



April 27, 1988

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

Re: OD # 28874-22
Clifford Henson
U.S. Steel Corp.
Lorain, Ohio
Risk # SI 0002

Attn. Judy Spencer

Dear Ms. Spencer:

No visit was made in the investigation of this claim, because conditions under which the claimant worked literally no longer exist.

The claimant alleges that his medically diagnosed condition of "chronic obstructive lung problem and interstitial fibrotic changes seen in both lungs..." is the result of workplace exposures to "coal dust, asbestos, steel dust, etc." and to "many kinds of gases, dust, etc.". The claimant's work history was provided by the company and is included with this report. The claimant appears to have spent most of his career working in the pipe mill warehouse and shipping departments. The coke plant was shut down in 1984. In addition the Division of Safety and Hygiene's records were reviewed for relative information pertaining to occupational exposures in the pipe mill warehouse. This review yielded no information.

Emphysema and chronic bronchitis make up the disease category called chronic obstructive pulmonary disease (COPD). At one time they were viewed as distinct clinical conditions, but it is now clear that in most patients these diseases coexist, although one or the other may predominate. These are chronic disorders and are characterized by progressive limitation of the flow of air into and out of the lungs. Emphysema is identified by its characteristic alteration of lung architecture. A person with emphysema has destruction of the walls of the smallest air passages called bronchioles, and the walls of the small air sacs, called alveoli, that function as the gas exchanging units of the lung. The alterations result in abnormally enlarged air spaces. Chronic bronchitis is characterized by excessive

mucus secretion in the bronchial tree which leads to a persistent, productive cough. An individual is considered to have chronic bronchitis if cough and sputum are present on most days for a minimum of three months for at least two successive years or for six months during one year. (1)

In emphysema, the limitation of airflow is caused by abnormalities of lung elastin, a supporting tissue in the smallest air passages and the walls of the alveoli. This abnormality in elastin results in collapse or narrowing of the small airways which in turn limits airflow out of the lung. Once this damage occurs, it is irreversible. Emphysema can follow chronic bronchitis or any other lung condition in which the airways become seriously clogged or obstructed. (A few people have an inherited enzyme deficiency that predisposes them to emphysema, regardless of other lung diseases or exposure to hazards.) (1)

In chronic bronchitis, airway obstruction is due to inflammatory changes in the walls of the bronchi which causes them to thicken. This thickening, together with excessive mucus production obliterates some of the smaller air passages and narrows larger ones. These changes are to some degree reversible. (1)

From other information provided by the company (dispensary notes) it appears as though the claimant was, at one point in time was a cigarette smoker.

"By far the most potent factor, though not the only one, causing this disease (bronchitis), is cigarette smoking." (2)

"There is surprisingly modest support for the concept that industrial dust or irritating fumes play a role in the development or aggravation of chronic bronchitis or emphysema. It is difficult to accept the belief that no role is played by these agents, particularly with respect to place of residence, medical care, and general air pollution. These agents may overshadow any demonstrable influence of industrial dust, fumes, or gases. In studies in which these other factors are corrected for, there is some suggestion that occupational dust per se may contribute to chronic bronchitis, even though it is not the most potent factor." (2)

"Every detailed investigation of the symptoms of chronic bronchitis and some on the emphysematous lung have brought to light the harmful effect of smoking cigarettes. A graded relationship between the intensity of smoking and the prevalence of disease has been observed." (3)

"Although occupation makes a contribution to the initiation, progression, and outcome of chronic

bronchitis, its contribution is very small compared to the effects of smoking." (3)

"Chronic bronchitis may occur after repeated exposure to chemical irritants. Usually, however, the underlying cause is cigarette smoking." (4)

"Low-level exposure to all irritating gases, including those in cigarette smoke and urban air, probably produces a continuous minor irritation of the medium sized air tubes, causing overproduction of mucous by the bronchial lining, resulting in increased susceptibility to infection of the air tubes, or acute bronchitis. After repeated infections, he or she may develop chronic bronchitis" (5)

