

1 IN THE CIRCUIT COURT FOR BALTIMORE CITY

2

3 IN RE: BALTIMORE CITY * April 5, 1994

4 ASBESTOS LITIGATION * Trial Cluster

5 * Judge Edward

6 RALPH D. GARRETT, et al * Angeletti

7 Plaintiffs *

8 vs. * Case No. 94095701

9 ACandS, INC., et al *

10 Defendants *

11

12 EXCERPT OF THE OFFICIAL TRIAL TRANSCRIPT

13 TESTIMONY OF RAYMOND HARBISON, Ph. D.

14 The Presentation of the Defendants'

15 Evidence in the above-entitled action was held on

16 Tuesday, June 21, 1994, commencing at 9:30 a.m., in

17 Courtroom 3, Courthouse East, Baltimore, Maryland

18 21202, before the Honorable Edward J. Angeletti, and

19 reported by Sharon Mech, a Notary Public.

20 EVANS REPORTING SERVICE

21 9205 Ramblebrook Road

Baltimore, Maryland 21236

(410) 256-8410

1 APPEARANCES:

2 On Behalf of the Plaintiffs:

3 David Palmer, Esquire
4 Peter Nicholl, Esquire
5 Shepard Hoffman, Esquire
6 William Burgy, Esquire
7 Ann Ritter, Esquire

8 On Behalf of the Defendants:

9 F. Ford Loker, Esquire
10 Leigh Halstad, Esquire
11 Deborah Robinson, Esquire
12 Denise Moretz, Esquire
13 Laurence Hooper, Esquire
14 Christopher Emsley, Esquire
15 Nancy Leibowitz, Esquire
16 Warren Weaver, Esquire
17 Douglas Pfeiffer, Esquire

18 Also present: Carrie Blackburn, Law Clerk

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BEGIN EXCERPT

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8 Whereupon,

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RAYMOND HARBISON, Ph.D.,

10 a witness produced on call of the defendants, having
11 first been duly sworn, was examined and testified as
12 follows:

13

THE CLERK: You may be seated.

14

Please state your name and address for the

15

record.

16

THE WITNESS: My name is Raymond Harbison.

17

My address is Progress Center, One Progress Boulevard,

18

Alachua, Florida.

19

20

DIRECT EXAMINATION

21

BY MS. MORETZ:

1 Q Dr. Harbison, what is your profession?

2 A I am a pharmacologist and a toxicologist.

3 Q And where do you practice those two
4 disciplines?

5 A I practice in the State of Florida, and also
6 in Little Rock, Arkansas, as well as the rest of the
7 country.

8 Q Are you married, sir?

9 A Yes, I am.

10 Q And do you have any children?

11 A I do.

12 Q How many children do you have?

13 A Four.

14 Q Could you tell the jury briefly about your
15 educational background, Doctor.

16 A I received a bachelor of science degree in
17 pharmacy from Drake University in 1965.

18 I then received a master of science degree
19 in pharmacology from the University of Iowa in 1967.

20 And I subsequently received a doctorate in
21 pharmacology and toxicology from the University of

1 Iowa College of Medicine in 1969.

2 Q Are you board certified in any discipline?

3 A I am.

4 Q What discipline is that that you're board
5 certified in?

6 A I am board certified in toxicology.

7 Q Are you a medical doctor?

8 A I am not.

9 Q The jury has heard about board certification
10 for medical doctors.

11 Could you explain board certification for a
12 toxicologist.

13 A Board certification for a toxicologist is
14 similar to the certification for a medical doctor,
15 that is, it establishes a set of qualifications and
16 knowledge, a criteria that you have to meet in order
17 to be able to practice toxicology.

18 Q Doctor, have you written any books with
19 regard to pharmacology and toxicology?

20 A I have published many articles with regard
21 to pharmacology and toxicology, approximately 130.

1 Q Have any of those articles dealt
2 specifically with asbestos?

3 A I don't believe any of them have dealt
4 specifically with asbestos.

5 Q Can you tell the jury a little bit about the
6 topics that you would have written about in the
7 articles that were published.

8 A The articles that were published were
9 articles concerning research that I have conducted
10 with regard to the testing of a variety of substances,
11 chemicals such as hydrocarbons, metals, such as lead,
12 for example, or mercury, and then also drugs.

13 And the articles are reports of the testing
14 of these substances for their harmful effects, as well
15 as for their beneficial effects.

16 Q Were those articles published in peer review
17 journals? The jury has also heard that term.

18 A These articles are published in peer review
19 journals, meaning that a group of peers, other
20 toxicologists or pharmacologists, would review the
21 experiments, also the results and the conclusions that

1 would be reached from those results, to determine that
2 they're consistent with what's known about in science
3 and medicine at the current time.

4 Q Do you belong to any professional societies
5 or organizations, Doctor?

6 A I do.

7 Q What are some of those societies or
8 organizations?

9 A I belong to the Society of Toxicology, the
10 Teratology Society.

11 Q Would you tell us what that involves,
12 Doctor?

13 A That's the group that studies birth defects.
14 The Society for Risk Analysis, the American
15 Society for Pharmacology and Experimental
16 Therapeutics, and also the American Association for
17 the Advancement of Science.

18 Q Could you tell the jury about the Society
19 for Risk Analysis, what's studied within that society
20 or what that involves.

21 A The Society for Risk Analysis has an

1 objective of enhancing or improving our ability to
2 assess the risks or hazards associated with exposure
3 to various chemicals or substances.

4 That is, to develop methodology and testing
5 procedures, evaluation procedures that will allow us
6 to better evaluate potential risks and hazards to
7 protect public health, and also to improve product
8 safety or the safety of the materials that we use in
9 our homes.

10 Q You mentioned risk assessment. Is that a
11 part of the practice of toxicology?

12 A Yes, it is.

13 Q Could you describe for the jury just
14 generally what it is that a toxicologist does.

15 A A toxicologist is a specialist in
16 determining the harmful effects that substances
17 produce in the living system.

18 Toxicologists test materials for their
19 potential toxicity or harmful properties, evaluate
20 what sort of adverse effects chemicals or substances
21 may produce, and then also apply that knowledge to the

1 protection of individuals in the workplace, for
2 example.

3 That is, by knowing what a substance can
4 potentially do or the harm that it can produce, by
5 knowing the concentration or the amount that it takes
6 to produce that harm, a toxicologist can subsequently
7 use that information to set guidelines or standards in
8 the workplace.

9 For example, around your home or the soil
10 that would be around your home, to set standards for
11 exposure to chemicals that will not result in harmful
12 effects.

13 So the toxicologist tests the material,
14 identifies the harmful effects, subsequently takes
15 that information and uses it to protect public health
16 or to improve public health.

17 Q Would your work as a toxicologist include
18 reviewing studies done by others and conclusions made
19 by others as a result of the studies?

20 A Yes, it would.

21 Q What organizations would ask you to do that

1 kind of study? Who would you be working for as a
2 toxicologist in doing that kind of work?

3 A I would be reviewing information for the
4 National Institutes of Health. The National Institute
5 of Occupational Safety and Health. The National
6 Institute of Environmental Health Sciences. The
7 National Institute on Drug Abuse.

8 Also, the United States Environmental
9 Protection Agency. United States Department of
10 Agriculture.

11 All of these entities would require the
12 evaluation of toxicological information and data, both
13 to determine what research ought to be done in the
14 future, as well as what substances should be
15 controlled in the environment, both in the environment
16 in which we live as well as the workplace.

17 So those would be some organizations.

18 Q All of those organizations that you just
19 listed for us, NIH and NIOSH, are those government
20 organizations, United States Government?

21 A Yes, ma'am.

1 Q Would you tell the jury about some of the
2 advisory panels that you serve on or sit on.

3 A I have served as an advisor to the National
4 Institute for Environmental Health Sciences -- this is
5 one of the institutes of the National Institutes of
6 Health that focuses on environmental matters -- in
7 environmental research.

8 That is, to better understand the potential
9 harm or hazards associated with pollution, chemicals
10 that would be found in your environment, to identify
11 the potential harmful properties, as well as to
12 ultimately help develop public policy for protecting
13 against or controlling the exposure to those
14 substances.

15 I have also served as an advisor to the
16 National Institute of Occupational Safety and
17 Health -- this is the group that serves as a research
18 arm of the Occupational Safety and Health
19 Administration -- to develop information about
20 chemicals in the workplace, to set standards or
21 guidelines for those chemicals in the workplace; that

1 is, chemicals and the levels of chemicals to which one
2 could be exposed without producing any harmful
3 effects.

4 I have also served for approximately 18
5 years as an advisor to the United States Environmental
6 Protection Agency, providing advice to emergency
7 rooms, to emergency response personnel, for chemical
8 releases, chemical spills that would occur as a result
9 of a truck accident or a barge or a ship accident or
10 an airplane crash.

11 In addition, providing information with
12 regard to the potential hazards associated with
13 hazardous waste and the investigation of those
14 materials in the environment.

15 Those would be the general areas of advice.

16 Q Have you ever served as a consultant to the
17 Department of Justice?

18 A I have.

19 Q And what would they ask you to do as a
20 consultant for the Department of Justice?

21 A For the Department of Justice, I have

1 provided consultation and testimony in enforcement
2 actions to enforce the public laws with regard to
3 environmental pollution, and have also assisted the
4 Department of Justice in evaluation of their own
5 environmental claims, for example, at the Department
6 of Defense and other facilities.

7 Q Do you teach?

8 A I do.

9 Q Where do you teach?

10 A I teach at the University of Florida. I
11 also teach at the Medical College of Wisconsin, and I
12 also provide continuing education.

13 Q At the University of Florida, what is your
14 position?

15 A University of Florida, I am a professor. I
16 am a professor of pathology, pharmacology in the
17 medical school, and also a professor of toxicology at
18 the Health Science Center.

19 Q What is involved in being a professor of
20 pathology? Who do you teach?

21 A As a professor of pathology, I teach

1 second-year medical students. I teach second-year
2 medical students chemical carcinogenicity, or the
3 causes of cancer. Also the mechanisms by which
4 chemicals can cause cellular transformation.

5 And I teach them generally about cancer, its
6 causes, and particularly chemical causes.

7 Q Do you teach students other than medical
8 students at the University of Florida?

9 A I do.

10 Q What sort of classes do you teach, or in
11 what area do you teach other than medical?

12 A I would also teach graduate students. These
13 are students that would be pursuing a graduate degree
14 in pharmacology or physiology or one of the basic
15 medical sciences. I teach those students toxicology.

16 Q Do the courses that you teach, either to the
17 medical students or to the graduate students that you
18 just described, do they deal with asbestos at all?

19 A Yes.

20 Q In what way would you deal with asbestos in
21 teaching these particular courses?

1 A Asbestos would be taught to second-year, or
2 information about asbestos would be provided to
3 second-year medical students, both in pathology as
4 well as in pharmacology. I teach the toxicology
5 portion of pharmacology.

6 And it would be included in the general
7 discussion of pneumoconioses, that is, substances that
8 are nonabsorbable dust or particles which, if they are
9 inhaled into the lung, can over some long period of
10 time, if the level is sufficient, produce pulmonary
11 fibrosis.

12 Q Have you held other teaching positions at
13 other universities?

14 A I have.

15 Q What universities have you held positions
16 at?

17 A Dulane Medical School, Vanderbilt Medical
18 Center, and also the University of Arkansas, Medical
19 Sciences.

20 Q The jury has heard the term or heard from an
21 industrial hygienist.

1 Have you had experience in the area of
2 industrial hygiene?

3 A I have.

4 Q Are you an industrial hygienist?

5 A I am not an industrial hygienist.

6 Q How would you have had experience in
7 industrial hygiene?

8 A Part of the practice of toxicology involves
9 industrial hygiene, that is, the measurement of
10 various chemicals in various places in the workplace.

11 So that, as part of the practice of
12 toxicology, I would frequently evaluate the levels of
13 substances in the air, evaluate the exposure that
14 would occur as a result of those various levels of
15 chemicals in the air, and then also provide
16 recommendations or advice with regard to the potential
17 hazards or some sort of remediation or change that
18 could be made to protect the individuals against those
19 exposures.

20 Q All right. The jury has also heard the term
21 threshold limit value.

1 Do you use the threshold limit values as a
2 toxicologist?

3 A I do.

4 Q How would you do that? How would that come
5 into play in your practice of toxicology?

6 A The threshold limit value is the
7 concentration to which an individual can be exposed
8 over a long period of time without producing any
9 adverse effects.

10 So as a toxicologist I would use the
11 threshold limit value, as well as other numbers or
12 other concentrations, to determine whether or not a
13 particular individual or group of individuals is being
14 exposed to a potentially harmful level of a particular
15 substance.

16 So the threshold limit value would be used
17 in the practice of toxicology as a guideline to
18 determine whether or not a particular workplace is
19 hazardous or not hazardous.

20 Q Do you also do research?

21 A I do.

1 Q Could you tell the jury about some of your
2 current research projects.

3 A Currently I am being funded by or supported
4 by the National Institute of Environmental Health
5 Sciences to study the harmful effects of a variety of
6 chemicals on the living system, particularly trying to
7 evaluate how chemicals produce their harmful effects
8 and how there may be differences between laboratory
9 animals, for example, and people and how we can best
10 evaluate the usefulness of animal testing data and how
11 we can improve the usefulness of animal testing data
12 and improve its use in the risk assessment process.

13 Q You mentioned the term living systems. What
14 do you mean by that?

15 A Living systems would be experimental
16 animals, for example, mice, rats, rabbits, guinea
17 pigs.

18 Those would be models that would be used for
19 testing, in addition to humans would be used on some
20 occasions, depending on what the testing is and the
21 design of that test.

1 Q When would humans be used in testing --
2 different chemicals or drugs, I assume you may be
3 referring to?

4 A Either chemicals or drugs. Humans would be
5 used, for example, in testing the potential irritancy
6 of a substance by using patch testing or by rubbing it
7 on the skin, for example. These would be volunteers.
8 These would be volunteers who would be advised of the
9 potential dangers associated with that testing.

10 Humans would also be used for evaluating
11 exposure by exposing humans to some chemicals and
12 looking at the amount of that chemical that would be
13 absorbed into the body.

14 Those would be some occasions in which
15 humans would be used. But most occasions it would not
16 be appropriate to use humans, so in those instances
17 laboratory animals would be substituted for the humans
18 in that testing.

19 Q Doctor, have you managed and/or conducted
20 animal studies yourself?

21 A I have.

1 Q For what purpose would you have managed or
2 conducted these animal studies?

3 A For a variety of purposes. One would be to
4 identify the potential harmful effects of the
5 chemicals; that is, to determine whether they can
6 produce any harm or not.

7 Also, for evaluating the mechanisms by which
8 a chemical produces the effects that it produces to
9 determine whether or not that information could be
10 extrapolated to humans.

11 And then also for evaluating the potential
12 carcinogenicity or teratogenicity, that is, the
13 ability to produce birth defects or cancer would have
14 also used laboratory animals for those purposes.

15 Q Other than your employment at the University
16 of Florida, do you have a private practice or do you
17 have other employment?

18 A Yes, I have a private practice of
19 toxicology.

20 Q And what does that normally involve?

21 A That would involve providing consultation to

1 various governmental agencies, as well as industry.

2 It also involves the development and
3 management of medical surveillance programs, that is,
4 the evaluation of individuals who would be exposed to
5 chemicals, following those individuals over long
6 periods of time, making sure that they are suitable
7 for various activities, such as emergency response.

8 And then also evaluating pathological
9 specimens, evaluating blood levels of various
10 chemicals.

11 That would all be part of the practice of
12 toxicology.

13 Q You mentioned medical surveillance.

14 What sort of medical surveillance activities
15 are you involved with?

16 A The medical surveillance activities that I
17 am involved with would be for emergency response
18 personnel, primarily contractors of the United States
19 Environmental Protection Agency. These would be
20 individuals who respond to chemical accidents or
21 chemical spills.

1 These would also be individuals who
2 investigate hazardous waste sites, all of whom have
3 potential exposure to hazardous substances or
4 hazardous materials.

5 To evaluate them prior to that employment.
6 To evaluate them annually during that employment to
7 make sure that there is no excess exposure that is
8 resulting in disease or harmful effects.

9 And then also evaluating them prior to
10 leaving that employment to make sure that they're okay
11 or healthy when they leave that particular employment.

12 Q Have you testified in the past at the
13 request of Owens-Illinois?

14 A I have.

15 Q Do you recall how many times you have
16 testified on behalf of Owens-Illinois?

17 A I believe it was three times.

18 Q Have you testified as an expert with regard
19 to areas other than asbestos?

20 A I have.

21 Q Okay. In the courtroom setting like we are

1 here today?

2 A That's correct.

3 Q Have you also testified in the past on
4 behalf of plaintiffs in the lawsuits?

5 A I have.

6 Q What is the charge for your time?

7 A \$175 per hour.

8 Q Doctor, I had you define toxicology. You
9 also mentioned that you were a pharmacologist; is that
10 correct?

11 A That is correct.

12 Q Could you define that term or tell us what
13 that involves.

14 A Pharmacology is the study of the beneficial
15 effects of substances or chemicals on the living
16 system, and toxicology is the study of the harmful
17 effects of chemicals on the living system.

18 Q How are the two fields related, toxicology
19 and pharmacology?

20 A Well, they are related in that the -- both
21 disciplines rely upon the dose response relationship,

1 that is, how much of a chemical it takes to produce a
2 particular effect.

3 As a pharmacologist, I'm interested in that
4 dose or that amount which will produce 100 percent
5 effect or produce an effect in 100 percent of the
6 people that are exposed to that particular material.

7 For example, if I develop a medication to
8 control blood pressure, I want to be sure that
9 whenever the physician administers a certain amount of
10 that material, that in 100 percent of the people that
11 receive that material, the blood pressure will be
12 lowered.

