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CHAPTER 37

The Management Viewpoint

ANDREW FLETCHER*

The problems of management vary in each industry, and therefore its viewpoints on compensation, as well as on other matters, are very different. I believe that it may be more constructive if my comments are on a rather broader basis, instead of being confined solely to pulmonary and other occupational disease compensation. I am not speaking today as an official of the Industrial Hygiene Foundation, which is a research organization, and therefore cannot take positions on social or economic matters, such as we are at present considering.

Management is being faced with compensation payments for all kinds of various ills; for example, Rhode Island is now paying compensation for sickness in addition to compensation for occupational diseases or accidents, and twelve other states are considering similar legislation. Occupational disease laws are being continually liberalized, such as the New York proposal of partial disability for silicosis. Some unions have, and others are seeking Health and Welfare Funds. It seems to me that in our desire to aid mankind, we are in danger of enacting a lot of laws, creating funds, setting up insurance plans, both private and governmental, without any very well planned program, or without any very clear idea as to just what the result will be.

It may simplify our immediate problem to consider just why compensation laws were adopted, and so to realize how far we have wandered from the original objective of the 1917-1922 period.

In Schneider's second edition on Compensation Law, he stated:

> Statistics show that approximately 40% of the industrial accidents causing disability are due neither to the fault of the employer nor the

* President, St. Joseph Lead Company, New York. New York. Chairman and Director, Industrial Hygiene Foundation of America, Pittsburgh, Pennsylvania

employee. Hence, this 40% of such accidents and the additional 30% which are due principally, though not intentionally, to the fault of the employee, have not been compensated under our precompensation statutory and common law system, for the reason that compensation or damages under that system depends entirely upon establishing the fact of fault or negligence of the employer as the proximate cause of the personal injury. This means that approximately 70% of the wage loss caused by disability, due to industrial or work accidents, was borne by the workers themselves.

What the American workman wants most is security, and he never would have happily accepted the 70 per cent of the wage loss caused by disability. Management rightly accepted the establishment of workmen's compensation laws. However, what concerns management is that there are forty-eight States, and forty-seven States have compensation laws with many different provisions. The situation is further complicated within a state—I am told of one company in which they are given different verdicts on the same set of circumstances from compensation boards in neighboring communities within the same state. I am also told that some companies find themselves paying compensation in cases where no time is lost—their words for it are that they are "compensating for the miseries," back pains, etc. Now, what management would like is a uniform compensation law, with only varying compensation rates based on economic conditions in the different states. If such a law should ever prove practical, I would suggest that the maximum allowable concentrations for the sale dust or fume concentration, etc., should not be set in the law but possibly in the administrative codes prepared by the State Departments of Health after adequate information is available. Unfortunately, there are not many Saranac Symposiums, and all occupational hazards are not given the same study that you have given beryllium poisoning and Shaver's disease, during the last four days. In most cases I do not feel that enough scientific data is available for legal enforcement of maximum allowable concentrations proposed for the codes.

Some day industry will have the benefit of a uniform compensation law and codes. Even when this happy day arrives, I believe that the following suggestions will be just as practical as they are now:

1. Convince the company or organization that you work for that there is no better way to make money than by lessening accident hazards.

The St. Joseph Lead Company has made money by lessening accidents.

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In 1923 the cost per $100 of wage and salary roll of our Southeast Missouri Division was $3.51, with 10 cents for safety department expenses; last year it was 58 cents, with 56 cents for safety. The indirect cost of accidents is usually figured at three times the direct cost. Based on last year's wage and salary roll, the saving per $100 of wage and salary for this division alone was $11.26 (table LXXVIII).

TABLE LXXVIII. *cost of accidents per $100 of wage and salary roll*

	Direct	*Indirect*	*Safety*	*Total*
1923	$3.51	$10.53	$ .10	$14.14
1946	.58	1.74	.56	2.88
			Saving:	$11.26

With a payroll of around 10 millions for this division, the saving in operating costs, including the estimated indirect accident expenses, is over one million dollars per year.

I am also convinced that improved working and living conditions are just as good investments as accident prevention. I am not "hard-boiled," as I am definitely interested in the personal happiness and well being of our employees—but it is usually easier to talk money saving, and not about the happiness that good health and accident prevention bring.

