CONFIDENTIAL

# Interoffice Communication

To Mr. E. Marcus Smith - Aberdeen Chemical Plant

From Charles L. Whetstone, M.D. - Ponca City

Date May 20, 1974

Subject MEDICAL DIVISION REVIEW OF MARCH, 1974, LABORATORY DATA ON ABERDEEN EMPLOYEES

I have reviewed the laboratory studies (complete urinalysis, hemoglobin, hematocrit, WBC and differential, chemistry profile including glucose, BUN, total protein, globulin, uric acid, cholesterol, total bilirubin, alkaline phosphatase, S.G.O.T., calcium, phosphorus and LDH) performed at your plant March, 1974. The following employees were all reported as normal:

| | |
|---|---|
| Jodie Adams | Susan Adams |
| H. K. Alexander | Wardell Andrews |
| Ken Archer | Charles Baggett |
| John Bailey | Randal Bailey |
| Spencer Bailey | Hansel Baughn |
| Lee O. Benefiel | Don Bennett |
| G. D. Bird | Frank Blanchard |
| Ellis Bowman | Ruby Boyd |
| William Browning | William Buckner |
| Willie Burley | Harold Butler |
| William Carroll | James Carter |
| Samuel Carter | Shelby Carter |
| Bobby Chaffin | Ricky Christian |
| Jesse Clay | Paul Cook |
| Ken Couch | Billy Cummings |
| Tommy Cummings | Ken Currie |
| Charles Davenport | Charles Davis |
| Fred Davis | Wayne Davis |
| Willis Dobbs | Alan R. Dove |
| Jim Edwards | Austin Eisemon |
| Leo Ezell | William Ferguson |
| Charles Flynn | Coy Flynn |
| Gary Fritch | A. F. Gallagher |
| Joe Gann | Dwight Garrett |
| L. T. Gathings | Ronnie Gilreath |
| Lawrence Goodwin | James Grace |
| Robert Hamilton | Tyrus Harden |
| William Hardy | Don Haynie |
| Drew Hayward | Howard Hill |
| Charles Holcomb | George Hopkins |
| James Howell | Johnny Hull |
| Hampton Hyder | Bobby Jenkins |
| Canty Jernigan | Arlis Jones |

Les Kamery
James Corrothers
Alex Jordan
Marvin Keaton
Steve Lawhon
Dennis Lindsey
Charlie Little
Gary Long
Dwain Lucas
Jean Mays
Willie McCotry
Ray McGhee
Frank McMillan
John McWhirter
Charles Miller
Ed Mize
Casey Morton
Terry Noland
Billy Oliver
William Parks
Ken Pitts
John Randle
Lonnie Rea
Will Ridings
Charles Rooks
Chesley Scott
Joe Shackelford
Mike Skinner
Roe Spellman
Linnell Stegall
Angelo Thomas
Quinton Thompson
Willie D. Troupe
Jack Vardeman
Charles Warren
Jack Wertz
George Whitfield
Amy Whitt
Nathaniel Wilson
Lonnie Woods
John Young
Robert Clopton
Sam Kennedy
George Reynolds
Joe L. Trimble
Joseph Hartman

John Keaton
Shedrick James
Lander Keaton
Joe Knight
David Lewis
Horace Lindsey
Ernest Long
Tom Low
Hollis Martin
Bobby McClendon
Joe McDill
Mike McHale
Quincy McMillian
Dexter Metcalfe
Bob Miner
William Moore
Larry Munn
Robert Ogden
Bobby Owings
Randy Patterson
Mike Quigley
Cecil W. Ray
Charles Reed
Jerry W. Roberts
Aubrey Sanders
Frank Scott
B. P. Sizemore
Houston Smith
Tommy Staten
James Sykes
Billy Thompson
Jack Trimm
Jerald Uptain
Brenda Warren
James Wells
Victor White
W. D. Whitfield
Richard Williams
William Woodridge
Jerry Wright
Richard Young
Robert Freele
James Mixon
Woodie Taylor
Martha Donald
Q. C. Townes

I find no abnormalities among any of these employees which would indicate job-related toxicity.

