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August 25th, 1983

Ms. Harriette Lakernick
One North LaSalle Street
Suite #2065
Chicago, Illinois 60602

**REDACTED**

RE:

-vs-
Sherwin Williams Co.
I.C.#: 82 OD 463
File#: 8211-00003IL
D/E: 4-23-82

Dear Ms. Lakernick:

Enclosed please find a copy of our expert witnesses report, Dr. Howard Van Ordstrand. Once you have had the opportunity to review and study this report, please contact the undersigned to discuss disposition of this case.

Very truly yours,

BAUM & RUFFOLO

Richard W. Baum

Richard W. Baum

RWB/ppm
cc: Steve Borgstrom

encl.

N40058

HOWARD S. VAN ORDSTRAND, M.D.
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August 8, 1983

Richard W. Baum, Esq.
Baum & Ruffolo
One North LaSalle Street, Suite 2225
Chicago, Illinois 60602

**REDACTED**

Re: [redacted]) v. Sherwin Williams Co.
Claim No: 8211-[redacted]003 IL

Dear Mr Baum,

I have just completed my review of all of the medical records sent to me by Mr. Steven Borgstrom to enable me to send this report with medical opinion as an environmental lung specialist. I also appreciated Mr. Borgstrom having arranged for our joint visit with inspection to Mr. Smith's workplace at the Sherwi Williams Plant, in Chicago, on March 30, 1983. The medical records available for my review have included the following:

1. Copies of the medical records of the Veteran's Administration Research Hospital at 333 East Huron Street, Chicago, Illinois, dating from October 14, 1974.

2. Copies of the Northwestern Medical Falculty Foundation, Inc. (allergy) dating from March 9, 1981 through March 29, 1982 and which included copies of multiple laboratory reports and pulmonary function tests.

3. A copy of a report of the Hennan Medical Group of Chicago of March 31, 1981 and which included a copy of an x-ray examination of Mr. Smith's chest of that date, reported as normal.

4. Copies of the Sherwin Williams Company medical department reports, including reports specifically of Mr. Smith's exposure to sulfer dioxide fumes on March 23, 1981.

5. Copies of the Sherwin Williams Personnel department pre-employment record of his work history, as well as of his total job history with work classifications at the Sherwin Williams Plant.

6. A copy of a letter report of April 16, 1981 to Dr. Valatka from Dr. C. R. Zeiss of the section of allergy and immunology of Northwestern University.

7. Copies of reports of laboratories and electrocardiograms of the A and M Clinical Laboratory in Park Ridge, Illinois on Mr. Smith of August 12, 1981.

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8. Copies of insurance records relative to his times off for health problems.

9. A copy of the emergency room record of Saint Francis Hospital of Blue Island, Illinois of March 23, 1981 regarding Mr. Joseph Smith.

10. Copies of the Sherwin Williams Plant health requirements and air sampling results referable to Para Cresol and Phenol operators relative to the primary and general duties.

11. Copies of multiple references, including the NIOSH standards, regarding sulfer dioxide, et al.

12. A four page summary copy of Sherwin Williams Plant chemical products operation.

13. Copy of the list of all job assignments through his last day of work of April 13, 1981.

14. A copy of the Death Certificate of April 23, 1982, signed with the cause of death listed as arteriosclerotic heart disease.

Occupational History:

The records indicate that as born on March 26, 1921. Prior to his thirty years employment at the Sherwin-Williams Plant, the records indicate tha served three years in the Navy and had various employments where his jobs were listed in mold assembly, a body machine operator, and a cutter.

In his thirty years employment with Sherwin Williams, until his last day of work of April 18, 1981, position was that of a process operator in the chemicals department.

The records indicate that the chemical department was created in 1940, with the present building set up, instituted in 1958. Some type of chemical cartridge mask has been supplied and worn by employees since 1940. Depending on whether any SO2 leaks developed, portable oxygen masks were also available.

For at least the last twenty years of his employement, on a five day rotation as follows:

1. day 1- Sulfonation, The worker pumps Sulfan, Sulfer Dioxide, Toluene and acetic acid in specific amounts into a tank, where the product TSA is formed.

2. day 2- Fusion pot processing consisting of Sodation, Fusion and Liberation.

3. day 3- Continuation of the above and then emptying of the material

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4. day 4-Springing and Sodation

5. day 5-Distilltion. This is the final process in the manufacture of Para Cresol.

