

The National Safety Council⁰ and lead-safety in the Bell Systemⁱ

*“It should be remembered that whenever there is lead exposure there is potential danger from absorption of the lead. The degree of danger depends on the extent and duration of exposure and the control measures in effect”*¹ wrote the authors of the pamphlet Lead: Health Practices Pamphlet No. 3 published by the National Safety Council (NSC) in 1942 and in circulation until 1951.² After being drafted by a committee convened for the purpose the pamphlet was reviewed and approved by some of the nation’s leading experts on lead poisoning, people like J.C. Aub, Alice Hamilton, Milton Kronenberg, and Robert Kehoe.

Members of Bell System management - including at one time the president and vice-president of AT&T³ - held seats on the Council and served on its committees throughout the 1940s and later. Despite their involvement in the Council, AT&T and its affiliated companies chose to ignore the lead-safety advice in Lead: Health Practices Pamphlet No. 3, as well as that in other publications,⁴ for employees working outside of Bell System factories.^{(ii) (iii) (iv)} A review of Bell System safety manuals posted on this website as well as data from NHANES II (as reported on this web site), and from Fischbein et.al.⁵ and Cullen⁶ et.al. all support this conclusion. The lead-safety provisions contained in Lead: health practices pamphlet No. 3, if followed, could have resulted in the salvation of thousands of Bell System workers from the risks and sometimes tragic outcomes of occupational lead exposure. Yet the pamphlet, which lay virtually at the elbows of those with the power to implement its provisions, went unheeded for at-risk non-factory employees thereby denying them an important source of safety information.

Assuming a benevolent intent on the part of those in charge there are possibly two reasons why the Bell System rejected a lead-safety program for field employees. To begin, managers may have confused the idea of frequency of diagnosis with that of frequency of disease. For example if the reported rate of diagnosis of lead poisoning among field employees was low (as was likely the case), management may have erroneously equated this with a low frequency of disease. That such thinking was in error is suggested by the fact that chronic lead poisoning can be very difficult to diagnose, in fact it can be one of the most difficult to diagnose of all the occupational diseases according to experts in the field.^{7 8 9 10} Even in the presence of competent medical care it is safe to assume that difficult-to-diagnose diseases will be underdiagnosed (where it is falsely assumed that an individual does not have the disease) in direct proportion to the number of times the disease is not included in a list of possible diseases all of which have features in common. This is more likely to occur where unequivocal cases of the disease are seldom seen. In the case of lead poisoning, that would be predominately but not exclusively in non-industrialized parts of the country, that is in rural, semi rural, and agricultural regions. A health professional will not make a diagnosis if he or she is not thinking about the disease. In places where cases are seldom

ⁱ This acknowledges the courtesy shown to the author by the helpful staff of the National Safety Council. Officials at the National Safety Council reviewed an earlier draft of this article. Their comments, if any, can be found at www.nsc.org.

ⁱⁱ The Bell System was one of the largest industrial users of lead in the United States at the time. In 1940 for example the System smelted over 15,000 long tons of lead. (New York Times, 7/20/41).

ⁱⁱⁱ The Western Electric Co. operated factories for the Bell System. During the 1940s Western Electric did not hold a seat on the Council except by proxy through AT&T’s participation.

^{iv} The high number of unequivocal cases of acute and chronic lead poisoning in some U.S. factories forced the managers of those factories to institute stringent lead-safety programs. The Western Electric Co. factory outside Chicago had such a program. More on lead-safety programs in factories in Brush with Death: A Social History of Lead Poisoning by Christian Warren.

seen the disease would fall into a category of “out of sight and out of mind”. Again assuming the presence of competent medical care difficult-to-diagnose diseases can also be overdiagnosed (where it is falsely assumed that an individual has the disease) in direct proportion to the number of times the diagnosis is considered. A diagnosis will be considered more often where there is pressure not to miss a diagnosis (for example if a labor union, convinced that cases of occupational poisoning were being overlooked, put pressure on diagnostic clinics) and/or where unequivocal cases of the disease are seen with some frequency (such as in heavily industrialized parts of the country), particularly if accompanied by a varied presentation of the illness as is often the case with lead poisoning. Given either underdiagnosis or overdiagnosis, the frequency of disease will be either more or less than the frequency of diagnosis. In very few instances will the two frequencies be the same.

