



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

October 22, 1981

Legal Section
The Industrial Commission of Ohio
246 N. High Street
Columbus, Ohio 43215

OD 179271
Cecil Anderson
McGraw Construction Co.
Middletown, Ohio

Attn: Ms. Judy Spencer

Dear Ms. Spencer:

On October 5, 1981, a visit was made by Robert Crackel to McGraw Construction Company, 2 North Main Street, Middletown, Ohio 45042. The purpose was to collect industrial hygiene data relative to the occupational disease claim of Cecil Anderson, OD 179271.

According to the company's records, the claimant worked for them as an iron worker and foreman. The employment history is as in the claim file, with the exception that Mr. Anderson retired in November rather than October of 1975.

Mr. William Phillips, a company spokesperson, said that the claimant erected structural steel and bolted framework for buildings. Phillips stated that the claimant regularly repaired or replaced open hearths, furnaces and ovens. He claimed, however, that union insulators worked with the asbestos and that the claimant would have had minimal exposure to their work. Phillips also stated that the claimant never reported any illness to the employer during 1974 or 1975, as is stated on the Claimant's Report of Occupational Disease.

Asbestos fibers find entry into the body by inhalation and ingestion. The fibers are retained in the body tissues throughout the lifetime of the host, even long after cessation of exposure. Fibers may migrate to other organs following retention in the lung. Asbestosis and certain malignancies are related to exposure to fibers of the asbestos minerals.

EXHIBIT

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Asbestosis is a progressive restrictive pulmonary fibrosis associated with inhalation of asbestos fibers. Malignancies related to the inhalation and possibly ingestion of asbestos fibers by epidemiological studies include carcinomas of the lung, mesotheliomas of the pleura and peritoneum, and neoplasms of other sites.

Asbestos has a synergistic effect with cigarette smoking in producing carcinoma of the lung. Asbestos workers who are smokers have over 90 times the risk of non-exposed non-smokers of contracting lung cancer.

This appears to be a classic case of work-related asbestosis. Construction workers, in general, are often exposed to large concentrations of asbestos. The claimant was also exposed to asbestos over a very long period. Furthermore, he was involved in removal work, which is associated with exposure to the highest and most dangerous concentrations of fibers in the air. It should be reiterated that asbestosis rarely develops from a brief, casual exposure to asbestos, such as might be encountered outside the workplace.

Currently, construction work with asbestos is governed by Paragraph (D) (2) of rule 4121:1-3-18 of the Administrative Code.

In short, given the medical evidence presented by two physicians and the work history of the claimant, it is almost certain that his asbestosis developed as a result of his employment.

Respectfully submitted,


Robert Crackel
Industrial Hygienist

RC/nm