COPY

June 14, 1963

Dr. Rex Wilson, Medical Director
B. F. Goodrich Company
Akron, Ohio

Dear Dr. Wilson:

Please be advised that in my letter to you dated June 11, 1963 there is an error in page 2 paragraph 1.

The correction should read as follows: 2) Tom Rose had a urine level of 0.2 and a blood level of .07-.08(duplicate specimens). 4) Vernon Hawkins had a urine level of 0.11 and a blood level of .0[illegible]-.08(duplicate specimens).

Sincerely,

[illegible]

SW

cc: Mr. VanBickle
Mr. [illegible]

KE 0005618

N 7280

June 11, 1963

ex Wilson, Medical Director
Goodrich Company
, Ohio

Dr. Wilson:

you very much for the copies of your letter to Dr. Kehoe as well as Dr. 's response. I feel that probably a complete review of the situation, applies to the problem here in Marion, would be the best answer that I give you to Dr. Kehoe's letter.

, as you know, we were contacted in August 1962 by Mr. [redacted] cian who stated that he was hospitalized for what he felt was possibly poisoning. I immediately went to the hospital to do a blood and urine mination for lead. Duplicate samples were sent to the Kettering Laboratory as well as your own laboratory in order that there would be no question concerning the reports. Also, Dr. Harold Imbus went to the hospital and did a complete history and physical on Mr. [redacted] to see if we would concur with the diagnosis. On October 5th, 1962 following the examination, Dr. Imbus made his report indicating that he was doubtful about the diagnosis based on the clinical and laboratory findings available at this time. A subsequent letter was sent to Mr. John Sofie on November 6th, 1962 indicating that we felt that the diagnosis of lead poisoning was sufficiently well enough established to be accepted for compensation purposes.

One of the reasons why the diagnosis of lead poisoning was accepted in this man was because he had a thorough work-up by a competent internist and no other etiology for his complaints could be found. His blood lead levels, although they were not as high as is usually seen in acute types of lead poisoning, were at a level at which lead poisoning could occur. From a review of your letter, I do not believe a copy of the letter dated November 6th, 1962 was sent to Dr. Kehoe.

Following Mr. [redacted] hospitalization, an immediate and rather thorough evaluation of the situation locally was undertaken. First, the blood and urine tests, which had been done on June 12th, 1962, were reviewed. All of the levels were well within normal limits. Of the thirty individuals tested, none showed a blood level of higher than .05mg. per 100gm. of blood and the vast majority were at a level of approximately .03 and .04.

Secondly, an analysis of blood and urine was done on everyone in the department. These were drawn on October 5th, 1962. The results revealed several lead strippers to have an elevated level of lead in blood and/or urine. 1) Bruce Beers had a urine level of 0.11mg. per liter and a blood level of 0.17mg. per

.00gm. of blood. On November 15th, 1962 Dr. Imbus wrote Mr. [redacted] concerning he findings on this man. The report was not received until November 10th or 1th, 1962. 2) [redacted] had a urine level of 0.2 and a blood level of 0.7-0.8(duplicate specimen). 3) [redacted] had a blood level of 0.06-0.08 nd we felt that since he had mild symptoms he should be immediately removed rom the area. This recommendation was also incorporated in the letter from r. Imbus dated November 15th, 1962. 4) [redacted] had a urine level of 0.11 and a blood level of 0.8-0.8(duplicate specimens).

uring this interim several hygiene studies had been made by your office. everal suggestions had been made in order to improve the level of the lead dust n the area. These were corrected and taken care of as quickly as possible; nd, in fact, the general area dust level was markedly lowered according to he employee's themselves. Because of the persistant elevation of the blood evels over what we have been having in the past years and in order to rule ut the possible contamination of vario s other areas in the plant with lead, our or five foreman had blood determinations done. These foremen did not ork in the lead area at all. Their blood levels were well within normal limits.

ll of the men in the lead stripper area were gotten together and talked to y myself concerning the problem. It was explained to them what the situation as, the importance of their taking proper sanitary precautions in their work, nd an attempt was made to allay any fears on their part of an overwhelming atastrophy developing.

I believe that the men were properly instructed and as a matter of fact, the following hygiene measures are rigidly being followed. The men change their clothes before going to work and before leaving the plant. At the end of each shift each man takes a shower before leaving the plant. He is not allowed to eat anything in the work area. When he leaves the work area and before going to the lunch room or home to eat he washes his hands and face thoroughly. He is not allowed to smoke in the work area and as a further precaution they were requested not to carry a package of uncovered cigarettes in their clothes. The foreman were instructed in these precautions and asked to watch the men ully to be sure that these measures were followed.

en were individually talked to concerning their own levels and their atory results were given to them if they requested it. An attempt was to explain what the tests meant so that no undo fears developed. A ete physical examination was done on every lead stripper in order that no logy was present which would aggravate the problem. They were all with- rmal limits as noted in my letter to you dated April 30th, 1963.

