ABSTRACT

This series of presentations describe a method of job counseling and placement for the middle-aged which combines pre-employment physical worker analysis with job analysis for effective matching of job requirements with worker capacities. The matching process involves these steps: (1) job analysis by an industrial engineer; (2) worker examination by medical staff including medical and social tests and histories; and (3) comparison between medical and job profiles and recommendation to employer. The profile is determined by Dr. Koyl's GULHEMP method (general physique, upper and lower extremities, hearing, eyesight, mentality and personality). Both physical and job analyses are scaled to these fitness categories. Advantages to this matching system of job placement include: (1) identification of medical problems and resulting referral and treatment; (2) sensitization of state employment agencies to the needs of middle aged workers; (3) assistance to employers in the placement of physically qualified workers to the satisfaction of both employer and employee; (4) lower incidence of illness and turnover "profiled" workers; and (5) a method to eliminate age, sex and race discrimination in employment. (GMF)
GREETINGS FROM PORTLAND, MAINE AND THE INDUSTRIAL HEALTH COUNSELING SERVICE.

Today, it appears, in looking at the program that my participation here allows this seminar to, in part, comply with EEOC (Equal Opportunity Commission) regulations at least in regard to sex. Being the only female on an all male panel leads me to believe that this may well be the rationale for the invitation. This is fine with me - in fact I'd sooner accept an invitation on this basis, being a woman, than admitting that it is reasonable that I am here to keep this seminar honest with Age Discrimination in Employment Act. At any rate I hope for your sake that in addition to my helping this conference comply with both EEOC and ADEA that my GULHEMP, (that magic work - GULHEMP) profile of capacity is compatible with the demands of my job here today.

However, I must confess that it is not often that an R.N., which I happen to be, proceeds a physician no matter what the situation may be. Dr. Marshall, you are, indeed, a very special doctor that allows this to happen not once but twice in a month's time. But then, of course, we who work with you know you to be a very special human being.

Congratulations to the APGA for their concern and respect and perhaps curiosity in the aging process in the organization of this special commission that will hopefully better meet the needs of our ever increasing middle-aged and older citizens population. Aging as you know begins with conception and continues throughout the course of a lifetime. To be involved in the field of aging does not necessarily mean that one deals only with old people but, that one is concerned and aware of the needs, problems, strengths and potentials of persons young and old.
Throughout their life span, the needs of middle aged and older persons are substantially no different than the needs of younger people - only more urgent and more intense. This of course is due to the limited time older persons have in setting objectives and achieving goals in their life time.

For this reason it is imperative that all personnel and guidance professionals prepare themselves to meet these needs and have an understanding of the aging process.

I believe that the Industrial Health Counseling Service in Portland, Maine whose pilot research and demonstrations project, using Dr. Leon Koyl's GULHEMP method, is a viable and effective tool for you and all who counsel workers over 40.

As Director of the Industrial Health Counseling Service in Maine - my primary concerns are with the middle aged and older workers - their physical capacity and their work potential.

It is acknowledged that middle-aged and older workers find difficulty in obtaining employment. Employers state many reasons for not hiring persons aged 40 and older, such as the belief that the older worker's physical condition could cause problems with job conditions, hospital insurance, workmen's compensation and pension plans. Employers also express doubts that the physical stamina of the older worker is equal to the performance requirements of the job.

On the positive side there is no evidence that age alone is responsible in presenting the cause of these problems. Researchers in this field state that age is not the important factor: it is physical condition, response rate to stimuli, and other physical characteristics. It is also job placement, job design and other environmental factors. These are the things which determine the probabilities of an accidental
INJURY occurring. Competent authorities are constantly developing evidence that dispel these doubts and objections to hiring older workers.

To reduce these obstacles to the employment of older workers, the U. S. Department of Labor Manpower Administration through the Maine Employment Security Commission contracted with the National Council On The Aging to establish an experimental project known as the Industrial Health Counseling Service.

Basically the IHCS is an operation with four specific goals:

1. To show that physically fit middle-aged and older workers (40+) are qualified to perform most available jobs.

2. To mobilize business community awareness of and participation in the IHCS Program and to help them view middle aged and older workers as valuable and capable members of our work force.

3. To demonstrate the feasibility of a particular scientific method, the Koyl method, of measuring a person’s physical capacity and job physical demands to provide proper job placement in a multi-plant medical service program.

4. To provide medical examinations to job applicants and simultaneous job analyses to match person and job.

To meet these goals IHCS and the Maine Employment Security Commission with the cooperation of over 100 industrial and commercial operations, varying in size from very modest to large concerns, have worked together over the past three years to improve pre-employment and employment services to middle aged and older workers and to industry. Because small business often cannot afford pre-placement physical examinations for employment candidates and because physicians services in all communities are over taxed in the treatment of patients, workers young and old are hired without assessing their physical and psychological capacities to perform a specific task. We have therefore experimented
WITH A COMMUNITY INDUSTRIAL PHYSICIAN WHO HAS APPLIED A SCIENTIFIC OBJECTIVE SCALE IN THE MATCHING OF WORKER TO JOB. THE SCALE TESTED OF COURSE IS DR. KOYL’S GULHEMP SCALE. THIS METHOD IS GEARED TO OPERATION IN LARGE PLANTS WITH THE FULL SERVICES OF MEDICAL, PERSONNEL AND INDUSTRIAL ENGINEERING DEPARTMENTS: AS WELL AS TRAINED SUPERVISION AND ENLIGHTENED MANAGEMENT. BECAUSE THE PROJECT IN MAINE HAS DIRECTED ITS EFFORTS LARGELY TO SMALLER PLANTS OPERATING WITHOUT SOPHISTICATED PERSONNEL SERVICES, IT HAS BEEN NECESSARY TO MODIFY AND CHANGE CERTAIN ASPECTS OF THE KOYL METHOD. HOWEVER, THE BASIC PRINCIPLES HAVE BEEN RETAINED.

