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# INDUSTRIAL RELATIONS

# MANAGERS' MEETING

## EDGEWATER GULF HOTEL

## EDGEWATER PARK, MISSISSIPPI

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# INDUSTRIAL HEALTH PROGRAM

Kenneth W. Smith, M.D.

Where have we been? Where are we now? Where are we going? This will be my theme as we discuss and re-emphasize certain aspects of our Industrial Health Program.

Where have we been? Well, I would like you to know that there has been a continuing theme in these conferences over a period of many years. When the first meeting was held on January 18, 1937, the late Lewis H. Brown, who was our Chairman and Chief Executive Officer for many years, emphasized that Johns-Manville needed a strong Industrial Relations Department at every location; he then proceeded to outline the objectives of an Industrial Relations Program. One of the first objectives about which he spoke was, and I quote - "Safe and healthful places to work. Reduction of accidents produces savings as tangible as those produced by eliminating waste. We must not rest until we have established a record of having the most healthful and safest plants in which any industrial employee can work."

"It must be our continuing policy that we will at all times be alert and active in protecting our employees against disease and injury by providing safe and healthful working conditions, and in educating our people on how to avoid the day-to-day hazards to health and injury."

In my opinion, those were pretty sound objectives, and are as easily attainable today as they have been through the years since 1937. A glance at our records will show you that a tremendous job has been done in lowering our accident frequency over the years. Fewer people have been hurt. But - while we were reducing the numbers of accidents our dollar costs kept rising because of more liberal Workmen's Compensation benefits. And today we are experiencing an increasing number of unfortunate occupational disease cases because of the dirty working conditions of several years ago.

So - even though our plants may seem to be clean and we have relatively few injuries we must increase our preventive efforts. - The only way to control our dollar costs and maintain a healthy working population is to prevent the initial occurrence which results in the injury or disease.

The objectives of our Industrial Health Program today are based upon many of the things mentioned in Mr. Brown's speech in 1937. One of the salient features of our program is the physical examination, designed to protect the health of our fellow worker who, after all, is our most important asset. We examine an applicant before employment not simply to find physically perfect specimens, but to find any physical or mental defect which might be a hazard to the individual or his co-workers if he is employed; and then to see if he can be placed on a job according to his capabilities or limitations. Once employed,



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we must re-examine this person on often [illegible] his health status, and his reaction to life in general - both [illegible] occupational and nonoccupational trials and tribulations.

Several questions have arisen concerning how frequently a person should be examined. Well, ideally, it should be according to the individual's needs. We might have a young and healthy individual who is working day in and day out efficiently, never absent for any reason, and we could examine him once every two years. On the other hand, it might be necessary to examine an older person who has a serious health defect every six months. To have such an examination program would require very close scrutiny of the daily living habits of each individual person in the plant. It would be necessary to correlate physical examination results with each and every cause of absenteeism and, with the Industrial Relations staff which we have in most of our plants, this is almost impossible.

On the other hand, we might examine an individual according to the potential hazards of his job. Some people have felt that we should do an examination on employees of Roofing or Flooring plants, where there are no serious health problems, once every two or three years. On the other hand, it is an absolute necessity to examine employees where there is a dust exposure, such as in Pipe or Rigid Shingles, at least once each year. At a multi-division plant you can readily see that to have different standards for physical examinations between various departments would immediately designate certain ones as hazardous. With our job-bidding system, this could result in a movement away from certain jobs; also, in time of cut back, it could create a real problem in the placement of certain individuals who have been harmed.

To clear up any doubt which may exist in your mind I am recommending that each employee have an annual periodic physical examination while he is working for Johns-Manville. This is the surest way, and the most economical, to keep our people healthy and happy, working full-time on the job, and to prevent financial liabilities from occupational conditions.

The type of examination which I have discussed with your doctors is simply a good, thorough, physical check-up such as one gets when taking out a life insurance policy. But let us remember one thing - the mere act of examining a person is meaningless unless we know the results and act upon these. Therefore, I believe that each and every one of you should work closely with your doctors and nurses to understand what recommendations they might have as the result of a physical examination, and then take whatever action you deem is necessary to protect the individual's health or to help him improve his condition.

In our Industrial Health Program we require applicants to pass a pre-placement physical examination before they start to work. I must emphasize that this is <u>before</u> starting work of any kind for Johns-Manville. We cannot hire a man, put him to work, and then examine him a day or two later. He must be examined before he has done anything for remuneration for this Company. I emphasize this because



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of a changing trend that is appearing in the field of Workmen's Compensation. In past years, most states required us to pay Workmen's Compensation only for illness or injury which we caused. We were absolved of the responsibility for any other ills that a man might have, such as those which could have been due to previous employment. Now, many state authorities feel that if a man has a pre-existing weakness and we aggravate that weakness, we should be responsible for the total sum of the weakness, not just the aggravation. Many states changed their legislation to make this possible, and more will join in this trend towards more liberal benefits. Now we accept the man as he is. If we put him to work for one minute, or one hour, we must expect to be responsible for any weaknesses or health defects he may have. Let me give you an example to illustrate my point.