The following employees have a single finding of a slightly elevated alkaline phosphatase (normal value 9 to 35):

| | |
|---|---|
| Willie Akins | 38.5 |
| Robert Bristol | 43 |
| George Carnatham | 36.5 |
| Paul Collette | 48.5 |
| Darnell Cook | 51 |
| M. J. Hickman | 39.5 |
| Clyde Lenoir | 37.9 |
| Billy Luker | 38.5 |
| Ken Moore | 37.8 |
| Drennan Strawbrige | 38 |
| Michael Sullivan | 54 |
| Henry Tallie, Jr. | 39.5 |
| Jimmy Walker | 37 |
| Bobby Ward | 45 |

With the exception of Michael Sullivan and Paul Collette, both of whom I would like sent to the hospital in a fasting state for a repeat examination, I find no evidence of toxicity among the remaining individuals. Bobby Ward was 65 in February, 1974 and now only has an alkaline phosphatase of 45. Please repeat Bobby Ward in 3 months at the hospital. Admittedly, these are slightly above the accepted averages but in the absence of any other abnormal laboratory findings or symptoms, no additional studies need be carried out at this time.

The following employees have the single findings of an abnormal white blood count (using 5000 to 10000 WBC's as normal):

| | | | |
|---|---|---|---|
| Albert Barr | 11,200 | Tommy Dendy | 3,300 |
| John Dixon | 11,200 | Herman Dodds | 14,500 |
| Richard Frohreich | 3,100 | Herb Jackson | 11,100 |
| Larry Jackson | 3,700 | Robert Jackson | 13,500 |
| J. W. Lowe | 4,000 | Jack McLaughlin | 12,800 |
| Earl Pennington | 13,500 | Bob Seymour | 12,800 |
| Luther Threadgill | 12,900 | Willie Wilson | 3,900 |

Tommy Dendy, Richard Frohreich, Larry Jackson, and Willie Wilson are slightly lower than normal. Herman Dodds, Robert Jackson, Earl Pennington, Bob Seymour and Luther Threadgill are slightly above the expected normal. Please have these studies repeated at the local hospital laboratory and results submitted to Medical Division along with a differential blood count. The remaining individuals mentioned are not sufficiently out of line, in light of the other normal studies, to merit repeat studies before the next 6 months.

The only abnormal S.G.O.T. (using 2 to 45 as normal) was Sam Brown - 50. In view of the otherwise normal blood chemistries and studies, this slight elevation is not felt to require any special medical attention nor does it reflect any toxicity.

The following individuals have an elevated calcium (using 8.8 to 10.7 as normal):

| | |
|---|---|
| D. W. Clark | 12.4 |
| Essie Eubanks | 14.3 |

In the absence of any other abnormal laboratory studies performed at this time this single value probably represents a standard deviation and is within normal limits.

The following individual had a slightly elevated total protein (normal 5.5 to 8.0):

| | |
|---|---|
| Scott Goforth | 8.6 |

This single slightly elevated value of 8.6 does not signify any disease process or represent toxicity.

Using 150-300 as the normal, the following individuals showed an elevation of blood cholesterol:

| | |
|---|---|
| Ray Beauregard | 320 |
| Frank Frantz | 320 |
| Willie C. Troupe | 312 |
| Morris Williams | 325 |

As you are probably aware, the blood cholesterol is a highly variable test. The results of the individuals listed above are so near borderline that I feel they require no special attention. Irregardless, these results would not represent toxicity, but they might be interested in relaying this information to their own attending physician. Individuals who in particular are overweight and have a high normal to slightly elevated cholesterol certainly should be on a reducing diet.

The following are individuals who have abnormal blood sugars (using 70 to 115 as normal):

| | |
|---|---|
| David Cox | 55 |
| Ray Hodges | 50 |
| Gladie Hollis | 50 |
| George Howell | 60 |
| Edward Jackson | 45 |
| Erskin Morgan | 55 |
| Charlie Peden | 50 |
| Ray Reeves | 55 |

Blood sugars slightly below normal can represent unusually long periods of fasting, prolonged storage of blood before the test is performed or a hypoglycemic reaction from some illness. There is no known correlation at this time between toxicity and low blood sugars. These people will be re-examined in six months with this same test. At the present time, in the absence of any other abnormal blood chemistry, I see no need to proceed with any further testing.