13 So in the instance of pharmacology, I'm
14 interested in the 100 percent response.

15 As a toxicologist, I'm interested in that
16 concentration or dose that doesn't result in any
17 adverse effect.

18 So I'm interested in the other end of the
19 dose response curve. I'm interested in that
20 concentration or dose of exposure to a chemical that
21 does not result in an adverse effect or harm in those

1 individuals who might be exposed to that, so the
2 relationship is the dose response relationship.

3 Q Have the disciplines of pharmacology and
4 toxicology always been separate, or at one point were
5 they combined as a profession?

6 A They have always been separate, and
7 certainly pharmacology is a much older discipline than
8 is toxicology.

9 Q When did toxicology become an accepted
10 science or discipline?

11 A Toxicology emerged as an identifiable
12 discipline around the 1960s.

13 Prior to this time, the interest in
14 toxicology was primarily as a result of the
15 development of drugs, that is, what were the side
16 effects or the toxicities or the harm that would occur
17 as a result of taking certain beneficial substances.
18 These are called side effects.

19 So prior to that time, the interest was
20 really in development of drugs, and it wasn't until
21 the '60s that there was an interest in environmental

1 exposure, occupational exposure, and that's when
2 toxicology became a separate and identifiable
3 discipline.

4 Q You mentioned earlier, I think, that, as a
5 toxicologist and a pharmacologist, that it was usual
6 and a customary part of your job to review studies
7 done by others; is that correct?

8 A That is correct.

9 Q What factors, when you're reviewing those
10 studies, do you look at to determine whether or not
11 the study is a valid study or the conclusions are
12 valid? What do you look at or look for?

13 A In reviewing a study, you would look at,
14 first of all, the objective, that is, what was the
15 study intended to show or to find out. So the
16 objective is important.

17 And based upon identifying what the
18 objective is, that is, if it is to determine the
19 potential harmful effects of a substance, then one
20 looks at the experimental design.

21 That is, is the design, the animals to be

1 used, the exposure of the animals, is that all
2 suitable to develop or to produce information that
3 would ultimately be useful in evaluating the
4 objective, in this case determining whether or not it
5 would produce harm.

6 Then subsequently evaluating the data that
7 is produced, that is, once one conducts the test with
8 the experimental design that has been adopted, are the
9 results results that are reliable, and then ultimately
10 the conclusion that is drawn from that study, is it
11 consistent with the data that has been generated as a
12 result of that particular experimental design or
13 study.

14 So one would, first of all, look at the
15 objective, then whether or not an appropriate
16 experimental design was developed to meet that
17 objective, and then whether or not appropriate results
18 were obtained, and then whether or not the conclusion
19 would be a conclusion that is consistent with those
20 results that were obtained during that experimental
21 design.

1 MS. MORETZ: Your Honor, at this time we
2 would offer Dr. Harbison as an expert in pharmacology,
3 toxicology, and as an expert in the testing of
4 products regarding their toxicity.

5 THE COURT: Mr. Hoffman, any
6 cross-examination on that issue?

7 MR. HOFFMAN: Yes. Thank you, Your Honor.

8 VOIR DIRE EXAMINATION

9 BY MR. HOFFMAN:

10 Q Dr. Harbison, good morning.

11 A Good morning.

12 Q Doctor, now, am I correct that none of the
13 articles which you have published in any of the
14 scientific journals deal with asbestos-related
15 disease?

16 A I believe that is correct, yes, sir.

17 Q Have you submitted any chapters to any
18 textbooks which have been published of any kind, any
19 chapters on any subjects in any textbooks?

20 A Yes, sir.

21 Q Do any of the chapters you have submitted to

1 textbooks deal with asbestos-related disease?

2 A No, sir, I don't believe so.

3 Q Have you edited or authored any textbooks in
4 their entirety?

5 A I have not.

6 Q Now, have you ever participated in doing any
7 air monitoring or dust counting for the presence of
8 asbestos in the air?

9 A I don't believe so.

10 Q Have you ever conducted or participated in
11 conducting any animal inhalation experiments, and by
12 that I mean experiments where animals were given a
13 substance to breathe and where the results of the
14 animal experiments were then looked at?

15 Have you ever conducted animal inhalation
16 experiments?

17 A Yes, sir.

18 Q And when was the first time you conducted
19 any animal inhalation experiments?

20 A It would have been about 1970. Around 1969,
21 1970.

1 MR. HOFFMAN: Your Honor, if I may approach
2 the witness.

3 Q Doctor, do you recall testifying in a case
4 where -- in Baltimore City called Abate vs. ACandS?

5 A I don't recall that, no, sir.

6 Q Let me show you page 35 of that deposition,
7 sir, and ask you to take a look at the first question
8 and answer there.

9 Do you see that?

10 A I do.

11 Q Am I correct, sir, that at the time of this
12 deposition, which I think was, what, 1991, you were
13 asked at the time, have you ever conducted any animal
14 inhalation experiments personally, and your answer was
15 that no, you had not?

16 A That is correct.

17 Q And if you will look back on the previous
18 page, sir, you were asked questions about whether you
19 had ever conducted any animal inhalation studies when
20 you were doing your post-graduate training; is that
21 correct?

1 A That is correct.

2 Q The answer, again, was that no, you had not
3 conducted any animal inhalation studies; is that
4 correct?

5 A That's correct, I have not personally.

6 Q In fact, you have not conducted any animal
7 studies at all with asbestos; is that correct?

8 A That is correct.

9 Q Thank you. You do not consider yourself an
10 expert in the field of what's referred to as
11 mineralogy; is that correct?

12 A That is correct.

13 Q Early on in this case we had a scientist
14 named Arnold Brodie here testifying.

15 Are you familiar with Dr. Brodie?

16 A I am not.

17 Q We also had a scientist -- physician testify
18 named Victor Roggli.

19 Are you familiar with him, sir?

20 A I am.

21 Q Let me ask you this: Are you a member of

1 the American Conference of Governmental Industrial
2 Hygienists, the ACGIH?

3 A I am not.

4 Q The past chairman of the ACGIH, Dr. John
5 Dement, was here testifying, actually has yet to
6 finish.

7 Are you acquainted with Dr. Dement?

8 A No, sir, I am not.

9 Q You were asked some questions about
10 consulting work that you have done for government
11 agencies.

12 I would like to ask you some questions about
13 consulting work done for chemical companies, if I can.

14 You have consulted for and been an expert
15 witness on behalf of a chemical company called Merrill
16 Dowell; is that correct?

17 MS. MORETZ: Objection, Your Honor. That's
18 outside the scope of the purpose of this examination.

19 THE COURT: Overruled. It goes to the voir
20 dire as to whether or not Dr. Harbison is an expert.

21 Go ahead, please.

1 Q I'll back up.

2 Counsel for Owens-Illinois, I believe, asked
3 you, sir, if you have testified in other areas beside
4 asbestos, and you answered yes, didn't you?

5 A Yes, sir.

6 Q You testified for a chemical company named
7 Merrill Dowell; is that correct?

8 A Yes, sir.

9 Q And in the case of Village of Wilsonville,
10 you testified as an expert on behalf of an operator of
11 a chemical waste dump; is that correct?

12 A Yes, sir.

13 Q And you have testified on behalf of
14 numerous other chemical companies, perhaps as many as
15 30 times, in various trials around the country?

16 A Yes, sir. I don't consider it testifying on
17 behalf of, but I have certainly testified in all those
18 matters.

19 Q Well, you were retained by the lawyers for
20 the chemical companies and called by them as a witness
21 in the trial.

1 A That is correct.

2 Q Finally, Doctor, as I understand it, in this
3 case you have been given documents by the lawyers for
4 Owens-Illinois and asked to review them; is that
5 correct?

6 A Yes, sir, that's correct.

7 Q You have absolutely no personal knowledge
8 whatsoever of anything that happened at Owens-Illinois
9 during the time these documents were created; is that
10 correct?

11 A That is correct.

12 Q So all of your testimony here today is based
13 simply on going back through the documents from years
14 gone by and looking at them and telling us about the
15 documents to the extent that counsel asked you
16 questions about them.

17 A That is correct.

18 MR. HOFFMAN: Your Honor, I have no
19 objection to this witness in the field of pharmacology
20 and toxicology generally, but I object to anything
21 beyond that.

1 MR. PALMER: I just have one question.

2 THE COURT: Go ahead, Mr. Palmer.

3 VOIR DIRE EXAMINATION

4 BY MR. PALMER:

5 Q Doctor, you mentioned something about the
6 TLV and what TLV was; is that correct?

7 A Yes, sir.

8 Q TLVs were promulgated by the ACGIH, American
9 Conference of Governmental Industrial Hygienists?

10 A Yes, sir, that is correct.

11 Q Are you aware that the ACGIH has from time
12 to time put out textbooks and articles and
13 publications about TLVs and what the TLVs are?

14 A Yes, sir.

15 Q And you indicated that if there is a TLV
16 concentration of some toxic substance below the TLV,
17 that that would be a safe working condition?

18 A I have a little problem with your question.

19 Q That's fair enough. It's inartful.

20 I think you indicated that below a certain
21 concentration, below a TLV, that that concentration

1 would be safe to humans; is that correct?

2 A Yes, sir.

3 Q Are you aware that the ACGIH has indicated
4 that, with regard to the TLV, that there is no fine
5 line between safe and dangerous concentrations?

6 MS. MORETZ: Objection, Your Honor. Beyond
7 the scope of the purpose of this cross-examination.

8 THE COURT: Overruled.

9 A Yes, sir. I would agree that the threshold
10 limit value is not a bright line between toxicity and
11 safety because there is a margin of safety built into
12 that number, so it would require concentrations well
13 above a threshold limit value to produce --

14 THE COURT: Excuse me, Doctor. Perhaps I
15 misunderstood, but I think you're answering a question
16 that hasn't been asked.

17 The question was were you aware that the
18 ACGIH said this. The answer would be yes or no, not
19 an explanation.

20 MS. MORETZ: Your Honor, I think he was just
21 explaining his answer. He did answer --

1 THE COURT: I don't think he -- maybe I
2 missed it, but perhaps -- that's why I prefaced my
3 remark with maybe I misunderstood.

4 Perhaps, Mr. Palmer, would you restate the
5 question, please.

6 MR. PALMER: Yes.

7 Q You are aware, are you not, that the ACGIH
8 has indicated that the TLV does not represent a fine
9 line between dangerous and safe concentrations?

10 A And I said yes, and then I explained or
11 tried to explain.

12 Q Doctor --

13 MS. MORETZ: May he be allowed to explain
14 his answer, Your Honor?

15 THE COURT: I think he has, but if he wishes
16 to say something further, he may do so. Sure.

17 A Then again, it's not a fine line, that is,
18 if you go above the TLV, it doesn't result in
19 toxicity. It would be orders of magnitude above that
20 before some toxicity would be produced. I would
21 agree.

1 Q And if it's below the TLV, depending upon
2 the magnitude, an individual can also contract a
3 disease from the substance even though it's below the
4 TLV; isn't that correct?

5 A I would not agree with that.

6 Q You would not agree with that?

7 A No, sir.

8 Q Okay. Doctor, have you read any of the
9 articles dating from the 1930s to the 1940s concerning
10 asbestos-related disease?

11 A I have read some, yes, sir.

12 Q And are you aware of any articles, such as
13 the one done in Pennsylvania by Fulton, where
14 individuals have developed asbestosis being exposed to
15 concentrations of asbestos below five million
16 particles per cubic foot of asbestos dust?

17 MS. MORETZ: Objection, Your Honor. This
18 witness has not been offered as a state-of-the-art
19 witness and now we're getting into the area of state
20 of the art.

21 THE COURT: Mr. Palmer, I think the

1 objection is well founded. I sustain the objection.

2 MR. PALMER: Thank you. I was just asking
3 because he said no one gets sick below the TLV.

4 MS. MORETZ: Move to strike the comments of
5 counsel, Your Honor.

6 THE COURT: The jury is aware that nothing
7 that counsel says is evidence, so it's not necessary.

8 Q Doctor, have you ever tested any
9 asbestos-containing insulation products to determine
10 whether or not they were toxic or not?

11 A I have not.

12 MR. PALMER: Your Honor, I have no further
13 questions.

14 THE COURT: The doctor will be permitted to
15 testify as an expert in pharmacology and toxicology,
16 period.

17 MS. MORETZ: Are you denying his ability to
18 testify with regard to testing of products?

19 THE COURT: I said he will be permitted to
20 testify as an expert in pharmacology and toxicology,
21 period. Whatever those two subjects cover and those

1 two disciplines cover, he will be permitted to render
2 opinions on.

3 MS. MORETZ: Very well, Your Honor. Thank
4 you.

5 DIRECT EXAMINATION (Resumed)

6 BY MS. MORETZ:

7 Q Doctor, to start out with some general
8 topics, you mentioned earlier the term risk
9 assessment, and as a toxicologist, what do you mean by
10 risk assessment?

11 And if it would be helpful to you, Doctor,
12 to explain to the jury, the board behind you, there is
13 a special marker and you can write on the board any of
14 the terms that you need to use that should be defined
15 or explained by using a chart.

16 A May I just do that?

17 THE COURT: If you would be kind enough,
18 Doctor, to make the writing somewhat large so that
19 everybody can see it.

20 A Risk assessment is the process by which risk
21 is evaluated, risk being the hazard or the likelihood

1 that some adverse effect will occur.

2 In order to evaluate the risk, there are
3 essentially two things that you need to know. You,
4 first of all, need to know the toxicity of the
5 substance, that is, what are the harmful effects that
6 it can produce.

7 And you also need to know the exposure or
8 the level of this material or the concentration of
9 this material that it takes to produce those harmful
10 effects.

11 So risk is equal to the toxicity times the
12 exposure, so to evaluate risk, that is, whether or not
13 some harm can occur as a result of a particular
14 substance, you need to know what that substance does,
15 the harmful effects it can produce, and the
16 concentrations at which those harmful effects are
17 produced in order to evaluate the potential hazard.

18 Q Does the concept of dose response play into
19 risk assessment?

20 A It does.

21 Q And would you explain to the jury how the

1 concept of dose response plays into risk assessment?

2 A The dose response is the relationship
3 between the concentration of material to which you
4 would be exposed or someone could potentially be
5 exposed and the response or the toxicity that is
6 produced.

7 So if you look at the dose response
8 relationship, this is the response and this is the
9 concentration, at some levels of exposure or at some
10 concentrations, the response would be produced, a bad
11 response, a harmful response, and ultimately there
12 will be a concentration at which no adverse effect is
13 produced.

14 So to evaluate the risk, you use the dose
15 response curve to identify that concentration that
16 doesn't produce any response.

17 Remember, I talked about pharmacology and
18 toxicology. As a pharmacologist, I'm interested in
19 this end of the dose response curve, in which 100
20 percent of the individuals exposed would respond, have
21 a beneficial effect.

1 With regard to toxicology, we're interested
2 in the lower end of the dose response curve, or that
3 concentration at which no effect is produced.

4 So essentially the dose response curve is
5 the methodology by which a toxicologist can ultimately
6 determine the risk by knowing what the response is,
7 the potential adverse effect, and the concentrations
8 at which they occur and the concentrations below which
9 none of these effects or adverse effects will occur.

10 So the dose response relationship is
11 critical in evaluating the risk.

12 Q Could you, Doctor, using a common example,
13 such as aspirin, explain how the dose response
14 relationship relates to aspirin, for example.

15 A Sure, with regard to aspirin, I'm sure that
16 you all have seen advertisements, for example, in
17 which, if you've had a heart attack and you take one
18 aspirin a day, it can prevent a second heart attack.

19 So there is a dose that can be used for
20 preventing this second heart attack.

21 I'm sure all of you have taken two aspirin

1 one time or another to relieve the pain of a
2 headache, so that's another dose that produces an
3 effect.

4 And I'm sure you know some people who have
5 arthritis or a rheumatoid condition which may require
6 20 tablets of aspirin a day to relieve the joint
7 swelling and the pain of the rheumatoid arthritis.

8 If you take 90 aspirin, you will die. So
9 the relationship between the dose and the response for
10 aspirin varies between a beneficial effect, either
11 preventing a second heart attack, relieving the pain
12 of a headache or relieving the joint swelling and
13 pain, or if you take too much, it can produce harm or
14 it can produce death.

15 Now, that concentration which doesn't result
16 in any effect is, if you take the aspirin and you
17 divide it into four pieces, and you took only a
18 quarter of that aspirin, it would have no effect.

19 So that concentration below which no effect
20 would occur would be a quarter of an aspirin. It
21 would have no effect.

1 You need to take at least one to have the
2 effect on the heart, you need to take two to relieve
3 the headache, and then on up, and ultimately, if you
4 take 90, it would produce a harmful effect.

5 So that is the dose response relationship.
6 That is, some levels of aspirin have no effect at all,
7 others can have beneficial effects, and still higher
8 can have harmful effects.

9 Q Doctor, like the aspirin, are there other
10 substances that are potentially toxic at certain doses
11 and not at others?

12 A Well, essentially all substances can be
13 toxic at some level of exposure, so the answer would
14 be that all substances at some level of exposure can
15 produce harm, and there are no exceptions.

16 Q Doctor, you mentioned or were asked about
17 the threshold limit value a little bit earlier.

18 Does dose response play a role in threshold
19 limit value or in determining threshold limit value?

20 A It does.

21 Q And can you explain to the jury how the two

1 are connected or related?

2 A To establish a threshold limit value, you
3 take that concentration that doesn't produce any
4 harmful effect and you lower it by some order of
5 magnitude.

