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General Headquarters
January 4, 1953 LEPT.
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H. J. O'Brien - Manville

Industrial Health Program - Manville Plant

This will confirm the meeting held in your office December 2 as well as subsequent discussions and investigations of Hugh Jackson and myself. This meeting was called at your request to discuss several health problems, namely; (1) the method of handling so called dust cases which are noted in the list of x-ray findings of Doctor Dalow, (2) the notification of occupational disease cases, and (3) dust sampling and engineering control of dust hazards.

A rapid review of this problem indicated that the solution should be sought in the reason for poor health conditions in the plant today. We felt that too much work was being required of the present staff who are charged with the responsibility for employee health and that they were not given adequate working facilities to carry out their required duties. Comparison was made with other health departments in Johns-Manville and also with similar departments in other companies in the Manville area, as well as elsewhere in the United States and Canada. Every one of these comparisons indicated that there was a notable lack of personnel and facilities in our Manville plant to carry out the minimum requirements of an industrial health program. Solution of this problem was recommended as follows:

Medical

1. An immediate requirement is additional space for the medical department. In general terms approximately one square foot of floor area is required per employee. Present facilities provide about 2000 square feet, whereas I believe there should be between 4000 and 4500 square feet. If this recommendation is considered, we are prepared to propose adequate floor plans and equipment.
2. Additional help for the doctor is needed. Either two part-time or one full-time medical man should be added. It is recommended that these additional services be sought immediately without waiting for consideration of additional facilities in the medical department.
3. One full-time registered x-ray technician and one full-time registered laboratory technician are needed.
4. The present nursing staff is adequate if relieved from clerical and other non-medical duties.
5. Two full-time stenographers for the medical department are needed.

Safety

Two men presently are charged with the responsibility for the accident prevention and compensation programs. They also are trying to help with the industrial hygiene program. It is my belief that the safety program required their full time.

GS

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Comparison could be made with other plants such as Asbestos where there are five safety engineers for 2500 employees. The standing of the Asbestos Mine and Plant in the monthly safety contest speaks for the efficiency of the safety personnel at that location.

Industrial Hygiene

It is recommended that a full-time industrial hygienist be added to the staff immediately. The industrial hygienist is essential in occupational disease control, for he checks all the raw material entering the plant, noting which are toxic to the employee and where they are used in the manufacturing process. He also notes areas where several harmless materials are combined to form a toxic substance. He coordinates all the sampling surveys for dusts, fumes and gases, indicating areas to be sampled and recommends proper control procedures.

In addition to the control of toxic substances in the plant, the industrial hygienist is responsible for the control of ventilation, illumination, noise and other health hazards. In all these functions he often assists the technician who takes the various samples and also helps the engineering department in the design of control measures.

No-Dust List

Doctor Dalow has noted several hundred employees on the no-dust list. I propose to review these cases with Dr. Dalow immediately and classify the men as following:

1. Those with pulmonary disease and disability.
2. Those with pulmonary disease and no disability. These cases should work in non-dusty areas.
3. Those with no disability and only slight amount of disease. These cases are probably failure transfers to non-dusty areas.

The employees in the first and second categories will be reviewed and listed as to department and operation then we shall consider (1) what can be done to remove the dust in the operation leaving the man without a transfer, and (2) those areas where no improvement can be made and employees must be transferred. All employees with disability, and those with pulmonary disease but not disability and for whom no transfer is possible, will be told of their condition.

Each employee who is to be told that he has an occupational disease should get this information from Dr. Dalow. Following this I believe there should be consultation between the doctor, the employee and Mr. Hyler to discuss disposal of the case. I propose to review a typical approach to the employee with Dr. Dalow and Mr. Hyler.

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Standard Practices S-56 should be followed in all cases where work restriction is recommended. The industrial relations manager issues the green card, and he should discuss this with the supervisor concerned.

The employees in category 3 who may need future transfer will not be told of their condition. These cases should be reviewed one year from now and reevaluated in view of changed working conditions and improved engineering control of hazards.

Reporting Occupational Disease Cases

I believe that this procedure is very well outlined in the letter Mr. Jackson sent to Mr. Taylor on September 5, 1952. We believe that it is the responsibility of the medical department to notify the industrial relations manager when an employee's sickness may have occupational background or cause. When such a case is found Standard Practices Bulletin S-56 should be followed.

Organization

I believe that the responsibilities, the areas of activity and the lines of cooperation should be clearly outlined in writing by the industrial relations manager for all employees of the health program. It might be advisable to separate the functions of processing compensation claims from the safety group. I would welcome an opportunity to discuss this and other changes with you at your convenience.

Kenneth V. Smith, M.D.
Medical Director

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