lood lead determination on Mr. [redacted] as of December 18th, 1962 was to be 0.07-0.08 and therefore he to, was medically restricted from work- n the lead press area as of January 4th, 1963.

gards to what happens to these individuals following their removal from ure in the lead press area, the following if noted: [redacted] wing his hospitalization returned to work on October 9th, and the complete t of all his blood and urine determinations is as follows:

DATE	URINES Mg./Liter	BLOODS Mg./100gms.
10-11-62	.45	.06

DATE		URINES Mg./Liter	BLOODS Mg./100gms.
10-17-62		.11	.06
11-13-62		.05	.05
XXXXXXX		XXX	XXX
12-18-62		.05	.07-.08(duplicate spe)
12-21-62	Kettering	---	Spectro. .065-.055 Dithizone
1-14-63		.06	.04
2-11-63		.02	.05
3-11-63		.04	.07-.07
4- 1-63	Kettering	.07	.065-.05
4- 1-63		.03	.04-.07
5- 6-63		.04	.06-.06

It should also be noted that as late as December 1962 he had a rather marked anemia with a hemoglobin of 11.4gms. In view of the fact that this man has not had any exposure to lead as far as we know since October 1962 and since that as of May 6th, 1963, he still had a blood lead level of 0.06-0.06(duplicate specimens). It is felt that he is still not qualified to return to the lead area since, after eight months, his blood lead level is still at the extreme upper normal limit.

As regards to [redacted], this man was removed from the lead press area in November 1962 as was previously noted. Subsequent to his removal he has had no further contact with lead as far as we know. However, in spite of this, as is noted by the following, his blood has not decreased as much as it is felt that it should.

DATE		URINES Mg./Liter	BLOODS Mg./100gms.
11-13-62		.15	.08
12-18-62		.07	.06-.08(duplicate spe)
12-21-62	Kettering	---	Spectro. .055-.075 Dithizone
1-14-63		.05	.06
2-11-63		.04	.06
3-11-63		.03	.07-.06
4- 1-63		.03	.05-.05
4- 1-63	Kettering	.04	Spectro. .08-.06 Dithizone
5- 5-63		.02	.07-.05

As of April 1963 he still had a blood level of .08-.06(Kettering report). Here again, it is felt that this should return to a mean normal level before returning him to further exposure.

Finally as regards to [redacted]. As you know this man was removed from the lead press area on January 4th, 1963 because of a blood level of .07-.08(duplicate specimens) on December 18th, 1962. Following his removal from all contact with lead the following blood and urine specimens have been run:

DATE	URINES Mg./Liter	BLOODS Mg./100gms.
12-18-62	.06	.07-.08(duplicate spe)
1-14-63	.03	.03
2-11-63	.05	.07
3-11-63	.03	.08-.07

		URINES Mg./Liter	BLOODS Mg./100gms.
4-12-63		.05	
4-12-63	Kettering	.04	.05-.03
4-25-63		.02	.05

He has shown some decline in his blood levels. If the one duplicate specimen of .08 of April 2nd can be ruled out as probably some error, then he has shown a drop since March, however, prior to this time he had not shown any appreciable decrease in his level. It is felt that if his blood lead level, which is to be drawn this week, is of a mean normal level as it has been in the past months, his medical restriction will be removed.

In review, it is difficult to say exactly where the main problem lies. Basically, men who have been removed from all known exposures to lead do not seem to have a lowering of their blood lead levels as I would expect. Mr. [redacted] has not been in any exposure to lead since prior to hospitalization, however, six months later he still has a level which certainly is within a high normal range. As the Kettering Laboratory reported it on April 8th, 1963, it is at the "upper limit of normal". Also being appraised of the local situation, the fear of the men etc., none of these men will be returned to the lead strippers until they have reached a mean normal level over a several month period. If further symptoms recurred it could conceivably create a much greater personnel or union grievance problem.

By the men's own observations it appears that the general area is in much better condition. According to the hygiene reports we do not actually have any hazard that should result in men developing symptoms. However, when you look at the overall reports, certainly the levels, in general, are much higher than they were six, eight, and ten years ago. The reason for this is not clear in my mind. Either there is something that we are missing from a hygiene standpoint or the men are not adhearingto the sanitary regulations that have been prescribed for them, or some unknown factor is acting with which we are not familar. Any help to get to the bottom of this rather perplexing problem would be greatly appreciated.

neral, I think the blood levels are slowly dropping. The speed with they are dropping is not as fast as I would expect in either the iduals who were removed or the individuals who have been allowed to work e area. If there is anything else that we can do or any other determina- that can be made, we would be most happy to do so.

is a summary of the situation as I see it. The restrictions on men who been removed from the lead strippers will be rescinded when their blood s have returned to a mean normal level over a period of several months. g this is complete and satisfactory, I remain.

Sincerely,

Dani ph D.

w

r. VanSickle
r. Kehoe