6 An example might be is if the concentration,
7 for example, that didn't produce any effect was 10
8 milligrams, the threshold limit value would be
9 developed by taking that 10 milligrams which produces
10 no effect and lowering it further, for example, to 1
11 milligram, so the margin of safety in that case would
12 be 10.

13 That is, you would take the level that
14 doesn't produce any harm, lower it by a factor, in
15 this case of 10, to develop a threshold limit value of
16 1, which then has a margin of safety built into it.

17 So that even if you went above that
18 threshold limit value, it's not a fine line between
19 having no effect and having some effect. You can go
20 well above that threshold limit value and still not
21 result in any adverse effect.

1 So the threshold limit value is based upon
2 the dose response relationship in identifying
3 concentration or dose that doesn't produce any
4 harmful effect.

5 Q Is the term threshold limit value still used
6 today, or is another term more commonly used?

7 A It would still be used today, but the
8 permissible exposure limit would be that guideline
9 that would be used, for example, in industry,
10 predominantly because it would be part of the
11 Occupational Safety and Health Act.

12 Q How are threshold limit values measured? Is
13 it minutes, hours, days, months? How is that
14 measured?

15 A It would be -- the threshold limit value
16 would be measured over the day, and it's a
17 time-weighted average.

18 It would be the average concentration over
19 the day that would occur, and there would be
20 excursions above the threshold limit value, and there
21 would be excursions below the threshold limit value,

1 so it would be the time-weighted average throughout
2 the day, or the average concentration throughout the
3 day.

4 Q Is the day important, or is it the working
5 lifetime of the employee or of the person exposed?

6 A It would be the working lifetime, but it
7 would also be important to consider the date of the
8 exposure.

9 Q Are you aware of what the TLV or the
10 threshold limit value was for asbestos in the 1940s
11 and 1950s?

12 A I am.

13 Q What was that?

14 A It was five million particles per cubic foot
15 of air.

16 Q If the threshold limit value for asbestos is
17 five million particles per cubic foot of air, does
18 that mean that, if the TLV is exceeded, that that
19 person will have adverse effect?

20 MR. HOFFMAN: Objection. It's beyond the
21 scope of his expertise.

1 THE COURT: Sustained.

2 MS. MORETZ: Your Honor, as a
3 toxicologist -- may I respond, please, Your Honor.

4 THE COURT: Go ahead.

5 MS. MORETZ: As a toxicologist, he uses the
6 threshold limit value, he applies it in his practice,
7 and I think that it's clearly within his expertise to
8 testify with regard to the threshold limit value.

9 THE COURT: Hasn't he already stated what
10 occurs above and below it?

11 Let's move on. Next question, please.

12 MS. MORETZ: Very well, Your Honor.

13 THE COURT: He's already stated that without
14 having been asked that specific question.

15 Did I understand that correctly, Doctor?
16 Didn't you explain that without being asked that
17 particular question?

18 THE WITNESS: About the threshold limit
19 value, above and below.

20 THE COURT: You explained that.

21 THE WITNESS: Yes, sir.

1 THE COURT: Next question.

2 MS. MORETZ: Very well, Your Honor.

3 Q What injuries or harms were the threshold
4 limit values developed to protect?

5 MR. HOFFMAN: Objection. That's
6 speculation.

7 THE COURT: Overruled.

8 Q Go ahead and answer.

9 A The threshold limit values were designed to
10 protect against all injuries.

11 Q In evaluating or looking at the threshold
12 limit values specifically for asbestos, or I think it
13 applies or does apply across the board, are we looking
14 at asbestos only, or are we looking at total dust
15 counts?

16 MR. HOFFMAN: Same objection. It's beyond
17 his expertise.

18 THE COURT: Overruled.

19 A For asbestos it would be for asbestos
20 particles, so the five million particles per cubic
21 foot of air would be for asbestos particles.

1 Q You mentioned that part of your work as a
2 toxicologist has been involved in looking at chemicals
3 or substances that are suspected to cause cancer; is
4 that correct?

5 A That's correct.

6 Q Are there common things that we are exposed
7 to that at low doses are no risk but at higher doses
8 may be a cause of cancer?

9 A Yes, there are substances to which we are
10 exposed to that are carcinogenic, and at those levels
11 of exposure, there is a minimal risk or a
12 nonmeasurable risk associated with those exposures.

13 Q What are some examples of substances like
14 that?

15 A Some examples would be vinyl chloride.
16 Vinyl chloride would occur as a result of the use of
17 various plastics. For example, PVC pipe, water pipe,
18 would contain the vinyl chloride monomer.

19 Things like vinegar in plastic bottles,
20 those plastic bottles are made of vinyl chloride, and
21 the monomer could be extracted and end up in vinegar.

1 Filling your car with gasoline, being
2 exposed to benzene. Benzene is also a potential
3 carcinogen.

4 Those would be some examples of exposure to
5 carcinogens that would occur as a result of daily life
6 activities.

7 Q What about coal tar?

8 A Well, coal tar contains polycyclic aromatic
9 hydrocarbons, and coal tar is produced, for example,
10 whenever you charbroil meats. It's also found in
11 shampoos and other medicinal products.

12 For example, salves and lotions contain coal
13 tar for medicinal purposes. Coal tar is also a
14 suspect carcinogen.

15 Q You mentioned shampoo.

16 MS. MORETZ: I have with me a couple of
17 bottles of shampoo, if you want to see them, counsel.

18 MR. HOFFMAN: I use the green one.

19 Q I hand those to you, Dr. Harbison. Do those
20 particular products contain a cancer-causing, a
21 potential cancer-causing ingredient?

1 A They do.

2 Q And what ingredient is that?

3 A That would be polycyclic aromatic
4 hydrocarbons, which are a constituent of coal tar.
5 They would be contained in both of these materials.

6 Q And what percentage of coal tar are in those
7 two shampoos, and it's Denerex and Tegrin?

8 A In Denerex, it's 9 percent, and in Tegrin,
9 it is 7 percent.

10 Q The level of exposure, if you were to wash
11 your hair with those shampoos, does that present any
12 risk to the user of those products?

13 A If you use this shampoo, there is no
14 measurable risk associated with the use of this
15 carcinogenic product because the exposure is at a
16 level that is not likely to result in any dose that
17 would increase the risk of cancer as a result of the
18 use of this product.

19 Q Is there a warning label on that product
20 with regard to the potential cancer-causing
21 ingredient?

1 A There is no warning label with regard to the
2 potential carcinogenicity of this compound.

3 Q So is it your opinion as a toxicologist
4 there is no reason to be concerned in using that
5 particular product, even though it has a known
6 carcinogen in the product?

7 A There would be no reason to be concerned
8 with regard to increased risk of cancer with the use
9 of this product as prescribed.

10 Q Is that an example of what you're talking
11 about with regard to dose response?

12 A It is.

13 Q Are there other common examples of
14 substances that at high doses could be toxic or cause
15 cancer that we deal with in our everyday lives?

16 A Sure. There are many examples of chemicals
17 that at high concentrations or high doses can be toxic
18 or produce harmful effects.

19 Q Should we, therefore, place warnings on all
20 of those products and all of those substances?

21 A No, it would not be reasonable to place

1 warnings on those because the exposure, as a result of
2 the use of those materials, would not result in a dose
3 or in a concentration that would approach that
4 concentration or dose that would be harmful or toxic.

5 Q Doctor, have you prepared some charts that
6 you think would be helpful to the jury with regard to
7 this dose response concept?

8 A I have.

9 MS. MORETZ: Your Honor, if we could set
10 that up.

11 THE COURT: Why don't we do that, and you
12 can set that up and do that after we take our morning
13 recess.

14 MS. MORETZ: Very well. Thank you.

15 THE COURT: Ladies and gentlemen, we'll take
16 our morning recess at this time, and when we return we
17 will continue with Ms. Moretz' direct examination.

18 Dr. Harbison, you can step down. Don't
19 discuss the matter with anyone because you're subject
20 to cross-examination.

21 THE WITNESS: Yes, sir.

1 (Whereupon, the jury left the courtroom.)

2 THE COURT: All right. We will recess for
3 about 10 minutes.

4 (Whereupon, brief recess.)

5 THE COURT: Be seated, please. Get the
6 jury, please.

7 I don't think you want to go back there now.
8 Perhaps you want to come up here and stand right
9 behind this small desk, Doctor. That way you're out
10 of the way of the jury and hopefully you'll be able to
11 see and you can explain to the jury and use the
12 pointer.

13 Ms. Moretz will be seated there. She will
14 be playing Vanna.

15 Just make sure, if you would, that you don't
16 lift that up without turning it off or you'll hurt
17 your eyes.

18 (Whereupon, the jury entered the courtroom.)

19 THE COURT: Be seated, please.

20 Ms. Moretz, please.

21 BY MS. MORETZ:

1 Q Doctor, we were talking about some common
2 substances that at low levels were not toxic and at
3 higher levels were.

4 Let's just briefly talk about some examples
5 of those, and I believe you prepared a chart with
6 regard to that, is that correct?

7 A I did.

8 Q If you would, Doctor, explain the chart to
9 the jury and in what -- can you see okay?

10 THE WITNESS: Could I move up a little
11 closer to that chart?

12 THE COURT: Sure. Do you want to borrow Ms.
13 Ritter's glasses?

14 THE WITNESS: No.

15 THE COURT: She left.

16 Q If you would explain that chart and the dose
17 response as relates to that chart to the jury.

18 A Essentially all substances at some level of
19 exposure or in some dose can produce harm.

20 Now, this chart demonstrates that for
21 substances which I expect all of you have the

1 perception that it can't be toxic or produce harm. In
2 fact, it can if the dose is high enough.

3 For example, water, the normal daily dose is
4 about one and a half quarts. If you ingest 15 quarts
5 of water, it can be toxic or it can actually produce
6 death.

7 There are certain conditions in which people
8 develop a desire for water in which they ultimately
9 die as a result of the consumption of too much water.

10 Likewise, sugar, 25 teaspoons, teaspoonfuls
11 per day. A thousand would be toxic or lethal.

12 Salt, I'm sure many of you are familiar with
13 the potential toxicity of salt. If you take in too
14 much salt, it produces high blood pressure. Normally
15 you take in about three level teaspoonfuls per day.
16 Sixty can be toxic.

17 Q Are there -- excuse me, Doctor. Let me
18 interrupt you.

19 Using salt as an example, is salt made up of
20 cancer-causing or toxic substances that are contained
21 in table salt?

1 A Yes. A good example of another substance
2 that I suspect all of you would think of as toxic
3 would be cyanide, and oftentimes, if you look at the
4 back of your salt shaker or the salt package that you
5 get, it would say contains yellow prosate of soda.

6 Yellow prosate of soda is cyanide, and it's
7 put in there as an anti-kinking agent, to prevent the
8 salt from congealing or becoming hard.

9 Yet the dose is not sufficient to be worried
10 about having toxicity from the cyanide because the
11 level in there is too small to produce any adverse
12 effect.

13 For coffee, two cups. Seventy-five cups can
14 produce toxicity, and I'm sure many of you have read
15 about or heard about its ability to cause arrythmias
16 or it can cause various heart problems.

17 And then, finally, the aspirin we talked
18 about, the 2 tablets, and 90 tablets would be lethal.

19 So this is an example of the dose response
20 relationship, essentially for all substances, and
21 there are no exceptions. Essentially, everything in

1 your life, other than light radiation and sound waves
2 are chemicals.

3 So for all chemicals that are in your life,
4 there are levels that can be harmful, but there are
5 also levels that don't produce harm.

6 There are levels which you can be exposed to
7 every single day without producing any adverse
8 effects, and this demonstrates that dose response
9 relationship.

10 Q Once the risk of a particular substance is
11 recognized by a toxicologist, what kinds of things is
12 that information used for once the risk is recognized?

13 A Once the risk is recognized, then that
14 information can be used to develop guidelines for
15 exposure such that the exposure will not result in the
16 hazard or the harm that can be produced as a result of
17 exposure to higher levels of that substance.

18 So once that hazard is identified, that
19 information can now be used to control the substance
20 and to prevent injury from occurring.

21 Q And hazards are identified through doing

1 studies, studies that you described previously, animal
2 studies and human studies as well?

3 A That's correct.

4 Q Now, you have been asked by Owens-Illinois
5 to review certain documents that have been referred to
6 as the Saranac documents or the animal studies on the
7 Kaylo; is that correct?

8 A That is correct.

9 Q You have not been asked to do a general
10 review of the medical and scientific literature from a
11 particular period of time; is that correct?

12 A That is correct.

13 Q Now, in doing the review of the Saranac
14 studies on Kaylo, did you apply the same criteria that
15 you discussed earlier or look at the same factors that
16 you would look at in your everyday practice as a
17 toxicologist?

18 A I did.

19 Q And have you formed opinions as a
20 toxicologist with regard to the Kaylo dust studies
21 done by Saranac in the 1940s and 1950s?

1 A I have.

2 Q First, Doctor, let me ask you about the
3 Saranac Lake Laboratories. Was that a reputable
4 organization?

5 A Yes, it was a reputable laboratory, and one
6 of the few in the country that could conduct these
7 kinds of studies, that is, to evaluate the potential
8 toxicity as a result of inhalation of various
9 substances.

10 Q What documents specifically or what did you
11 review at the request of Owens-Illinois with regard to
12 these Kaylo studies.

13 A I reviewed the deposition of Mr. Hazard and
14 the attached exhibits to that deposition.

15 Q Doctor, I am going to hand up to you what
16 has been marked previously in this case as Plaintiffs'
17 Exhibit O-17, and it's Hazard Exhibit Number 1. Have
18 you seen that document before?

19 A I have.

20 Q Can you tell the jury what that is? Give us
21 the date, who it's to, who it's from.

1 A This letter is February 12, 1943, from Mr.
2 Bowes to Dr. Gardner. Dr. Gardner is the director of
3 the laboratory at Saranac Laboratories, and Mr. Bowes
4 is the director of research for Owens-Illinois.

5 Q And you reviewed that letter in your review
6 of the documents on the Kaylo studies; is that
7 correct?

8 A That is correct.

9 Q What does this -- is this the first letter
10 or the first communication that you have seen or was
11 presented to you with regard to the Kaylo studies?

12 A I believe that's correct.

13 Q Okay. What does this first letter to
14 Saranac reflect as to what Owens-Illinois wanted done
15 as reflected in the letter?

16 MR. HOFFMAN: Your Honor, I object unless
17 what we're going to do is read from the documents
18 which all speak for themselves.

19 THE COURT: Overruled.

20 Go ahead sir.

21 Q You can go ahead, Dr. Harbison.

1 A What the document is requesting is that the
2 new material, the Kaylo material, be tested to
3 determine whether or not it can produce any pulmonary
4 fibrosis or any problems in the lung as a result of
5 exposure to this material.

6 So essentially, what this letter is doing is
7 to establish the objective, and the objective is that,
8 because this is a newly formulated material that
9 contains a variety of constituents which can
10 independently cause pulmonary fibrosis, the objective
11 is to determine whether or not, when these materials
12 are combined, they still have those properties or are
13 still able to produce the pulmonary fibrosis or the
14 lung problems.

15 So the objective, as set out in this letter,
16 is they are requesting that Saranac Laboratory develop
17 an experimental design to test whether or not this
18 substance is capable of causing some pulmonary
19 fibrosis or pulmonary damage or pulmonary changes or
20 any toxicity as a result of exposure to these
21 materials.

1 Q Were end users or the users of the product
2 mentioned in that particular letter?

3 A Yes.

4 Q And how were they mentioned in that letter?

5 A They were mentioned in that Owens-Illinois
6 was requesting this testing for the purpose of
7 evaluating the hazards to their employees, as well as
8 to the users of the product or the end users of the
9 product, or in those individuals who would be in the
10 field applying the product.

11 So their request for the evaluation of the
12 hazard was not only for the employees at the
13 Owens-Illinois facilities, but others as well.

14 Q If you mix materials together, do their
15 effects change?

16 A They can.

17 Q And was that one of the objectives of the
18 test, to determine whether the effects changed?

19 A Yes. In this process, there was a change in
20 the physical properties of these materials in that
21 there was now a gellation process that occurred that

1 encapsulated or perhaps made less available these
2 materials as a result of the combination in which
3 these materials were put.

4 So the objective was to determine whether or
5 not, as a result of that change, there still were or
6 were not hazards associated with this material.

7 Q I am going to show you what has been marked
8 Plaintiffs' O-20, and this is Hazard Exhibit Number 3,
9 and if you could, is that part of the correspondence
10 and the reports that you reviewed?

11 A Yes.

12 Q Okay. Could you identify that letter, the
13 date, who it's to and who it's from.

14 A The date of the letter is March 12, 1943,
15 and it is from Dr. Gardner, director of Saranac
16 Laboratories, to Mr. Bowes, the director of research
17 at Owens-Illinois.

18 Q The jury has been read portions of that
19 letter.

20 What does that letter reflect as to the
21 importance of these Kaylo studies?

1 A Well, what this letter reflects is that
2 there is a concern for the asbestos being in this
3 product. However, the laboratory does not know
4 whether or not it is in a form that can be inhaleable.

5 So what Dr. Gardner is referring to is that
6 the asbestos may or may not be in such a form as to be
7 inhaleable, and, therefore, his experimental design
8 would be such that he will test as to whether or not
9 this material can be inhaleable and ultimately result
10 in some pulmonary injury or any other toxicity.

11 Q What is the significance of the dust being
12 inhaleable?

13 A Well, the dust has to be inhaleable in order
14 to get it into the lung. If it is not inhaleable and
15 doesn't get into the lung, then the mere fact that it
16 is there doesn't represent a hazard because it isn't a
17 hazard until it gets into the lung.

18 Q Does that letter reflect any conclusions by
19 the Saranac Lab as to the safety or the nonsafety of
20 the product Kaylo?