According to Occupational Diseases, A Guide to Their Recognition, (pp. 112-121) agents capable of producing fibrosis (interstitial or nodular) include silica (both simple and complicated fibrosis), hematite, mixed dusts (iron + silica), silicates (kaolin, bentonite, diatomite, tripoli, mica...), coal dust, aluminum, asbestos, beryllium, and tungsten carbide. According to the company's industrial hygienist, the potential for exposure to any of these materials within the pipe mill warehouse / shipping and "cold side" is zero. Because working conditions appear to have changed, this could not be easily verified.

From the medical records supplied by the company the claimant appears to have had reduced pulmonary function results dating back to at least 1976 (enc.) and a chronic cough dating back to a 1974 physical examination questionnaire (enc.). Also from the company supplied medical records is a notation dated "12-12-84 MEDICAL SURVEY... Pulmonary function Class II, restrictive & obstructive" (enc.). Finally, in a letter written by Dr. Sanford E. Rabushka dated September 29, 1987 (enc.), chest x-rays appear to exist for the claimant for the years 1967, 1972, 1978, and 1984. This letter goes on to state that "... There is no evidence of fibrosis. There is no evidence of pleural thickening...". Yet the claimant's physician, Bashir Amejl, M.D. states "X-Ray of the chest revealed the patient had multiple small micronodular opacities in both lungs. Also, patient has interstitial fibrotic changes seen in both lungs which is consistent with chronic lung disease."

In closing, the claimant worked for U.S. Steel from July 1954 until January 1986 (work history enclosed). The claimant alleges that his medically diagnosed condition of chronic obstructive lung disease and interstitial fibrotic changes are the direct result of occupational exposures to coal dust, asbestos, gases, and dust in general. According to a company industrial hygienist the potential for exposure to coal dust, asbestos, and gases within the pipe mill

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warehouse / shipping and "cold side" is virtually non-existent. A review of the Division of Safety and Hygiene's files appears to be void of reports which mention exposures in the pipe mill warehouse. Finally, because there is a distinct difference in the medical opinions (company physician vs. claimant physician) and the claimant's history of tobacco usage, it is believed that the claimant may need to be referred to an independent specialist for a definitive diagnosis.

Respectfully submitted,


W.J. Brutsche
Industrial Hygienist

WJB

enc. Claimant's work history summary
Job description Hooker (ERW finishing)
Claimant's smoking history documentation
Claimant's physical examination questionnaire, 1974
Pulmonary function results 1976, 77, 78, 80, 84
Company physician x-ray interpretation
Medical record indicating restrictive/obstructive problem

Footnotes:

(1) "Chronic Obstructive Pulmonary Disease", U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, NIH Publication No. 83-2020, May 1983.

(2) Volume I, General Principles, Patty's Industrial Hygiene and Toxicology, J. Wiley and Sons, 1978, p. 193.

(3) Encyclopedia of Occupational Health and Safety
International Labour Office, McGraw-Hill, 1974, pp. 331-334.

(4) Chemical Hazards of the Workplace, N.H. Proctor, Ph.D., J.P. Hughes, M.D., J.P. Lippincott Company, 1978, p. 74.

(5) Work is Dangerous to Your Health, J.M. Stellman, Ph.D., Random House, Inc., 1973, pp. 158-159.