Recently, I heard of a foundry worker who had been in the steel industry for 40 years, and during this time had worked for three employers. He changed employers last fall and, after working 9 days for his 4th employer, he filed a claim for total disability because of silicosis. The 4th employer did not have a pre-employment physical examination program and had accepted the man with silicosis. The man was awarded total and permanent disability benefits against his 4th employer even though he had contracted his disease during the 40 years of work for 3 other people. I shall not belabor the point, a pre-employment examination program means just what it says - examination before doing any work.

Recently, there have been several decisions to move sales personnel from the downtown sales office to a nearby plant location. I believe that our Industrial Relations responsibility towards these people should be just the same as it is to our regular production workers. These salaried people should participate in the Physical Examination Program just as do your present salaried production personnel. However, I would like to outline one phase of our program which will be slightly different for the sales people. Wherever possible in this country, the Products Corporation is self-insured for Workmen's Compensation. But - the Sales Corporation has Workmen's Compensation coverage carried by the Travelers Insurance Company.

I do not believe that it is necessary to send all Sales personnel when they have minor accidents to the Travelers' doctors, when we may have part-time doctors and nurses on the staff in the plant who can treat the cases as part of their J-M work. Therefore, I would suggest that you explain to the Sales people at your location that our facilities are available to them for all minor treatment, examinations and consultations. If, however, there is an accident to one of the Sales people which is too serious to be treated in the plant, he can be sent outside to our part-time J-M doctor, or to another recognized Travelers physician in the community. The necessary reports then will have to be made to the Travelers Insurance Company. But remember, these Sales personnel cannot be treated by non-professional first-aid people because of the provisions of the Travelers policy.



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I would suggest that whenever possible, treatment for all minor injuries should be made in our plant. They do not have to be reported to the Travelers Insurance Company although we must keep our own accurate records. And, of course, the fewer accidents we report to them, the lower will be our insurance premium.

The subject of insurance for doctors and nurses has been brought up several times in the past couple of years. I would like to reiterate our policy concerning this insurance for malpractice which has been in effect for many years. It is our policy to provide complete protection for our professional people while in the performance of their Johns-Manville duties. Johns-Manville pays all premiums for this insurance. The Company will not underwrite the cost of any personal policies which the doctors or nurses may take out on their own. This insurance is provided automatically through a blanket policy at general headquarters so that you do not have to worry about budgeting for it. I might add, however, that in making the rounds of various plant locations I have advised nurses and doctors to provide some type of liability insurance on their own because our insurance does not cover them for their personal work after regular J-M working hours, or when they are performing duties other than those required by the Company.

And here I had better explain the terms "malpractice" and "negligence". A negligence action can be brought against any individual because of his carelessness or his short-comings. A malpractice suit can be entered only against a professionally-trained person who has not acted within his competence.

All of us are aware of the changes in personnel which have taken place in some of the plants during the past year or so. At two locations the industrial nurse was separated and not replaced. At a third location the nurse's job was rather drastically changed and she was taken from the salary payroll, and put on an hourly rate. I had no knowledge of these changes until some months after they had actually taken place, even though it is my responsibility to approve the selection and retention of such professional personnel in our various locations. I bring this to your attention because we must by law have adequately trained people to treat our accident and disease cases at each location, and I would like to be in a position to help you provide these services by properly trained personnel whether they be nurses, nurse-stenographers, or well-trained first-aid people.

I emphasize training and qualification because in recent months I have seen several cases of law suits involving individuals who have offered first-aid treatment when they were not qualified to do so. I would like to point out that if any individual whether he be a foreman, supervisor or Industrial Relations Manager, treats an injured employee, or offers such a simple thing as an aspirin for a headache to an employee, the Company is covered against a negligence law suit for the action of that employee. However, the individual offering the treatment is not covered unless he or she is qualified by training. The unqualified individual can be enjoined in a negligence law suit, and there can be adjudication separately against the individual for which he is personally responsible.




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Therefore, if in your treatment program you have people who are considered not qualified either by professional training such as a nurse, or guards who do not have Red Cross certificates, I would suggest that you take immediate steps to rectify this situation to avoid law suits against the Company and against your individuals.