21 A It does not.

1 Q From your review of those two documents,
2 Exhibit 17, Plaintiffs' Exhibit 17, or O-17, and O-20,
3 can you make any assumptions as a toxicologist as to
4 the toxicity of the product Kaylo?

5 A No assumptions could be made at this time as
6 to the toxicity of the product based upon this
7 information.

8 Q Why not? Why couldn't you make any
9 assumptions based on those two pieces of
10 correspondence?

11 A Because, based upon the knowledge of the
12 production of this material and the gellation process
13 and the mixing of the materials together, that mixing
14 could alter the ability of any of the constituents to
15 produce --

16 Q Can you give the jury an example of how
17 mixing the materials might change the toxic effect of
18 a single ingredient?

19 A An example would be lead, lead which can
20 produce toxic effects or can produce damage to the
21 nervous system, as well as other effects.

1 Lead, for example, is a constituent of good
2 crystal, so that the crystal that you would consume
3 beverages from or store beverages in contains lead,
4 contains about 20 thousand parts per million of lead.

5 And even though the lead is in that
6 material, it's not likely that you would receive a
7 sufficient dose of lead from that because,
8 essentially, it is now encapsulated in the crystal or
9 the glass and it's not available to be taken into your
10 body.

11 So that would be an example of which you mix
12 silica or sand together with lead to produce crystal
13 or produce glass, and in this case, the lead,
14 although, if it wasn't in there could potentially
15 produce harm at those levels, the fact that it is now
16 in this new mixture makes it not available for
17 exposure or to get into the body and ultimately can't
18 produce any adverse effects.

19 Q Did the Saranac Lake Laboratory ultimately
20 perform tests on the product Kaylo as a result of the
21 OI request?

1 A That's correct. They did.

2 Q Would you explain to the jury how Saranac
3 set up those tests or how the tests were conducted.

4 A Well, what Saranac did is to initially look
5 at the potential for the Kaylo material to produce
6 lung damage, and the first set of tests was to inject
7 the Kaylo material directly into the lungs of
8 experimental animals.

9 The problem was that the particle size was
10 too great, so it impaired the ability to inject the
11 material directly into the lungs, so they had to grind
12 it to make it into a smaller particle size.

13 When they ground it into a smaller particle
14 size and ultimately injected it into the lungs of the
15 experimental animals, because of its alkalinity, that
16 is, its corrosivity, it resulted in the death of all
17 the animals.

18 So it was an experimental design that was
19 not very good because there wasn't any useful
20 information that could be derived from that study.

21 Q Did Saranac report any conclusions as a

1 result of that particular test that was done that
2 resulted in the death of all the animals?

3 A They did not.

4 Q And what did they do next? What was the
5 next test that they conducted?

6 A Subsequently, what Saranac did was to design
7 a study or a series of studies in which the animals
8 would be exposed via inhalation to the particles of
9 Kaylo or to the particulate of Kaylo, and the animals
10 would be exposed over various periods of time to
11 determine whether or not that exposure would result in
12 any injury or any toxicity as a result of that
13 exposure.

14 Q What types of animals did they use in the
15 study?

16 A They used guinea pigs, hamsters and white
17 rats.

18 Q And how did they go about exposing these
19 animals to the Kaylo product?

20 A There was a device which suspended the Kaylo
21 particles in the air and kept them suspended, and the

1 animals were put into a dust room or a room or
2 enclosure in which these materials were suspended for
3 various periods of time.

4 And the animals were left in that room, left
5 in that room during the suspension of the particulate
6 and also after the suspension of that particulate.

7 That is, they were left there for some
8 period of time in which there was airborne Kaylo, that
9 is, the suspension of the Kaylo was kept as a result
10 of the apparatus that was used, and then subsequently,
11 overnight or when there wasn't the air suspension,
12 they still resided in that room. And this went on for
13 some period of time.

14 So during the day, for eight hours a day
15 they would be exposed to the suspended Kaylo, that is,
16 a fan or apparatus was used to suspend it in the air,
17 and then overnight there wasn't any suspension but
18 they remained in the dust anyway because the dust
19 would settle on the cages or in the room.

20 Q For these tests, not the injection test, but
21 the inhalation test, was the material -- were the

1 animals exposed to the material as it was sent to
2 Saranac, or did they have to grind that material as
3 well?

4 A In some cases, they had to grind it, and in
5 other cases they used it as it came to them, so it was
6 used both ways.

7 Q You mentioned something that was used to
8 keep the dust suspended in the air.

9 How did they do that?

10 A With fans, they basically kept it suspended
11 in the air.

12 Q What level of exposure were these animals
13 subjected to?

14 A The animals were exposed to levels generally
15 in excess of a hundred million particles per cubic
16 foot of air. They were generally around 115 to 120 to
17 125 million particles per cubic foot of air.

18 Q And were there any breaks in this exposure
19 as far as giving them a break during the day, taking
20 them out of the room, that sort of thing?

21 A No, it was continuous exposure throughout

1 the day during the eight-hour period.

2 Q Why was the test performed at such a high
3 level of exposure?

4 MR. HOFFMAN: Objection. Calls for
5 speculation.

6 THE COURT: Keeping in mind that it's the
7 witness' opinion, I'll overrule the objection.

8 Q Go ahead and answer, Doctor.

9 A The high level was used because the testing
10 would at that time have been to determine whether or
11 not at any level of exposure there could be harmful
12 effects produced.

13 So the general procedure would be to use the
14 highest level that could be used without having all
15 the animals die. And one of the problems that Saranac
16 had is that rodents are obligatory nose breathers,
17 they have to breathe through their nose, so that at
18 very high levels of dust, it clogs their nose.

19 And so there was a high mortality because
20 the levels were so high that many of the animals
21 developed pneumonia, suffocated as a result of,

1 essentially, the dust clogging or blocking their nose.

2 So the reason that the high level was used
3 was to try to maximize the likelihood of finding any
4 adverse effects as a result of the exposure, so you
5 would use the highest level that was possible.

6 Q And at this period of time when these tests
7 were being conducted, what was the threshold limit
8 value for asbestos?

9 A At this time it was five million particles
10 per cubic foot of air.

11 Q Why did they use the different types of
12 animals? Why not just use all guinea pigs or all
13 white rats?

14 A Different species of animals would be used,
15 such as the guinea pig or the rat, to look for a
16 consistency of effect. That is, one species may
17 develop an effect, and then a question would arise as
18 to whether or not it was extrapolatable to other
19 species.

20 So the reason that two species or three
21 species were used, the guinea pig, the hamster and the

1 rat, was to look at the effect amongst different
2 species to determine whether or not a consistent
3 finding was observed.

4 And there are also differences between
5 species. Differences in respiratory rates, that is,
6 how much air is breathed in a certain period of time.

7 There's also differences in the anatomy and
8 physiology of the lungs between various species. All
9 of those would be reasons for using multiple species.

10 Q The differences that you just described, are
11 those the same type of differences between the guinea
12 pigs and the rats and human beings?

13 A Sure.

14 Q Do the rats and the guinea pigs that were
15 used in the test have the same kind of defense
16 mechanisms for breathing dust as humans do?

17 A No, there would be differences in the
18 respiratory system between the rodents and humans.

19 Humans are upright and have an effective
20 procedure, a mechanism for eliminating particles from
21 the lungs called the mucocilliary escalator that is

1 able to remove particulate from the lung.

2 Rodents do not have such an effective
3 mechanism, and rodents also are horizontal, that is,
4 their lungs are horizontally located as opposed to
5 upright, so there are physical and morphological
6 differences.

7 Q Can the results of animal tests such as the
8 Kaylo test be applied directly to humans?

9 A With regard to the Kaylo tests, they
10 probably can be useful for estimating some risk, but
11 probably can't be applied directly to humans.

12 Q In interpreting tests like the Kaylo test,
13 is it significant to note the difference between the
14 species, the animals tested and, for example, humans?

15 A Sure.

16 Q And why is that, as far as the results of
17 your test?

18 A Well, because there may be mechanisms that
19 differ between the species which would make the data
20 not useful or less useful depending on what those
21 differences are.

1 Q Who established the protocol for these
2 tests? Was that something that OI was involved in,
3 Owens-Illinois was involved in?

4 A Owens-Illinois was not involved in the
5 development of the protocol. The protocol, or the
6 experimental design was that of Saranac Lake
7 Laboratories. Saranac Lake independently developed
8 that experimental design.

9 Q The type of testing that was done on these
10 guinea pigs and these rats, is that the type of
11 testing that is common today?

12 A The testing, the inhalation testing, is
13 difficult, expensive and is not very common today, and
14 certainly was very rare during that period of time.

15 So the testing is, even by today's
16 standards, difficult to perform. And there aren't
17 very many of those studies that are performed because
18 of the requirement, both for the physical facilities,
19 as well as for the design, which is very expensive and
20 very time consuming.

21 Q Doctor, I'm going to show you two more

1 documents, and they have been previously introduced as
2 Owens-Illinois 30 and Owens-Illinois 53, and they were
3 Hazard Exhibits 5C and 5D. These are Owens-Illinois
4 exhibits.

5 If you could look at those, are those part
6 of the documents that you reviewed?

7 A They are.

8 Q Could you identify what those documents are
9 for the jury?

10 A These documents, it's a letter and a report
11 regarding the status of the studies at this particular
12 time. This is May 13th, 1946.

13 It describes what has been found to date and
14 what the results of the studies are at this particular
15 time.

16 Q And what was the status of the study, the
17 Kaylo studies, as of May 13, 1946?

18 A At the present time, there was no adverse
19 findings in the studies that could be reported at this
20 time, so there was not a finding of any adverse
21 effects at this particular period of time.

1 Q How long had the tests gone on at that
2 particular period of time?

3 A For approximately 15 months.

4 Q And this experiment that had gone on for 15
5 months, is that the dust experiments of these guinea
6 pigs and rats that were exposed to the Kaylo?

7 A That's correct. The animals would have been
8 exposed for approximately 15 months, every day, six
9 days a week, eight hours a day, to the Kaylo dust,
10 from 100 to 125 million particles per cubic foot of
11 air.

12 Q Does that document make a recommendation as
13 to what should be done as far as continuation of the
14 study?

15 A Yes, it does.

16 Q And what was the recommendation according to
17 that document?

18 A The recommendation was that the exposure
19 should be continued for at least another year.

20 Q Were the exposures and was the testing
21 continued for another year?

1 A It was.

2 Q I am going to hand you what has been
3 previously marked as Owens-Illinois Exhibit 32 and
4 Owens-Illinois Exhibit 33, and these are Hazard
5 Exhibits 6 and 6A, Doctor, and if you could take a
6 look at those and tell the jury whether or not those
7 are documents that you reviewed with regard to Kaylo
8 studies.

9 A Yes, these are documents that I reviewed.

10 Q Okay. And could you identify those
11 documents as to what they are.

12 A This is another report. This is a letter to
13 Mr. Hazard from Saranac Lake in October, October 31 of
14 1947, and it is also accompanied by another report of
15 the status of the animal testing at this period of
16 time.

17 Q And how long had the tests been conducted at
18 this period of time?

19 A In this case it would be 30 months for the
20 guinea pigs and 18 months for the rats.

21 Q And what was the current status of that

1 test?

2 A At this period of time there were no
3 findings of adverse effects as a result of either 30
4 months of exposure to the guinea pigs or 18 months of
5 exposure to the rats.

6 Q What response was Saranac looking for in
7 these animals? What were they testing for?

8 A They were looking for lung changes, for
9 pulmonary fibrosis or lung changes as a result of the
10 exposure to the Kaylo.

11 Q And what were the exposure levels of this
12 continued testing?

13 A It would again be in excess of a hundred
14 million particles per cubic foot of air. It would be
15 around 115, 120, 125 million particles per cubic foot
16 of air.

17 Q According to that document, what were the
18 conclusions at that point in time?

19 A The conclusions were --

20 MR. HOFFMAN: I'm sorry, counsel. Which of
21 the two, 32 or 33?

1 MS. MORETZ: The report is 32, excuse me, I
2 believe.

3 A Continue?

4 Q Yes, I'm sorry.

5 A At this time, the conclusion was that there
6 was no tissue change or reaction of the sort that
7 would be seen with silicosis or asbestosis, so there
8 were no findings, adverse findings, in the testing up
9 to this period of time.

10 Q And did Saranac have any recommendations
11 with regard to whether or not the tests should be
12 continued?

13 A Yes.

14 Q And what were those recommendations?

15 A They recommended that it be continued, the
16 testing be continued.

17 Q Does the document reflect why they
18 recommended that the test be continued?

19 A Yes. Because they were interested in the
20 influence of this exposure on tuberculosis, so the
21 reason for the request of the continuation of the

1 studies was to determine whether or not this continued
2 exposure would influence tuberculosis as a result of
3 the exposure.

4 Q What is the normal life span of rats and
5 guinea pigs?

6 A The normal life span of rats is about two
7 years, and guinea pigs is around three years, three or
8 four years.

9 Q In the animal testing that you have either
10 reviewed as a toxicologist or performed yourself, what
11 is a reasonable period of time to conduct these tests?

12 A In rats, typically 18 months to 2 years
13 would be the life span testing. In guinea pigs, it
14 would be around 30 months, thereabouts.

15 Q Would it have been reasonable for
16 Owens-Illinois to discontinue the testing at this
17 point in time?

18 MR. HOFFMAN: Objection.

19 THE COURT: Sustained.

20 Q Did Owens-Illinois authorize and ask Saranac
21 to continue with the studies?

1 A They did.

2 Q Going to show you what has been previously
3 marked as Owens-Illinois Exhibit Number 60, it's
4 Hazard Exhibit 6K, and ask you if that's also a
5 document that you reviewed.

6 A It is.

7 Q And could you identify that document for the
8 jury.

9 A This is a letter from Saranac to Mr. Bowes,
10 the fellow at Owens-Illinois who was in charge of
11 research.

12 Q And the date of this letter?

13 A It is April 26, 1948.

14 Q And the previous exhibits that I asked you
15 about, what was their dates?

16 A The ones I just went through?

17 Q Yeah, Exhibit 6 and 6A, Hazard.

18 A It was October 31, 1947, for the letter to
19 Mr. Hazard, and October 30, 1947, for the report.

20 Q Okay. So this letter or communication was
21 about six months later than those communications we

1 just talked about?

2 A That's correct.

3 Q Are there any conclusions drawn in that
4 letter that you just identified for the jury?

5 A Yes.

6 Q Okay. What was the status of the study at
7 that time?

8 A The status of the study was that the
9 investigations to date show that there was not any
10 adverse effect produced as a result of exposure to
11 Kaylo, and that the Kaylo was concluded to be an inert
12 dust.

13 Q And how long had these animals that were
14 part of the test been subjected to the exposure of
15 Kaylo?

16 A The guinea pigs were exposed for 30 months,
17 and the rats were exposed for 18 months.

18 Q Is that as of the date of this letter, or
19 was that the previous report that we discussed?

20 A That was the previous report.

21 Q Okay. As of the date of the exhibit OI-60,

1 how long had the animals been exposed? Is that
2 contained in that letter?

3 Let me ask it this way. Were the tests
4 ongoing on the same animals, or had they started new
5 tests?

6 A No, the tests were ongoing.

7 Q Did Saranac have any recommendations as to
8 whether or not to continue the tests as of April 26,
9 1948?

10 A They did.

11 Q And what was their recommendation?

12 A To continue testing to look at exposure for
13 longer periods of time.

14 Q And what was -- did that letter reflect the
15 purpose of that recommendation to continue the
16 testing?

17 A Yes. Again, they are concerned about the
18 tuberculosis and the effect of exposure on
19 tuberculosis.

20 Q Doctor, I'm going to hand you two documents
21 that the plaintiff has offered. One is Plaintiffs'

1 Exhibit O-39, and one is Plaintiffs' Exhibit O-40.

2 What are the dates of these documents?

3 A The letter is November 16, 1948. This is a
4 letter from Saranac to Mr. Bowes.

5 Q Okay.

6 A And the report is October 30, 1948.

7 Q And that is approximately six months since
8 the last correspondence that we just discussed?

9 A That's correct.

10 Q Would you describe for us, at this point in
11 time, what the status of the Kaylo studies were?

12 A At this point in time, with the exposure
13 beyond 30 months, up to 36 months, there was a finding
14 of pulmonary fibrosis in the lungs that was consistent
15 with asbestosis.

16 So at this time, the previous conclusions
17 that Saranac had reached would have to be changed,
18 that, based upon the continued exposure up to 36
19 months, there clearly was now evidence of a pulmonary
20 fibrosis or a lung change as a result of this
21 continued exposure.

1 Q The continued exposure, was that done at the
2 same levels of exposure that we talked about
3 previously?

4 A Yes, it was, again, the hundred -- in excess
5 of hundred million particles per cubic foot of air.

6 Q Did that complete the Kaylo studies? Was
7 this the last report on the Kaylo studies?

8 A This completed the experimental part of the
9 studies, yes.

10 Q As a toxicologist, what conclusions can you
11 draw from that report dated October 30, 1948?

12 MR. HOFFMAN: Objection. It's irrelevant.

13 THE COURT: Sustained.

14 MS. MORETZ: Your Honor, may I be heard on
15 that issue?

16 THE COURT: No, ma'am.

17 MS. MORETZ: I'm sorry?

18 THE COURT: No.

19 Q From your review of Mr. Hazard's deposition
20 and the documents that were attached to Mr. Hazard's
21 deposition that you reviewed, what were the

1 recommendations, the general recommendations, by
2 Saranac to Owens-Illinois as a result of these tests?

3 A The recommendations were that this material
4 was a potentially hazardous material, and, as such,
5 should be handled accordingly in the workplace, and
6 that there should be appropriate procedures taken to
7 regulate or to control the exposure of individuals to
8 these materials.