2. If your risk is not large enough to be a self-insurer, which I believe is usually desirable, then insure your compensation risk with the company which will make quick and fair settlements. Be liberal, especially in doctor and hospital expenses. When an insurance carrier is on the risk, management should still participate in the handling of compensation claims to see that employees are fairly treated.

3. Management should at all times take a direct interest in employee relationships, and, as already indicated, one of the most important is workmen's compensation claims. Keep away from lawyers, unless you are sure that the claim is unjust—when it is, then employ the best lawyers and fight the claims to the very end, even if the cost of a settlement is less than the cost of fighting the claim.

So much for compensation for accidents, which is the simplest phase of the problem. Now, let us consider occupational disease. Certain industries have definite occupational hazards. Industry should and must compensate the injured employee, just as if the injury or sickness was an

accident, whether there is a state law to cover or not. In my opinion, state laws for occupational diseases should have listed coverage and not general coverage, and I do not feel that ordinary diseases, such as pneumonia, should be included, even though in some industries working conditions are necessarily rather severe. The costs for protecting the man and his family against occupational hazards should be included as a production cost of the industry. However, it must be realized that compensation for occupational disease is much more difficult than for accidents.

Accidents can usually be recognized as such, even by a layman. For example, if an employee is bruised or scratched or has a broken leg, the facts are self-evident. This is not true of occupational diseases which sometimes require very careful examination, including exhaustive tests to make a diagnosis. As an extreme example, we have had a number of cases from our lead smelter at Herculaneum and even from our mining and milling operations in southeast Missouri, where we have no lead poisoning hazard, of employees with appendicitis who have erroneously been diagnosed as having acute lead poisoning. We have had a case filed at our Josephtown zinc smelter, where the only lead in the Plant is in the name St. Joseph Lead Company on the stack! It is true that a correct diagnosis can usually be made by thorough examination. However, an employee who is told by his doctor that he has "lead colic" and who has some symptoms that seem to bear out this diagnosis, will feel that he has not been treated fairly if he does not receive compensation for time lost—but he is not entitled to any compensation.

The responsibility for industrial accidents can usually be determined without much difficulty; that is, no particular effort is ordinarily required to ascertain if an accident arose out of or in the course of employment. Such is not the case with occupational diseases. If a man, who works in a lead smelter, develops lead poisoning, it is a natural assumption that his lead poisoning arose out of and in the course of his employment, but this is not necessarily true. For example, Dr. Wahner of the Industrial Hygiene Foundation staff, has told me of a man, who while working over solder pots was closely watched by his employer for signs of lead colic. Although adequate safeguards had been provided, suddenly he showed symptoms of lead poisoning. Careful investigation disclosed that the working environment was entirely safe and completely satisfactory. Fi-

nally, the man supplied the clue—he had been spray painting furniture in a closed basement, without ventilation of any kind, and so was inhaling lead at home.

Generally, the results of accidents can be determined soon after the accident occurs, and the case disposed of according to the law. Results of occupational diseases often show up years after exposure. A man may work in an exposure of free silica and develop silicosis which at the time causes no symptoms. He may later, while working for another employer, develop a disabling tuberculosis superimposed on the silicosis. It will be readily seen that although employers may be perfectly willing to accept responsibility for occupational diseases incurred by their employees as a result of their employment with that company, it may be quite difficult for them to avoid responsibility for occupational diseases resulting from exposure elsewhere. About the only way employers have of protecting themselves against paying for occupational diseases incurred elsewhere is by: (1) a thorough physical entrance examination of each applicant for work; (2) careful inquiry into the previous employment history of each applicant; (3) until second injury laws or waiver provisions have been adopted—rejection of every applicant who has, or may have, an occupational disease incurred elsewhere.

If the above practices should be followed by an appreciable number of employers throughout the country, it would make it difficult for an individual to obtain employment once he had worked any place where there was exposure to conditions that might cause occupational disease. This, in turn, would make it difficult for companies whose processes include exposure that might result in occupational diseases to obtain employees—however, it would serve as an incentive to improve working conditions in hazardous plants.

In order that employees may not be barred from future employment, states should be very careful about including occupational hazards in their compensation laws until information is available to show that an actual hazard exists. When a committee of doctors assumes the responsibility of deciding how disabled a man is, they must be familiar with his work. I know of two miners, who from any X-ray diagnosis would be totally disabled, but who today are doing a full day's work. In the first place their silicosis is uncomplicated, and by working quietly and steadily they break just as much rock as the healthy young man who

works so hard for a few minutes that he has to sit down and have a smoke. Before the committee of doctors are able to make any competent statement as to the percentage of disability of any employee, they must be familiar with his work and have some standard as to what is a fair day's work. They certainly can't properly handle a mine case, for example, if they don't take the time to go underground and see just what the working conditions are. When the medical committee is thoroughly competent, I feel that their decision should be final and industry should not have the right of appeal.

