PLAINTIFF'S EXHIBIT
REK-17

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

November 7, 1984

Legal Section
Industrial Commission of Ohio
246 North High Street
Columbus, Ohio 43215

RE: [redacted]

Attention: Ms. Judy Spencer

Dear Ms. Spencer:

This letter is in response to your request to perform an investigation into the occupational relatedness of the claimant's ([redacted]) illness. [redacted] claims to have developed asbestosis from his years of work as an asbestos insulator. A review of his work history with Mr. Ed Hoffmeier confirmed the information documented in the facsimile file. The claimant worked for R.E. Kramig steadily from 1946 to 1970. He worked for several other companies from 1970 to 1983 doing very similar work. He then returned to R.E. Kramig in 1983 and worked for two months and then quit work due to respiratory problems--shortness of breath upon mild exertion.

The claimant was a mechanic who often removed and applied insulation materials. This insulation prior to 1970 typically contained asbestos. The repair of old equipment required the removal of old asbestos although the replacement insulation was probably asbestos-free after the mid-1970's. The claimant's last two months of work with R.E. Kramig involved removal and replacement of insulation at a power plant. This was routine maintenance and repair work requiring removal of block insulation or pipe laggings and the subsequent replacement of similar insulation.

The use of personal protective equipment in the asbestos industries was not typically used until after the advent of OSHA in 1970. This is also the time when the hazards from the inhalation of asbestos were becoming more well known. The claimant and Ed Hoffmeier (plant superintendent) indicated that respirators were not required or worn until after 1969. Mr.

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Hoffmeier said that since 1969 Kramig Company has been working according to both EPA and OSHA regulations regarding asbestos work.

The claimant is alleging that he has asbestosis and that his exposures to asbestos while working for R.E. Kramig are greatly responsible for his present condition. While no air monitoring data was available, the claimant was obviously exposed to asbestos when removing and applying insulation. Asbestos exposures in the insulation trades vary widely. It is difficult to obtain characteristic exposure levels for this type of work due to the many different insulating materials used and varying conditions of work. Asbestos content of insulation materials have ranged from 10% to almost 100%.[1]

Exposure to significant levels of asbestos have resulted in asbestosis, mesothelioma, and cancer of the lungs and digestive tract. Asbestosis is a fibrotic lung disease that usually develops gradually over a 10 to 30 year period of exposure. The usual appearnce of asbestosis in the x-ray is that of poorly defined, small, irregular densities that obscure the normally sharp margins of the branchovascular structures. The appearance of pleural plaques or nodules are also often present as a manifestation of asbestosis.[2] Dr. Penman found nodules and plaques on the lungs but no diffuse densities on the patient's x-rays. These results are consistant with the diagnosis of asbestosis.

Asbestosis is associated with the restrictive pattern of physiological impairment in which the earliest signs involve gas exchange and diffusion capacity. Therefore, someone afflicted with asbestosis would become short of breath with mild exertion. As this disease progresses to its later stages, pulmonary function is reduced even at rest.[3] The symptoms reported by the claimant are consistant with asbestosis in that he becomes very short of breath upon even mild exertion. The pulmonary function tests reported by Dr. Penman failed to show any reduction in diffusion capacity. There was no evidence of restrictive or obstructive lung disease.

The claimant's work history is closely tied to an asbestos exposure of unknown duration and concentration but most probably in excess of today's standards. There is documented evidence of a cause-and-effect relationship between asbestos exposure and contracting asbestosis.[4] The onset of the claimant's symptoms and the latency period are compatible with asbestosis. If the claimant does, in fact, have asbestosis, then it is very possible that he developed this disease in the normal course of his employment as an insulation worker.

Due to the lack of personal protective equipment and minimal knowledge of asbestos hazards, the claimant's exposures prior to

1970 were probably much greater than those after 1970. Due to the latency period usually necessary for asbestosis to develop, the claimant's last exposures of two months working for R.E. Kramig are essentially insignificant to the overall development of his disease. The contribution of exposures encountered with other companies from 1970 through 1983 is difficult to quantify.

Respectfully submitted,

Michael V. Meister

Michael V. Meister
Industrial Hygienist

MVM/klp

References:

[1]Asbestos: An Information Resource. National Cancer Institute, 1981. pp. 46-47.

[2]Clayton and Clayton. Patty's Industrial Hygiene and Toxicology. Volume I. pp. 195-198, John Wiley & Sons, 1978.

[3]NIOSH. Occupational Diseases: A Guide to Their Recognition. Dept. of HEW, 1977.

[4]Asbestos: An Information Resource. National Cancer Institute, 1981. pp. 36-37.