9 Q From your review of that deposition and
10 those documents, what did Owens-Illinois do as a
11 result of the Saranac recommendation?

12 A Owens-Illinois had procedures for regulating
13 the exposure of the workers. They also had
14 information with regard to the levels that were in the
15 workplace.

16 They also had a medical surveillance program
17 whereby the employees were examined, and also X-rays,
18 chest X-rays, were performed to evaluate any potential
19 adverse effects that would occur as a result of the
20 use of this product.

21 So they had procedures for controlling

1 exposure, they were evaluating the health of those
2 individuals who were exposed, and generally regarded
3 this as a hazardous material that should be controlled
4 in the workplace.

5 MS. MORETZ: Your Honor, there is one more
6 exhibit that I would like to talk with Dr. Harbison
7 about and would like to put the screen up to show to
8 the jury.

9 THE COURT: Go ahead, please.

10 Which document is this, Ms. Moretz?

11 MR. HOOPER: Your Honor, it's Owens-Illinois
12 Exhibit, OI-45.

13 Q Doctor, I have handled you a copy of the
14 same thing. Can you identify that document for us?

15 A This is the Industrial Hygiene Survey of May
16 1951 of the Sayreville, New Jersey, Owens-Illinois
17 facility.

18 Q And who was this study done by, or this
19 survey done by?

20 A This was done by Saranac Laboratory.

21 Q I think this is page 4 of the study, Doctor.

1 This table, or the samples that we are looking at,
2 Doctor, what are we referring to or what was that
3 report referring to?

4 A What this was is a sampling of the dust in
5 the air at various locations in the plant, and it
6 reports the particles per cubic foot of air and then
7 also the percent of asbestos or silica that was found
8 in those various levels in the various workplaces.

9 Q For example, the first sample, I think, is
10 the router machine?

11 A Correct.

12 Q What was the particles per cubic foot there?

13 A At the router machine the concentration was
14 4.4 million particles per cubic foot of air.

15 Q And what would the asbestos content of that
16 dust have been?

17 A The asbestos content was 6 to -- it looks
18 like 12 percent.

19 Q All right. Going down to the next one, it
20 says center aisle. What was the total dust particles
21 per cubic foot of air?

1 A 3.4 million particles per cubic foot of air.

2 Q And what percent of asbestos was in that
3 dust?

4 A It's 32 to 40 something.

5 Q Going on to the batch weighing room, what
6 was the particles per cubic foot of air?

7 A The batch weighing room was 8.4 million
8 particles per cubic foot of air.

9 Q And what about the asbestos component
10 percent?

11 A It was about 3 to 6.

12 Q Okay. If you will just go ahead and tell us
13 what all of those readings are, the asbestos unbagging
14 room.

15 A The asbestos unbagging room was 6.9 million
16 particles per cubic foot of air, with about 40 to 50
17 percent asbestos.

18 The east finishing line was 8.3 particles
19 per cubic foot of air, with about 10 to 20 something
20 percent asbestos.

21 The pre-hardener was 2.2 million particles

1 per cubic foot of air, with about 30 to 45 percent
2 asbestos.

3 And the mixer balcony, asbestos tank was 5.2
4 million particles per cubic foot of air, with about 40
5 to 50 percent asbestos.

6 And there were no actual measurements in the
7 boxcar in the air, but the percentage, based upon
8 sampling of the dust collected by a vacuum cleaner,
9 was about 27 to 39 percent.

10 Q And in the same report, was there a
11 reference to the threshold limit values?

12 A There was.

13 Q I think that is page 6 of the report.

14 What is this a reference to?

15 A This -- I'm sorry.

16 Q Go ahead. I'm sorry.

17 A This refers to the threshold limit values in
18 this case for asbestos of five million particles per
19 cubic foot of air for New Jersey and five million
20 particles for the American Conference of Governmental
21 Industrial Hygienists.

1 Q Is there also a total dust number that is
2 included in that document?

3 A There is.

4 Q And what was the total dust threshold limit
5 value?

6 A It is 50 million particles per cubic foot of
7 air.

8 Q Thank you, Doctor.

9 Doctor, in your opinion, to a reasonable
10 degree of scientific certainty, did the Kaylo dust
11 studies give us any information with regard to
12 exposures to Kaylo that were within the current TLV?

13 MR. HOFFMAN: Objection. Beyond his
14 expertise. Calls for speculation.

15 THE COURT: Overruled.

16 Q Was my question unclear, Doctor?

17 A Yes.

18 Q Okay. Let me start all over again.

19 THE COURT: In that case, it's withdrawn.
20 Go ahead. Next question.

21 Q From your review of the documents that you

1 have reviewed, the Hazard deposition and the Saranac
2 Kaylo testing documents, can you state, to a
3 reasonable degree of scientific certainty, or tell the
4 jury, whether or not the Kaylo studies by Saranac
5 showed the exposure which might result from the
6 ordinary use of Kaylo in compliance with the TLV of
7 five million particles per cubic foot?

8 Is there information that would indicate
9 that that was a health hazard as a result of the Kaylo
10 studies?

11 Is that any clearer, Doctor? I'm not sure
12 I've gotten any better.

13 MR. HOFFMAN: I don't mean to be rude, I
14 just want to object. Same objection, and it also
15 lacks foundation.

16 THE COURT: I'm not sure I understand the
17 question, but if the doctor does, I'll let him answer
18 it.

19 THE WITNESS: I'm not sure I do.

20 THE COURT: Try the question again. Third
21 time.

1 MS. MORETZ: Okay. Maybe the third time
2 will be a charm, Your Honor.

3 THE COURT: You could also strike out.

4 MS. MORETZ: That's true, Your Honor. We
5 could.

6 Q Did the documents that you reviewed, the
7 Kaylo studies, did they tell you, as a toxicologist,
8 to a reasonable degree of scientific certainty, or
9 give you any information with regard to exposures to
10 Kaylo for the end user and for the workers in the OI
11 plant?

12 A Yes.

13 Q Okay. And what information were you, as a
14 toxicologist, able to glean from those reports and
15 those documents?

16 A Based upon a review of the information, the
17 information indicates that there was not an exceedence
18 of five million particles per cubic foot of air for
19 asbestos in the workplace at Owens-Illinois where the
20 material was being manufactured and ultimately
21 prepared for shipping.

1 There was no exceedence of the then
2 threshold limit value or guideline of five million
3 particles per cubic foot of air.

4 Q Okay. From your review of these documents,
5 do the documents indicate whether or not
6 Owens-Illinois requested that this study be published?

7 A Yes.

8 Q Okay. And what did they indicate?

9 A They indicated that they would like to have
10 this study published.

11 Q Did they draft a report or draft what they
12 wanted to have published or edit it in any way?

13 MR. HOFFMAN: Objection. Calls for
14 speculation.

15 THE COURT: Sustained.

16 Q Were the reports ever published?

17 A Yes, they were.

18 Q Is there correspondence within these
19 documents to indicate how they were published?

20 A Yes.

21 Q Could you describe that for the jury?

1 A The information was published without regard
2 to any input from Owens-Illinois. It was published in
3 the absence of knowledge or any sort of review by
4 Owens-Illinois.

5 MR. HOFFMAN: Object and move to strike as
6 lacking foundation.

7 THE COURT: I'll let you bring that out on
8 cross-examination. Overruled.

9 Q Doctor, I'm going to hand you what was
10 marked as Hazard Exhibit 21. I don't think it has
11 been introduced by either the plaintiff or the
12 defendant at this point in time.

13 Can you identify that for us please.

14 A Yes. This is the publication of the results
15 of the study which is entitled, Effect of Inhaled
16 Commercial Hydrous Calcium Silicate Dust on Animal
17 Tissues.

18 Q What is the date of that publication?

19 A It is 1955.

20 Q And where was that article published?

21 A Published in the American Medical

1 Association Archives of Industrial Health.

2 Q And who was the author of that particular
3 publication?

4 A It was Dr. Schepers, Mr. Durkin and Delante.

5 Q The AMA Archives of Industrial Health, is
6 that a peer review journal?

7 A It is.

8 Q Have you reviewed that publication, Doctor?

9 A I have.

10 Q Would you tell the jury if, in that report,
11 Dr. Schepers and his co-authors ever mention or
12 indicate cancer in the animals in the Kaylo study?

13 A They mention not finding any neoplasia or
14 cancer in the animals.

15 Q When you refer to neoplasia, what are you
16 referring to, Doctor?

17 A Cancer, new growth.

18 Q Was that the only mention of cancer, the
19 fact that they didn't find any?

20 A Yes.

21 Q Did Dr. Schepers in that publication mention

1 mesothelioma?

2 A He did not.

3 Q From your review of the Hazard deposition
4 and all the exhibits with regard to the Kaylo studies,
5 did you see any reference that Saranac ever advised
6 Owens-Illinois to stop manufacturing or selling Kaylo?

7 A I did not find any reference that Saranac
8 advised Owens-Illinois to stop selling Kaylo.

9 Q From your review of the documents, did you
10 see any reference in the documents or in the
11 deposition that Saranac told Owens-Illinois to remove
12 asbestos from the product Kaylo?

13 A No, I did not. There was no information or
14 there was no reference by Saranac or recommendation by
15 Saranac to remove asbestos from the product.

16 Q Did Saranac ever indicate to Owens-Illinois
17 that the threshold limit values were unreliable?

18 A They did not.

19 Q What, in doing the dust studies that Saranac
20 did, what standards or guidelines did they use in
21 doing those dust studies?

1 A They used five million particles per cubic
2 foot of air.

3 Q That's the threshold limit value?

4 A That's correct.

5 Q Did Saranac ever indicate, from your review
6 of these documents, that the end user of the Kaylo
7 product was ever at risk?

8 A They did not.

9 Q And that was something that Owens-Illinois
10 had specifically asked for in their first letter or
11 communication to Saranac, is that correct?

12 A That is correct.

13 Q In any of these documents, is there ever an
14 indication that Saranac asked Owens-Illinois or told
15 Owens-Illinois to place a warning on the product
16 Kaylo?

17 A There is no indication that Saranac ever
18 recommended a warning on Kaylo.

19 Q Doctor, what could a reasonable manufacturer
20 conclude from these Kaylo studies, the Saranac
21 studies?

1 MR. HOFFMAN: Objection. That's for the
2 jury.

3 THE COURT: Sustained.

4 MS. MORETZ: At this time, Your Honor,
5 that's all I have for Dr. Harbison.

6 THE COURT: Okay. Cross-examine, Mr.
7 Hoffman?

8 MR. HOFFMAN: Thank you, Judge.

9 THE COURT: Let's start it. Go ahead.

10 CROSS-EXAMINATION

11 BY MR. HOFFMAN:

12 Q Doctor, from your consultations with various
13 companies, let's say in the chemical business, you
14 would agree, would you not, that it's a good marketing
15 tool to say that a product -- or to be able to say
16 that a product is nontoxic?

17 A I don't know the answer to that. I don't
18 know if that's a good marketing tool or not.

19 Q Well, you would agree, would you not, sir,
20 that if a customer or a worker knows that a product is
21 toxic, they may be more hesitant to use it than an

1 alternative product that is known to be nontoxic?

2 In other words, if something is known to be
3 toxic and there is another product that could be used
4 that's nontoxic, you would agree, wouldn't you, that a
5 customer or a worker would want to use the nontoxic
6 product rather than the toxic product?

7 A I don't know the answer to that.

8 Intuitively it would probably seem that yes, that
9 would be the case, although in the industrial setting,
10 with appropriate recommendations, I don't know that
11 that's true.

12 Q So, for instance, at the Owens-Illinois
13 Kaylo manufacturing plant where they had exhaust
14 ventilation, vacuum equipment on the saws, education
15 for the workers, X-ray monitoring for the workers,
16 that would be an example of an environment where a
17 toxic substance could be used but used safely; would
18 that be fair to say?

19 A Well, the problem I'm having generally with
20 questions of a toxic substance is that, generally,
21 toxicity is determined by the concentration.

1 So in that setting where there would be a
2 control of the exposure, then there would be probably
3 little worry about that.

4 Q You would agree, would you not, that another
5 term for the word toxic is the word poison?

6 A Could be.

7 Q Well, lots of things could be.

8 My question, sir, is you would agree, would
9 you not, that another term for the word toxic is the
10 word poison?

11 A Under some circumstances, I would agree,
12 yes, that's the case.

13 Q All right. And I have a dictionary here.

14 MR. HOFFMAN: And if I can approach, Your
15 Honor.

16 THE COURT: Please.

17 Q Doctor, I'm going to show you a dictionary,
18 which interestingly is copyrighted in 1947 -- if I can
19 find that page. Copyrighted in '47, '48, '49, '50,
20 '51, '52, '53, '54, '55, '56, '57 and '58, during all
21 the years that Kaylo was manufactured.

1 Could I ask you to go to the page I tagged
2 there that starts with the definition of the word
3 toxic, please.

4 A Well, although it's copyrighted in all of
5 those dates, this is a 1966 dictionary, and certainly
6 the terms could have changed from '47 to -- or the
7 definitions could have changed.

8 Q All right. I'll grant you that.

9 Given that it was -- that edition was
10 published in '66, right when I started high school,
11 could you tell me please, sir, how they defined toxic
12 at that time.

13 MR. HOFFMAN: Shows you how long I keep
14 things, Judge.

15 A Of, pertaining to, affected with or caused
16 by a toxin or poison.

17 Q All right. And would you go to the page
18 where they talk about defining what a poison is for
19 me, please.

20 A Yes.

21 Q And would you read for the Court and the

1 ladies and gentlemen of the jury, please, what a
2 poison refers to.

3 A Any substance, liquid, solid or gaseous,
4 which by reason of a inherent deleterious property
5 tends to destroy life or impair health.

6 Q You would agree, would you not, that
7 asbestos is a solid substance which, by reason of
8 inhalation, can impair health?

9 A If the concentration is sufficient.

10 Q You would agree that the asbestos in
11 whatever concentration you believe is sufficient to
12 cause problems, if it's breathed it can impair health,
13 correct?

14 A Yes, sir, if the concentration is
15 sufficient, that's correct.

16 Q And the same is true for Kaylo dust,
17 correct, if the concentration is sufficient?

18 A That it could result in some harm?

19 Q Yes.

20 A I expect that's probably true.

21 Q Well, in fact, isn't that what the Kaylo

1 experiments show, that inhalation of dust, Kaylo dust,
2 could cause some harm if, as you put it, the levels of
3 exposure were sufficient?

4 A Sure, in laboratory animals, that's correct.

5 Q Well, let me ask you this. The purpose of
6 experiments was -- let's go back to something you said
7 early on, and I think I made a note of it.

8 Why don't you tell us again, sir, under what
9 circumstances is it appropriate to experiment on human
10 beings, to do experiments on people with drugs or
11 substances, that type of thing?

12 A Well, where information is needed to
13 evaluate the potential effects or the absorption of
14 material or the bioavailability of material in humans,
15 where the risk is.

16 Q And you mentioned patch tests or scratch
17 tests, that type of thing; is that correct?

18 A Patch tests, yes, sir.

19 Q And are the people who participate in the
20 experiments told what's going on?

21 A Yes, sir.

1 Q And are they told about any potential side
2 effects or risks of harm?

3 A Yes, sir.

4 Q Why? Why are they told about that?

5 A Well, because if there is a potential for
6 that risk or harm, there is a necessity to advise
7 those individuals of that potential harm.

8 Q Now, at the Owens-Illinois Kaylo
9 manufacturing plant -- let's back up a minute.

10 You agree, do you not, that one of the
11 purposes of the Kaylo studies initiated with the
12 animals in the early '40s was to determine if there
13 would be any hazards to workers at the manufacturing
14 plant in the process of making the Kaylo material,
15 correct?

16 A No. I think it was to determine whether or
17 not this new substance could cause any sort of
18 pulmonary changes and then to relate that to the
19 exposure at the plant so that, ultimately, the
20 information could be used to determine whether or not
21 the current plant levels or the current guidelines

1 were consistent or inconsistent with those particular
2 results.

3 MR. HOFFMAN: Well, if I may approach, Your
4 Honor?

5 THE COURT: Go ahead, please.

6 Q Let me hand you what you referred to, what
7 was discussed with you as Plaintiffs' O-17 and O-30,
8 sir.

9 In those two documents from 1940 -- what is
10 it, '43 and '44? I'm not sure of the dates on it.

11 A Yes, sir.

12 Q In those two documents, what they say in
13 there essentially is we have a new material. We want
14 to know about the air hygiene aspects of the material.

15 We want do you do some studies on it, and
16 we want to know -- we want you to design the studies
17 so you can tell us whether there is going to be any
18 problems in connection with the manufacturer of this
19 product or in connection with the use of it out in the
20 field, correct?

21 A Yes, sir.

1 Q Nothing in those letters which says
2 anything about relating it to the conditions in the
3 plan, relating it to threshold limit values or
4 anything like that, correct?

5 A Well, it's asking for an evaluation of the
6 hazard in the plant and where the material would be
7 used.

8 Q Right. And I don't mean to be a wise --
9 some people would start the word with an A, but I'll
10 say guy. I don't mean to be a wise guy, but the
11 people were working in the plant, not guinea pigs or
12 rats, right?

13 A Right.

14 Q And people were using the product out in the
15 field, not guinea pigs or rats, correct?

16 A Correct.

17 Q So the studies were designed with animals,
18 knowing full well you couldn't intentionally expose
19 people to the product, the study was designed with
20 animals by the laboratories because they wanted to do
21 the best they could to design an experiment that would

1 give information that would be helpful or
2 translateable to the human experience, correct?