DESPITE INCREASING PROFESSIONALIZATION, A BROADENING LITERATURE, AND RECENT MASSIVE PURE AND APPLIED RESEARCH ACTIVITIES, THE EMPLOYMENT PROCESS REMAINS AT BEST A HAPHAZARD ONE. EXPERIENCED PERSONNEL MANAGERS ARE GRATEFUL FOR AS LITTLE AS 2% BETTER THAN CHANCE IN SELECTING WORKERS FOR JOBS. MORE IMPORTANTLY, THE GENERAL FAILURE OF THE SELECTION PROCESS, RESULTING IN WORKER-JOB MISMATCHES, ALSO CONTRIBUTES TO ABSENTEEISM, TURNOVER, SICKNESS, ACCIDENT, INJURY AND LOWERED PRODUCTIVITY.

AS A RESULT OF THESE DEFICIENCES, WE SEE OLDER WORKERS TURNED AWAY ON A GENERALIZED ASSUMPTION OF LACK OF FITNESS FROM JOBS WHICH RELATIVELY SIMPLE ANALYSIS WILL SHOW THEY CAN PERFORM, HAPPY AND PRODUCTIVE WORKERS TRANSFERRED TO WORK AT WHICH THEY ARE UNHAPPY AND ONLY MINIMALLY PRODUCTIVE, AND WORKERS HIRED ON A GENERALIZED ASSUMPTION OF FITNESS FOR WHICH SPECIFIC PHYSICAL DISABILITIES DISQUALIFY THEM. YET THE STATE OF THE ART STRONGLY SUGGESTS THAT THESE MALFUNCTIONS SHOULD NOT OCCUR.

WHILE ADVANCES HAVE BEEN MADE IN DESCRIBING AND ANALYZING JOBS AND THEIR REQUIREMENTS AND IN SUCH RELATED FIELDS AS APTITUDE TESTING, THE PROCESS OF THE PRE-EMPLOYMENT PHYSICAL HAS REMAINED LARGELY UNCHANGED. IT IS STILL ESSENTIALLY A SEARCH FOR NEGATIVE INDICATORS, A METHOD FOR IDENTIFYING DISABILITIES, RATHER THAN A DIRECT METHOD FOR MATCHING WORKER AND JOB. AS DR. LEON F. KOYL, M.D., MEDICAL CONSULTANT TO DE HAVILLAND.
AIRCRAFT, LTD., AND TO CANADA'S DEPARTMENT OF VETERANS AFFAIRS, SAYS, "DISABILITY METHODS OF ASSESSMENT ARE BASICALLY WRONG." WHAT IS NEEDED IS THE KIND OF PHYSICAL ASSESSMENT WHICH WILL RELATE HUMAN PHYSICAL CAPACITY POSITIVELY TO JOB PHYSICAL DEMANDS. TO THE DEGREE THAT THE PRE-EMPLOYMENT PHYSICAL EXAM CAN BE MADE SPECIFIC AND POSITIVE, RATHER THAN GENERAL AND NEGATIVE, ONE GROUP OF UNCERTAINTIES IN THE MAN-JOB MATCH CAN BE REDUCED. OCCUPATIONAL HEALTH AND SAFETY INCREASED, PRODUCTIVITY IMPROVED, AND ABSENTEEISM AND SICK LEAVE REDUCED.

AT THE RISK OF OVERSIMPIFICATION, THE GULHE(MP) METHOD DEVELOPED BY DR. KOYL AND INTENSIVELY APPLIED BY IHCS IN PORTLAND, MAINE, PROVIDES EXACTLY THE SPECIFIC AND POSITIVE ELEMENTS WHICH THE TRADITIONAL PRE-EMPLOYMENT PHYSICAL HAS LACKED. IT CONSISTS OF COMBINING THE WORKER ANALYSIS INHERENT IN A PHYSICAL EXAMINATION WITH JOB ANALYSIS METHODS, IN A SIMPLE PROFILING TECHNIQUE WHICH EASILY ENABLES THE EFFECTIVE MATCHING OF JOB REQUIREMENTS WITH WORKER CAPACITIES.

THE SIGNIFICANT ADVANCE IS IN THE USE OF THE GULHE(MP) PROFILING TECHNIQUE. IT INVOLVES LOOKING AT BOTH JOBS AND PEOPLE IN TERMS OF THESE HUMAN ATTRIBUTES OR CAPACITIES:

**GULHE(MP) CATEGORIES**

- **G** - GENERAL PHYSIQUE
- **U** - UPPER EXTREMITIES
- **L** - LOWER EXTREMITIES
- **H** - HEARING
- **E** - EYESIGHT
- **M** - MENTALITY (I.E. INTELLIGENCE)
- **P** - PERSONALITY

FOR EACH OF THE ABOVE, SEVEN (7) FITNESS LEVELS ARE DESIGNATED, RANGING FROM LEVEL ONE, INDICATING COMPLETE COMPETENCE IN THAT CATEGORY, TO LEVEL 7, INDICATING COMPLETE INABILITY TO PERFORM.

BRIEFLY, THE PROCESS IS AS FOLLOWS:

1. THE JOB IS ANALYZED BY AN INDUSTRIAL ENGINEER, IN CONSULTATION WITH FOREMAN, SUPERVISORS, AND/OR WORKERS, USING DIRECT OBSERVATION
at the job site. Based on this analysis, the job is profiled using the seven categories and seven levels of the GULHE(MP) profile scale.

