PLAINTIFF'S EXHIBIT
REK-31

57th ALL-OHIO SAFETY AND HEALTH CONGRESS & EXHIBIT

CLEVELAND CONVENTION CENTER
APRIL 7, 8, 9, 1987

February 3, 1987

Ms. Judy Spencer
Legal Department
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

RE: OD 190483
Employer: R. E. Kramig, Co.
Cincinnati, Ohio
Employee: [redacted]

Dear Ms. Spencer:

[redacted] is a 58 year old male who has worked for the R. E. Kramig Company for approximately thirty years from 1951-1975 and 1985-1986. The period 1980-1985 he worked for Owens-Corning Fiberglass Company. In both cases he worked as an insulator installing new insulation and removing old in existing locations to replace with new.

Insulation workers were at great risk from asbestos exposures received in the years prior to about 1971. The early to mid '70's saw a great increase in the knowledge and awareness of the potential health hazards of asbestos. Regulations such as the Occupational Safety and Health Act, which became effective in 1971, and EPA regulations in 1973 and 1978 dealt with worker exposure levels and banned asbestos uses in many insulation applications.

These regulations brought about drastic reduction in worker-exposure to asbestos. Unfortunately, for those who had worked with the material for varying periods before 1971, it was none too soon.

[redacted] is a typical member of that group. The very nature of his job and the fact that asbestos was the most used insulation material is evidence of the high

4/

probability that he was exposed to significant amounts of asbestos.

There are many variables which determine cause and effect of exposure to airborne asbestos. Respiratory complications are well-known, but not easily diagnosed. Asbestos-related respiratory disease shares symptoms and signs with a variety of other diseases, many non-occupational in origin.

Dr. Kelly states in the medical section that [redacted] pulmonary function results are normal, but there has been a measurable change recently. Since [redacted] has not been a smoker in his work-life, it is not surprising that his respiratory difficulties are not seriously abnormal at this time. Occupational exposures without smoking added are much less likely to cause respiratory disease.

Because of the work-history and medical indicators, it seems likely that [redacted] is a candidate for occupational-respiratory disease if he does not already have it. A second medical opinion might confirm or refute Dr. Kelly's diagnosis.

If I may be of further assistance with this claim, please let me know.

Sincerely,

James S. Ferguson

James S. Ferguson, CIH
Industrial Hygienist

Literature sources used in this include:

1. Occupation Lung Diseases, Weill & Warick, Marcel Dekker, Inc., N. Y. , 1981
2. Pulmonary Function Tests in Clinical and Occupational Lung Disease, Miller, Grune & Stratton, Inc., N. Y., 1986
3. Asbestos Related Disease: Difficulties in Diagnosing Occupationally Related Illness, Raymond Murphy, M.D., Frontiers in Medicine, Feb. 10, 1981

JF:dm

5