The medical records indicate that through the years, _ multiple health problems and which included the following:

1. Heart palpitations
2. Ventricular tachycardia
3. Pyruria
4. Hematuria
5. Decreased hemoglobin
6. Decreased hematocrit
7. Guaiac positive stools
8. Pneumonitis
9. Upper respiratory infection
10. Acute bronchitis
11. Graves disease with hyperthyroidism

The history indicated that he was a cigarette smoker for many years (a total of forty-pack years) until stopping in February, 1981.

His respiratory problem diagnosed as chronic obstructive lung disease manifesting mainly as bronchial asthma was dated from a hospitalization with acute statis asthmaticus in 1977. Repeated allergy tests proved to be negative and the Northwestern Medical Faculty Coundation allergists classified his bronchial asthma as being of the intrinsic (non-occupational) type. He received intensive and multiple anti-asthmatic medications.

On March 23, 1981, became dizzy and nauseous and short of breath while filling a tank with sulphuric acid and when checking a valve, discovered an SO2 leak. He was taken to the St. Francis Hospital emergency room. A chest x-ray was reported as normal and the emergency room record stated that his color was good, that he was in no shortness of breath at present and that his vital signs were normal, including a normal respiratory rate of 20. He was given aminophyllin medication.

Mr. _ death was described as DOA on April 23, 1982 at Jackson Park

Hospital emergency room. The emergency room report records him as being found in"full arrest". The death certificate was signed as "arterio-sclerotic cardiovascular disease". No autopsy was preformed.

It appears from the records that the claim is for chronic obstructive pulmonary disease, contracted by working with sulfer dioxide fumes.

The following was observed and learned at the visit to plant there on March 30, 1983 and specifically to all areas where he had worked for years in the five day rotation:

Most adequate ventilation and Industrial Hygiene measures are carried out in all areas and particularly with roof level and exhaust fans present in the area where sulfer dioxide is used.

A proper type of respirator mask is used.

All of the agents and chemicals which worked with were reviewed and none of these found to be of type causing permanent respiratory tract injury or being allergens (i.e. true sensitizing agents causing extrinsic occupational asthma).

No evidence was learned from present employees interrogated (and especially who had worked there for a number of years) of there being any specific common respiratory problems of s specific job description.

There were no medical records of any incidence of chronic obstructive lung disease and specifically of asthma in fellow employees and especially in those who are non-smokers.

Chest x-rays made at the St. Francis Hospital emergency room of March 23, 1981 were available for review. These x-rays were, as reported in the record, in my opinion, completely normal. They show no evidence for any chemical pneumonitis nor any other abnormalities.

From review of all the records and what was learned from the visit to workplace, the following opinions and conclusions are made with most reasonable medical certainty:

1 death was not in any way caused by his work. He died of arteriosclerotic heart disease and which was no doubt an aftermath of his known health factors of prior cardiovascular difficulties and Graves disease with hyperthroidism.

2. His chronic obstructive lung disease, which was manifesting mainly as bronchial asthma, as shown by his records, was clearly of the type and pattern known to occur in all walks of life, unrelated to the environment or specific work, and occurring in people of significant smoking history as in

did not have extrinsic type bronchial asthma (i.e."occupa-

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tional asthma"). He was not exposed to any specific sensitizing agents in the workplace.

4. His transient sulfer dioxide increased exposure of March 23, 1981 did not cause any permanent injury (i.e. was not of any permanent health significance).

5. In the opinion of the undersigned, no causal relationship was present to Mr. chronic obstructive pulmonary disease from the described incident of March 23, 1981, nor of his entire occupational history at the described plant (neither by cause nor by aggravation).

Please let me know if you have any questions with reference to this report.

Sincerely yours,

H. S. Van Ordstrand, M. D.

HSV/mch
cc: Mr. Steven Borgstrom

P.S. I appreciated very much receiving from Mr. Steve Borgstrom a copy of a detailed air study report on the Chicago Chemicals operation of Sherwin williams Co. of 1979 just prior to mailing this letter.

The above study was done by an independant consulting company (Occusafe, Inc. of Wheeling, Ill.) in the Para Cresol plant. The results were essentially negative, showing breathing zone airborne levels to be well below OSHA permissable exposure levels of eight hour time weighted average.

This written report confirms the verbal report obtained at our visit.

HSV