.

When employees make a request for identical reports of both to management and to the former because responsibility for recommendations will be shared, the responsibility, to the union is the employee.

Since the study has been requested in identical reports and recommendations to the union and management, the report was sent copy to management was followed to assure they were receiving was so understood.

REPORT AND

The bureau requested a management round table meeting for the purpose of presenting recommendations, to be held one week after the written report was received. Such a meeting was held at the plant.

The company and several top administrative officials of the national industrial hygienic association, the national medical association, and the local plant physician.

The union was represented by its officers and by the physician whom it had employed to advise the union on occupational health, and to enable the union to have discussions on a medical

trade unions and official agencies, and on its own initiation. In studies requested by management the report of findings and recommendations is delivered only to management. It is believed that a voluntary request for study of a problem is itself evidence of interest in it and hence promises correction of whatever hazard may be found to exist.

When employees, through their union, make a request for a bureau study, identical reports of findings are delivered both to management and to the union; to the former because the primary responsibility for carrying out recommendations will be management's responsibility; to the latter because the union is the employees' representative.

Since the study under discussion had been requested initially by the union, identical reports of our findings and recommendations were given to both union and company. The original of the report was sent to the union, and a copy to management. This procedure was followed to assure both parties that they were receiving the same report and was so understood.

REPORT AND FOLLOW-UP

The bureau requested a labor-management round table meeting for the purpose of presenting its findings and recommendations, to be held about one week after the written report had been received. Such a meeting was held at the plant.

The company was represented by several top administrative personnel, its national industrial hygiene consultant, the national medical director, the national industrial hygiene engineer, and the local plant physician.

The union was represented by three officers and by the medical consultant, whom it had employed especially to advise the union on medical questions and to enable the union to have a spokesman who could participate in the discussions on a medical level. They were

fortunate in obtaining a physician with wide industrial experience and high professional integrity.

The bureau was represented by several staff members. The county health officer and health educator, who had been consulted throughout the course of the study, were also present.

The report was read word for word by the bureau chief. It stated there was need to protect the health of employees further both by engineering improvements and by individual safety practices. This was evident not only in the jobs of highest exposure but also in areas now receiving too little attention by management and too little understanding care by employees. Wage differentials, it was pointed out, are not an acceptable substitute for health protection.

While other specific recommendations were made, I should like to cite the two major ones:

1. A continuously operating local engineering control program should be established. The objective should be not only to improve but also to maintain control measures so that lead fumes and dust are controlled at the point of emission in the plant, to the degree that working conditions are equivalent to nationally accepted standards for the lead industries.

2. Participation of employees in measures for their own health protection is essential to successful protection against occupational illness. This must be based on the individual's understanding of necessary precautions. An employee-management health committee should be established. Its personnel should include employee representatives from the most important plant operations and geographical areas, an official union representative, the local industrial hygiene engineer, the plant physician and/or plant nurse, and other representatives of plant management. This committee would serve as a clearing house for health information and should lead to a better understanding and cooperation between management and employees, a basic condition for the success of any plant health protection program. The committee should both receive from and render to management and the union periodic reports on the health status by plant operations and areas. It should also submit a report of its activities to union and management at least semiannually.

Following the reading of the report, there was general discussion. Various questions were raised to clarify specific parts of the report. The findings were accepted by both groups without challenge of any basic point. Most of the discussion revolved about the recommendations. The company in general agreed with these principles. Company representatives announced their intention of employing an industrial hygiene engineer for the plant in accordance with one of our recommendations. They described improvements they had made in the plant in the past several years and declared their intention to continue improvement.

The company declined to set up the employee-management health committee. The union spokesman emphasized that this was the most important measure to be taken to improve the situation from the viewpoint of the employees. He stressed the need for a mechanism to afford to both a two way channel of information and a voice in health matters at the plant.