3 A Well, the animal studies used the maximum
4 concentrations to which life can still be sustained to
5 determine whether or not any adverse effects would be
6 produced, but that's not all Saranac did.

7 Saranac also looked at the industrial
8 hygiene of the plant, also looked at the medical
9 status of the employees of the plant, so it wasn't
10 just the animal testing, it was a combination of the
11 animal testing, as well as the experience at the
12 plant.

13 THE COURT: On that note, we'll take our
14 lunch recess, and we will return, continue the
15 cross-examination, Mr. Hoffman, at 2:30.

16 MR. HOFFMAN: Thank you, Judge.

17 THE COURT: Members of the jury, don't
18 discuss the matter among yourselves. Be back in the
19 jury room so we can start at 2:30. Have a good lunch.

20 Doctor, don't discuss the matter with
21 anyone. You're still subject to examination. If you

1 will be back in your seat, along with counsel in their
2 seats, at 2:25, we will begin again at 2:30.

3 (Whereupon, the jury left the courtroom.)

4 THE COURT: Have a good lunch, counsel.

5 (Whereupon, luncheon recess.)

6 THE COURT: Be seated, please. Good
7 afternoon.

8 Bring the jury in, please.

9 (Whereupon, the jury entered the courtroom.)

10 THE COURT: Be seated, please.

11 All right, Mr. Hoffman, please. Continue,
12 sir.

13 MR. HOFFMAN: Thank you, Judge.

14 BY MR. HOFFMAN:

15 Q Good afternoon, Doctor.

16 A Good afternoon.

17 MR. HOFFMAN: Your Honor, with your
18 permission, what I'd like to do is put a few documents
19 up on the screen to go over with Dr. Harbison.

20 THE COURT: Please.

21 Q Before I do that, I wanted to ask -- Dr.

1 Harbison, as I understand it, you were provided with
2 the transcript of the deposition of Mr. Hazard; is
3 that correct?

4 A Yes, sir.

5 Q And documents attached to that deposition,
6 is that also correct?

7 A Yes, sir.

8 Q Did you ask Owens-Illinois counsel for
9 additional documents about Kaylo or Saranac Laboratory
10 or the dust experiments beyond what was attached to
11 the Hazard deposition?

12 A I did not.

13 Q Is there any reason you didn't inquire as to
14 whether there were more documents other than just what
15 was attached to the Hazard transcript?

16 A I don't know of more documents, so I didn't
17 ask for more documents. I mean, I don't know that
18 more exist.

19 Q The lawyers at Owens-Illinois didn't offer
20 you any additional documents about Kaylo dust or
21 Saranac; is that correct?

1 A That's correct.

2 Q What I will ask you to do, Doctor, is --
3 come on down. After you get into the front area
4 there, I'll get the screen set up for us.

5 MS. MORETZ: What exhibit numbers are you
6 going to be talking to him about?

7 MR. HOFFMAN: The first one is the March 12,
8 '43, exhibit.

9 THE COURT: Who's going to be Vanna?

10 MR. HOFFMAN: Probably me, Judge.

11 THE COURT: You're going to do double duty.

12 MR. HOFFMAN: The first one is --

13 THE COURT: There's a chair there for you to
14 sit down, Mr. Hoffman.

15 MR. HOFFMAN: Thank you, Judge. I'll
16 probably stand, if it's all right.

17 Q Doctor, let me ask you to take a look at
18 this first exhibit, which is O-20.

19 Were you provided with this March 12, 1943,
20 letter from Dr. Gardner at the Saranac Laboratory to
21 Mr. Bowes, the director of research at

1 Owens-Illinois?

2 A Can I get closer? I cannot see that.

3 Yes, I was provided with it.

4 Q Now, I think you were asked a question about
5 this paragraph which says the fact that you are
6 starting with a mixture of quartz and asbestos would
7 certainly suggest that you have all the ingredients
8 for a first class hazard; however, the particle size
9 of the former will, of course, be determined.

10 You read that as one of the -- in the
11 materials you were given; is that correct?

12 A Yes, sir.

13 Q And I think, if I wrote my notes down
14 correctly, you went on to say that you can't make any
15 assumptions about the toxic qualities of Kaylo based
16 on that statement, that it was a first class hazard;
17 is that correct?

18 A I don't think I was asked about that
19 particular statement. I think the question was, if
20 you mix materials together, can you make an assumption
21 as to whether or not the materials would have a

1 particular toxic effect, and my answer was no.

2 Q You would agree, would you not, with Dr.
3 Gardner -- well, let me ask you this. You certainly
4 would agree, wouldn't you, that Dr. Gardner, who was
5 at the laboratory, who was there in the 1940s, who was
6 corresponding with Owens-Illinois, was in the best
7 position to advise Owens-Illinois of what was going on
8 with its product?

9 A I don't know if he was in the best position
10 or not. I mean I don't know the answer to that
11 question. He was certainly there and certainly had
12 information.

13 Q All right. Well, let's take a look, if we
14 can -- why don't I hand it to you first.

15 Were you provided with a copy of what's in
16 evidence as Plaintiffs' O-18?

17 A Yes, sir.

18 Q All right. Thank you.

19 This is Plaintiffs' O-18 from February 23 of
20 1943, another letter from Dr. Gardner to Mr. Bowes at
21 Owens-Illinois.

1 And he's talking here about the calcium
2 silicate material, which is the Kaylo, that they are
3 in the process of considering production for; is that
4 correct?

5 A It's one of the ingredients, yes, sir.

6 Q Right. Calcium silicate is one of the
7 ingredients in the material?

8 A That's correct.

9 Q Along with the asbestos?

10 A That's correct.

11 Q Now, Dr. Gardner told Mr. Bowes at that
12 time, I would suspect, and he is referring now to the
13 materials, I would suspect they might be a source of
14 respiratory difficulty, but that point cannot be
15 answered until we obtain considerable more
16 information. Correct?

17 A I'm sorry. Is that a question?

18 Q That's what it says there?

19 A Yes, sir.

20 Q And you read that?

21 A Yes, sir.

1 Q All right. Now, at the same time in 1943,
2 Dr. Gardner advised Mr. Bowes that, because of the
3 nature of the product, that Dr. Gardner would regard
4 it with suspicion, and he recommends that you see that
5 those who are working in the pilot plant or otherwise
6 exposed were protected by respirators if there are
7 appreciable concentrations in the atmosphere.

8 Again, this is a document you were provided
9 with and that you read, correct?

10 A Yes, sir.

11 Q And you would agree that that was a good
12 recommendation at the time?

13 A Yes, sir.

14 Q Now, last week and this morning we looked at
15 a series of reports from the 1945, '46, '47 on what
16 was happening with the animal experiments.

17 Would it be fair to characterize those as
18 progress reports on the Kaylo studies?

19 A Yes, sir.

20 Q And what those progress reports basically
21 showed was that during the first 6, 12, 18, 24, 30

1 months of the experiments, it appeared that the Kaylo
2 dust was inert, not causing any serious health
3 problems, correct?

4 A Yes, sir.

5 Q Now, as a toxicologist, and I think you've
6 told us the concept of latency is an important one
7 with regards to toxicology or harmfulness of various
8 materials, because if you do a study on something, and
9 you don't wait long enough for the injury to show up,
10 if there's a long latency period, then your study may
11 not be valid, is that fair to say?

12 A At the beginning of that, you said that I
13 said latency was -- I don't think I said that.
14 Certainly latency is an important consideration, but
15 in these animal studies, the studies were for a long
16 time, essentially the lifetime of the animals.

17 Q Right. Now -- and, of course, you recall
18 that Mr. Hazard was the industrial hygienist for the
19 Owens-Illinois Company, correct?

20 A Yes, sir. That's correct.

21 Q And let me show you Exhibit O-22, a speech

1 of Mr. Hazard, and ask you if you were provided with
2 that document, sir.

3 A I don't believe so.

4 Q All right. Well, this is in evidence as
5 Plaintiffs' O-22.

6 Let me ask you if you would agree with this
7 statement of Dr. Hazard, and I'll put it up here for
8 all of us to read. Actually Mr. Hazard, I guess, not
9 Doctor.

10 By the way, would you agree with me, Doctor,
11 that someone like yourself who has advanced training,
12 with a master's degree and a doctoral degree from a
13 respected institution of higher education, is
14 certainly deserving of the term doctor?

15 You don't have to just be a medical doctor
16 to be deserving of that title, wouldn't you agree?

17 A Well, it's not whether you deserve it or
18 don't deserve it. It's whether you earn it. Some
19 people may be very --

20 Q You're absolutely right.

21 A -- deserving of it but haven't earned it.

1 Q You're right. If you earn and you get that
2 degree, whether it be from Johns Hopkins or from the
3 University of Florida, or from wherever, a person who
4 earns that degree is deserving of being called doctor,
5 correct?

6 A I can agree with the first part of that, and
7 then you said wherever. I don't know what wherever
8 means, but certainly Florida, Johns Hopkins, that is
9 the case.

10 Q Okay. Now, let's take a look at this
11 exhibit, and I'm going to direct you over here to
12 these comments by Mr. Hazard about the animal
13 experiment protocol that was developed by Dr. Gardner
14 at Saranac Lake.

15 You recognize the name of Mr. Durkin as well
16 as being one of the scientists at the Saranac Lab that
17 participated in the Kaylo studies?

18 A Yes, sir. That's correct.

19 Q And he says Mr. Durkin has reported on
20 animal experiments conducted by him and Dr. Gardner in
21 which animals lived in a dust room for several hours a

1 day over a period of months exposed to as high a
2 concentration of airborne glass wool dust as could be
3 obtained. No hazard to the lungs was found.

4 These experiments carry conviction where the
5 technique was one which has been developed by Dr.
6 Gardner, Mr. Durkin and their associates through
7 recent years to a point of great reliability in
8 predicting lung damage or absence of it in humans.

9 Now, first of all, would you agree with Mr.
10 Hazard, sir, that the Saranac Laboratory, Dr. Gardner
11 and Mr. Durkin, had developed their work with animals
12 to the point where it was -- where they were able to
13 use it with great reliability in predicting lung
14 damage or absence of it in humans?

15 A I don't know the answer to that because I am
16 not familiar with those studies.

17 Q All right. You are familiar with the fact,
18 are you not, that when they produced this new
19 fiberglass product, they used animal experiments for
20 purposes of then trying to convince the public that
21 there was nothing wrong with fiberglass?

1 A I am not familiar with that.

2 Q It is your understanding that the purpose of
3 the Kaylo dust studies was to experiment on the
4 animals and then use it, use the results of the
5 experiments with great reliability to predict lung
6 damage or the absence of it in humans? That you do
7 agree with? That was the purpose of the Kaylo
8 studies, in your opinion, from reading the documents?

9 A I wouldn't agree with the way you placed
10 that, that is great reliability. Certainly the animal
11 studies were part of an overall evaluation of the
12 effects of this material and would be used ultimately
13 for determining whether or not there was a potential
14 problem associated with the use of this material in
15 humans.

16 Q All right. Let me hand you what's in
17 evidence as Plaintiffs' O-39. This is a retyped
18 version. I have the original here if you'd like to
19 see it.

20 You are familiar with and have reviewed that
21 document, correct? This is the October 30, 1948,

1 report to Owens-Illinois.

2 A Yes, sir.

3 Q And this is the report after 36 months,
4 which, in fact, shows that the animals developed
5 scarring of the lungs, also called fibrosis, and
6 because it was caused by asbestos, termed asbestosis,
7 correct?

8 A Yes, sir.

9 Q If I can take that. I don't mean to make
10 this into a visual acuity test.

11 On the very first page of the report, the
12 authors, in fact, start at the top by referring to the
13 fact that a year ago in their interim report they
14 basically said that they hadn't found any problems as
15 of yet.

16 Is that a fair characterization?

17 A Yes, sir.

18 Q And they then go on to say the original
19 experiment's been completed and the conclusions drawn
20 are based upon full three-years exposure, more than
21 just 30 months now, correct?

1 A Yes, sir.

2 Q And they say this experiment constitutes an
3 example of the importance of such prolonged study,
4 where as is to be shown below, the findings at three
5 years were strikingly different from those at two and
6 a half years.

7 And what was strikingly different was at two
8 and a half years, it didn't appear there would be a
9 problem from Kaylo dust, and at three full years,
10 asbestosis had developed in the animals?

11 A Yes, sir.

12 Q And then, finally, they say it will be shown
13 below -- and they're referring to this report, are
14 they not --

15 A Yes, sir.

16 Q -- that Kaylo is capable, on prolonged
17 inhalation, of producing asbestosis in the lungs of
18 guinea pigs and that it should be handled industrially
19 as a hazardous dust.

20 They are referring there, are they not, sir,
21 to handling it industrially as a hazardous dust when

1 it's used around people, not around guinea pigs?

2 A Yes, sir.

3 Q Now, let me show you page 5, if I can, of
4 this, sir.

5 There is a reference in this same report
6 from October of 1948. They say the laboratory -- and
7 they're referring to Saranac there, am I correct --

8 A Yes, sir.

9 Q -- has recently completed a large amount of
10 work with asbestos which has been reported to certain
11 other supporting companies but not as yet published.

12 The following discussion of the problem is
13 drawn largely from that work, and we would request
14 that those comments be considered confidential.

15 It is felt that the following information
16 may be of aid to the Owens-Illinois health department
17 in formulating a safety program, which certainly is
18 necessary in view of the results of this Kaylo
19 experiment.

20 Now, your understanding from that, sir, was
21 that the results of the Kaylo experiment were such

1 that Owens-Illinois needed to formulate a safety
2 program for its own employees if they were in areas
3 where Kaylo dust might be released into the air,
4 depending on the quantity?

5 A Yes, it would be important in continuing the
6 safety program that they already had or in revising
7 the one that they had.

8 Q And the one that they had included exhaust
9 equipment, ventilation, X-rays for workers,
10 information and education to workers in the plant?

11 A Yes, sir. It included all those things.

12 Q Now, did you see that they also reported in
13 this, sir, and what they are talking about here is
14 reference to additional work that this laboratory had
15 done, and they say certain investigations have
16 indicated that a seemingly negligible proportion of
17 fibrous asbestos is sufficient to produce the
18 characteristic reaction.

19 What does that phrase mean, a seemingly
20 negligible proportion of fibrous asbestos?

21 A A small amount of fibrous asbestos.

1 Q Is sufficient to produce the characteristic
2 reaction would refer to asbestosis?

3 A Yes, sir.

4 Q Thus, an inhalation experiment was carried
5 out with ball-milled asbestos in which an attempt was
6 made to eliminate all fibers with the material.

7 As a toxicologist, you understand that to
8 mean that they took some asbestos and they tried to
9 get rid of all of the fibers that was contained in the
10 sample, correct?

11 A Yes, sir.

12 Q And as a toxicologist, is it your
13 understanding that it's the fibers which are harmful
14 when breathed in?

15 A Yes, sir.

16 Q And dust can come in a couple of different
17 shapes. You can have long thin pieces, which would be
18 fibers, and you can have sort of round pieces, which
19 might be referred to as particles, or square pieces or
20 whatever they are, but not long and thin like fibers;
21 is that fair to say?

1 A Sorry, I didn't quite understand that. They
2 can come in different forms.

3 Q Right. For instance, Kaylo dust, you can
4 have asbestos fibers in the dust and you can have
5 particles that aren't fiber in shape.

6 What they did here was they tried to get rid
7 of all the fibers, see what would happen if you
8 breathed dust that didn't contain any fibers.

9 A Yes, sir.

10 Q But they couldn't get rid of all of the
11 fibers, correct? And, in fact, it was found to be
12 impossible to break up all of the fiber, and about 1
13 percent of the air-suspended dust consisted of fibers.

14 And they went on and they did an experiment,
15 and what they found was characteristic peribronchiolar
16 fibrosis. That's asbestosis, correct?

17 A Well, it's fibrosis. Yes, it's consistent
18 with asbestosis.

19 Q And even where only 1 percent of the total
20 dust was fibers, the animals still got asbestosis. It
21 just took 40 months now instead of 36, correct?

1 A Yes, sir, that's for asbestos, exposure to
2 asbestos.

3 Q Right. And what the authors of this report
4 said to Owens-Illinois was that, thus, it appears that
5 very small numbers of fibers are capable of producing
6 asbestosis, although the development of the lesion is
7 delayed.

8 That is a statement basically, is it not,
9 that the more fibers in the dust, the sooner the
10 disease shows up. The less fibers in the dust, the
11 longer it takes for the disease to show up.

12 Isn't that basically what that says?

13 A I'm sorry?

14 Q I'll try and sharpen that up for you.

15 A I'm sorry. The question is?

16 Q Sure. This statement where they say it
17 appears that very small numbers of fibers are capable
18 of producing asbestosis, although the development of
19 the lesion is delayed.

20 In other words, it took 40 months where only
21 1 percent of the dust was fibrous instead of 36

1 months, where they used in the regular Kaylo study,
2 this is a demonstration of the fact that, if there is
3 only a small amount of fibers in the air, only 1
4 percent here, it takes a longer period of time for the
5 disease to show up than if there's a larger number of
6 fibers in the air, correct?

7 The more harmful material in the air, the
8 sooner the disease shows up. The less harmful
9 material in the air, the longer it takes for it to
10 show up.

11 A Certainly, that is an example of a dose
12 response relationship, and yes, the more that's in the
13 air, the more likely you are to get the disease over
14 some period of time.

15 The problem I'm having with your question is
16 I don't think this paragraph refers to Kaylo.

17 Q Well, let's go to the next sentence, sir.

18 A It refers to asbestos, and you're sort of --

19 Q I think you're right. Up to now we have
20 just been talking about using asbestos.

21 A Right, but your questions were with regard

1 to Kaylo, and that's not correct.