Now a word about plant processes. We must be alert every day to process and material changes within the plant. A simple change in one raw material in a plant can have serious and far-reaching effects on the total operation. Take for instance what happened last year in some of our roofing plants. There was a cost reduction program as all of you know. Someone found that they could use river sand as a backing material on roofing much more cheaply than the material they were using at that time. This looked like a good cost reduction program but when we investigated the river sand we found that it was over 90% pure silica. In the past, we were using a relatively inert talc or mica and had no pulmonary disease problem. By a substitution of sand for talc we immediately exposed many employees to the hazards of silicosis and the Company to serious Workmen's Compensation liabilities. In addition to that, we now require all employees in these roofing plants to have much more extensive annual physical examinations and full sized, 14" x 17" chest x-rays.

So, was this really a cost reduction program when we substituted one material for another? I think not. I reiterate - we must be alert every day to what is going on in the plant. We must have the confidence of the plant manager and his staff so that when such changes are contemplated we shall be aware of them. Then we can act as consultants to the plant manager and help him avoid trouble.

Let us now review the subject of Noise Control and Hearing Loss. Thirty years ago, many large industries in this country were faced with a very serious occupational health problem. I refer to silicosis and related occupational pulmonary diseases. The companies suddenly realized that working conditions had created widespread sickness among employees, and that laws were being created which would have very serious financial effect. There was slow but general and gradual awakening among the employers. Pre-employment and periodic physical examinations were instituted, chest x-rays were taken routinely, and industrial hygienists were employed to sample the atmospheric working conditions. You all know the story. Gradually, industry was cleaned up so that today silicosis is a relatively minor problem when compared with the situation which existed in the early 1930's.

I recite this bit of history to introduce the subject of occupational deafness. Today, I am firmly convinced that we, as employers, are faced with the same problem that industry faced 30 years ago, namely, we have a new occupational condition which is becoming widespread, which will harm our employees, which will create very serious financial liabilities to all companies who have objectionable noise in their work areas; and this new occupational condition will be much more difficult to identify positively, to measure and to control. Thirty years ago, silicosis could be identified. Once identified, it could



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[illegible] anything else, and recovery from the condition was [illegible]. Today, the medical profession cannot say positively that a given hearing loss is due to a man's occupation, and not due to some extraneous cause such as disease, drug poisoning, or other factors such as aging. In addition, some hearing losses today which are of recent origin can be vastly improved if the individual is removed from the noisy working exposure. Recovery is possible, whereas in silicosis it was not. All of this makes me firmly convinced that we must pay much more attention to the problem areas where we are creating noise in our plants.

I cannot emphasize too strongly that noise must be controlled rigidly today if we are to avoid the catastrophies that hit so many people because of the silicosis problem in the 1930's. Gentlemen, ten years from now I do not want to walk through our plants and see people whose hearing has been impaired seriously and permanently because we ignored the warnings of 1963. Today, we have an opportunity to practice fire prevention. If this is not done, we shall have the much more difficult task of fighting the fire a few years hence.

In the first place, all areas in each plant and mine must be surveyed thoroughly for objectionable sound. Cliff Sheckler and I will discuss particular methods with you individually at a later date. Once a source of objectionable noise has been identified, engineering efforts to control this noise must be instituted. As a corollary to this hygiene program, we must have pre-employment audiograms on every person applying for employment in each plant where there is a noise problem. In our method of working, with job transfers and the seniority provisions of the labor contract, it is almost impossible to freeze an individual on the given job; so all people coming on the payroll must have normal hearing. Thereafter, periodic physical examination programs must include an audiogram.

Now just a word about the audiogram. You are all aware that we test a person's hearing in varying levels of intensity of noise which we measure from zero in 5 or 10 decibel increments. In addition, we measure the person's hearing ability in various wave lengths or frequencies. The normal audiogram will test the frequency from 125 cycles per second, 250, 500, 1000, 2000, 3000, 4000, 6000, 8000 and sometimes 12,000 cycles per second, and in each one of these various frequency wave lengths we test for a given decibel or amount of hearing loss. Now, in many of the states in which you operate, compensation is paid only for hearing loss in the speech zone which is from 500 cycles to 3000 cycles per second, totally ignoring any loss above the 3000 frequency. It is obvious that the high pitched noise will cause deafness in the higher frequency ranges. This is a gradual process, deafness increases slowly without the person being aware of it when he is exposed to high frequency noise.

In California, under their new and very stringent law, no compensation is paid if there is any hearing loss over the 2000 cycles per second frequency. A man can have 70 or 80% loss in the high frequency range, and still have no compensable deafness. But, there is a fallacy in this.