2. The worker is examined by a physician and supporting medical staff. A complete medical and social history is taken. The exam includes visual and audio tests, electrocardiogram, urinalysis, blood work, pulmonary functions tests and all other elements of the "full physical" exam. A "Pap" test is given women applicants. After discussing the findings with the individual the physician reduces the findings to the GULHE(MP) profile scale.

3. A comparison is then made between the medical profile and the job profile by the IHCS staff, and a formal recommendation forwarded to the employer. If a need for additional health or job analysis data is pinpointed by the matching discussion, it is provided. The hire, promotion, or transfer decision is then made.

Physicians who have worked with GULHE(MP) readily adapt to its requirements. Indeed, some have said that the system's requirements for scaled judgments both sharpens and eases their medical judgments.

Job analysts have little or no difficulty absorbing the method, which is really only a refinement of tasks they have always performed.

*The M (Mental) and P (Physical) factors were determined by staff psychologists at Dewillard. Applications of these factors are still under review and being researched by IHCS. When applied, they have been used as general guidelines, based on clinical observations of the medical staff.*
NEW ORLEANS -7-

We may examine several persons for the same job and of course the employer makes the final choice as to the one he hires. This pre-employment physical screening enables us to match worker to job: Provides every worker regardless of age, color, religion or sex with an opportunity to compete for employment on the basis of his capacity to work; and provides the employer with a more productive labor force.

Since our inception we have involved ourselves with community medical and social services agencies and have cultivated an excellent rapport with them. Due to the fact that IHCS is a health screening unit and not a treatment and care center, we feel an obligation to refer examinees with medical or social problems to appropriate facilities where needs for care can be met. In fulfilling this obligation we have worked effectively with Health and Welfare and its arms of Eye Care, Day Care, Vocational Rehabilitation, Social Services, Health Dept.; and Mental Health: Maine Medical Center Clinics: Model Cities: Housing Authority: Maine Committee on Aging and its local task forces.

We have included in our service to MESC our participation with the Manpower Programs for training such as MIA, MDTA, MAINECEP, FOSTER GRANDPARENTS, SENIOR COMMUNITY SERVICE PROJECT AND NAB Jobs through the Chamber of Commerce. The IHCS project has been responsible for sensitizing the State Employment Service Staff to the needs of the Middle Aged and older worker as well as to their acknowledgment of the fact that they are a vital resource of our work force.

IHCS has demonstrated its capability in assisting employment counselors in serving the physically handicapped worker more effectively and safely. The IHCS physical profile defines the handicap precisely and professionally. The job profile specifies the physical requirements of the job.
By matching physical and job profiles counselors can selectively place physically handicapped persons in jobs where they can function safely and productively. IHCS provides to the Industrial Community of the Greater Portland Area: assistance to employers in the placement of physically qualified workers in a job matching their physical capabilities; evaluation of the job in terms of physical demands requirements; improved examination of prospective employees by an industrial physician and health unit to determine their work capability; matching job and employee to make certain that the work will be performed to the greatest satisfaction of both employer and employee.

AI in:
1. Meeting job health and safety specifications required by the Occupational Safety and Health Act (OSHA)
2. Establishing base line health capacities in defending against possible litigation
3. Objectively demonstrating absence of discrimination in personnel practices
4. Retaining aging or disabled workers in productive employment
5. Making effective transfers of employees when the job or individual undergo change
6. Selection for promotion
7. Pre-retirement planning and decision making

According to the U.S. Department of Labor - "Employable" persons are those who are ready, willing and able to work. Employers and employment counselors, therefore, need to find ready and willing workers. IHCS has the capability of determining the ableness of those workers.
THE IHCS EXAMINATION MAY WELL BE THE FIRST STEP FOR SOME IN DISEASE PREVENTION AND PERSONAL HEALTH MAINTENANCE. WE HAVE NOTED THAT THE IHCS EXAM MAY BE THE FIRST PHYSICAL EXAM SOME HAVE EVER HAD. THE EXAMINEE IS NOW AWARE OF HIS PHYSICAL STATE WHICH MAY REQUIRE MORE CARE. THE IHCS STAFF TAKES EVERY OPPORTUNITY DURING THE EXAM AND THE COUNSELING PERIOD TO BROADEN THE EXAMINEES' AWARENESS AND KNOWLEDGE OF HIS HEALTH NEEDS; PERSONAL HYGIENE; DISEASE PREVENTION AND DETECTION; AND THE NEED TO HAVE A RELATIONSHIP WITH A PERSONAL PHYSICIAN OR MEDICAL CLINIC WHOM HE CAN TURN TO IN TIME OF MEDICAL NEED AND FOR CONTINUED HEALTH MAINTENANCE. ALSO AVAILABLE AT THE IHCS OFFICE IS HEALTH EDUCATION LITERATURE SUCH AS INFORMATIONAL BROCHURES AND READING MATERIAL PERTAINING TO PERSONAL HYGIENE, DISEASE PREVENTION AND DETECTION AND AVAILABLE HEALTH SERVICES. DURING THE PAST 3 YEARS AND AFTER 3000 EXAMS, WE HAVE FOUND MOST APPLICANTS CAPABLE OF DOING SOME WORK. SOME REQUIRE REMEDIAL TREATMENT AND CARE, AFTER WHICH THEY RETURN FOR A RE-EXAM AND ARE RE-PROFILED. OFTEN TIMES THESE PERSONS HAVE BECOME JOB ABLE.