2 Q Okay. Well, that's good. But it is true,
3 is it not, as Dr. Gardner said at that time, if we
4 take a look at the next sentence, the present
5 experiment with Kaylo is also an example of this fact?

6 A Yes, it is an example of that, that is, you
7 didn't see anything at 30 months and you did see
8 something at 36 months. However, the Kaylo was less
9 potent than a corresponding amount of asbestos, so
10 there was a reduction in the potency of the Kaylo as
11 compared to the pure asbestos, and I think what you
12 read earlier on is for the pure asbestos.

13 Q Take your time, if you would please, Doctor,
14 and find for me where in that report it says that
15 Kaylo is less potent than the pure asbestos, and I'll
16 be happy to wait as long as you need.

17 A Okay. It's not in this report, it's in a
18 subsequent letter.

19 Q Okay. Let's get to that.

20 Let's go to, if we can -- by the way, just
21 on the last portion of this page, there is a

1 reference, is there not, sir, to the fact -- actually
2 a recommendation by Dr. Gardner where he says that
3 Kaylo, because of an appreciable amount of fibrous
4 chrysotile, is capable of producing asbestosis and
5 should be handled as a hazardous industrial dust.

6 Do you see that?

7 A Yes, sir.

8 Q Is there any place in this report anywhere
9 where Saranac says to Owens-Illinois, you don't have
10 to handle it as a hazardous industrial dust if you are
11 below five million particles per cubic foot?

12 Does that appear anywhere in this report?

13 A In this report, it does not.

14 Q Okay. Let's go to the letter of transmittal
15 which follows immediately after this, if we can. This
16 is O-40.

17 This is O-40 from November 16, 1948. This
18 is the letter to which that last report was attached
19 when they sent it to Mr. Bowes at Owens-Illinois; is
20 that your understanding?

21 A Yes, sir.

1 Q All right. November 16, '48. And I'm going
2 to come down here.

3 Again, they refer to the fact that -- they
4 talk about up to 30 months they had a tentative
5 conclusion.

6 The tentative conclusion was that Kaylo
7 alone failed to produce significant pulmonary damage,
8 but then during the 30 to 36-month period, they found
9 definite indications of tissue reaction.

10 That's what they communicated there,
11 correct?

12 A Yes, sir.

13 Q And they told them that their tentative
14 conclusion had to be altered. They told them that
15 Kaylo, on inhalation, is capable of producing
16 asbestosis and must be regarded as a potentially
17 hazardous material.

18 Now, is it your understanding -- did you
19 also read the portion of this letter where they told
20 Owens-Illinois that they could use the findings here
21 in formulating a safety program, right here?

1 A Yes, sir.

2 Q And on the second page of this letter, Dr.
3 Vorwald tells Mr. Bowes, I realize our findings
4 regarding Kaylo are less favorable than anticipated.

5 However, since Kaylo is capable of producing
6 asbestosis, it's better to discover it now in animals
7 rather than later in industrial workers.

8 And, in fact, what we have seen in the 1980s
9 and 1990s are cases of asbestos disease in industrial
10 workers using Kaylo and other products, correct?

11 MS. MORETZ: Objection, Your Honor.

12 THE COURT: If he knows. Overruled.

13 You can answer if you know, sir.

14 A Am I familiar with the fact that asbestos
15 can produce asbestosis?

16 Q No. Are you familiar with the fact that
17 Kaylo asbestos insulation, pipecovering and block
18 material has resulted in causing asbestosis, lung
19 cancer and mesothelioma in people in the 1980s and
20 1990s?

21 A I am not aware of that.

1 Q You're not aware of that?

2 A No, sir.

3 Q Now, the last thing the company was told in
4 this letter was, thus, the company, being forewarned,
5 will be in a better position to institute adequate
6 control measures for safeguarding exposed employees
7 and protecting its own interests.

8 You read that as well, correct?

9 A Yes, sir.

10 Q And you then saw additional documents
11 following this where the company -- where there are
12 back and forth communications about, again,
13 ventilation, exhaust, and I guess what would be called
14 control measures for safeguarding exposed employees;
15 is that fair to say?

16 A Yes, it is.

17 Q Let's go to what's in evidence as O-44. Let
18 me hand you that and ask you if you were provided with
19 that document, O-44, I think, June 1, 1950.

20 A Is this an exhibit to the Hazard deposition?

21 Q I don't know if it's an exhibit to the

1 Hazard deposition or not, Doctor. It is an
2 Owens-Illinois document that's in evidence in this
3 case. That's why I was asking you if you had seen it,
4 sir.

5 A I don't recall specifically. If it's not an
6 exhibit to the Hazard deposition, then I don't think I
7 saw it.

8 Q All right. Let me ask you to take a look at
9 it now, and I'm going to go to the second page,
10 although I'm happy for you to, and I want you to have
11 a chance to look at the whole thing, if you'd like.

12 This is another letter, again from Dr.
13 Vorwald.

14 What had happened, as I understand it,
15 Doctor, is that Dr. Leroy Gardner had been the
16 director of the laboratory. He died, and Dr. Arthur
17 Vorwald took over and continued the dust experiments
18 on Kaylo.

19 Is that your understanding?

20 A Yes, sir. That's right.

21 Q And in June 1950, Dr. Vorwald wrote to Mr.

1 Hazard, and among the things he told him was, Kaylo
2 dust on inhalation by experimental animals does not
3 produce silicosis, irrespective of the small amount of
4 quartz present.

5 As a toxicologist, Doctor, it's your
6 understanding that the disease silicosis is different
7 from the disease asbestosis, correct?

8 A Yes, sir.

9 Q Then Vorwald goes on to tell Mr. Hazard it
10 does produce the asbestotic type of reaction in the
11 lungs, and, therefore, we believe every precaution
12 should be taken to minimize exposure of industrial
13 employees.

14 Do you see that, sir?

15 A Yes, sir.

16 Q Now, you would agree, would you not, that,
17 again, the phrase we believe every precaution should
18 be taken to minimize exposure of industrial employees
19 means that every precaution should be taken to reduce
20 the exposures of industrial employees to the lowest
21 levels possible?

1 A Or to those levels which are not associated
2 with an increased likelihood of harm.

3 Q All right. And, again, why don't -- I'd be
4 happy to hand you back this document.

5 Is there any place in this document where
6 there is any suggestion about what doses are good or
7 what doses are bad or that it's okay to expose
8 employees to certain amounts?

9 A There is no specific indication of an amount
10 in this letter.

11 Q All right. Now, one of the things that
12 you -- one of the things that I thought you testified
13 to this morning was that the threshold limit value was
14 a level below which it would be appropriate to believe
15 that no one would develop any disease if you kept
16 exposures at or below that level, is that correct?

17 A Yes, sir.

18 Q And, in fact, didn't Saranac tell
19 Owens-Illinois just the opposite of that in the 1950s?

20 A I do not know the answer to that.

21 Q Let me show you what's in evidence as

1 Plaintiffs' -- I think it's in evidence as O-56.

2 I'm sorry. This document is in evidence as
3 OI Defendant Exhibit 45. It's also marked as my 56.

4 You received this May 1951 document, didn't
5 you?

6 A Yes, sir.

7 Q Let's put that paragraph up on the board,
8 if we can, for the ladies and gentlemen of the jury,
9 and go through it together.

10 I'll take off my editorial.

11 This says -- and this is from Saranac to
12 Owens-Illinois, correct?

13 A Yes, sir.

14 Q May 29, 1951. It says the maintenance of
15 the working environment in a condition which conforms
16 to regulations promulgated by local health agencies or
17 which is in accord with accepted standards of good
18 practice.

19 Now, I believe you've already testified that
20 it's your impression that in 1951 in the State of New
21 Jersey, where this plant was, that the threshold limit

1 for asbestos dust was five million particles per cubic
2 foot, correct?

3 A Yes, sir.

4 Q And so that would be the regulations
5 promulgated by local health agencies, correct?

6 A Those would be the guidelines. I don't
7 think they were regulations, but they were guidelines.

8 Q All right. What is said in this report by
9 Dr. Vorwald is that maintenance of the working
10 environment in a condition which conforms to
11 regulations promulgated by local health agencies or
12 which is in accordance with accepted standards of good
13 practice should not -- should not be considered as a
14 complete protection for a worker from acquiring a
15 disease as a result of his occupation.

16 You read that, did you not?

17 A Yes, sir.

18 Q And that's a recognition on the part of Dr.
19 Vorwald that threshold limit values are not, as I
20 think you agreed before, are not fine lines between
21 safe and dangerous, correct?

1 A Well, I wouldn't agree with that. I think
2 what he is saying is that that isn't the only
3 consideration in the workplace, that there are other
4 exposures, there are other dangers in the workplace.

5 So simply using a threshold limit value
6 would not be the only consideration for -- it says
7 result from his occupation. That is all the things
8 that he does in his workplace.

9 Q Well, in terms of the -- all of these
10 reports have been about asbestos and Kaylo, correct?

11 A Well, they have been about silica. They
12 have been about other substances as well, not just
13 asbestos.

14 Q But it's been established that the dust
15 didn't cause any silicosis, correct?

16 A That's right, in the experimental testing of
17 it.

18 Q Right.

19 A But, remember, in the manufacture of the
20 product, there must be silica and other materials that
21 are put together in the mixture to make a product.

1 So the only exposure of these individuals is
2 not just to Kaylo, it's to other materials that are
3 used as ingredients in that product.

4 Q Well, was there a silicosis hazard from the
5 Kaylo dust, sir?

6 A Not from the Kaylo dust.

7 Q Now, Dr. Vorwald goes on to recommend at the
8 Kaylo plant that they have -- a medical program be
9 maintained, with pre-employment examinations, chest
10 X-rays, that's roentgenograms of the chest.

11 And he says such a program should reveal
12 individuals who are unfit for employment in a dusty
13 trade.

14 Of most importance, any case of disease
15 which might develop in the regularly employed workers
16 would be found early before it becomes a serious
17 health problem to the individual and a liability to
18 management.

19 That's part of the considerations you gave
20 here, is that not? You considered these statements in
21 the opinions you reached?

1 A Yes, sir.

2 Q Now, in this same report, if I'm not
3 mistaken, counsel for Owens-Illinois and you reviewed
4 a chart that -- I'm not sure of the page. Page 4, I
5 guess, of the report.

6 Let me put that up, if I can.

7 Do you recall this chart that you reviewed?

8 A Yes, sir.

9 Q Now, Sample 6A is referred to as boxcar and
10 trunk. Do you see that?

11 A Yes, sir.

12 Q Or truck. I'm sorry. Boxcar and truck.

13 A Yes, sir.

14 Q And they say that 27 to what -- 39 percent
15 of the total dust is asbestos?

16 A Yes, sir.

17 Q All right. And they have no entry for total
18 amount of dust that was found, correct?

19 A Right.

20 Q Have you asked Owens-Illinois' counsel for
21 any of the additional documents which show how much

1 dust was generated from the process of loading Kaylo
2 into boxcars or trucks?

3 MS. MORETZ: Objection, Your Honor.

4 THE COURT: Overruled.

5 A I asked if there were any numbers, and I did
6 not receive any.

7 Q All right. Let me show you what is in
8 evidence here, if I can, sir, as Plaintiffs' O-62 and
9 ask you if you were provided with that document.

10 A So your question is, did I receive this?

11 Q Yes, sir.

12 A I don't believe so.

13 Q All right. If I can take that from --

14 A Sorry. If you would give me just a moment.

15 Q Sure. Feel free.

16 A I do not have this document. I don't
17 believe I have this document.

18 Q What I wanted to do was to show you this
19 section on page 2, if I could. This is from page 2 of
20 the April 8, 1952, letter, last or second to last
21 paragraph.

1 Our research laboratory also analyzed sample
2 number 5 and found it to contain 12.9 percent
3 asbestos. This falls within the range of amosite and
4 chrysotile content that you found.

5 The asbestos content of this sample which
6 represents conditions during the loading of boxcars
7 with Kaylo roof tile is important because the dust
8 concentrations are around 40 to 50 million particles
9 per cubic foot.

10 Have you ever been provided with any
11 information by counsel for Owens-Illinois other than
12 this, which we know you didn't get, which indicated
13 that the use of Kaylo or handling of Kaylo generated
14 total dust of 40 to 50 million particles per cubic
15 foot?

16 Have you ever been provided with any other
17 indications of that?

18 A Well, in the report that we just discussed,
19 there was an estimation of 40 to 50 million particles
20 per cubic foot of air as being associated with the
21 boxcar activity.

1 Q Right. So then this is confirmation of that
2 estimation?

3 A Yes, sir.

4 Q And in the report where they estimated
5 that -- and we'll just go back.

6 In the report where they estimate boxcar
7 levels at 40 to 50 million, the total dust in there
8 is -- total dust would be 40 to 50 million, and
9 asbestos would be 27 to 39 percent of that, correct?

10 A In the estimation, yes. In the document you
11 just showed me, it was about 12 percent. So the
12 estimation was obviously off.

13 Q Right. But either way, above the threshold
14 limit value?

15 A Oh, no. 10 percent or 12 percent of 40 to
16 50 million would be about 4 to five million.

17 Q Well, it was 12.9, and tell me, if you
18 would, please, what is 12.9 percent of 50 million.

19 A Well, 10 percent would be 5 million, so 12.9
20 would be a little bit higher than 5 million.

21 Q Above the threshold limit value?

1 A It would be slightly above, yes.

2 Q And if it's above the threshold limit value,
3 certainly workers ought to be informed of the need or
4 opportunity to take precautions to protect themselves.

5 You would agree with that, wouldn't you?

6 A Well, it depends on how long above the
7 threshold limit value it is and the magnitude above
8 the threshold limit value.

9 If it is slightly above the threshold limit
10 value, again, it's not a bright line that exists
11 between no hazard and some hazard arrested or some
12 likely increased to risk of harm, so it depends on
13 how much above.

14 Q Why does it matter how much above, Doctor,
15 before you're willing to tell people that it's
16 dangerous?

17 Why does it make any difference how much
18 above it goes before you're willing to inform
19 employees or workers that there's a danger?

20 Aren't the workers entitled to know there's
21 a danger?

1 A Only if there's a danger, and the reason it
2 matters is whether there is a real danger or not, so
3 how much above it is would make a difference.

4 Q All right. Let me ask you if you've seen
5 this document. This is in evidence as O-83.1.

6 A This is not an attachment to the Hazard
7 deposition.

8 Q Correct. It is not.

9 A I don't believe I have seen this.

10 Q Let me show you, if I can, please, from
11 O-83.1. Start with the first page, which is a retyped
12 version.

13 This includes -- Dr. Harbison, this is from
14 a dust study done at the Owens-Illinois Kaylo
15 Division, Berlin, New Jersey, April 28th and May 2nd,
16 1958.

17 The purpose of the visit was to determine
18 the employee exposure to dust in production
19 operations. You'll notice that among the contacts
20 present were Mr. Gardner, safety director for
21 Owens-Illinois.

1 I'm going to go down to Air Sample Number 3,
2 horizontal splitting saw for Kaylo. This is taken at
3 the breathing level of the operator separating the
4 pieces as they came through the saw.

5 Taken between the saw and the operator, the
6 level is 91.8 million particles per cubic foot of air.

7 Sample Number 4, flatware finishing. Do you
8 understand that to be where they would trim the pieces
9 of Kaylo as they came down the production line?

10 A I don't have any understanding of that
11 process.

12 Q All right. Taken at breathing level of
13 operator feeding flatware to the turn saw, 46.3
14 million particles per cubic foot of air.

15 You would agree that both of those
16 exposures, as set forth here, Doctor, are hazardous
17 industrial exposures for workers, correct?

18 A No, I wouldn't agree with that. I don't
19 know what those numbers are. Is that total dust?

20 Q All right. Well, let me ask you this, sir.
21 You would agree, would you not, at least, that that

1 91.8 million particles is a dangerous -- dangerously
2 high dust count?

3 A No, I wouldn't agree with that. It is a
4 nuisance dust count.

5 That certainly, if it's at that level, it's
6 going to be a nuisance to the worker as getting in the
7 eyes and nose and causing coughing and irritation.

8 Q But no big deal 'cause it's just a
9 nuisance? Sort of like a dog barking at night?

10 MS. MORETZ: Objection, Your Honor.
11 Argumentative.

12 THE COURT: Overruled.

13 A No, it wouldn't be like a dog barking at
14 night. It would cause a nuisance, it would cause
15 irritation of the eyes, nose, coughing and so forth.

16 Q But certainly, in your opinion --

17 THE COURT: Let him finish.

18 Q I didn't mean to interrupt.

19 A Let me finish.

20 Without knowing the particle sizes, whether
21 it's respirable or not, then it may not be a

1 particular hazard.

2 Q But certainly, in your opinion, this is not
3 a dangerously high count, correct?

4 A Well, based upon just dust alone, if it's
5 not respirable, it would certainly be a nuisance, but
6 it may not be a hazard.

7 Q All right. Let's look at page -- I'll get
8 the page for you in just a minute. Let's continue on
9 with the same document. This is Plaintiffs' O-83.1.

10 Now, let me show this to you, if I can,
11 Doctor. This is prepared by the Aetna Insurance --
12 Aetna Life and Affiliated Companies, Special Hazards
13 Dust Survey, is that correct?

14 A Yes, sir. That's correct.

15 Q And what the industrial hygienist from Aetna
16 told Owens-Illinois in this document is that Air
17 Sample Number 3 shows a dangerously high count.

18 You don't agree with that, do you?

19 A Well, you just asked me that question and I
20 said that it depends on what the particle size is. It
21 may not be a hazard if it's not respirable. It will

1 certainly be a nuisance in that it's likely to cause
2 eye irritation, nose irritation and difficulty with
3 regard to inhaling.