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The new law is just the law is the law is future [illegible] because high frequency loss is progressive. Very soon the standard for compensation will be raised from 3000 to 4000 cycles per second, then to 6000, and then to 8000, as people begin to realize that they do have some hearing loss which is measurable, and which interferes with their normal enjoyment of life such as being able to hear a piano or violin properly played. So, I say that we must test from 500 cycles in the low range to at least 8000 cycles in the high range. No matter what your Workmen's Compensation laws state today, we must examine an individual in the broad spectrum of hearing range to prevent future hearing loss in our employees and Workmen's Compensation liability for us.

I will add one more thought about hearing testing. I said that all people must have an audiogram before they are employed if there is a noise problem in the plant. It is not simply enough to have an audiogram on the individual machine operator who might be working at a Mareen-Johnson saw, or on a Transite lathe, or some such other piece of equipment. These operators can be protected by earmuffs, but we must remember that noise is a sound wave which can be propagated and reverberated according to the structure of the building where the source is. While the machine operator may be protected by earmuffs, others working 60 or 80 feet away from this machine might be exposed to noise beyond the maximum allowable concentration. Therefore, people working in a building where there is a source of noise which can be propagated, and which can be demonstrated by the industrial hygiene survey to be above MAC, must have annual audiograms and ear protection. Control the noise if at all possible - protect the employees - always!

Now just a word to emphasize Ed Childs' words about Disability Retirement. Be sure you understand that an employee could be retired for disability - but still not be eligible for disability benefits under our Group Life insurance plan.

Also, a man might legally be granted total disability benefits under the Workmen's Compensation provisions of his particular state, and still not be eligible for medical disability under our Retirement Plan.

I think that these differentiations are important. You all know that in order to participate in disability retirement, the employee must be alive on the first day of the month following approval by the Retirement Committee. If he dies before the first of the month following Committee approval - his widow will receive only his contributions plus interest, and none of the Company contributions to the fund. You can see how important it is to the unfortunate widow that her husband be alive on that first day of the month date.

It is pretty difficult to predict the time of death for any sick or injured individual. But - we must have a reasonable guess - if you cannot get this from the treating doctor, just let me know and I shall get this information for you.

On the other hand, I have seen some instances where the supervisor became excited when his employee had a heart attack - and on the second day of illness discussed Disability Retirement with the victim and his wife.



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Obviously, this made the sick man quite apprehensive and worried his wife, to say nothing of the effect on the treating doctor's opinion of Johns-Manville, when there was every reason to believe that the employee would recover completely from his very mild heart seizure.

So, if there is any question of a sick employee living or dying, get the facts from the doctor, and do not approach the employee or his family.

If there still is any question, just call me immediately and I shall get the correct medical information from the local doctor for you.

And, above all, don't try to play God and predict how long a cancer patient will live: this has been tried with disastrous results. Once a supervisor tried to prolong service on the salaried payroll, rather than place the man on lower income in retirement. The man died before disability retirement could be approved. The widow lost a considerable sum of money because the supervisor did not understand the retirement plan.

A look into the future - eight years ago at another meeting such as this, I made a prediction which was considered rather rash at that time. I prophesied that it would not be long before we would be paying Workmen's Compensation for nearly all the ills of man including the common cold. Well, today, I don't know of an actual claim for a cold - but there is no doubt whatsoever that Workmen's Compensation benefits are becoming much more liberal every year. The mere fact that a man had a heart attack at home in New Jersey was considered occupationally related, just as was the case of the man who dropped dead in the parking lot at Marrero Plant.

You all know that since our last meeting, Canada has adopted a medical scheme which is just one step away from socialized medicine.

Look at the socialistic changes being made every day in the Kennedy "give away" program in Washington!

Is there anyone in this room who can doubt that we are moving rapidly towards a welfare state?

So my suggestion to you is simply this: - Maintain clean working conditions at all times; use our facilities and people to keep our employees healthy and on the job; avoid the unnecessary expense of occupational and nonoccupational absenteeism; and make sure that you avoid any contract language or other agreements concerning our health program which might come back to haunt you in later years.



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# INDUSTRIAL HYGIENE PROGRAM

C. L. Sheckler

Fellows, as we talked individually last night and I look around the table at this group today, I am reminded of the effort each of you has put into the Accident Prevention, Industrial Hygiene and Housekeeping program. You have made considerable progress during the past two years and I'm confident this effort will continue.

Over a period of time many of us have accustomed ourselves to working in plant areas where substandard housekeeping, poorly engineered and maintained mechanical exhaust systems, and generally low grade health standards exist. These conditions need not, and certainly should not be accepted as necessary because of the nature of our J-M products.

Lompoc, Stockton and Dutch Brand are some of the excellent examples of maintaining good housekeeping in accord with our J-M standards. All plants can operate under these standards if proper management, supervisory interest and effort is expended.

