PLAINTIFF'S EXHIBIT
REK-15

The Industrial Commission
Of Ohio
Division Of Safety & Hygiene
246 N. High St., Col., O 43215

August 31, 1982

Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

Attn: Judy Spencer

RE: Claim [redacted]
[redacted]
R. E. Kramig Co.
Cincinnati, Ohio 45215

Dear Ms. Spencer:

On August 16, 1982, a visit was made to the R. E. Kramig Company in order to investigate the conditions under which the claimant, [redacted], worked.

The claimant was employed as insulation worker from September of 1946 through March 9, 1978. As an insulation worker the claimant was involved in the removal and installation of insulation, which included asbestos. The insulation was primarily installed on or removed from boilers, tanks and pipes.

Since the claimant actually worked at several locations, an on site investigation of the specific work areas was not possible. As a result, this report is based on my conversation with company representatives and the information in the file.

A company official did indicate that they used asbestos insulation extensively prior to 1969. At this time the use of asbestos insulating materials was discontinued because of the adverse health effects associated with its use. In addition, the company indicated that the claimant was only involved in new construction projects from 1969 until the termination of his employment.

The file indicates that the company did not check full certification or rejection of the claim. During my investigation, however, the company said that they rejected this claim.

Asbestos is a mineral fiber and is actually the name given to many silicate compounds. Of these, only a few are significant in industry with white asbestos (chrysotile) accounting for over

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97% of all asbestos used in the United States.[1]

Exposure to significant levels of asbestos has resulted in asbestosis, mesothelioma, and cancer of the lungs and digestive tract.

Asbestosis is a lung fibrosis that usually develops gradually over a 10-30 year period of exposure. However, rapid development has been observed from relatively high exposures. A restrictive pattern of physiological impairment is commonly associated with asbestosis in which the earliest impairments are those involving gas exchange and diffusion capacity. These early impairments may be detected only during periods of activity. In the latter stages, however, gas exchange and diffusion abnormalities are detectable at rest and are related to a reduction in pulmonary functions.[1]

Mesothelioma may occur following brief intensive exposures. At this time, information is insufficient to set an exposure standard (other than zero) which would assure the prevention of mesothelioma in all workers since the disease can occur following very limited exposures twenty to thirty years earlier.[2]

Asbestos is considered to have a synergistic effect with cigarette smoking in the production of lung cancer. Workers who are smokers and exposed to asbestos have over 90 times the risk of non-exposed non-smokers in the development of lung cancer.

A threshold limit value (TLV) for chrysotile asbestos has been set at 2 fibers greater than 5 microns in length per cubic centimeter fo, air (2 fibers/cc). The TLV for asbestos was established to protect against asbestosis and reduce, to an acceptably low risk, the development of neoplasms.[2]

In summary the claimant, [redacted], has been diagnosed with asbestosis, chronic obstructive lung disease, emphysema, asthmatic bronchitis and several other physiological impairments. Although the file mentions the interstitial fibrosis and pleural disease, which has been associated with asbestosis, it also suggests the possibility of the development of mesothelioma and bronchogenic carcinoma at some later date. In addition, the file indicates that the obstructive lung disease is due to cigarette smoking. However, NIOSH has reported that in cases where pneumoconiosis co-exists with asthma or chronic bronchitis, the restrictive pattern may be associated with some element of obstructive impairment. Thus, it would appear that the separation of the two would be difficult.

Respectfully submitted,

Mark Ashworth,
Industrial Hygienist

References:

1. NIOSH, Occupational Diseases, A Guide to Their Recognition, DHEW, 1977.

2. Proctor and Hughes, Chemical Hazards of the Workplace, J. B. Lippincott Co., 1978.

MA:ceg