The other possibility is that a number of cases were never reported to Bell System managers, leading these individuals to believe that a problem did not exist. Again there were possibly two reasons for this lack of reporting. The first is that there were no reporting requirements for physicians in the political jurisdictions where the cases were diagnosed. In 1937 the Bureau of Labor Statistics reported that only 21 states, including New Mexico, required the reporting of occupational disease.¹¹ However data received from the archives of the New Mexico Department of Health indicate that during the 1940s and ‘50s occupational disease was reportable only if it resulted in death. Other states may have had similar rules. The second possibility is that an employee might have decided not to report his illness to his employer. For example the employee might have feared being reassigned to a less desirable job, with a commensurate reduction in pay or prestige, as a result of reporting his condition to company managers. Also an employee might have feared being ostracized, harassed, or embarrassed by other employees, or by management, for contracting a “blue collar” disease in the “white collar” culture that off the factory floor best described working conditions in the Bell System.¹²

As the Twentieth Century fades from memory few people will recall that at one time the National Safety Council was almost an American icon. During a period when there was no other central source for safety information, many Americans looked to the Council for advice on how to live safely at home and at work. One measure of their trust can be found in the archives of the New York Times and the Chicago Tribune. For the two papers combined there were, on average between 1950 and 1970, over 200 articles a year that made mention of the National Safety Council. Although most of the time a reporter was simply acknowledging the Council as the source of one or another safety statistic, many of the articles were laudatory of the Council itself. Then in late June and early July 1968 all that changed following Ralph Nader’s testimony before a Congressional committee.

Appearing before the Senate Committee on Labor and Public Welfare, the lawyer and consumer activist gave testimony in support of the Occupational Health and Safety Act (1968). The Act would have ceded control of occupational health and safety to the Federal Government, severely reducing the influence that private organizations such as the National Safety Council had previously held in that arena.

In his remarks Nader was highly critical of the Council for among other things its failure to abide by its own mission statement and by-laws¹³ which state in part that the purpose of the National Safety Council is to promote safety for all persons, to collect safety data and to prepare and distribute reports to members on safety methods and procedures based on an analysis of those

data.¹⁴ To begin with, complained Nader, “*the National Safety Council is horrendously bad in reporting health injuries, because its correspondents and members do not make a very strong effort in collecting these types of injuries.*”¹⁵

As the previous example with the Bell System shows, powerful members of the Council could, and in one case did, act as gatekeepers, embargoing important occupational safety information that might otherwise have flowed unimpeded from the Council to a sponsoring organization’s employees.^{v vi} Any expectation that Council staff might intervene with a member to ensure that critical safety information gets to the people who need it the most is put to rest, for as a spokesperson for the Council noted Council staff “*have no control over what our members or nonmembers do with the information, nor do we actively audit or inspect our members’ premises.*”^{(vii) (viii)} As another possible explanation for restricting the movement of vital safety information Leonard Woodcock of the United Auto Workers, in testimony before OSHA in 1977, offered this insight, “*While we personalize the victims of lead, we must take care not to personalize the corporations. Employers are in business to make profits. Those who make greater expenditures for employee health and safety are at a competitive disadvantage to others. Were control of employee lead exposure a profit-making expenditure, there would be no need for laws and enforcement.*”^{(16) (ix)} Today embargoing as a tactic is fortunately of less importance than it was before the advent of the Occupational Safety and Health Administration.

As for the Council’s view in 1968 of Federal oversight of occupational health and safety Mr. Nader had this observation, “*I submit a memorandum by the National Safety Council... which delineates its position in favor of Federal action. This memorandum, of course, was subject to some concern to the industrial and commercial sponsors of the National Safety Council and perhaps not unexpectedly the Council changed its position and delivered a statement... deleting its support of a Federal role... as stated (by the Council) in its (previous) memorandum....*”¹⁷ “*The (National) Safety Council*”, said Nader in his testimony, “*unfortunately has been heavily influenced and is heavily in conformance with industrial views toward safety...*”¹⁸

^v Each member of the Council whether an individual or a corporation is allowed at least one vote in elections of members to key posts. According to the Council’s by-laws organizational members (that is companies and corporations) were granted (according to the 1943 by-laws) or may be granted (according to the 2006 by-laws) additional voting rights in proportion to dues paid. Dues levied in 1943 on companies and corporations were based on a formula where the only real variable was company revenue. Such a voting structure helped ensure that only Council members who had the support of large corporate members could be elected to key posts. In turn these elected individuals controlled the distribution of safety publications and services to members and nonmembers alike.

^{vi} Lead: health practices pamphlet No. 3 represented just such an example of restricted flow of information.

Although the Council had the power to make the pamphlet more widely available, it’s distribution was restricted to members only.

^{vii} Personal correspondence with a staff member of the National Safety Council.

^{viii} A search of the LexisNexis[®] database failed to find a single instance of the National Safety Council taking legal action over a lax safety standard.