I would like to review several excerpts from C. B. Burnett's presentation at a recent J-M top management meeting concerning Industrial Hygiene and Housekeeping policy:

## A. - "Well-Being of Employees

As a progressive, growing company, we can't accept the conditions, the exposures, the hazards of several years ago as 'part of the job'. It is our responsibility to operate without exposing our people -- our most valuable asset -- to working conditions which are detrimental to their well-being.

To accomplish this requires the efforts of many -- production, engineering, industrial relations, research and others, in -

1. Identifying the problem potential.
2. Evaluating the extent of the problem, and
3. Developing methods, machinery, and equipment to control the problem.

## B. - Loss Prevention Objective

Our objective as part of our programming for maximum earnings through the control of preventable losses, shall be to:



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1. Bring working conditions under control within the safe health threshold limits.

2. Establish and maintain housekeeping standards so our plants will be regarded as "clean" by J-M management, employees, the community, as well as state, labor and health officials.

Direct responsibility for this lies with the Division General Managers. The development and use of adequate controls is a specific function of the Division Production Manager and his plant managers.

C. - Effective Control Program

An effective hygiene program requires that you:

1. Identify problem areas through regular evaluation of all potential exposure sources.

2. Assign "out-of-control" projects to the appropriate engineering group for correction.

3. Establish management housekeeping teams to develop and maintain high housekeeping standards.

4. Evaluate all new materials and processes to insure identification and control of exposure potentials.

5. Appraise the effect of the work environment on our personnel through periodic medical examinations.

6. Report semi-annually through Industrial Relations the status and progress of the control program."

As heretofore stated, the purpose for dust, fume, noise and other health hazard control goes far beyond the need to merely have a good looking plant. Evaluation and control of health hazards affects every phase of your Industrial Relations function. Poor housekeeping and unhealthy conditions invite and result in increased traumatic injuries and, more importantly, in incurable and often fatal occupational diseases. Traumatic accidents or occupational diseases invariably result in Workmen's Compensation cases which require your attention. In recent years, the local union groups have taken a tremendous interest in plant injuries and Workmen's Compensation; therefore, an injury could involve labor relations problems related to a specific case, or even to the extent of much more serious difficulty. This difficulty could result in demands by the unions to the State Departments of Labor because of allegedly unsafe working conditions, insistence for review of our J-M dust counts or other Industrial Hygiene records, even threatened and actual work stoppage pending discussions and action to correct unsafe conditions. Regardless whether or not there is intervention by the labor organization, uncontrolled health problems resulting in injury or disease create extensive employee relation's problems. Physically impaired people require your attention in relation to leaves of absence, replacement of personnel



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who are absent, proper job placement upon return to work, medical evaluations, processing benefit payments during absence, and numerous additional details - all of which if totaled, require an unbelievable amount of Industrial Relations' time. Have you ever had undesirable working conditions become an issue in contract negotiations? If not, you're fortunate; if so, you've probably spent a good deal of time on this subject, and it is one that the labor boys can and will use to their best advantage. Chick and Stanley will certainly verify the fact that a simple fractured toe at Manville Plant once played a major role during contract negotiations.

Do you make a practice of inviting visitors to tour your plant, especially local community groups? What do they think of the appearance? Is there a need for you to apologize for the plant appearance and use the old worn-out excuse that the conditions are a result of the nature of the product? Again, the same conditions resulting in injury or disease, which we have demonstrated as requiring considerable Industrial Relations' time, also affect your community relations. The local doctor, attorney, clergyman, neighbors of the injured, hospital personnel, and many other people become aware of the poor working conditions and, in no time at all, J-M has acquired the reputation of "the dirtiest plant in town", "the last place in the world I'd want to work", and many other less polite phrases. With this reputation, what kind of people can you attract for employment? Do you think this type of reputation will affect only the caliber of hourly employees seeking employment? If so, you're wrong for it will also affect your stenographic, secretarial and eventually your supervisory personnel as well. When you must scrape the bottom of the labor market barrel, these people have an adverse effect on all of your labor problems.

Again, I would like to quote Mr. Burnett pertaining to Industrial Hygiene and Housekeeping policy:

"Important Benefits

A vigorous industrial hygiene program will pay off in substantial dollar savings each year.

In addition to tangible dollar savings, effective hygiene control will result in these difficult-to-measure but important benefits:

1. Improved morale and attitude of our employees.

2. Improved status and influence in community relations.

And both these will -

3. Attract better people to J-M.

I am sure that this program for a better place to work and at less cost will have the full support of each Division Manager and his Production and Plant or Mine Managers and their staffs, that everything will be done to assure its success."



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Methods and procedures for controlling health hazards are specifically defined in the Industrial Health Standard Practice Manual. I recommend that you review and follow these Standard Practices. Several general suggestions might be helpful to you:

1. Good housekeeping is absolutely essential. This does not mean periodic clean-ups for visitors or a once a week routine; this means a continual effort. It is senseless to attempt measuring atmospheric contamination by instrumentation if a broom and shovel are the appropriate tools.