DIABETES, HEART DISEASE, ARTHRITIS, ANEMIA, HEARING LOSS, POOR VISION, QUESTIONABLE LUMPS AND BUMPS, HERNIAS, MUSCULO-SKELETAL DEFECTS, PSYCHOLOGICAL AND NEUROLOGICAL CONDITIONS HAVE BEEN DETECTED DURING THE COURSE OF THE IHCS PHYSICAL EXAMINATION. WHENEVER A HEALTH PROBLEM IS DETECTED, A REFERRAL IS MADE TO THAT PERSON'S PHYSICIAN OR TO A CLINIC FOR FOLLOW UP DIAGNOSIS, TREATMENT AND CARE. MOST, AFTER REMEDIAL TREATMENT, HAVE BECOME EMPLOYABLE AND GAINED EMPLOYMENT IN A JOB THEY ARE CAPABLE OF DOING. SOME, OF COURSE HAVE BEEN FOUND NOT TO BE GOOD EMPLOYMENT RISKS. THESE PERSONS HAVE RECEIVED ADDITIONAL REFERRAL SERVICES TO COMMUNITY SOCIAL AGENCIES WHERE THEIR ECONOMIC AND SOCIAL NEEDS CAN, HOPEFULLY, BE ADEQUATELY MET.
Out of many case histories let me give you a few examples.

IHCS CASE #69

Mr. Z, age 60 and single was referred to IHCS by the Portland Employment Service office for a physical evaluation to determine his fitness for custodial work. His work record indicated that he was born in Portland, Maine but returned soon after to Poland and returned to the U.S. at age 17. In 1928 he worked as a baker for Shaw’s Bakery until 1960 when the bakery closed. For the past 10 years Mr. Z has been unemployed except for occasional day labor. He lived off his small savings until they were depleted and then became dependent on financial aid from Portland City Welfare.

The Maine Concentrated Employment Program known as MAINECSEP was interested in employing Mr. Z for light custodial duties. The job was profiled as well as the applicant. Although his hearing was poor and he had no sight in his right eye and a slightly elevated blood pressure, his profiles were compatible. Mr. Z was finally hired by MAINECSEP and follow up reports show good attendance and work performance, thus ending a 10 year period of unemployment.

IHCS CASE #416

Mrs. S. age 51 widowed came to IHCS from MESC with many problems. She wished to be a housekeeper-maid. IHCS found her unemployable because of a severe, untreated hemorrhoid condition. Since she was without funds, arrangements were made with the City of Portland for food stamps and rent money. Also through Vocational Rehabilitation surgery was arranged and the operation completed. Her health problem had plagued her from 1956 to 1971 and resulted in frequent periods of unemployment. Since April 2, 1973 she has been working at the White Haven Nursing Home as a housekeeper-maid. Through the combined efforts of MESC, IHCS and Vocational Rehabilitation, this woman became gainfully employed and financially independent.
NEW ORLEANS -11-

IHCS CASE #76

THIS 59 YEAR OLD WHITE MARRIED, MALE WAS REFERRED TO IHCS BY Mecaw Industries for a physical evaluation to determine his fitness to perform the job of security guard. This former assistant manager of a lumber yard, shipper and office clerk had been depending on the income of his wife, a nurse's aide and his unmarried daughter, a bookkeeper, for over six months.

Despite the need for a change in his corrective lenses, a nervous breakdown in 1953 and a coronary occlusion in 1961, for which he is under the care of a physician. His physical profile was compatible with the job analysis presented by Mecaw.

Mr. W. was hired by Mecaw Industries and six months later he was still employed there with an excellent work record and has not missed a day of work.

By taking into consideration Mr. W's physical capabilities, IHCS and Mecaw Industries were able to place him in a position that he is able to handle and obviously enjoys. His work and attendance record substantiate this.

IHCS CASE #43

* Mr. N. came to IHCS from MESC in April 1971. He was 49 years old, married, the father of three children and had exhausted his 26 weeks UIB. Mrs. N. had been supporting the family for the past 7 months with the help of Welfare Funds. Although, Mr. N. had always seemed healthy he had recently been telling his employment counselor that he was not feeling well. He had not had a physical since his Army Days in 1945. Mr. N. had served both in World War II and the Korean Conflict. For the past thirty years he had been working as a welder. His unemployment was due to a lay off and no one seemed interested in hiring him. Admittedly, he was very depressed and imagined all sorts of health problems.

When told after his IHCS exam that he appeared to be in good health and the only suggestion was for corrective lenses to improve his near vision, he appeared dramatically relieved. IHCS advised him to return to his employment counselor which
he did immediately. By April 30, 1971 he had obtained his corrective lenses and applied for and received a job with the Maine Steel Corporation as an arc welder. This job he had previously applied for and had been rejected. Mr. N. called IHCS and advised the nurse that he had his eye glasses and a job and stated that during the 7 months he was unemployed he became discouraged. Actually felt ill and in fact gave up. Since his physical exam at IHCS, he's no longer concerned about his health and has more confidence in his ability to work. He attributes his success in "landing a job" to his state of well being.

Well bodies and healthy minds are certainly what employers are looking for. In addition, Maine Steel Corp. gained an experienced arc welder.

Constantly we inspect the IHCS tool, its parts and the efficacy of its total function. In examining the device and the viability of its components we have found that individuals who have been "profiled", if you will, by IHCS and placed in suitable jobs have taken less sick leave, have had less job related accidents and have a reduced turnover rate when compared to co-workers who have not been screened by IHCS.