^{ix} A slightly different message but one that arrived at the same conclusion was delivered more than 30 years earlier at the 1943 National Safety Congress by Joseph Keenan, Vice Chairman for Labor Production, War Production Board; “*It is a sad commentary that much of the safety prevention work which had existed is due to the insurance companies efforts to reduce accidents, which would cost money and to the industry’s willingness to accept insurance company advice so that premium rates can be held down (p.110)*”,...and this, “*Under a competitive profit and loss system, many managements operate on the strict comparison of costs. They figure the cost of a safety device or method against savings in liability*” (p.111),...and this, “*...a plant superintendent would find himself facing price competition for his product, which would cause a temporary deficit if he extended corporation funds for adequate health and safety measures – and such deficits would probably cost him his job!*” (p.112) (Transactions of the 32nd National Safety Congress).

In the decade following Ralph Nader's Senate appearance the number of articles making mention of the National Safety Council in either the New York Times or the Chicago Tribune fell by 60%, reversing a trend that had for 40 years shown a steady increase in coverage by both papers. Between the two papers the number of articles has averaged 24 a year since 2000, 90% below the peak of the National Safety Council's heyday during the middle part of the last century.

When in 1968 the National Safety Council withdrew its support of the Occupational Health and Safety Act, it effectively took itself "out of a role of private leadership for prompt attention to health and safety problems"¹⁹ according to Nader. This was an acknowledgement of the failure of industry and the Council to act in support of the safety and health of working Americans in a timely manner. Had the National Safety Council truly been a safety advocate for all during the last century, life could have turned out very differently for many Americans.

¹ Lead: health practices pamphlet No.3, paragraph 12.

² A PDF copy of the pamphlet has been posted to this website. Alternatively a copy can be found in the archives of the National Safety Council, Itasca, Ill.

³ See Transactions of the National Safety Congresses, 1939 through 1947. Copies of the Transactions can be found in the archives of the National Safety Council.

⁴ See any of the following references: Lead Poisoning: the recognition of hazardous industrial lead exposure, American Public Health Association, 1942; Health Hazards in Soldering Operations, Michigan Department of Labor and Industry, 1945 (available at the Harvard School of Public Health library); "Hand Soldering and Brazing", (Data Sheet D-445), National Safety News, pp 37-40, April 1957, National Safety Council, Chicago, Ill.; Accident Prevention Manual for Industrial Operations, 2nd Ed., chapter 13, page 22, National Safety Council, Chicago, Ill, 1946; Accident Prevention Manual for Industrial Operations, 3rd Ed., chapter 40, page 28, National Safety Council, Chicago, Ill, 1955.

⁵ Fischbein et.al, American Journal of Public Health, p 697-700, Vol. 70 (7), 1980.

⁶ Cullen et.al., Medicine, p 221-247, Vol 62 (4), 1983.

⁷ Proceedings of a Conference to determine whether or not there is a Public Health Question in the Manufacture, Distribution, or use of Tetraethyl Lead Gasoline., page 98, Public Health Bulletin No. 158, August 1925.

⁸ G.W. Bruyn, Frederik A. De Wolff in "Plumbism", chap 27, Handbook of Clinical Neurology, Vol 20, pages 35-64, Elsevier Science, 1994.

⁹ Christian Warren, Brush with Death: A Social History of Lead Poisoning, page 81, The Johns Hopkins University Press, 2000, Baltimore.

¹⁰ Lead: health practices pamphlet No.3, paragraph 11.

¹¹ Occupational Disease Legislation in the United States, 1936: with appendix for 1937. Bulletin No. 652., U.S. Department of Labor, Bureau of Labor Statistics, p 5, December 1937.

¹² Schacht, John N., The Making of Telephone Unionism: 1920-1947; Rutgers University Press, New Brunswick, New Jersey, 1985.

¹³ Occupational Health and Safety Act of 1968: Hearing before the Subcommittee on Labor of the Committee on Labor and Welfare, United States Senate, Ninetieth Congress, Second Session, on S.2864, page 512, U.S. Government Printing Office, Washington, 1968.

¹⁴ National Safety Council, Constitution and By-laws, (containing revisions through November 2006), National Safety Council, Itasca, Ill.

¹⁵ Senate Hearings; page 591.

¹⁶ "Testimony on OSHA's proposed standard for occupational exposure to lead", given by Leonard Woodcock before the U.S. Department of Labor's Occupational Safety and Health Administration, April 1977. (See "Woodcock testimony" entry on this website for full citation)

¹⁷ Senate Hearings; page 512.

¹⁸ Senate Hearings; page, 512.

¹⁹ Senate Hearings: page 512