2. After housekeeping standards have been established, then an evaluation of the atmosphere by hygiene surveys is necessary. It is certainly true that your sense of sight and smell cannot always detect a potentially hazardous condition when using toxic material. You are all aware that we have now established three J-M area Industrial Hygiene Laboratories throughout the United States in Manville, Waukegan and Lompoc. The industrial hygienists, responsible for these labs, were specifically selected by us and trained by the U.S. Public Health Service, in addition to their basic formal education. These are not part-time functions performed by a lab technician or production workers -- these are competent men with specialized backgrounds who are constantly studying, developing and applying industrial hygiene techniques. They not only measure atmospheric conditions, but determine reasons for the conditions, investigate variables in production processes and materials, evaluate operating personnel and methods of operation, determine toxicity of new raw materials. These men will survey your plant and subsequently we will advise you of the conditions which require attention, also determine for you the priority for action to be followed in order to eliminate or minimize that most serious health problem first.

3. Evaluations of potential health hazards such as dust, fume, noise, etc., arising from J-M operations are to be made on a periodic basis. Frequency of surveys will be determined by extent of exposure or other circumstances. Survey intervals should not exceed twelve months. Survey methods and equipment will be specified by Dr. Smith and myself.

All requests for Industrial Hygiene services are made by the plant manager to our office. We will administer and coordinate survey arrangements with the appropriate area Industrial Hygiene laboratory location. Requests for such services should include a code number for charging all survey expenses, and the reason for a survey request. Reports and an analysis of the survey results will be sent to the plant.

Industrial Hygiene surveys should be done in each plant, regardless of the nature or extent of exposure. One major reason for such a survey is to have documented Industrial Hygiene records by a qualified hygienist for future use as evidence for presentation to local, state or federal governmental agencies when required, as well as bona fide records for litigation purposes including Workmen's Compensation, common-law third party, or possibly customer liability claims. If no exposure exists, your records will be available to present factual



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evidence should future claims be filed. In the event you have occupational disease cases currently employed in the plant, these accurate records can be used to place impaired people in non-exposure areas with confidence and assurance to them, that no further harm will be done. Another very important use of the Industrial Hygiene survey records is to efficiently determine the extent of engineering required and to measure its effectiveness subsequent to installation.

4. When the results of a J-M Industrial Hygiene Laboratory survey indicate areas beyond the Maximum Allowable Concentration (MAC) and requiring control, engineering is not the immediate answer. All possible effort should be made at the local plant level to eliminate the problem prior to requesting engineering services. A task team assignment as prescribed in Standard Practice IH-96 is the proper approach. This local task team should investigate and exhaust every effort to eliminate the problem by housekeeping, method changes, material handling changes, maintenance, etc. As a last resort GPED, or other outside engineering assistance should be summoned. The benefit of the task team's experience must be passed on to this engineering group in order to avoid time consuming and expensive repetition.

Your job is to assist, advise and interpret policies and Standard Practices for the plant manager in the areas of controlling health hazards and preventing resulting injury, disease and related financial liabilities.

## Accident Prevention

We have made steady progress in organizing and administering our accident prevention program at all plant locations. The fact that our accident frequency has continually diminished over the past years is an indication that this approach is effective. Our J-M objective for 1962 was a frequency rating of 5.0, we did not achieve this objective but did reduce the frequency to 6.0.

Although we have improved, the improvement is not sufficient, especially considering the vast number of potential hazards which are recognizable. Some of these have caused prior trouble, and they have been permitted to exist without effort for correction.

Statements of policy concerning Accident Prevention have been made on several occasions. I would like to quote the most recent:

> "To ignore evaluations of injury potentials because -- 'No one has been hurt' -- is to ignore a basic management responsibility of getting the facts upon which to make a decision. The old adage ---'Ignorance is bliss' -- has been expensively disproved".

We currently issue a Monthly Comparative Safety Summary Report, (Accidents Are Caused), indicating the accident prevention performance of all Divisions and Plants. Each of you can therefore determine your Division and Plant accident frequency and rating. Your plant's



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standing within your Division and your Division's standing within the company is a unit of measure to determine managements efficiency and ability in controlling unnecessary loss.

We have had some questions in relation to the method of computing accident ratings shown on the Comparative Safety Summary (Accidents Are Caused). If any of you wish further explanation concerning the ratings on these reports, we will be glad to review this matter with you individually after today's meetings.

Recognition for outstanding accident prevention performance is given in the form of Safety Awards. The types of awards and procedure for obtaining them are described in Standard Practice IH-22. These awards are as follows:

1. The President's Award for Production Safety is a trophy presented each year to the plant achieving the best Accident Prevention Rating at year end.