For example:

Sick leave records for one company show a savings of 9.7 hours per year per profiled worker when compared to the records of the non profiled employees.

While another company's records show a remarkable reduction of lost time at 53 hours per year per worker. They also reported that out of 65 new hires during a 1 year period none of those examined and profiled had been put on "limited duty" assignments. A problem that has historically plagued this company.

Other companies statistics reveal that employees examined by IHCS have not been involved in any industrial accidents and their Workmen's Compensation claims are at a record low.
We are confident that we have an excellent objective tool in determining physical capacity — in the GULHEMP scale and it certainly is a vast improvement over the traditional industrial physical examination that provides only a few quote unquote vital statistics such as 36 - 24 - 36, and a statement only that the job applicant is employable — my question to such a statement is “employable to do what”? These typical industrial physicals are seldom related to a specific job let alone the physical demands and environmental factors of a job. Dr. Koyl’s scale has been effectively used by those involved with forming profiles for both the job demands analysis and the physical capacity analysis.

Employees, especially middle aged and older workers have benefited as well as their employers. Because IHCS has proven to be a valuable tool in disease prevention and health maintenance it becomes a valid community health service for the work force and citizens in the Greater Portland Area.

As a result of our experience over the past three years we have learned that the GULHEMP method provides employers with a valuable personnel management and counseling tool.

With this viable tool, tested in Maine we believe we have a model that should be exported nationwide that is effective in preventing age discrimination, in affording equal employment opportunity to all individuals and one that will yield a healthier and more productive work force to this nation.

West Virginia is in the process of implementing a like service, using the GULHEMP method in Charleston and Clarksburg. This will be supported by a consortium of State Agencies including the Employment Service, Vocational Rehabilitation, health and welfare, Commission on Aging and the private industrial sector.
New Mexico is in the planning stages of a similar program.

The Industrial Health Counseling Service has had three very important things going for it since its inception. First and foremost Dr. Koyl's excellent and workable GULHEMP method as well as his expert guidance.

Secondly, a very dedicated staff. One of whom you'll meet almost immediately - Dr. Donald F. Marshall - our esteemed physician and friend and thirdly but by no means lastly, a most prestigious and ever ready and helpful eleven member Advisory Committee of which our final presenter, Jack Meredith is a charter member. You will soon hear from him as he relates his company's and other Greater Portland Area companies' attitudes and experiences with GULHEMP and the Industrial Health Counseling Service.

Thank you for the opportunity you've afforded us in sharing with you the Industrial Health Counseling Service project in Portland, Maine and the technique we use in providing, health, counseling and guidance services to middle aged and older persons.

Eula W. Keenan
Project Director
INTRODUCTION:— MR. CHAIRMAN, LADIES AND GENTLEMEN:

IT IS INDEED A PRIVILEGE TO BE HERE IN THIS BEAUTIFUL AND UNIQUE CITY OF NEW ORLEANS. NEW ORLEANS THAT IS NOT ONLY STEEPED IN THE EARLY HISTORY OF OUR COUNTRY, BUT ALSO THE NEW ORLEANS THAT HAS PLAYED SUCH A VITAL ROLE IN THE ECONOMIC GROWTH AND CULTURAL DEVELOPMENT OF OUR COUNTRY.

ALL THIS FROM A "DAIMIED YANKEE" FROM MAINE. MANY PEOPLE OF COURSE THINK OF MAINE As BEING JUST BELOW THE ARCTIC CIRCLE. ACTUALLY, WE HAVE HAD A REAL MILD WINTER WITH FAR LESS SNOW THAN MOST AREAS OF THE COUNTRY.

IT IS A SPECIAL PRIVILEGE TO PRESENT SOME OF THE MEDICAL THOUGHTS AND ASPECTS OF THE HCS TO THIS GUIDANCE AND COUNSELING ASSOCIATION.

MAY I SAY AT THE OUTFIT THAT FROM A MEDICAL POINT OF VIEW, THAT THIS (GUH?!) APPROACH TO INDUSTRIAL HEALTH COUNSELING IS SO PRACTICAL AND SO SENSIBLE, THAT IT IS AMAZING TO ME THAT IT HASN'T BEEN ADOPTED NATION-WIDE BY INDUSTRIES YEARS AGO. BUT, HERE AGAIN IT POINTS OUT THE FACT THAT INDUSTRIES HAVE BEEN MAINLY CONCERNED ABOUT PRODUCING BIGGER AND BETTER MACHINES, MORE EFFICIENT AND HIGHER QUALITY MACHINES. THE INDUSTRIES HAVE DONE A PHENOMENAL JOB DOING THIS.

NOW,-------- IT SEEMS TIMELY THAT INDUSTRIES SHOULD TURN TO ITS EMPLOYEES—PERSONNEL— TO SPEND TIME, ENERGY AND MONEY TO MAKE SURE THAT THE INDIVIDUALS WHO THEY EMPLOY TO RUN THESE MACHINES AND INDUSTRIES ARE ALSO JUST AS EFFICIENT AND IN EXCELLENT CONDITION. THIS MEANS FROM THE EXECUTIVES, ON DOWN THE LINE______.
It is timely that the industry should scrutinize their employees very carefully from a health point of view not only because of standards being set-up by Governmental Agencies such as C.I.A. but also from the standpoint of economy to the industry like the cost of absenteeism, the cost of turnover, and the cost of compensable suits. Of course, health plays a big roll in matching abilities of the worker to the job.