One often hears it said that the amount of maximum weekly compensation provided for by compensation laws should be increased in line with the increased wage levels and cost of living. There is some merit to this view, as an amount of money that provided a minimum living for a person a few years ago is no longer sufficient for him to "get by." However, it should be recalled that some fifteen years ago, when wages and cost of living were at an abnormally low level, it was thought by many that the amount of compensation paid for disability from accidents or occupational disease was too high. Changes in compensation payment schedules are not easily made, and it is especially difficult to lower the amounts paid. If an honest day's work is done, it may be possible to maintain the present high wage and salary rate. If so, then a careful study should be made of the maximum weekly compensation, and on the basis of the cost of living, which varies greatly in the different states. It should be remembered that we are all human—and it would be a great mistake to make it more profitable to be sick or injured than fit for a fair day's work. We should not forget the adverse effect on the general economy of the 26 weeks' postwar unemployment relief statute.

Now in conclusion, I would like to make a few comments about sick leave with pay, paid holidays, sickness and welfare funds, etc. I know that everyone is sick now and then, and I think everyone should put aside a reserve for the "rainy day"—however, I do not think that the government, or the state, or the union, or the employer should serve as a nursemaid for the employee, because I feel that the employee and his family should decide how he should spend his well-earned money. I am definitely against any policy of paying for time not worked, for paying subsidies for food not planted, for killing little pigs, etc., as the only way to improve the American standard of living is by increasing production,

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not by less production. Although individual cases can probably be cited to show that such social movements, as sick leave with pay, have done some good and have occasionally kept people from being on charity, the long-term view is certainly most unsatisfactory. Such a policy definitely tends to destroy natural thriftiness in individuals and encourages employees to depend on employers and the government to take care of them under any and all circumstances, all of which must eventually result in national deterioration.

If, as is the case with small companies, who do not have sufficient spread to become self-insurers, an employee wishes to join with some of his associates and form a welfare association, or even take out a Hospitalization Plan—such as the Blue Cross—I can see no great objection. In the case of a welfare organization or in the payment of claims under an insurance policy, I believe, however, that the employees should handle the claims themselves, because if they do, they will not take advantage of each other, as they often do of an insurance company, especially if an insurance company settles the sickness claims. For a five-year period the average payment per employee in our Southeast Missouri Division for sickness coverage under the various Mutual Aid Associations and with an average base payment of $12.33 per week, was $6.00 per year and the cost was $4.88. The best proposal that we have been able to obtain from an insurance carrier was around $11.68 per year per employee, because they felt that they would pay out in claims around $9.59 per year, instead of less than $5.00 per employee as per our Mutual Aid Associations' figures.

TABLE LXXIX. PERCENT OF SHIFTS NOT WORKED

Group	*Reason for absence*	*1940*	*1941*	*1942*	*1943*	*1944*	*1945*	*1946*
1	Industrial injury	.15	.15	.16	.22	.32	.33	.38
2	Sickness	1.26	1.31	1.04	1.26	2.09	1.98	1.47
3	Personal reasons, including ill-defined and unknown causes, illness or death in family	.87	.85	1.73	2.30	2.97	3.51	2.60
	TOTAL	2.28	2.31	2.93	3.78	5.38	5.92	4.45

I strongly urge that all companies keep absenteeism figures, and find out just how much time is lost—the above figures for the Southeast Missouri Division are of interest (table LXXIX).

As under the Workmen's Compensation Laws employees are compensated for time lost through industrial injury, we can eliminate this subdivision from consideration in a sickness calculation. I think you will agree that an employee should not be paid for time lost because of personal reasons, so we can also eliminate the third group. Therefore, we are interested in Group 2 which shows the time lost through sickness. The average of the above for the seven-year period is slightly less than 1.5 per cent; the time actually lost, on the basis of the employees' own statements to us, is therefore slightly less than five days per year on a six-day week, and less than four days on a five-day week, as workable shifts are between 245 and 255 per year, depending upon the vacation period. I know of a company which in the early months of 1946 granted its men 8 days sick leave with pay, while on a five-day week—they actually averaged over 8 days sickness during the next 12 months, instead of their former five-day loss from sickness. It is always a great temptation to get something for nothing! What management must do, if we are to maintain our competitive position in the world markets, is to try to guard against indirect wage increases which usually promote inefficiency, such as sick leave with pay, paid holidays, etc.