Those individuals listed below show an abnormal bilirubin (using normal 0-1.5):

| | |
|---|---|
| Jerry Crosby | 1.6 |
| Randy Rye | 1.7 |
| A. J. Whitfield | 1.8 |

These tests are near enough to normal that no unusual significance can be attributed to them.

The following individuals showed an abnormal urinalysis (normal 0-2):

| | |
|---|---|
| David E. Corruthers | RBC's TNTC |
| Bernard Garth | WBC's TNTC |
| James McMillian | WBC's TNTC |
| Jim Morgan | WBC's TNTC |
| Helen Pruitt | 10-15 WBC |
| | RBC's TNTC |
| Jerry Roberts | WBC's 15-20 |
| Rex Shackelford | WBC's TNTC |
| Andrew Young, Sr. | WBC's 20-30 |

*Too numerous to count

White blood cells in the urine generally represent urinary tract infections which are quite common. These individuals should be referred to their own doctor for definitive evaluation. The problems certainly are not related to toxicity. David Corruthers and Helen Pruitt have red blood cells in large amounts which is abnormal and not related to toxicity in the absence of any other abnormality. This, however, merits repeat examination. Please have them go to the hospital laboratory for repeat urinalysis. If this is again abnormal, these individuals should report it to their attending physicians.

The remaining group of employees have 2 or more findings that are outside of the designated normal ranges:

| | | |
|---|---|---|
| James Barr | Hgb. 11.2 | |
| | Hct. 35.5 | |
| | WBC's TNTC | |

This represents a slight anemia and urinary tract infection. He should consult his own physician regarding proper followup. This does not represent toxicity.

| | | |
|---|---|---|
| Robert Calvert | Hgb. 11.6 | Hct. 36.5 |
| | WBC's TNTC | LDH 148 |

This represents slight anemia and a urinary tract infection. The LDH is slightly elevated but could be accounted for on the basis of the aforementioned problems. Mr. Calvert should consult with his family doctor. This does not represent toxicity.

Eugene Dilworth — UA 7.0
S.G.O.T. 76

Since the S.G.O.T. is elevated 30 points above normal, I suggest this be repeated at the hospital laboratory to be sure he is in the fasting state.

Lasper Ealy — Total protein 8.8
Bilirubin 1.7

These two findings are within normal limits and they merit no special attention until the next designated time for repeat studies.

James Emerson — BUN 25
Tot.Prot. 8.8
Chol. 400
Total Bilirubin 4.8
Calcium 13.8

Since five of these values are abnormal, there is always the possibility the specimen may have been contaminated or the blood spoiled. He should have a repeat of the SMA-12 in the fasting state.

Harold Fooshee — UA 7.9
Chol. 310

Neither of these values are elevated. They are just slightly above normal and are of no diagnostic significance. The repeat tests in six months should be adequate.

Don Geddes — WBC(urine) 10-15
UA 8.0
Tot. Bili. 2.3
Alk. Phos. 45
S.G.O.T. 250+

The S.G.O.T. of 250, phosphatase slightly elevated and total bilirubin elevated could be of diagnostic significance from the toxicity standpoint. I recommend immediate repeat examination. Followup report will follow.

Tom Gilleylen — Hgb. 11.8
Hct. 37

Since most of the chemistries are elevated, the question of whether or not he was fasting arises. I recommend repeat of his SMA-12.

Joe Hackman — WBC (urine) 20-30
Alk. Phos. 64

The elevated WBC's in the urine in all probability represent a urinary tract infection and certainly are not of diagnostic significance so far as toxicity is concerned. The alkaline phosphatase, however, is 19 points above normal. In

the absence of any other abnormal blood or chemistry studies, this is probably just a spurious result. However, I recommend repeat of the alkaline phosphatase immediately.

