THE INDUSTRIAL COMMISSION OF OHIO

Richard F. Celeste
Governor

1225 Woodlawn Avenue
Cambridge, Ohio 43725

PLAINTIFF'S
EXHIBIT
BRK-102

March 31, 1989

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

Attention: Judy Spencer

RE: OD 34085-22
Billy Buckler
C. P. C. Mansfield -
Ontario G. M.
2525 W. Fourth Street
Mansfield, Ohio 44906

Dear Ms. Spencer:

On February 23, 1989, a visit was made to the Mansfield - Ontario G. M. Plant for the purpose of collecting industrial hygiene information relative to the above cited claim. During the visit, the enclosed work history was supplied by Mary Miragliotta-Hipp. Worker's Compensation Administrator, Duane Maxwell, Supervisor at Personnel Services reviewed the work history with this writer and assigned personnel to assist in a walk-through survey of the claimant's most recent work stations.

Medical History

The claimant alleges that his medically diagnosed conditions of industrial bronchitis, as reported June 17, 1988, by Joseph A. Sopko, M. D., and chronic obstructive pulmonary disease, as reported October 25, 1988, by Leslie A. Friedman, M. D., are the result of exposures to dusts while employed as a die maker trainee at Mansfield-Ontario G. M. Dr. Sopko's report tends to stress industrial bronchitis due mainly to work environment contamination, while Dr. Friedman's report tends to stress cigarette smoking as the principal cause of the claimant's respiratory problems. The claimant's use of cigarettes is reported as less than one pack per day, which is down considerably from a former usage of 2 1/2 packs per day.

6

Work History

The claimant has been employed with Mansfield Ontario G. M. since February, 1960, in various job assignments. Die maker trainee has been his title since February, 1983, and he worked in this capacity at various times since 1966.

Escorted through the plant by Paul Kreske, Safety Supervisor, and Dave Wieland, General Supervisor, this writer was shown the typical duties of a die maker trainee. The claimant was assigned to lines "Q" and "R" for the last two years, where he would trouble shoot, repair, and set up large presses used to form quarter panels for automobiles. Grinding of the cast iron dies was necessitated occasionally. Minor grinding could be accomplished on the machine, and major grinding took place in a tool room near the press lines. According to Mr. Wieland, grinding tasks accounted for about 2 - 3 hours of the average work week for a typical die maker trainee. As a die maker trainee, the claimant would assist a journeyman die maker in major grinding repairs in the tool room.

Toxicology

"The characteristic pathological features of bronchitis were first described by Reid and consist of an increase in the mucus-secreting glands of the airways. In the human it is the mucous glands of the large airways that are mostly responsible for mucous secretion and that are predominantly involved in chronic bronchitis." (p. 523.) "It is now clear that mucous gland hypertrophy occurs as a result of any chronic irritant effect on the airways and that cigarette smoke, dust, and air pollutants, such as sulfur dioxide, ozone, and ammonia, not to mention particulate matter, can all act as the inciting factor. The heavier and the longer the period of exposure, the greater the likelihood of developing bronchitis. In trying to study the effects and frequency of bronchitis in a working population, it becomes evident that there are two important confounding factors, namely, cigarette smoking and age. In smokers, cigarette smoking completely overshadows the effects of dust and air pollutants." (p. 524.)

"Numerous investigations have shown that the long-continued inhalation of dust leads to the development of bronchitis as manifested by chronic cough and sputum. Over the past several years a definite relationship between the prevalence of these symptoms and the level of dust exposure has been demonstrated both in coal miners and in South African gold miners . . . . It becomes difficult, however, to separate the effects of cigarette

smoking and dust in cigarette smokers, since the effects of smoking overwhelm those of dust. For the most part it is possible to detect the consequences of dust exposure only in nonsmokers, although in some studies cigarette smoking and dust appear to have had a synergistic effect." (p. 528.) (Occupational Lung Diseases, Morgan and Seaton, Second Edition, W.B. Saunders Company, 1984. pp. 521-537.)

Smoking Influence

1. General Principles, Patty's Industrial Hygiene and Toxicology, Volume 1, J. Wiley and Sons, 1978, p. 193-4.

"By far the most potent factor, though not the only one causing . . . this disease (bronchitis), is cigarette smoking . . . . There is surprisingly modest support for the concept that industrial dust or the irritating fumes commonly also present play a role in the development of aggravation of chronic bronchitis or emphysema. It is difficult to accept the belief that no role is played by these agents . . . . What seems likely is that the powerful effect of cigarette smoking, . . . place of residence, medical care, and so on, and general air pollution, overshadow any demonstrable strong 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 at least to chronic bronchitis, even though it is not the most potent factor."

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

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 positive relationship between the amount of smoking and the prevalence of disease has been observed.

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

"Chronic bronchitis may occur after repeated exposure to

chemical irritants. Usually, however, the underlying cause is . . . cigarette smoking."

4. Work is Dangerous to Your Health, J.M. Stelman, Ph.D., Random House, Inc., 1973, pp. 158-159.

"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 and resulting in chronic cough with phlegm. This makes a person more susceptible to infection of the air tubes, or acute bronchitis. After repeated infections, he or she may develop chronic bronchitis . . . ."

Summary

Although literature does suggest a relationship between occupational dust exposures and bronchitis, the same literature suggests cigarette smoking as a more potent cause. Further, there are no sampling records available for personal exposures to dust for die makers at Mansfield-Ontario G. M. Medical opinion available from the facsimile file is, at best, divided as to a cause/effect relationship in this particular case.

Mansfield-Ontario G. M. has instituted a comprehensive respirator program, and the claimant, according to company officials, was afforded the opportunity to wear a respirator on the job.

The company rejects this claim on the basis of the claimant's smoking history and lack of complaints or claims from other employees working in the same classification.

Respectfully submitted,

Don Hodkinson

Don Hodkinson
Industrial Hygienist

DH:bk

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William D. Kaye
SUPERVISOR, Microfilming Unit

John Frey
Name (Camera Operator)

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