Craft unions are vitally interested in protecting their members incomes and welfare. They want their members to work as long as they are willing and able. Many unions spend needless time and money attempting to hold employees in their work when they are no longer fit for it or arguing with management about workers who are or can be made fit. When the G.M.I.H.P. System is in use, the union can know that if a worker is declared fit to work at a particular job, he is fit. If he is declared unfit for the job he is doing, he is unfit, and the union will be able quickly to check with management, the minimum fitness necessary for other available jobs. The union's relevance problem, like management's, is reduced to whether the company can use the employee in the jobs available, considering such items as seniority.

From the employee's point of view, the G.M.I.H.P. System gives management the necessary medical information to allow abandonment of fixed retirement policies, negotiated where union contracts permit. When such policies have been abandoned, the employee can know that if:

1. He is fit to work longer
2. Wants to work longer and
3. The company needs his abilities, then he can work.

The facts give the union assistance to help members who need to work in their later years for various reasons.
CURRENT knowledge of ecology suggests that overcrowding is becoming progressively more threatening to society. The result will be a progressive limitation on reproduction. This will increase the average age of the population and inevitably increase the average age of the work force.

It may be that organizations may have to develop longer 'abbaticals on salary for senior employees, in order to permit updating or upgrading of skills or acquiring new skills which would be valuable to the older employee. It is evident that as more complex machinery is developed, more skillful operators will be required. Those operators will be the older worker with experience (and you can't buy experience!) You have to develop it they long years of training, study and work.

-- JAPANESE REPORT --

At this point, I would like to express for a moment and say a few words about the older worker in Japan.

Mr. Charles B. Stewart of the U.S. Department of Labor is examiner of Japanese EMPLOYMENT POLICY FOR THE ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT.

Mr. Stewart states that in Japan there is a formal retirement age of 55 and that they favor employment of the young person out of school.

While early retirement continues to displace older Japanese workers, they have a computerized employment services and talent banks which are placing skilled retired workers into new jobs. This is very revealing.

The functional profile -- GUSES CAN BE VARIED TO SUIT LOCAL CONDITIONS WITHOUT DISTORTING ITS RELIABILITY SUCH AS DROPPING AREAS OF THE COUNTRY.
There are no absolutes in the social sciences, including medicine. Differences between people seldom mean that any of the information obtained about them is false, but often do mean that one person gets a relative paucity of information compared to another in some cases. He can then miss a diagnosis which will be perfectly obvious when he is confronted with the information gained by another member of the team -- you notice that I use the term team. It is this team approach that is a necessity. The nurse, the doctor, and the psychologist must work together. 

First the limitations of one science are offset by the knowledge of another. Second, the deficiencies or personal biases can be resolved in group discussion. Therefore, the best possible judgement by the wisdom of the group is available to the employee and the employer. The method of interdisciplinary group decisions is a basic tenet of this work.

The GULHEMP screening psychological measurements and other lab-data and physical examinations when interpreted by the clinical team are cheaper and quicker than prolonged clinical observations and are quite accurate.

This GULHEMP scale is necessary to match the employee to his job and is all that is needed for ordinary purposes such as pre-employment exams, health exams and exams to insure proper placement in the later years of employment of semi-skilled or unskilled employees. If the GULHEMP requires expansion for a special work situation, it can be changed without distorting its accuracy. This should be done by a committee consisting of the medical officer, personnel officer (experience on job analysis) and the supervisors of the part of the organization where the problem exists, such as coal mine workers with pulmonary problems.
At this point, GULHEM can be further expanded upon -- then give several examples of:

Pathology that has been found on prospective employees as follows:

1. Unknown hernia found -- to be corrected then able to work
2. CA of cervix found (Nothing done about it -- as yet)
3. Lady with severe anemia and finally diagnosed as end stage renal disease -- placed on the artificial kidney
4. Early hypertension cases
5. Diabetics
6. Pulmonary problems, emphysema etc.

TEAM APPROACH

With the team approach, the nurse and the doctor can then better counsel the employee as to how he or she can and does fit into the job profile for matching abilities and by the same token we can evaluate this profile for the personnel or guidance people involved with the employee. We can better evaluate whether a prospective employee is going to get along well with his fellow worker as well as the employer, so is he going to be aggressive or a sensible worker. It makes it easier to determine whether the employee is flexible and can be taught new tricks or is going to be resistant to new situations.
It has been a pleasure to talk with you about this GULHERM method of medical evaluation to industry. I feel that this has such great adaptability and standard applications, that it can be interchanged with any place in the country in case a worker should find it necessary to move to a new location. As Mrs. Keenan has indicated before, GULHERM has been found of tremendous value to the personnel and guidance departments of various industries particularly in dealing with the middle-aged and older worker.

It is, and has been of great value and savings of dollars to industry for the past 15 years in Canada, it is of great value and savings in dollars to Industry in Maine.

It should be of great value and savings in dollars to Industry all over this country.

Thank you very much.

Donald F. Marshall, M.D.
THE MANDATORY RETIREMENT OF EMPLOYEES WILLING AND ABLE TO WORK RESULTS, OF COURSE, IN A NET LOSS OF POTENTIAL OUTPUT TO THE NATION AS A WHOLE TO THE EXTENT THAT THESE WORKERS ARE UNABLE TO FIND ALTERNATIVE EMPLOYMENT. IF WE ASSUME OLDER WORKERS ARE GENERALLY AS PRODUCTIVE AS YOUNGER, A ROUGH ESTIMATE OF THE LOSS IS $3.4 BILLION OR ABOUT .3 PERCENT OF THE TOTAL GROSS NATIONAL PRODUCT FOR 1971.*

In the words of former Secretary of Labor Willard Wirtz, "there is...clear evidence of the nation's waste today of a wealth of human resources that would be contributed by hundreds of thousands of older workers (over age 45), and of the needless denial to these workers of opportunity for that useful activity which constitutes much of life's meaning" (U.S. Department of Labor, 1965a).