Willis Harlow — Hgb. 11.7, Hct. 36.5

These figures indicate a slight anemia. He should report this to his own doctor for proper followup.

Ken Killian — UA 8.3, Glucose 50

This elevated uric acid which is slight, could represent gout. If the employee is not already under the care of his family doctor for this, he at least should report this laboratory result to him for proper followup and evaluation. This does not represent any toxicity.

Dennis Knight — WBC's 11,300, Glucose 47

The WBC is slightly above normal but not of diagnostic significance. For an explanation of the low glucose, please refer back to abnormal blood sugars.

Mike Langford — WBC's 11,100, Alk.Phos. 37.5

Both of these findings are borderline and are of no diagnostic significance.

J.C. Lockhart — WBC's 15-20, Tot.Protein 8.2, Chol. 310

Total protein and cholesterol are slightly above normal but are of no diagnostic significance, in the absence of any other laboratory abnormalties. The white blood cells in the urine in all probability represent a urinary tract infection and he should consult his own doctor for proper followup in this regard.

Robert Merhundrew — WBC 3200, Segs. 43, Lymphs 53

This white count is slightly below normal with a relative increase in lymphocytes seen many times during virus infections. If he had any sort of symptoms at the time, this probably was the case. Irregardless, he should be rechecked in six months for a proper followup.

Joyce Miller — Chol. 350, Glucose 52

Cholesterol is significantly elevated. This individual is overweight and should go on a reducing diet. This abnormal finding should be reported to her own family doctor for proper medical followup. This does not represent any toxic state.

Willie Nails — Chol. 310, S.G.O.T. 63

The cholesterol is borderline. This should be reported to the doctor. Mr. Nails should certainly be on a low-fat reducing diet if he is overweight. The S.G.O.T. is elevated slightly. With all the other laboratory findings normal, I do not feel this is of diagnostic significance at this time. Repeat examination in six months will be adequate.

Curtis Outlaw — Calcium 11.9, Phos. 1.1

These abnormalities are, in the absence of any other abnormal laboratory findings, not of diagnostic significance. Repeat in six months will be adequate.

Jerry Powell — Tot.Protein 8.2, Tot. Bili. 1.7

These are very slightly elevated above normal and are of no diagnostic significance since the other laboratory findings are reported within normal limits.

Willie Robertson — WBC 12,200, WBC TNTC (urinalysis), Glucose 60

The white count and blood sugar are of no diagnostic significance. The large amount of white blood cells in the urine represent a urinary tract infection. He should report this finding to his own doctor for proper followup.

Melvin Tallie — Tot. Protein 8.2, Alk. Phos. 39

These results are borderline and in the absence of any other abnormalities, these are of no diagnostic significance particularly from a toxicological standpoint.

Roger Thomas — Alk.Phos. 37, S.G.O.T. 63

These results are borderline and in the absence of any other abnormalities, are of no diagnostic significance particularly from a toxicological standpoint.

Owen Tubb — WBC 3600
Segs. 45
Lymphs 55

A white count slightly below normal and a shift in the differential with an increase in lymphocytes generally signals a viral infection in the absence of any other symptoms. It is possible that he had a mild respiratory infection at the time the blood was drawn. If, however, this information does not happen to be the case, he should then consult his own doctor. It is, however, not a symptom of toxicity.

Olen Verner — Glucose 55
Chol. 308

To explain this glucose abnormality, refer to the section on abnormal blood sugars. The cholesterol is slightly above top normal. He should report this to his own physician for proper followup regarding dieting and/or weight reduction.

Charles Worlow — Chol. 336
Alk. Phos. 38

The cholesterol is elevated significantly that this individual should report this to his own family doctor for proper followup of diet. The alkaline phosphatase is borderline and is of no diagnostic significance, particularly toxicity. Proper followup in six months will be adequate time.

This information concludes all the blood studies done on your people since the beginning of 1974. After the additional results have been received from the Aberdeen Hospital which have been requested, we will then submit this brief report to you with proper recommendations.

Charles L. Whetstone, M.D.
Assistant Medical Director

bjc