2. Production Safety Award Trophies are presented to plants operating throughout the current year without a disabling injury.

3. 1, 2, and 3 Million Man-hour Banners are presented to departments or plants for accumulating this number of man-hours without a disabling injury.

4. 250, 500, and 750,000 man-hour plaques are presented to departments or plants for accumulating this number of man-hours without a disabling injury.

To obtain any of these awards for your plant, make a request through my office. Please indicate the name of the plant or department, number of man-hours accumulated, and inclusive dates of achievement.

Awards for smaller groups or individual employees may be arranged by you for suitable recognition. This type of presentation should also be cleared through our office.

The operation and function of our J-M Safety Program and organization of Safety Committees are specifically defined in the Industrial Health Standard Practice Manual. If you wish to prevent problems such as industrial injuries, poor housekeeping and unhealthy conditions from becoming major issues in every phase of your Industrial Relations function, then it is imperative that you manage your accident prevention program effectively.

Several general suggestions for achieving favorable accident prevention performance are:

A. Establish a safety committee organization as prescribed in Standard Practices and give this organization your full support.



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B. Provide the Plant Managers and Staff with Accident Prevention performance records on a departmental basis at weekly or monthly intervals in order to analyze where accidents are occurring.

C. Investigate the types of accidents which do occur.

D. Determine whether or not only a small percentage of your total employees are having repeated injuries.

E. Stimulate interest for Accident Prevention within the working force.

F. Most importantly, impress upon your Plant Manager the importance of his attitude and that of his staff. Good accident prevention performance is a reflection of good management and supervision. The Plant Manager's and, in fact, your attitude toward achieving a favorable record will quickly interject itself into the foreman, section leader, and men on the floor.

## Workmen's Compensation

There isn't much to be said on this subject that you did not hear me say during our last meeting, or during visits to your individual plants. The situation is getting constantly worse, the progress of deterioration has definitely speeded up over the past two years and there is no anticipation that improvements will be forthcoming in the near future. As a result of the liberal give-away policies of our current federal administration, most state agencies have allied themselves to the extent that it has now become a contest to determine who can give away other peoples' money in the most rapid manner. Unfortunately, political philosophies find their way into our judicial system, and much of the fantastic effort to have industry care for all ills of life, and spread the wealth, is a result of upper court decisions. Our direct cost of Workmen's Compensation in J-M is close to 1 million dollars a year, the indirect plus the direct cost is approximately 3 million dollars a year. There are several ways by which we can reduce these expenses.

A. Reduce and eliminate accident hazards and industrial injuries.

B. Execute an efficient and effective medical examination and treatment program. Maintain good medical records and put them to use. Refrain from hiring liabilities. Recognize potential employee health problems both occupational and non-occupational before they develop into liabilities and do something about them.

C. When an injury occurs, investigate every detail thoroughly and document records of these details. Insist on properly prepared Supervisor's Investigation of Accident reports.



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D. Take immediate action to correct any unsafe conditions which were determined as the cause of an occurrence.

E. Follow up the claim for Workmen's Compensation, know what the employee is doing about the matter, keep in touch with the treating J-M physician and if an attorney is retained to represent J-M, be sure you give him complete information. He can only defend J-M on the basis of the information which we provide for him.

F. Workmen's Compensation is your responsibility including preparation of information from the start, contact with physicians and other medical personnel and also case handling by local attorneys. Know, understand and discuss medical and legal fees. Evaluate visits to physicians for treatment, time spent on cases by attorneys, and if these costs appear extensive or unnecessary, contact us and we will assist you in clarifying the situation. Your plant and division are paying for this service and we must be certain that we're getting the best results for our money.

G. Keep abreast of Workmen's Compensation, Unemployment Compensation and other social benefit legislation in your state. Contact the employer organizations to which we belong and request their opinions on legislative matters. Keep us informed of potential legislation that will affect these benefit areas. When recommended, take specific action to make our J-M views known through the employer organizations and other groups. Attempt to hold the line on Workmen's Compensation and Unemployment Compensation by evaluating each claim on the basis of whether it is legitimate or fictitious, whether the extent of liability is reasonable or unreasonable, and whether the action taken will establish adverse precedents or procedures. In general, you have all been doing a very excellent job of handling Workmen's Compensation claims. Remember, that in the majority of cases, Workmen's Compensation is an "after the fact" result of a plant injury and, at its best, cannot eliminate or minimize the cost as preventing the occurrence, at the outset, would have done.

In closing, Fellows, I would like to leave you with one last thought. This is probably the most important thing I will say today.