*Based on the estimates of a number of relevant workers presented in the preceding section—assuming an average wage of $7,000 (based on U.S. Bureau of Labor Statistics data for 1972) and assuming full-time employment. Sunner Slichter in 1951 estimated the loss of production from all retired workers to be $3.3 billion in 1951 prices.
"Attitude" is the main ingredient in mankind's problems and failures, solutions and successes, and our hope for the future. Once we decide to achieve, nothing seems impossible. The man on the moon project, for all its controversial worth has taught us this lesson.

The proposed Nixon budget for fiscal 1975 contains a requested $94 million for Federal Agencies to combat job discrimination, an increase of 21% over fiscal '74. EEOC plans to double its investigation of private industry job bias complaints to 33,000 cases, and increase its conciliation settlements to 15,000 from 3,500. What "they" are saying is simply, "We are going to change the "attitude" of the entire country in the field of employment. This very definitely means that the attitudes of Personnel & Guidance Counselors had better change and "get with it".

No one in the field of human resources can afford to rest on their laurels in these times. They will be swept away like so much sand in the wind.....yesterday is gone.....it is a new ball game. Past attitudes and approaches will for the most part, not work.

Some of the people I know in Personnel I would liken to the mechanic who approaches the car needing a major tune-up with a hammer, a saw, and an axe. In the first place the above-mentioned haven't realized the importance of the trust placed in them. What is worse, most top management has not given Personnel and Guidance, encouragement, authority and desire to get their jobs properly done. Again, the attitude is not in line with the times.
2.

Speaking of tools, and here I refer to the proper tools, the IHCS is one major break-thru that can help you achieve in many ways today.

You have heard Dr. Marshall and Project Director Keenan tell you about IHCS, a giant advancement in job placement. ... Did you really hear or did you merely listen politely to two very fine people? What action will you take, what will have been the net result of this conference if you return to your personal and guidance duties unchanged, unmoved, unwilling to change your attitudes?

As an employer and personnel manager in the private sector, we have been exposed to IHCS for 3 years. It works. It delivers services far beyond its original intent.

People do not possess the same physical properties, the same capacities, the same abilities. Why then do we continue to send people with different capacities and abilities to do the same jobs day after day. In a few cases the extreme physical job demands are given special attention. Most jobs do not contain extreme and obvious discrepancies. There are subtle differences and most of us have subtle differences in our capacities. These subtle differences, which exist, are measurable. Once measured they can be matched with jobs which also contain both subtle and extreme differences. Net results will be that people will be able to produce more, because of higher morale and ability to achieve. The attitudes will
BE ON THE POSITIVE SIDE.

It is our belief that high turnover (aside from poor supervision), accidents, absenteeism, and high drinking ratios on or off the job will dramatically decrease when the right person is placed on the right job. Guidance and personnel must recognize this fact.

The IHCS "Bible" is written, and the program can be exported to your organization, corporation and agency, in a short period of time. But of course, you will have to change some attitudes of both medical and non-medical executives. We all know change is a threat, but then there's that $94 million dollar threat lurking around the corner. And just in case you think you can handle that one, the OSHA budget for fiscal '75 includes 102.5 million, a 46% increase over fiscal '74. . . . most of it for enforcement. Why? Because one worker in 10 was sick or hurt on the job in 1972, probably due in part to poor placement.

I would like to review with you how IHCS can help you prevent, not only age discrimination, but race and sex discrimination and how you can defend in an occupational lawsuit.

When the worker 40 to 65 approaches you for your services we bet some of the following thoughts go thru your minds - "How many productive years does this person have? Wonder if he or she is as frail or as strong as they appear to be? Will my health insurance usage go up?"
WILL MY GROUP LIFE RATES CLIMB? WILL THIS PERSON BE ACCIDENT PRONE? IS THERE A HIDDEN MEDICAL PROBLEM LURKING UNDER THAT GRAYING HAIR? THE ANSWER IS WE DON'T REALLY KNOW. BUT THAT "SEAT OF THE PANTS" JUDGMENT SHOULD NOT BE MADE BY YOU OR WITH OUR NAKED EYE, NOT WHEN IHCS IS AVAILABLE. LET ME TELL YOU THAT ONCE ANY PERSON HAS HAD THEIR FAIR DAY IN THE IHCS, YOUR ACTION WILL BE CLEAR AND UNBIASED, REGARDLESS OF AGE, RACE AND SEX. YOUR NEXT STEPS WILL BE TO USE ALL OF THE OTHER TOOLS YOU NORMALLY USE IN SELECTION OR GUIDANCE IN YOUR OWN ROUTINE WAY.

CONFIDENCE IN THE PHYSICAL CAPACITY OF A HUMAN BEING, PROVIDES A POSITIVE APPROACH WHICH BUILDS PERMANENT AND LASTING RELATIONSHIPS IN YOUR ORGANIZATION.

LET ME PROPOSE A NEGATIVE ATTITUDE. WOULD YOU ADVISE AND COUNSEL AN EPILEPTIC PERSON TO BECOME A CRANE OPERATOR IN A SINGLE OPERATOR JOB? WHY NOT? MOST OF YOU HAVE ADVISED MANY PEOPLE TO BECOME PUBLIC ACCOUNTANTS WITH NO REGARD FOR THE STRESS INVOLVED THAT MAKES ACCOUNTANTS HIGH ON THE EARLY MORTALITY LISTS.

