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Workers' Compensation
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October 2, 1990

Judy Spencer
Legal Section
Industrial Commission of Ohio
35 E. Chestnut Street, 6th Floor
Columbus, OH 43215

O.D.: [REDACTED]
Claimant: [REDACTED]
Company: R.E. Kramig Co.,
323 So. Wayne Ave.
Cincinnati, OH 45215

Dear Ms. Spencer,

[REDACTED] is a 58 year-old man who worked as an insulator for the Kramig Co. from 1964 till 1969. After that, he worked for a number of other employers until January, 1989.

Insulators were very likely to be exposed to a wide range of types and concentrations of asbestos-containing dust. The relationship between exposures to asbestos-containing dust and the diseases which are associated with those exposures are well documented. [REDACTED] worked at Kramig prior to the time when these facts were widely known. Also, before the advent of OSHA regulations in 1971, little attention was paid to personal protective equipment in general, and respirators in particular. As a result, exposures were generally high in those occupations that were naturally dusty by virtue of raw materials used and products made.

Insulators often mixed and applied bulk asbestos both manually and by machines. High dust levels were generated. Workers were often exposed to high levels on a regular basis. Because of the long latency period from exposure to onset of symptoms, the effects did not show for some time. The response varies considerably from one worker to another.

Dr. Kelly made a diagnosis for [REDACTED] of asbestosis based upon several tests and signs and symptoms. Several diagnostic tests are generally made to corroborate asbestos-related disease. They can be very ambiguous since a number of diseases share the same, or similar symptoms. X-ray results are especially open to question. A paper by Murphy states "The chest roentgenogram is the best means to exclude many other diseases as well as to quantitate their importance when present. The major problem is with the nonspecificity of the findings, particularly in detecting slight or early disease. Bilateral, small, irregular, and linear opacification (more predominant in

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[REDACTED]

the lower lung fields) and associated pleural disease are the most commonly accepted features of asbestosis. When found in an advanced degree with known exposure, specificity for asbestosis is high. However, when irregular, linear, basal opacities are present in slight profusion, they are easily confused with the normal vascular markings, with shadowing caused by poor inspiration, with soft tissue densities due to breast or other fatty tissue, and by the effect of low kilovoltage - making this interpretation one of the most subjective in radiology."

Pulmonary function test results indicate mild obstructive disease, according to Dr. Atterbury. Asbestosis usually causes restrictive disease. Obstructive disease, or COPD is most often caused by smoking. According to the American Lung Association, "Cigarette smoking is the most important cause of chronic obstructive bronchopulmonary disease (COPD) in the United States. It increases the risk of dying from pulmonary emphysema and chronic bronchitis. Smokers show an increased prevalence of respiratory symptoms, including cough, sputum production, and breathlessness, when compared with non-smokers. For the bulk of the population of the U.S., the importance of cigarette smoking as a cause of COPD is much greater than that of atmospheric pollution or occupational exposure".

[REDACTED] states that he smoked 1 1/2 - 2 packs of cigarettes a day for 30 years (Dr. Kelly indicates only 20 years). This is a minimum of 35 pack-years to a maximum of 60 pack-years. By itself, this could cause serious respiratory complications and disease. Combined with asbestos exposures, the likelihood of more serious complications increases by orders of magnitude. There is little doubt that [REDACTED] had varying degrees of exposure to asbestos-containing materials during his employment at Kramig. It is also possible that some effect of those exposures has resulted by now. However, exposure to an agent does not guarantee the development of disease.

There are other complications mentioned in the medical file, such as coronary artery disease, which could be important in this claim, also.

In summary, [REDACTED] was probably exposed to some levels of asbestos-containing materials during his work at Kramig, but the results may be more a matter of medical interpretation than environmental.

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

Sincerely,

James S. Ferguson
James S. Ferguson, C.I.H.
Industrial Hygienist

ASBESTOS REFERENCES

References:

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3. Asbestos Related Disease: Difficulties in Diagnosing Occupationally Related Illness, Murphy, R., Frontiers in Medicine, Feb. 10, 1981.
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