





Introductions presents profiles of industrial hygienists working to protect worker health worldwide. This month we hear from Leslie J. Ungers, MS, CIH, owner and principal of Ungers & Associates Inc., based in Cincinnati. Previously, he was vice president of corporate health and safety for U.S. Abatement and an industrial hygiene manager for PEDCo Environmental. He founded his six-person

consultancy in 1987.

Ungers holds U.S. and European patents for a medical appliance that protects surgical personnel from exposure to methyl methacrylate (i.e., bone cement) during orthopedics procedures. His past work includes assisting NIOSH with industry-wide studies and assisting OSHA in the development of workplace standards. Ungers also has used IH techniques to advance the field of product safety, testing and stewardship.

Ungers received his bachelor's degree in zoology in 1973 from Miami University, Oxford, Ohio, and his master's degree in environmental and industrial hygiene from the University of Cincinnati College of Medicine in 1984.

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Introductions

Leslie J. (Les) Ungers

What spurred your interest in industrial hygiene? I started out working on air quality compliance issues. However, dealing with pollution, although important, did not always feel relevant—it was hard to measure the impact. In contrast, when you successfully address an occupational exposure issue, you see the impact of your work almost immediately. IH was just more rewarding.

Your paper in the *Journal of Occupational and Environmental Hygiene* last year noted that health care professionals thought that using methyl methacrylate bone cement in orthopedics procedures represented an exposure hazard. How has this paper been received thus far in the scientific community? The reception has been good. The work already has been cited by other professionals and has been the subject of discussions at a number of hospitals and universities. However, I don't think it has yet received the attention that it deserves. In addition to the use of methyl methacrylate during orthopedics procedures in hospitals, it is commonly used in dentistry and oral surgery performed in small dental offices. The potential exposure problem is much larger than one would first imagine.

You've helped many companies develop compliance programs relating to OSHA and EPA regulations. What's the hardest part of that type of work? People sometimes think that the hardest part of consulting is selling compliance programs to upper management. But as a rule, upper management is very open to change and is driven by a moral imperative: They are interested in the health and safety of workers. The costs for a good program, although at times significant, are often reasonable relative to other operating costs. If there is any resistance, it tends to come from the front line. We frequently have to spend a lot of time convincing lower management and workers that it's necessary and for their benefit.

Is there one single issue, challenge or misperception that you think the IH profession isn't on top of but should be? How best to promulgate more up-to-date occupational exposure limits. When OSHA attempted a wholesale update of the existing permissible exposure limits in 1989, the effort was laudable, but the approach violated the expressed intent of Congress when it comes to rulemaking. Since the existing PELs were established, almost 40 years of knowledge hasn't worked its way into the law of the land. It is a challenge we should tackle nonetheless.

Who influenced your career? Charlie Zimmer, my first boss and mentor at PEDCo, comes to mind first. He was a Harvard-trained statistician who had a lot to do with how I look at the physical world. Terry Briggs was the first industrial hygienist I met and worked with, and the person who actually suggested that I look into a master's program in IH. I don't think I have ever met a person with more intellectual curiosity. Another is Bill Dyson, a long-time friend. He has a wealth of industrial hygiene knowledge, a warm Southern gentility and the ability to get right to the heart of a scientific problem. Bill is one of the pillars of our professional community.