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ALEX GUP, M.D.

E MEDICAL CENTER CLINIC
1750 NORTH PALAFOX STREET
PENSACOLA, FLORIDA 32501

J. F. ODOM

MAR 1 8 1974

March 14, 1974

Mr. J. F. Odom
Personnel Manager
Air Products and Chemicals, Incorporated
Post Office Box 467
Pensacola, Florida 32592

Dear Mr. Odom:

Dr. J. J. Crittenden and I want to thank Mr. Calkins and Mr. Ray for their courtesy and hospitality to us during our tour of the plant yesterday. It was very informative, most interesting and will help us a lot in evaluating some of the medical problems involved.

First, Dr. Crittenden has been in touch with Dr. Hess in Cincinnati, who has done a good bit of the work with B.F. Goodrich there, and, as you know, I have been talking with Dr. Paul Katin in Philadelphia. They are each sending us as much pertinent background material as they feel we need to have.

In the meantime, on the basis of the available information, we would like to make the following suggestions:

With respect to new employees, before anyone actually enters the reactors, they should have x-rays of the hands and chest, a liver function profile and complete blood counts. This, of course, should cost considerably less than the survey we are now doing.

Insofar as the existing employees are concerned, we should continue with our present program. However, we feel that the six months re-evaluations could be limited to x-rays of the hands, a reduced liver profile and complete blood counts. The chest x-ray, remainder of the blood chemistries and the two rather more expensive liver disease antigen tests need not be done regularly, we believe, but only if the routine survey shows some evidence of liver disorder.

When x-ray abnormalities of the hands are found, it is suggested that I see the man in my office and that we do additional x-rays of the forearms, sacro-iliac joints and lower legs and feet, since some of the clinical reports indicate that changes can occur in those areas as well as in the hands. Of course, at that juncture, it is important that the employee be removed to an area where there is zero exposure to PVC.

When abnormalities of liver function are found, it is suggested that I see the man at my office, also. Although Dr. Katin did not urge it, Dr. Crittenden and I feel that a liver scan should be done at that point if my examination and repeat liver function tests confirm the possibility of liver tumor. Of course, at that point also, the employee must be removed to an area with no exposure to PVC.

There is an additional problem. We are wondering what to do when incidental abnormalities are found on these routine studies. For instance, in two incidences, there are chest abnormalities which have nothing whatsoever to do with the things we are looking for on the survey. Similarly, a number of the men have remarkably elevated cholesterol levels. In roughly analogous situations in the past, such as community chest x-ray surveys and diabetes detection weeks, for example, the information has been given to the individual and they have the option of taking it to their family doctor if they so desire. As you know, the information that is derived from the survey belongs to the company, not to the employee, but you may wish to pass these abnormal findings on to the individuals as described.

Finally, one of the articles we have read points out that the acro-osteolysis is probably due to a combination of individual susceptibility, mechanical trauma from the chipping, and either absorption or inhalation of the PVC. There is nothing one can do about the first factor, since we have absolutely no leads to a screening test that would detect the susceptible individuals. A perfected chemical cleaner would, of course, get rid of the mechanical factor. As far as the absorption or inhalation of PVC, there is at least an equal chance that it may be absorbed through the skin. To what degree one should pursue the question of protective clothing, including gloves, is really a tough question. It seemed to Dr. Crittenden and me that you are certainly doing everything reasonable to avoid inhalation, short of insisting on respirators while in the reactor. Whether or not that would be necessary is another moot question at this point.

Again, our thanks to all concerned for their hospitality. Our aim is to get this thing down to a manageable procedure that will offer maximum protection. If any further questions arise, please do not hesitate to call us.

Gratefully yours,

Barkley Beidleman, M.D., F.A.C.P.

BB/cr