

Industrial Medicine

Labor Union Relations

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Ordinarily, the industrial physician is identified with management and does not become a member of a labor union. Occasionally, however, industrial nurses have become union members. The industrial physician usually remains somewhat apart from labor management discussions and maintains a neutral attitude to all matters which do not concern the medical service. There are a number of points where the industrial physician has legitimate contact with organized labor, and it is well that he have an intelligent appreciation of the forces at work.

According to the Labor-Management Relations Act of 1947, a labor union has a right to be concerned with wages, hours, and conditions of work. Furthermore, the National Labor Relations Board has ruled that health services provided by employers for employes (through group insurance plans) come under the scope of this law.² The main function of a union is to enter into negotiations and make a labor contract with management. Sometimes health services are outlined or mentioned in a contract. Another function of a union, which is not so well appreciated, is its right to police the contract, or, in other words, to question, review, challenge, and at times oppose managerial actions and decisions.² The industrial physician, therefore, should not be surprised if the labor union takes an active interest in the Health Service.

Sometimes company-union agreements contain provisions that spell out or limit the sphere of the industrial physician. This is most frequently true in regard to physical examinations. The plant physician should try to understand the reasoning behind such a contract and, in carrying out his duties, he should always respect and abide by the terms of the contract. Where possible, the medical director should participate in the medical part of the contract negotiations. At

such a time he will have a chance to be heard, and an opportunity to decrease or dispel misunderstanding.

To function smoothly in industry the doctor must know and appreciate the attitudes of labor. Primarily a workman wants to have a satisfying job, earn decent wages, and have good working conditions. He also wants a certain amount of security and recognition for his skill and experience. That is why he is so strong for seniority. A labor union is a means to achieve these ends for individuals through organized corporate action. Unfortunately, in some union circles the industrial physician is sometimes looked upon with a degree of suspicion. The extremes to which such thinking may be carried are pointed out by B. A. Lindberg.² Another impression commonly held in labor circles is the feeling that doctors will always stick together no matter what happens, and that the layman is always at a disadvantage in a medical argument.

It is not often that the union will challenge the quality of treatment given by the plant physician. However, the union will fight for the right to an outside neutral medical opinion and the right of appeal to arbitration. This is a good provision. If the physician in industry is doing the kind of job he should be, he has nothing to fear from consultation with his confreres. In fact he should himself ask for a consultation before a dissatisfaction reaches the stage of a union grievance.

One of the areas where misunderstanding with organized labor is most frequently encountered is in regard to medical examinations. Some unions have negotiated agreements wherein physical examinations are not permitted. Others bow to pre-employment examinations but prohibit any subsequent ones. The problem may be complicated by the very

needs of a particular industry. Some heavy industries can use only persons in first class physical condition. Some want a labor pool so that they can assign men freely to many different jobs even on the same day. Sometimes the type of work involves possible exposure to toxic substances or radiation where frequent check-ups by the doctor are necessary. It may be impossible to avoid all conflict with the union over the physical examination problem, but the health service, which is built around the fundamental principle that it is there primarily for the benefit of the employe, is most likely to have smooth sailing.³

There are two other common points wherein dissatisfaction may arise and which are related to physical examinations. The first of these concerns medical records. Details of the doctor's findings should be kept in the Medical Department, and not in the personnel office. Workmen have every right to expect their confidences to be kept confidential. Secondly, when the physician makes an examination, he should treat the workman as an important individual and tell him what the examination reveals. He should be generous with his professional advice and refer the workman to his private physician when treatment is required. He should never simply tabulate his findings for the benefit of the employer. I know of one large company which was forced by the union to discontinue a physical examination program because the medical reports went directly from the doctor's office to the personnel department and the employes were never told anything by the examining physician.

"Sometimes, the mores of the union may be a source of frustration to the physician in industry. One of the most cherished concepts of many unions is the concept of seniority. In many respects this concept is akin to the concept of a property right. The idea is that a worker with seniority has an investment in his particular occupational specialty and that this investment usually increases in value with age."² When a plant physician would like to place a handicapped person, or transfer a workman permanently to a less strenuous job,

he comes up against the question of seniority. No workman wants to give up a reasonably easy job to which he is entitled by seniority, even to a handicapped or physically impaired person. When a doctor would like to recommend an extended time off for health reasons he has to think also of what will happen to the man's seniority status while he is away. The union may under some circumstances be concerned about the loss of a union member. Problems of this kind can only be solved by agreement between labor and management. The physician would be wise to bring such matters up for discussion at meetings of the Health and Safety Committee (where labor should be represented) before taking definite action.

