PLAINTIFF'S EXHIBIT
REK-36

THE INDUSTRIAL COMMISSION OF OHIO

Richard F. Celeste
Governor

Division of Safety and Hygiene

8230 Montgomery Road, Suite 107
Cincinnati, Ohio 45236

March 31, 1989

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

Re: [redacted]
OD 196400
Employer: R. E. Kramig Co.
Cincinnati, Ohio

Dear Ms. Spencer:

[redacted] is a 59 year-old man who worked as an insulator for approximately 40 years until disability retirement in June, 1988. He spent almost his entire working life with Kramig.

Insulators were subject to varying levels of dust exposures during installation, repair, and/or removal of a wide variety of insulating materials. Many of them contained asbestos. Control measures of any kind were seldom used in the years prior to 1971 when the OSHAct required them. Even after that, controls were slowly put in place, and exposures for many continued at levels which were above those recognized as being safe.

Personal protection, such as respirators, were often not supplied, and when they were, worker acceptance was low. Employers did not always make clear, nor enforce, the requirement to wear them. As a result, many workers were exposed at levels which caused, or could cause, respiratory disease in varying degrees.

Personal lifestyle habits, particularly smoking, could cause more serious disease to develop than might have otherwise occurred. Because of the long latency period from beginning exposures to the onset of disease, it is difficult to pinpoint when and where they occurred, and how they contributed to the development of the disease.

[redacted] was, and still is, a heavy smoker. Two different times are given for his smoking - 30 years by one physician, 40 years by the other. Either period is significant from the standpoint of respiratory disease. His medical report states that he has both obstructive and restrictive lung disease. Asbestos dust exposures can cause restrictive disease, but

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obstructive disease is well known to be caused chiefly by smoking.

Over the many years that he worked in the insulating trade, [redacted] was very likely exposed to widely varying levels of asbestos-containing dust. It is not surprising that he has developed some disease symptoms. Asbestosis is not an unambiguous disease to diagnose, however, and care must be taken to assess cause and effect in proper perspective regarding what those causes and effects were. X-ray, pulmonary function test results, and signs and symptoms commonly used in diagnosing asbestosis are not specific to that disease.

In summary, there is little doubt that [redacted] received measurable exposure to dust containing asbestos and other materials. There are other aspects to consider, however, and the exact contribution of each is more a medical matter than an environmental one.

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

Sincerely,

James S. Ferguson

James S. Ferguson, CIH
Industrial Hygienist

Literature sources used in this include:

1. Occupational 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
4. Federal Register, Vol 57, No. 119, June 20, 1986

JF:rf

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