Subsequently, the union called a membership meeting and invited its own medical consultant and a bureau representative to speak on the study. Here the results and recommendations were explained to the rank and file of the union. At this meeting the bureau stimulated frank criticism of the report. Various methods of dealing with management and labor toward achieving health protection were explored, and the fallacies of paying wages for removable risks were also discussed. It was agreed that differences of opinion regarding correct safety measures could be resolved only by scientific fact and not by bargaining. The discussion seemed to result in understanding of the real need for two way communication with access to the facts and for acceptance both by management and by labor of the employee's share in responsibility for health.

EVALUATION OF RESULTS

What has been gained to date by the company, the union, and the official agency as a result of this study?

The company has now employed an industrial hygiene engineer for the plant. The union has placed the labor-management health committee on the collective bargaining table as one of its demands. It is especially significant to us that the union has not made any other health item a collective bargaining issue nor has it demanded extra pay for jobs found to be especially hazardous. We believe this is evidence of an honest desire to effect real health protection for the workers. Apart from health, very real savings out of proper maintenance of control equipment should result.

While the bureau has put in the hands of the union facts which may be at the moment embarrassing to the company, thereby perhaps causing increased tension and resentment, this very procedure once and for all creates the possibility of ending a long period of mutual distrust and suspicion nourished by previous failure to give the facts. The air is cleared for both sides to see the health issues, and to work together on them rather than against each other.

The study stimulated the union local for the first time in its existence to engage a medical consultant. The union informs us that the workers themselves are showing a keener interest in personal health practices.

The study, demonstrating the scope of health protection, has greatly strengthened in the minds of both management and labor the importance of health services in industry. It has enhanced the status of the company's medical and industrial hygiene units within the company itself.

The newly employed industrial hygiene engineer and the employee-management health committee, working together, will generally effect smoother, more efficient health protection measure.

Among other requests for equipment to gain table.

The bureau ways. The professional perspective of this study of this educational also brought between the industries in technical side about the learned data and on clinical relationships who reports. Class so rare that other clinical findings.

Most important this plant have and better protection such protection study was un-

We believe practice, a professional health. We would like cardinal element.

1 The official

Among other things, it will prevent requests for inadequate or unnecessary equipment from appearing at the bargaining table.

The bureau has also gained in many ways. The teamwork of the varied professional personnel required to make a study of this type has been an important educational experience. The study has also brought about a closer relationship between the county health officer and the industries in his community. On the technical side, we have learned much about the lead problem. We have obtained data on laboratory techniques and on clinical and environmental relationships which we believe merit future reports. Classical lead poisoning is now so rare that we were compelled to use other clinical classifications for our findings.

Most important of all, the workers at this plant have better health protection and better prospects for improvement of such protection than they had before the study was undertaken.

CONCLUSIONS

We believe we have exemplified, in practice, a philosophy of the place of the official health agency in private industry. We would like to summarize here the cardinal elements of this philosophy.

1 The official industrial health agency has

a primary responsibility to safeguard the health of workers.

2 Its technical work and its policies must be unbiased. It must assume, as a working premise, that requesting groups have no other motivation but the desire to protect health. This is the common denominator for reconciling the complex motivations of all groups.

3 It must substantiate with facts its evaluations of health hazards and of the adequacy of protective measures.

4 It must constantly stimulate the attainment of high standards of quality in industrial health practices.

5 It must be able to interpret intelligently its program to labor and management and to the health professions. Improvement of techniques and programs results from obtaining participation of all personnel involved in such changes, recognizing the existence of differing levels of technical understanding. Critical discussion of techniques must be limited to persons qualified to understand and participate. Resulting information must be cleared with all groups and agencies concerned.

6 As a corollary of its first responsibility to protect the health of workers, the official agency has responsibility to evaluate the adequacy of private facilities for employee health. However, it avoids duplication of existing services which can and should be privately maintained as a proper charge against the cost of production.

7 It is a major objective so to conduct studies that not only the plant's previous methods and programs, but also the agency's, are improved thereby.

8 The public health results of governmental industrial hygiene work are built during the course of a study and are not a selling job based on a study report.