In certain industries, where a chemical exposure frequently leads to dermatitis or constitutional symptoms, the industrial physician should have freedom of action. He should be able to order the employe transferred to another area temporarily until recovery takes place. In order to ensure the approval of the union, the plant physician should see to it that the workman's seniority rights are protected and that his rate of pay is not cut while he is away from his regular job. The physician in such a situation should also "play ball" with the company and return the workman to his regular job as soon as he has recovered.

Even an unexplained change in medical routine may create a crisis in a plant. Dr. Abrams mentions just such a circumstance in a large plant with a lead hazard.¹ For years, the company had periodic blood smear examinations and then without any explanation to employes, they changed to quantitative urinary lead estimations. The workers, already complaining that the company did not tell them the results of the blood tests, were made more suspicious and apprehensive. The ultimate result was a strike. Then management established a union-management health committee and hired an industrial hygiene engineer. The workmen then became satisfied that their health was being looked after, but what was more important they felt that the union-management committee per-

mitted them to help in doing it.

Sometimes, the very measures that are instituted for protection of the worker's health may be in conflict with other important interests of the workmen. For instance, shower baths may be necessary to remove poisonous substances from the skin. Showers will not, however, be effectively used until they can be taken on company time, and at a time which will permit the workmen to catch regular transportation and arrive home at the usual time. Protective equipment may hamper a workman and slow him up. He may not care, when he is on an hourly rate, but if he is on piecework or incentive pay, he may regard it as interference with his chance to make money. Dr. Abrams mentions an instance in which a company supplied workmen with respirators to protect them against silica dust. They were loading boxcars with siliceous material at so much per bag. Often the men discarded the respirators to permit faster work. Eventually the union went on strike to get the incentive pay removed

and bring about a more realistic and understanding attitude to the workers' need for health protection.

Occasionally, some conflict may arise between the union steward and medical personnel, particularly if the industrial nurse does some home visiting, or welfare work. Union stewards like to get the credit for doing things for union members who are in personal or family difficulties. The best approach is not to work too independently of the steward but work with him. Make the steward one of the voluntary team working with the health service and welfare agencies for the benefit of the employe.

The physician should realize that he cannot conduct a successful health service in industry without the sanction and support of labor. Labor's support is necessary for all phases of a medical service but it is particularly vital in order to conduct satisfactory programs in physical examinations, preventive medicine, home safety, absentee control, rehabilitation and placement of the handicapped, health education, problem drink-

ing, sick benefit and hospitalization insurance, social welfare, recreation and retirement.

The industrial physician, because of the nature of his work, is in a very favorable position to get along well with labor because objectives are in some respects similar. The physician who will put into practice the following ten commandments will be well on the way to good relations with his company's labor union.

1. Provide a service which is directed toward the best interests of the employe.
2. Provide a quality of service which is in keeping with up-to-date medical practices.
3. Treat each employe as a person having human dignity and personal worth.
4. Avoid being autocratic and do go out of the way to explain things.
5. Respect and abide by the union contract.
6. *Insist* on and work with a union-management Health Committee.
7. Be seen frequently throughout the plant looking into health hazards and observing how the men do their jobs.
8. Be readily accessible to employes.

9. Anticipate complaints and take appropriate action early.

10. Be open to suggestions.

References

1. Abrams, Herbert K.: Motivating employes for industrial health. Arch. Indust. Hyg. p. 246 (Sept.) 1953.
2. Lindberg, B. A.: Role of the physician in labor relations. Arch. Indust. Hyg. p. 97 (Aug.) 1953.
3. Park, W. E.: Health service in industry—rock foundations. Minnesota Med. p. 328 (May) 1954.

TO AVOID COMPLAINTS . . .

Discuss Fees in Advance

Render Itemized Bills

Explain Treatment to Patient

Help Patients Budget for Long
Term Medical Care