In my opinion, management should urge states and unions to be very cautious in setting up sickness and welfare funds. Do not let us try to control the life of an individual from the cradle to the grave by various funds, etc.—most individuals will take care of themselves, especially if they are forced to. Let us pay industrial wages directly and not indirectly by setting up funds. However, when funds are set up, then industry should aid in their proper administration. I was very pleased to hear that Dr. Sayers will be the Medical Director for the very large fund that has been built by the coal industry. Under Dr. Sayers' direction there is at least a fair chance that the fund will be properly handled for the best interests of the contributors—the employees, the employers, and the consumers of coal, who are now paying a higher price per ton.

Provided management, unions, compensation boards, medical committees, and everyone connected with the compensation situation, work together, and with confidence in one another's integrity, I am sure that all of the problems which we are now facing will be readily solved. The solution of such problems makes our country greater, and insures a continuation of the American way of life.

Discussion

VANDIVER BROWN*

I fear that anything I may have to say regarding the management viewpoint on compensation for pulmonary and other occupational diseases will be somewhat redundant coming as it does after Mr. Fletcher's remarks on this subject. However, I can at least underscore a few of his thoughts.

In the first place, there is not the slightest doubt that the overwhelming weight of opinion in American industry is in favor of compensation for diseases which are *truly* occupational in character. Quite properly management measures the problem with the same yardstick it applies to workmen's compensation for industrial accidents. As a result it finds that in the long run all the interests involved—the employer, the employee, and the community—are benefited if occupational diseases are compensated in the same manner as traumatic injuries, irrespective of fault on the part of the employer or of contributory negligence on the part of the employee. As Mr. Fletcher points out, management can justify this view *on a purely dollars-and-cents basis without* taking into account the imponderable values. Although the employer must pay something in all cases, he has a top limit placed on his liability and is spared the hazard of committing the corporate surplus to the tender mercies of a jury with advanced ideas concerning the redistribution of wealth. On the other hand, the employee, although he foregoes the gamble of an occasional windfall—generously shared with his lawyer—nevertheless has the assurance of receiving something approximately adequate even though he may have technically "assumed the risk" of employment or been injured by a "fellow servant" or negligently contributed to his injury. It follows axiomatically that the community benefits by having fewer incapacitated persons on the charity rolls or on relief.

I can think of no better way of illustrating management's view of compensation for industrial accidents and occupational diseases than to tell you what great concern was felt by my own company—Johns Manville Corporation—when, after having decided to erect a new insulating board

* Secretary and General Attorney, Johns Manville Corporation, New York, New York.

plant in southwest Mississippi, we learned that this was the one state in the Union which had no workmen's compensation law. Of course we went ahead with our plans but we are hoping that early corrective measures will be taken by the state legislature. Mississippi, by the way, has been making rapid progress industrially during the past few years under the guidance of an able and enlightened group of citizens and we feel confident that they soon will be able to remedy the existing situation. It remains our firm conviction that the worst Workmen's Compensation Commission is preferable to the best jury when the issue of compensation for an industrial injury is drawn between a laborer and his corporate employer.

As Mr. Fletcher pointed out, compensation for pulmonary diseases of occupational character presents great difficulties, first, in ascertaining whether the disease derives from employment and, second, in ascertaining the degree of disability. These factors have induced some employers to oppose compensation for pulmonary occupational diseases and have provided sound basis for the argument that, when they are compensated, the law should provide for a well-qualified medical board to determine the existence of the disease and the degree of disability.

While recognizing an obligation for those afflictions which stem from employment, management is firmly opposed to shouldering the burden on behalf of its employees of "all the ills that flesh is heir to." This opposition extends also to tuberculosis as an occupational disease and to general health insurance.

