

This document is identical to the original except a name was replaced by the word "Name"

Unit of Occupational and Environmental Medicine
Hebrew University-School of Public Health and Community Medicine
<http://www.md.huji.ac.il/depts/occenvmed>
Tel 972-2-6758147 Fax 6784010 email elir@cc.huji.ac.il

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To: Whom it May Concern

From: Elihu D Richter MD, MPH

Background:

Mr. *Name* now, 47, b. 1955 had a tumor of the hematolymphopoeitic tissue diagnosed as plasmocytoma, in 1991 at age 36, 8 years after beginning work in Raphael in 83, at age 28. Before then he was in the Signal Corps in the IDF The Plasmocytoma was diagnosed after recurrent sore throats, by biopsy. He has been treated by excisional surgery and x radiation, no evidence of disease after that. He has three children, 2 boys and one girl, all well without problems.

Mr. Name has been an Electronic engineer working near radio and radar equipment in a work environment which has always been electronically dense, and includes many wave guides. He worked in Koma Gimel until 1990. Thereafter, he left koma gimel, and went to another building in Raphael

Near his work place radio and radar waves were transmitted in Mega and Giga Hz range from a transmission source located at distances of 3-20 m. He worked in a laboratory equivalent in size to 5 rooms, and there were many sources of transmission.

According to Mr. *Name*, there were 4 other workers (3 m, 1 f) from a work force on Koma Gimel and Daled at the same building who became sick out of a work force at any one time of 19-20 workers with some turnover—reaching a total of anywhere between 30-100 workers.

The list is as follows:

1. Female, worked between 1969 to 1978, d 1984. dx breast cancer, at age 34.
2. Mr. *Name*, worked between 1983-1990. dx plasmocytoma, at age 36. 8 years latency. He worked part of the time in the same room as, female no.1 entering it after she left.
3. Male, worked between 1980-1988. dx leukemia 1993, at age 40. 13 years latency.
4. Male, work between 1978 till now, dx Cancer of larynx, at age 48.

5. Male, worked about 3 years, dx Lymphoma at age 39.

We do not know if there were other cases since then. However, Mr. *Name* believes, but not sure, that since then, new equipment and lesser exposures.

Current Work Site: His current work site also includes exposures in the MHz from a high power source, resulting in field strengths of the order of 9 to 40 uw/cm².

Comment:

Mr. *Name* has asked me to respond to the following questions.

What are Mr. *Name*'s risks from his current exposures?

Based on work reviewed by Goldsmith and our own work on health risks of radar workers, the level at which there are increases in detectable risks for cancer is of the order of 10-100 uw/cm² for all tumors combined, and 5-18 uw/cm², for special tumors. Mr. *Name*, with a previous plasmocytoma should not be in any work environment with exposures above background community levels—which should not be higher than 1 uw/cm², and possibly lower. We enclose copies of Goldsmith's two papers and our own, as well as a newsletter we have prepared.

What were the hazards and risks from his previous exposures in Koma Gimel?

It is clear that the situation in Koma Gimel for Mr. *Name* and his coworkers was catastrophic. There were 5 workers among a group of some 20 workers at any one time with cancer, all with age of diagnosis between age 30-50, extremely young ages and short latent periods. The cancers appeared at young ages with short (<20 years) latent periods, both indications of high exposures. Rough calculations suggest that this situation among this work cohort represents a risk of many times the expected rate, even if we assume a substantial turnover.

What should the other workers be told?

All the workers that are working at those sites should receive the same material I sent Mr. *Name*, and everything should be done to provide them with the protective measures needed to reduce personal exposures to levels as close as possible to background levels, (See above) and to introduce a program of medical monitoring to evaluate the efficacy of exposure control.

We welcome the opportunity for further contact.

Sincerely,

Elihu D Richter MD, MPH

Sr Lecturer and Head

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