WORK HISTORY CLIFFORD HENSON

7-23-54	Docks	
12-4-54	Layoff	
4-14-55	Maintenance	
8-8-55	Shipping	Loader
11-16-57	Layoff	
2-17-59	Rolling Mill Conditioning	Laborer
2-23-59	Pipe Mill Whse & Shipping	Loader
5-6-60	Layoff	
7-24-61	Pipe Mill Whse & Shipping	Loader
11-25-61	Layoff	
2-6-62	Pipe Mill Whse & Shipping	Loader
5-19-62	Layoff	
4-22-63	Pipe Mill Whse & Shipping	Loader
7-27-63	Layoff	
6-2-64	Pipe Mill Whse & Shipping	Loader
10-15-65	Layoff	
12-13-65	Pipe Mill Whse & Shipping	Loader
9-23-68	Coke Plant	Laborer
10-13-68	Yard Department	Laborer
10-28-68	Pipe Mill Whse & Shipping	Loader
11-10-68	Yard Department	Laborer
12-16-68	Pipe Mill Whse & Shipping	Loader
8-28-82	Layoff	
9-13-82	ERW Mill	Hooker
9-20-82	Pipe Mill Whse & Shipping	Loader
5-20-83	Layoff	
6-7-83	Pipe Mill Whse & Shipping	Loader
1-31-86	Retired	

Job Description-United States Steel Corporation

Department Welded Pipe Mills Standard Code 08-0620-FH-01860
 Sub Division E.R.W. Finishing Standard Title Hooker (E.R.W. Finishing)
 Plant Lorain Works Plant Title _____
 Date August 9, 1965 Plant Code 9359

Primary Function

Signal crane man and hook and unhook lifts.

Tools and Equipment

Various hooking devices, banding equipment, etc.

Materials

E.R.W. pipe of various grades and sizes.

Source of Supervision

Turn Foreman. Directed by E.R.W. Finishing Crane man.

Direction Exercised

None

Working Procedure

1. Receives work instructions from Turn Foreman.
2. Signals crane man, performs hooking and unhooking functions in assigned area, changes crane lifting attachments, as required.

Job Classification-United States Steel Corporation

Plant Title _____

Standard Title Hooker (E.R.W. Finishing)

Factor	Reason for Classification	Code	C ifc
1. Pre-Employment Training.	This job requires the mentality to learn to: Carry out simple verbal instructions. Hook and unhook crane lifts.	A	Base
2. Employment Training and Experience.	This job requires experience on this and related work of 3 - 6 months continuous progress.	B	.1
3. Mental Skill	Repetitive job of ordinary crane hooking involving some variation in routine.	B	1.0
4. Manual Skill	Use banding equipment to band lifts of pipe.	B	.5
5. Responsibility for Material	Ordinary care to avoid mixing steel when changing grades, walls, etc.	B	.3
	Estimated Cost Under \$50.00		
6. Responsibility for Tools and Equipment	Probability of damage to equipment is remote.	A	Base
7. Responsibility for Operations	Hook and unhook crane lifts coordinating activities with Craneman.	B	.5
8. Responsibility for Safety of Others	Considerable care and attention required to make proper hooks, warn others of hazard.	C	.8
9. Mental Effort	Light mental application to hook and unhook crane lifts, observe and coordinate movements with those of crane.	B	.5
10. Physical Effort	Moderate physical exertion in handling chains and cables, walking, occasional climbing on pipe lifts.	C	.8
11. Surroundings	Average factory conditions, dirty, noisy.	A	Base
12. Hazard	Hazard moderate, injuries consist of bruises, and fractures encountered in ordinary crane hooking.	B	.1
		Job Class <u>5</u>	Total <u>5.2</u>
		Described By: <u>D.G.B.</u>	Date _____
		Classified By: <u>D.G.B.</u>	
		Approved By: <u>6</u>	

SANFORD E. RABUSHKA, M.D., S.C.

90684

LOUIS A. WEISS MEMORIAL HOSPITAL
4646 NORTH MARINE DRIVE
CHICAGO, ILLINOIS 60640

September 29, 1987

Robert Edmunds, M.D., FACS
Medical Director
United States Steel
1807 East 28th Street
Lorain, OH 44055

CHEST: Clifford Hanson

Films are available from 1967, 1972, 1978 and 1984. These films demonstrate normal lung fields. There is no evidence of fibrosis. There is no evidence of pleural thickening. The hilar structures are normal. The trachea is midline. The diaphragmatic leaves are normal. The heart is of normal size.