I HOPE THIS PROVES MY POINT. THIS IHCS IS A FUNCTIONAL, WORKING TOOL. WE CAN ELIMINATE AGE, RACE, AND SEX DISCRIMINATION WITH A GULHEMP STRUCTURED EXAM. 1.

NOW FOR THOSE OF YOU IN THE PRIVATE SECTOR: QUESTION, HOW IN THE WORLD ARE YOU GOING TO DEFEND
YOURSELVES IN A LAWSUIT CLAIMING HEARING OR SLIGHT LOSS
WITHOUT HAVING AN ACCURATE RECORD OF THE EMPLOYEE’S CONDITION
IN THE FIRST PLACE, KNOWN AS PRE-EMPLOYMENT PHYSICAL.
THINK ABOUT IT! PROPER AND COMPETENT PHYSICAL RECORDS
CAN SAVE YOU MORE MONEY THAN YOUR COST ACCOUNTANT.

SIDE BENEFITS WHICH THE IHCS HAS PROVIDED THE COMMUNITY
IN EARLY DETECTION OF DISEASE, ARE ABSOLUTELY IMMEASURABLE
IN DOLLARS.

Our Company mailed a letter to the business community
in 1973 which contained the following facts:
"We have reduced our turnover by 22%, enjoyed the
lowest number of Workman’s Compensation claims in 5 years,
while increasing our work force by 51%. Incidentally,
winning The American Legion 1973 Employer of The Year
Award for the United States in the category of over
200 people. We use the IHCS.

Our letter advised the businessmen of Greater
Portland, Maine that in the final analysis the IHCS would
save them money regardless of the cost of the service.

Now I would like your attention because I am
entering a rather sensitive area. How professional is
a machinist who doesn’t use a micrometer? Many of you
who are using an outside M.D. for physicals may be sitting
there with a rather smug attitude. I ask you have you
TAKEN A MEDICAL EXAM LATELY? I TOOK A PHYSICAL BEGINNING THE WEEK OF 3/18/74. TO GAIN ALMOST THE EXACT PHYSICAL PROVIDED BY IHCS I SAW 3 DOCTORS AND IT COST $102.00, NOT INCLUDING CHEST X-RAYS. YOUR DOCTOR IN 999 OUT OF 1,000 CASES DOES NOT HAVE THE EQUIPMENT NOR THE TIME OR DESIRE TO PRODUCE THE RESULTS IHCS OFFERS. STANDING IN A HALLWAY HOLDING YOUR HAND OVER ONE EYE AND READING THE 3RD LINE UP ON A CHART IS NOT AN EYE EXAM. LISTENING TO THE NURSE WHISPER SOFTLY AT SOME UNDETERMINED DISTANCE IS NOT A HEARING TEST. LIKE MY TUNE-UP MAN WITH A HAMMER AND A SAW, MOST DRS. APPROACH AN INDUSTRIAL PHYSICAL IN A MANNER THAT APPROACHES SHAME. DON'T TAKE MY WORD... GO GET A PHYSICAL FOR YOURSELF.

YOU WOULDN'T SETTLE FOR HALF A SCHOOL RECORD OR HALF A SOCIAL SECURITY NUMBER, THEN DON'T SETTLE FOR HALF A PHYSICAL. THESE ARE HUMAN BEINGS WE ARE DEALING WITH AND REQUIRE ALL THE PROFESSIONALISM WE CAN DELIVER. SO LET US DELIVER THE BEST METHOD OF PLACEMENT THIS COUNTRY HAS EVER SEEN, DR. KOYL'S GULHEMP SYSTEM.

BEFORE CLOSING I WOULD LIKE TO SHARE WITH YOU THE FACT THAT WE HAVE PROVIDED SECOND CAREER AND SUPPLEMENTAL INCOME FOR RETIREES, IN ADDITION TO THE PROTECTED GROUP 40 - 65. SOME OF THESE PEOPLE RANGE FROM 66 - 80 YEARS. THE ABSENTEEISM IS ZERO DAYS AND THE RESULTS OF THE POSITIVE ATTITUDES OF THESE PEOPLE IS HEARTWARMING. JOBS INCLUDE MACHINE MAINTENANCE, BUILDING MAINTENANCE, ACCOUNTING, AND OUR CONSTRUCTION ENGINEER AND OSHA SAFETY PROGRAM HEAD,
both male and female. You had better believe that we have people 25 - 40 years old who are not as healthy and energetic as these retirees. You youth-oriented people had better take a second look at middle age and older workers. The IHCS services provide the opportunity of a positive attitude and confidence which has never before existed. The reverse is also true. A young lady of 21 wanted to work with her older brother in our manufacturing plant. Why not? She looked rugged and needed a job...all she had to do is pass the IHCS Gulhemp physical for that job. Well, she didn't pass. IHCS provided me with the opinion (after they had profiled that job) that she might have a flareup of an old problem in her shoulder....Our Mfg. Vice President anxious to try a female in the production plant insisted on employment of the young lady. She began on a Wednesday, had 2 days rest Saturday & Sunday, and by the second hour the following Monday resigned. Her shoulder had begun to pain her and she knew she couldn't hold her job. IHCS was right.

There will be many young ladies who will attempt to invade traditional male jobs, and this is fine, but I strongly urge you to employ the Koyl-Gulhemp system to insure the best possible match of person and job. The subtle differences that can and do exist in people
AND JOBS CAN BE DETECTED.

Don't settle for less than the best -- human beings need your best and my best. Let us all strive for professionalism...... THANK YOU!

JACK MEREDITH
PERSONNEL MANAGER
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100 MAIN ST.
WESTBROOK, MAINE