As has been said, management generally favors compensation for *true* occupational diseases, whether pulmonary or other, although it is realized that those of pulmonary character present many special and difficult problems. These problems relate not only to the causal connection between the disease and employment and to the degree of disability that results, but also to the determination of permissible concentrations of dust, fumes, gases, and vapors in those cases where these are responsible for the diseases. What is the so-called "threshold limit," on one side of which the concentration can be considered harmless and on the other side dangerous? We realize this is a difficult question to answer but it is one which industry has a right to demand be answered with accuracy and fairness if industry is to be held responsible for eliminating unsafe conditions and for compensating for those diseases that result from operations under unsafe conditions.

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Management is not equipped to answer this question but must rely upon the experts in the medical, scientific, and engineering professions. State industrial codes are being promulgated right and left which dogmatically—and, I hope, accurately—fix certain mandatory requirements for industries whose processes use, or create, harmful vapors, dusts, etc. A tentative draft of one for the state of New Jersey has recently come into my hands, through the courtesy of Mr. George Kruger, Deputy Commissioner of Labor. Maximum limits are prescribed for a great variety of materials with which I have no familiarity, but it is my earnest hope that these limits have been arrived at on the basis of a better factual and scientific background than exists in the case of asbestos. The allowable limit for industries using this material is a "mandatory" requirement of not more than five million particles per cubic foot, *10 microns or less in longest dimension.*

So far as I have ever been able to ascertain, no one can state with certainty what is the maximum allowable limit for asbestos dust. I am certain no study has been made specifically directed toward ascertaining this figure and I question whether there exists sufficient data correlating the disease to the degree of exposure to warrant any determination that will even approximate accuracy. It is my guess that the figure was allocated to asbestos either because it had already been prescribed for silicosis or because someone believed, like the poet, that "not failure but low aim is crime." My own efforts to obtain any satisfactory answer from the experts have been greeted with what is sometimes known as a "lawyer-like" comment—that is, an answer that says "Yes and No—or Maybe."

Johns-Manville Corporation and other members of the relatively small asbestos industry have solicited the assistance of experts and have received their wholehearted cooperation, but even the best they could give us has not been enough. Experimental work by Dr. Gardner here at Saranac demonstrated fairly conclusively that the finer particles would not produce a fibrosis either when inhaled by, or injected into, experimental animals. Unlike the situation that exists in silicosis, where the finer particles are the worst offenders, it appears that the large fiberlike particles of asbestos (20 to 50 microns in length and 1 to 3 in thickness) do the damage. Unfortunately, Dr. Gardner was unable to make a report on his experiments. It is our hope that one will be forthcoming before the end of this year based upon his preliminary findings, notes, and conclusions. Meantime, the drafters of industrial codes will presumably con-

time to provide us with standards which have no roots in experience but which take their sustenance, like orchids, from the air and, in the case of asbestos, will relate their standards to the innocuous sizes of dust and leave unmentioned those of the character that presumably can have some ill effects.

I mentioned before that most representatives of management are still opposed—and firmly opposed—to general health insurance. "Cradle-to-grave" and other paternalistic programs we believe weaken two of the principal supports of our capitalist system, namely, individual incentive —the assurance that for a greater expenditure of effort one will receive a greater reward; and habits of thrift—whereby a person eating beans today may put aside the wherewithal to dine upon sirloins tomorrow or at worst still be able to procure beans for the pot without recourse to charity—either private or governmental. Furthermore, by "saving for a rainy day" (on which one will in all likelihood contract pneumonia) the thrifty soul is also able to afford doses of whatever new wonder drug may be in vogue at the time.

Our strength lies in our productivity. Incentive is the spark-plug of production. If we wrap the individual in the cotton-wool of complete security, he will lack incentive and produce nothing. The issue involved in health insurance represents in miniature the world-wide ideological conflict of the present day. The opponents of our system have distilled the essence of their philosophy into an alluring epigram: "*From* each according to his ability; *to* each according to his need." At first glance this may seem like the finest flowering of the Christian ethic but this is an illusion. The Christian ideal also includes such ancient wisdom as "God helps them that help themselves" and my own Presbyterian dogma includes the doctrine of "original sin." The Marxian dogma, on the other hand, overlooks the Adam that is in all of us. Production was unnecessary in the Garden of Eden and Adam produced nothing. Most men in a similar situation today would produce nothing. There will be lacking the urgent necessity—the incentive. The more talented, industrious, and productive under a perfect socialist state will produce far less than their superior abilities would permit because of their knowledge that they will not enjoy the fruits of their labors. The less energetic or intelligent will produce as little as they can get by with because they have been assured that the state will provide for their needs. In this economic