Conclusion: Normal chest is demonstrated on all of the examinations dating through December 12, 1984, without evidence of fibrosis or pleural thickening.



RADIOLOGIST: Sanford E. Rabushka, M.D., S.C.

SER:mc



USS
Lorain Works
1807 East 28th Street
Lorain, OH 44055

September 23, 1987

Sanford Rabushka, MD
Weiss Memorial Hospital
4646 North Marine Drive
Chicago, Illinois, 60640

re: Clifford Hanson
#90684

Dear Dr Rabushka:

The above named retired employee has filed an Occupational Health Claim with the Ohio Bureau of Workers' Compensation for pulmonary difficulty secondary to exposure to gases and dusts here at Lorain Works.

Enclosed please find five chest x-rays from 1967 through 1984 for your ILO evaluation.

Thank you.

Sincerely,


Robert Edmunds MD FACS
Medical Director

cc file

90684

Chest X-Ray Findings
ILO 1980

Hamon, Clifford

1A. DATE OF X-RAY

1	2	1	2	8	7
Mo	Day	Yr.			

1B. FILM QUALITY

X	2	3	u/R
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If Not Grade 1
Give Reason:1C. IS FILM COMPLETELY
NEGATIVE?YES ☒NO ☐2A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐NO ☐

2B. SMALL OPACITIES

a. SHAPE/SIZE
PRIMARY SECONDARY

p	s	p	s
q	t	q	t
r	u	r	u
a	b	a	b

b. ZONES

R	L

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

2C. LARGE OPACITIES?

SIZE	O	A	B	C
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3A. ANY PLEURAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐NO ☐3B. PLEURAL
THICKENING

a. DIAPHRAGM (plaque)

SITE

O	R	L
---	---	---

b. COSTOPHRENIC
ANGLESITE

O	R	L
---	---	---

3C. PLEURAL THICKENING... Chest Wall:

a. CIRCUMSCRIBED (plaque)

SITE	O	R		
IN PROFILE	O	A	B	C
i. WIDTH	O	1	2	3
ii. EXTENT	O	1	2	3
FACE ON	O	1	2	3
iii. EXTENT	O	1	2	3

b. DIFFUSE

SITE	O	R		
IN PROFILE	O	A	B	C
i. WIDTH	O	1	2	3
ii. EXTENT	O	1	2	3
FACE ON	O	1	2	3
iii. EXTENT	O	1	2	3

3D. PLEURAL CALCIFICATION

SITE	O	R		
EXTENT	O	1	2	3
a. DIAPHRAGM	O	1	2	3
b. WALL	O	1	2	3
c. OTHER SITES	O	1	2	3

SITE	O	L		
EXTENT	O	1	2	3
a. DIAPHRAGM	O	1	2	3
b. WALL	O	1	2	3
c. OTHER SITES	O	1	2	3

4A. ANY OTHER ABNORMALITIES?

YES ☐NO ☐

4B. OTHER SYMBOLS (OBLIGATORY)

O	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	id	ih	kl	pi	px	rp	tb
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Report items
which may be of
present clinical
significance
in this section.

(SPECIFY od.)

OD

Date Personal Physician notified?

Mo.	Day	Yr.		

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

☐ Yes☐ No

Film Reader's Signature

Clifford Hamon MD

Date of Reading

9/29/87

RECORDS CERTIFICATION

I, the undersigned, an employee of the Bureau of Workers' Compensation, do hereby certify that the microfilm images on this reel of microfilm or microfiche are complete and accurate reproductions of the original records of the S+H as accumulated during the regular course of business, and that it is the established procedure of this department to microfilm its records for permanent file and to dispose of the original records after microfilm reproductions have been made.

Imp. Stoye
SUPERVISOR, Microfilming Unit

John Frey
Name (Camera Operator)

6-30-88
Date

6-30-88
Date