Woodrow W. Massad, M.D.
Assistant Medical Director

Conoco Inc.
P O Box 1267
Ponca City, OK 74601
(405) 767-2230

VCM - Lake Chas.

September 16, 1981

F.W. Bennerscheidt, M.D.
816 Bayou Pines Drive
Lake Charles, LA 70601

Re: Ben Billings, Jr.

Dear Dr. Bennerscheidt:

Your voluntary "special report" on the above employee is timely and points out the pit-falls that can occur when proper procedures are not followed.

The work done by most of our associate physicians is gratifying and enforces the specific need to further support their good judgement and medical capabilities.

I will direct your letter to the attention of our Medical Director. Thanks for your special effort on this subject.

Sincerely yours,

Woodrow W. Massad, M.D.
Assistant Medical Director

ck

cc: C.L. Whetstone, M.D.
Medical Director

VVC 000007428

F. W. BENNERSCHEIDT, M.D.
816 BAYOU PINES DRIVE
LAKE CHARLES, LOUISIANA 70601
TELEPHONE 439-0808

September 2, 1981

Dr. Massard
Ponca City Medical
Conoco Oil Co
P.O. Drawer 1267
Ponca City, Oklahoma 74601

Re: Ben Billings,Jr.
Special Report

Dear Doctor Massard:

If you recall, our conversation regarding Ben Billings, I would like to update his current status.

Subsequent to your call, I contacted Mr. DeBernardi, who is the Manager of VCM. In our conversation, I indicated that I did not feel that Mr. Billings should return to the environment whether the potential for further hepatic damage was possible and I did not feel that there was an area in the VCM plant appropriate to justify his return to work. I was aware, at that time, that he was a temporary employee and that he would gain no income during the period of his off duty.

If you remember, he was first noted to have an abnormal liver profile. The dates are not concrete, but it appears to have been about April 24,1981, when the annual physical was performed. At that time, his enzymes were slightly elevated. He was then sent to the Pathology Laboratory for a repeat Chemisty Profile. At that time, the SGOT, Alk Phos. , LDH were moderately elevated and the SGPT was 1165; GGTP: 231; Bilirubin: 2. This certainly suggestive of Hepatitis whether it be Toxic Hepatitis or Infectious Hepatitis was undetermined at that point.

He had no history of exposure to Infectious Hepatitis nor of any significant ingestion to suggest Infectious Hepatitis. He did have a toxic exposure reportedly, to EDC, followed by nausea, anorexia for a four day period, noted dark urine over that weekend.

Re: Ben Billings

At the time of my first examination, on 5/11/81, he was feeling quite good and had no symptoms other than his abnormal liver profile. His profile was repeated on 5/12/81, at that time an SGPT was: 615; GGTP: 190; SGOT, Alk Phos and LDH were slightly elevated. HAA: negative. Diagnosis was probably B Negative Hepatitis. Further a Hepatitis panel was done and no abnormal antigens were detected.

Subsequent Liver Profile was done on May 19, 1981, showed progressive improvement. Again on 5/26/81, the only abnormal findings were the SGPT, minimally elevated 44 and the GGPT at 120.

Finally a profile on 6/2/81 showed GGPT at 75, which is minimally elevated. I had no further correspondence with Mr.DeBernardi to determine what the work status of the patient and employee was during the period after my initial conversation.

I should note the final Liver Profile on 6/9/81 was normal in all modalities. It is my feeling that Mr. Billings had Infectious Hepatitis, but probably his EDC exposure was incidental.

In the future I think it best that prior to an employee returning to work on a verbal release from employee to his immediate supervisor. This should go through - local medical department before he is released to return to his regular work.

I would like to add that Dr. Bride was the consultant who saw Mr. Billings. It was his opinion that the patient had Hepatitis most likely. I do not believe he fully appreciated the presence of Vinyl Chloride in the atmosphere in which he worked. It was at his advise that Mr Billings was verbally released to work. In review of the normal returns, I can see no harm done, but in the future, this could lead to some serious sequela.

Yours sincerely,

F.W.Bennerscheidt,M.D.

FWB:ltk