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climate production will inevitably—in my opinion—fall far below the level of the requirements of more than a fraction of the population. At that point, the all powerful state will be compelled to apply the other means of getting production out of mankind, namely, the lash—forced labor and concentration camps—such as already exist in the Communist states. And what of those states that have advanced only part of the way toward the Marxian Utopia? The answer lies in the current situation in Britain. That ancient home of the Mother of Parliaments, of Magna Charta, and of the Petition of Rights, after two years of applied Marxism, is now about to engage in the peacetime conscription of labor, a step different only in degree—not in kind—from the barbaric measures long since adopted by the Marxian Fatherland. Such steps are inevitable if the paternalistic State is to support its population at even share-the-misery level.

You all know the parable of the donkey. There are two ways to get him to pull the cart. One is to dangle a bunch of carrots a short distance in front of his nose, and the other is to use a black-snake whip or to build a fire under his belly—the last mentioned expedient sometimes resulting in his moving forward just far enough to burn the cart. Our own system by and large still adheres to the carrot philosophy and I for one believe that ours is the path of productivity and of power and, as Wendell Willkie said, that "only the productive can be *strong* and *only the strong* can be free."

The statistics submitted by Mr. Fletcher very clearly exemplify the point I have tried to make. They show that if an employer provides compensation for a given number of days of sickness, he will find that the employees will be nonproductive on almost exactly the identical number of days.

A less general objection to health insurance laws, as enacted in Rhode Island and California and as proposed in a number of States, is the disadvantage suffered by an industry in one State which is burdened with these added costs when it attempts to sell its product in competition with that of another industry in a neighboring State which has no such law. We do not believe in laws of this type but if the philosophy of security from "womb to tomb" is to be our doom, let these laws be fitted into a national social security system so that they will be applicable to

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everyone equally and at the same time, and let the burden—through taxation—rest on the community as a whole.

Further Discussion

MR. WAITES: Thank you, Mr. Brown. That was very well done. Mr. Fletcher's paper and Mr. Brown's paper will now be open for discussion. I believe we have in the audience Mr. McMahon, the Managing Director of the Industrial Hygiene Foundation of America. Mr. McMahon, would you be kind enough to say a word?

MR. MCMAHON: In the experience of the Industrial Hygiene Foundation, the problems of occupational disease control are shrinking. Mr. Nelson referred to the fact that in Wisconsin they had largely eliminated silicosis and that lead poisoning was going in the same direction. In varying degrees, I think, that is true throughout the country. The current interest of much of industry is in what you might call positive industrial health.

That is illustrated by a study which we are now undertaking and which will attempt to devise ways and means of protecting men in hot industries from exposure to high temperatures.

Occupational disease prevention is usually a matter of improving working conditions. We are currently engaged in working with a large chemical company in the design of a series of new chemical processes with a view to building maximum health protection into the processes themselves. The program even includes the instruction of the plant managers in the operation of those plants.

Studies are also being made for a number of industrial associations, checking the different plants within the same industry, and reviewing the good and the bad practices. The exchange of pertinent information which results helps to improve working conditions on an industry-wide front.

So, the emphasis is on positive industrial health. The Foundation, through the assistance of Dr. C. O. Sappington, has completed a two-year survey of industrial health facilities. Almost three hundred plants were covered in this study, which shows, among other things, that most companies, or most plants, now have some industrial health service.

About thirty-three per cent of them had some industrial hygiene service in varying degrees. The reaction was quite uniform, as Mr. Fletcher brought out, that healthful working conditions are just good business. Good working conditions attract a good type of employee and that means a good product.

As Charles Kettering has said, "The better the working conditions, the better the attitude of the individual and the better the work." It's pretty clearly demonstrated that this pays off on the economic side, and it is important to bring this out in order to get action.

To emphasize the positive approach further, we found in this study that, in more than half of the plants visited, the preplacement physical examination is no longer regarded simply as a measure to determine whether the man has an occupational disease disposition, a rather negative approach, but is used to help in the successful job placement of the individual.

We think this adds up to this basic concept: there is no longer a question of whether or not industry will sponsor industrial health, but rather, can a company afford not to engage in industrial health activities.

But aside from the tangible economic benefit to management, the immeasurable intangibles are perhaps even greater; for just one thing, health promotes harmony, and harmony is one of those things that we can all use a lot more of these days.