We are all human, we may be physically different but basically we all react to the same motivation. The machine tender, the lift truck operator and the sweeper are all as concerned about their security and well-being as the Plant Manager or ourselves. If the health and future livelihood of one of your people is threatened by injury or illness, ask yourself how you would react if it were you, your father, your brother or perhaps your son. Place yourself in the other fellow's shoes and then handle the situation in the same manner in which you would like to be treated.



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## Discussion Period

P. D. Burnum - Should ear muff protection be furnished prior to initiating audiometric examinations?

Answer: Yes, ear muffs should be furnished upon determination by Industrial Hygiene instrumentation that a noise hazard exists.

C. Christensen - Does the time of day that the audiogram is taken make a difference?

Answer: The audiogram should be taken during the routine physical examination. If it is found to be other than normal, it should be repeated after the employee has been away from the exposure for a 24 to 48-hour period, or longer. A repeat on Monday morning after a weekend away from the exposure and before returning to the exposure would be advisable.

C. A. Granger - Are the present Industrial Hygiene Laboratory facilities available to Canadian plants and mines?

Answer: By all means. The Manville Industrial Hygiene Laboratory has already made one survey of the Toronto Plant. Upon request in accord with Standard Practices we will make arrangments for any of the Canadian locations pending the installation of an Industrial Hygiene Laboratory in Canada.

J. M. Pringle - The Ontario Government has facilities for Industrial Hygiene Surveys, should we use these facilities?

Answer: We prefer to use Johns-Manville facilities and methods rather than an outside agency. By using consistent, standard methods throughout the Corporation, Dr. Smith and I are in a much better position to interpret and evaluate survey results for your location. An Industrial Hygiene Survey is of no value unless the hygienist observes methods, materials, source of contamination, efficiency of collecting equipment, etc. This requires knowledge and understanding of the production operations and raw materials. Outside agencies cannot accomplish this result.

C. H. Grote - Are the various plants pleased with the J-M Area Industrial Hygiene Laboratory services?

Answer: Yes, this arrangement has obtained excellent results to date.

C. H. Grote - Manville is not pleased because of the costs. We pay for the man's salary and fringe benefits when working at other locations.

Answer: The arrangements for allocating the expenses of personnel doing the survey work was reviewed and approved by Finance and the Division Production Managers. It was agreed upon that the travel expense, materials, shipping costs and salary of the hygienist would be charged to the location requesting the survey.



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Remarks: C. W. Hite

Mr. Hite commented on the importance of housekeeping and and the Industrial Hygiene Program. He indicated that survey expenses should be charged to the proper responsibilities. Mr. Hite also emphasized the need for awareness in relation to social benefit legislation. He stressed the importance of controlling minor legislative issues as well as major bills. It was pointed out that many of the less important legislative bills passed today can become the foremost problems of the future.



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## SUMMARY

Kenneth W. Smith, M.D.

You heard me quote Lewis H. Brown's speech in 1937 about safe and healthful working conditions. You heard Cliff repeat some of the words that C. B. Burnett uttered just recently on the same theme. I think that we all can understand that our top management over a period of 26 years has believed in this policy.

We are trying to carry out this policy with our Industrial Health program by providing the pre-employment examinations, and I stress pre, the periodic examination preferably on an annual basis, and the more extensive key examinations for you and your staff.

Where there is a movement of the sales personnel to your plant locations, treat them as you do the other people.

And I am emphasizing once again that we must have properly trained and qualified people to treat employees at all times at our locations. I use the word "qualified" so that our employees will be properly treated and we can avoid lawsuits.

Let us be aware of all the plant process and material changes. Take steps to protect employees where you recognize these changes. Cliff and I are working with all the people at Research to identify a toxic material before it goes into a product. If you have questions, call upon us. We'll give you the answers.

Noise will present a serious problem to all of you in the near future. All locations should be surveyed to identify areas where noise is over 90 decibels. All employees in noisy plants must have audiograms, engineering and control of noise must be instituted, and employees wear ear muffs.

There are three industrial hygiene laboratories at Manville, Waukegan and Lompoc to service plants in these three geographical areas, and one will be instituted soon in Canada. Your plants should be surveyed at least once a year. These surveys are requested by the Plant Manager at your instigation and coordinated through Cliff's office.

A final word about disability retirement. The doctor's certificate must state clearly the exact nature, the extent, and the probable duration of disability, and remember that the disabled employee must be alive on the first of the month following Committee approval.

We've laid out many "musts" concerning your job. Please remember that Cliff and I are working constantly to get you better tools with which to work. Just call on us at any time if we can help. We're your servants. You heard Chuck say that Johns-Manville's reputation over the years has been built on the ability and the integrity of the people. Let us continue to select them, to train them, but, above all, protect them.



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