4 Q You would agree that asbestosis, lung cancer
5 and mesothelioma are more than a nuisance to a person,
6 wouldn't you?

7 A Asbestosis, mesothelioma and --

8 Q And lung cancer. That's more than a
9 nuisance to a person?

10 A Yes, sir.

11 Q And they go on to say here that in operation
12 here, which is splitting of flatware on a band saw,
13 the man removing the pieces separates the two pieces
14 and the dust is due to his handling of the ware. The
15 band saw itself does not create too great a problem as
16 it is equipped with a dust collector, which is working
17 quite effectively.

18 That would be in accordance with your
19 understanding of the fact that Owens-Illinois put on
20 vacuum equipment or exhaust equipment at the saws,
21 correct?

1 A Yes, sir.

2 Q Then they go on to say we feel that an
3 exhaust system should be installed which will remove
4 this excessive dust from the breathing area of the
5 man. We noted that this operator was not wearing a
6 respirator. Use of a respirator for this operation
7 should be mandatory.

8 You would agree, wouldn't you, Doctor, that
9 if someone is exposed to these kinds of dust levels,
10 91 million particles per cubic foot, it should be
11 mandatory to wear a respirator?

12 A Yes, sir. It will produce a nuisance, and
13 it would certainly be required to wear a respirator to
14 prevent that nuisance.

15 Q Now, by the way, Doctor, if I can, as a
16 toxicologist, does the term allergy have a meaning for
17 you?

18 A Yes, sir.

19 Q What is an allergy, sir?

20 A An allergy is a reaction that occurs to a
21 substance that is able to produce an antibody or that

1 is an antigen, so it would be a response to a material
2 that is potentially allergenic.

3 Q So if a company manufactured Kaylo and told
4 people that they removed the asbestos from the Kaylo
5 because the asbestos caused an allergic reaction in
6 some people, would that be accurate, sir?

7 MR. PFEIFFER: Objection. Scope, Your
8 Honor.

9 THE COURT: Overruled.

10 Q That wouldn't be accurate, would it?

11 THE COURT: You may answer, sir.

12 A Oh, I'm sorry. I didn't hear you.

13 Would it been accurate to say that, if the
14 asbestos was removed, that the allergenic properties
15 of the material --

16 Q No, sir. I'll rephrase it, try and make it
17 clearer.

18 Is asbestosis an allergic reaction?

19 A No, sir.

20 Q Is lung cancer an allergic reaction to
21 asbestos when it's caused in connection with asbestos

1 inhalation?

2 A No, sir.

3 Q Is mesothelioma an allergic reaction?

4 A No, sir.

5 Q You would degree, would you not, that common
6 folk, which I will include for everybody in the
7 courtroom, don't tend to think of allergies as being
8 very serious reactions or responses to inhaled
9 substances, do they?

10 They think of it in terms of runny nose,
11 runny eyes, maybe some chest congestion. People don't
12 normally think of allergies as being things that will
13 kill you, do they?

14 A I'm not sure I would agree with that because
15 you can certainly have a reaction that results in
16 severe broncho-constriction, which can be life
17 threatening.

18 Q You cannot go to the drugstore and get any
19 Sudafed for mesothelioma, can you?

20 A No, sir.

21 Q You would agree, would you not, that to

1 call -- that to say that asbestos was taken out of
2 Kaylo because some people were allergic to asbestos is
3 misleading and untrue?

4 MR. PFEIFFER: Objection.

5 THE COURT: Overruled.

6 A I don't know the answer to that.

7 Q Now, I did want to ask you --

8 MR. HOFFMAN: If I can have just a moment,
9 Your Honor.

10 THE COURT: Go ahead, sir.

11 MS. MORETZ: Can the witness sit back down
12 in the chair?

13 MR. HOFFMAN: We're going to go over some
14 more in a moment.

15 Does anybody know our exhibit number for the
16 OSHA -- 3811?

17 MS. MORETZ: What's the date of the
18 document?

19 MR. HOFFMAN: It's June 1986.

20 Q And I'll just put it right up here, Doctor.

21 This is in evidence as Plaintiffs' O-3811 --

1 Miscellaneous 3811.

2 First of all, you're familiar with an
3 organization known as the Occupational Safety and
4 Health Administration?

5 A Yes, sir.

6 Q And that's known as OSHA? It's a branch of
7 the Department of Labor of the United States
8 Government?

9 A Yes, sir.

10 Q Do you agree with the statement by OSHA,
11 sir, that -- where they say OSHA is aware of no
12 instance in which exposure to a toxic substance has
13 more clearly demonstrated detrimental health effects
14 on humans than has asbestos exposure? Would you agree
15 with that?

16 A Would I agree with that statement?

17 Q Would you agree that -- are you aware of any
18 instance in which exposure to a toxic substance has
19 more clearly demonstrated detrimental effects on
20 humans than asbestos?

21 A Well, I wouldn't agree with that statement,

1 and I don't know what the basis is that OSHA used for
2 that statement. I don't know the answer to that.

3 Q All right. Have there been a lot of
4 studies, sir, that demonstrate the toxic effects of
5 water?

6 A Lots? There are a couple, two or three.

7 Q How about 3 or 4,000?

8 A There are not 3 or 4,000 to water.

9 Q How about for sugar?

10 A There are not 3 or 4,000.

11 Q How about for salt?

12 A No, sir.

13 Q Now, as a toxicologist, would I be correct
14 in assuming that you are familiar with the publication
15 of the Agency for Toxic Substance and Disease
16 Registry?

17 MS. MORETZ: What's the date of the
18 document, please.

19 MR. HOFFMAN: A 1991 document published by
20 the EPA. December 1990, I'm sorry, is the date on it.

21 Q Are you familiar with what's referred to as

1 the ATSDR, for the Agency for Toxic and --

2 A Agency for Toxic Substance and Disease
3 Registry.

4 Q Are you familiar with the ATSDR for
5 asbestos?

6 A Yes, sir.

7 Q Now, let me ask you to go over to the
8 section on health effects of asbestos.

9 Do you see the reference there to the
10 very -- the very first article that's referenced
11 there? Do you see that? There's the name of an
12 author from 1983.

13 A Dement.

14 Q Yes. Do you know who Dr. John Dement is?

15 A I do not.

16 Q Are you referenced anywhere on the ATSDR for
17 asbestos, any of your writings or publications or
18 statements or anything?

19 MS. MORETZ: Asked and answered.

20 THE COURT: Overruled.

21 MR. HOFFMAN: Not about this specific

1 document.

2 Q Are you referenced in this document?

3 A I don't think I'm referenced in this
4 document.

5 Q Now, let's go, if we can, to the question of
6 toxicity.

7 You would agree, would you not, that in 1948
8 and 1949 and 1952, Owens-Illinois was provided with
9 documents or wrote in documents that the purposes of
10 the Kaylo study was to determine the toxicity of Kaylo
11 dust?

12 A I don't know. I'd have to see the
13 document.

14 Q All right. Let's start with this first one,
15 and this is -- we'll start with this one while we're
16 getting our papers together, Doctor.

17 Let's take a look at what I think is in
18 evidence as defendants' 60. Let's go to the last
19 page.

20 MS. MORETZ: Is that OI-60?

21 MR. HOFFMAN: Defendant Owens-Illinois 60, I

1 believe, april 26, 1948.

2 Q This is a document you have seen; is that
3 correct?

4 A Yes, sir.

5 Q All right. Now, in this paragraph where I
6 have the yellow highlighting, they talk about the fact
7 that they agree that their investigations have taken a
8 long time.

9 But the nature of the studies dictates
10 prolonged observations to make as certain as possible
11 the potentialities of the dust when inhaled into the
12 lungs.

13 That is a reference, is it not, to the fact
14 that you have got to continue the experiments for the
15 appropriate time period before you decide that there
16 is no reaction to the Kaylo dust?

17 A Yes, sir.

18 Q And they say this can only be determined
19 after months of observation. It must be so by reason
20 of the fact that the daily increment of dust localized
21 in the lungs by inhalation are of very low magnitude.

1 Did I read that correctly?

2 A Yes sir.

3 Q So what Dr. Vorwald is saying to Mr. Bowes
4 in this letter is that, whatever the amount of dust
5 that they may be putting in the air, the dust
6 localized in the lungs by inhalation are of very low
7 magnitude, correct?

8 A That's what he's saying, yes, sir.

9 Q All right. Now, you've never gone back and
10 looked at any of the slides of the lung tissue of the
11 animals that they examined to see how much asbestos
12 was actually getting into their lungs, have you?

13 A I have not.

14 Q Now, he says here, believe me, it demands
15 extreme patience on our part to wait until the desired
16 period of time has elapsed to warrant positive
17 conclusions concerning the potential toxicity of dust
18 when inhaled.

19 He is referring there to the potential
20 toxicity of the Kaylo dust; isn't that your
21 understanding?

1 A Yes, sir.

2 Q That's 1948.

3 MR. HOFFMAN: If I may have just a moment,
4 Your Honor.

5 Your Honor, at this time we would like to
6 mark, as Plaintiffs' O-240 -- and I have one for your
7 clerk and for you. This is Plaintiffs' O-240,
8 November 10, 1949, letter from Willis Hazard to Mr.
9 J.F. McMann.

10 MS. MORETZ: This has not been introduced
11 into evidence; is that what you're saying?

12 MR. HOFFMAN: That's correct.

13 Q While you're reading that, Doctor, let me
14 ask you, have you ever seen this document before?

15 A No, sir.

16 MR. HOFFMAN: Your Honor, we'd move the
17 admission of Plaintiffs' O-240.

18 MS. MORETZ: Objection, Your Honor. The
19 witness has never seen the document.

20 THE COURT: That's not a sufficient reason
21 to sustain the objection. I'll overrule it.

1 MS. MORETZ: There is no authenticity or no
2 foundation.

3 THE COURT: Well, it's on Owens-Illinois
4 Glass Company stationery dated November 10, 1949,
5 signed by Mr. Hazard, who has already been identified
6 as the industrial hygienist for Owens-Illinois, so
7 I'll overrule the objection.

8 MS. MORETZ: I understand, Your Honor.

9 (Whereupon, Plaintiffs' Exhibit No. O-240
10 was received into evidence.)

11 Q Doctor, first of all, let's go to the first
12 page of this document, about, oh, a year and a half
13 later.

14 Now, the previous document we just looked at
15 was Dr. Vorwald using the word toxicity with respect
16 to Kaylo dust, correct?

17 A I'm sorry.

18 Q That's all right. This is 1948. Dr.
19 Vorwald writes and talks about the toxicity of Kaylo
20 dust, correct?

21 A Well, he's talking about the potential

1 toxicity of Kaylo dust. That's what he's trying to
2 do, is to determine the toxicity.

3 Q Agreed. And this is -- but it was Dr.
4 Vorwald, not someone at Owens-Illinois, who used the
5 language toxicity, correct?

6 A That's correct.

7 Q Let's take a look at what happens a year and
8 a half later in this letter from Mr. Hazard, sir,
9 Plaintiffs' O-240.

10 In this letter, November 10, 1949,
11 Owens-Illinois Glass Company, Mr. J.F. McMann,
12 managing director, Industrial Hygiene Foundation of
13 America.

14 Dear Mac: Some months ago we reviewed with
15 Ted the results of animal experimentation that Saranac
16 had been carrying on for us during the past three
17 years to determine the toxicity of Kaylo dust.

18 Again, you would agree that that was the
19 purpose of these experiments, to determine the
20 toxicity of Kaylo dust?

21 A Yes.

1 Q Now, I think you mentioned early on, and I'm
2 not sure, you do agree, don't you, Doctor, that the
3 dust that they got, the dust that they got was dust
4 from the finished product?

5 In other words, in doing these experiments,
6 they got dust from the products and the dust that was
7 generated from handling or cutting the products?

8 A Yes, sir.

9 Q So there's no issue about them using pure
10 asbestos since they used dust that was actually the
11 same kind of dust that would be generated in the field
12 from using the product?

13 A I believe that's correct.

14 Q So, for instance, on the second page of this
15 document, at the top, signed by Bill, W.G. Hazard,
16 Industrial Relations Division, Owens-Illinois,
17 he says if you take the blocks of Kaylo and knock them
18 together, you will see a small cloud of dust is given
19 off.

20 This is the way the dust was generated that
21 we collected with the vacuum cleaner from the air.

1 And that dust, in turn, was sent to Saranac
2 and they did their experiments, correct?

3 A Right.

4 Q Now, in 1952, three years later, in January
5 of 1952, a final report was issued by Owens-Illinois,
6 correct?

7 A That's correct.

8 Q I'm sorry. Issued by Saranac to
9 Owens-Illinois?

10 A Right.

11 Q And, again, there is reference here to the
12 fact -- and correct me if I'm wrong, there is
13 reference here, is there not, to the toxic properties
14 of Kaylo?

15 What I'll read -- do is, I'll read it to you
16 and then ask you.

17 MR. PFEIFFER: What exhibit number are you
18 referring to?

19 MR. HOFFMAN: O-59.

20 MR. PFEIFFER: Plaintiffs?

21 MR. HOFFMAN: Yes, Plaintiffs' O-59.

1 Q He says here in the final shipment of Kaylo,
2 received in January 1949 and first used in this
3 experiment in September 1949, the asbestos component
4 contained the mineral amosite, as well as chrysotile.

5 The fibers of amosite, in comparison with
6 those of chrysotile, are less flexible and have a
7 higher iron content.

8 However, since experiments with the animals
9 have shown that both amosite and chrysotile are
10 capable of causing asbestosis, it is unlikely that the
11 substitution of the one mineral for the other in Kaylo
12 would cause a significant change in the toxic
13 properties of the final product.

14 Now, first of all, I read that, correctly,
15 correct?

16 A Yes, sir.

17 Q Now, what they're referring to here is the
18 fact that they have amosite asbestos and chrysotile
19 asbestos that they're looking at, and the last
20 sentence says it doesn't make any difference whether
21 you use amosite or chrysotile.

1 Both of them are going to -- or it doesn't
2 make any difference which one you use, that Kaylo dust
3 still has toxic properties, regardless of which
4 asbestos you put in it?

5 A That's correct.

6 Q Now, you were asked some questions about the
7 publication of the Kaylo study. Do you recall that,
8 sir?

9 A Yes, sir. I do.

10 Q Now, it is true, is it not, that from the
11 very beginning of the Owens-Illinois Kaylo animal
12 experiments, the agreement was that nothing would be
13 published without first submitting it to
14 Owens-Illinois for review?

15 A I don't remember that agreement.

16 Q Let me hand you what's in evidence as
17 defendants' number 27 and ask you if you were provided
18 with that document, OI Defendant Number 27.

19 MS. MORETZ: Are you going to continue to
20 show --

21 MR. HOFFMAN: Yes, a few more. Thank you.

1 A Is this a part of the Hazard deposition?

2 Q Don't know.

3 MS. MORETZ: What's the date of it, Doctor?

4 THE WITNESS: November 27, 1944.

5 Q You don't know? You don't recognize it one
6 way or the other?

7 A I don't recognize it, no, sir.

8 Q All right. It's in evidence as
9 Owens-Illinois' exhibit, and let me just go over to
10 the last page here, if I can, sir.

11 This is 1944. This is Dr. Gardner writing
12 to Mr. Bowes, the research director at Owens-Illinois.

13 And he says it is hoped that the results may
14 be such that you might wish to have us publish our
15 findings, but it is understood that nothing will be
16 published without your authorization.

17 This is an indication in 1944, is it not,
18 that the understanding between Owens-Illinois and
19 Saranac was nothing would be published without
20 authorization from Owens-Illinois?

21 A It would certainly, on the part of what Dr.

1 Gardner thought, but Dr. Gardner subsequently died, so
2 I don't know if that was the understanding at Saranac
3 or not.

4 Q All right. Let's go to Plaintiffs' O-60 and
5 ask you if you were shown that document, sir.

6 A I don't believe so.

7 Q Put this up for you to review. This is a
8 letter from Dr. Vorwald to Mr. Hazard at
9 Owens-Illinois, February 7, 1952, Plaintiffs' O-60,
10 and he says, among other things, the results of the
11 investigations with animals show that Kaylo dust is
12 capable of producing peribronchiolar fibrosis typical
13 of asbestosis.

14 There's a section here I didn't highlight,
15 but I want to go there with you. He says although
16 extrapolation from animal to human experience is
17 difficult -- what does that word mean, extrapolation?

18 A Transfer, trying to use that information for
19 the purposes of evaluating human health.

20 Q All right. He says although extrapolation
21 from animal to human experience is difficult,

1 nevertheless, the results of the study indicate that
2 every precaution should be taken to protect workers
3 against inhaling the dust.

4 You would agree, would you not, that among
5 what could be every precaution would be respirators,
6 vacuum equipment, ventilation equipment, educating
7 workers?

8 You would agree all of that is part of every
9 precaution, giving workers every precaution to protect
10 them from inhaling the dust?

11 A I don't know what every precaution would
12 mean. That would certainly not necessarily be
13 inclusive of everything that you said. It depends on
14 the use and the potential exposure. You may not need
15 to use exhaust or respirators.

16 Q It depends on the dust levels in your
17 opinion, correct?

18 A Yes, sir.

19 Q You would agree, wouldn't you, that if Kaylo
20 was producing 90 million particles per cubic foot when
21 it was being cut or sawed or handled or used, that

1 workers would need to be educated about the danger,
2 exhausts would be need to be provided, vacuum
3 equipment would need to be provided, respirators would
4 need to be provided in order to protect them from dust
5 levels like that?

6 A Well, it would depend on what the
7 composition of the dust is and --

8 Q We're talking about Kaylo dust, Doctor.

9 A Okay. But it would matter what the overall
10 composition of asbestos in that dust was and the
11 length of exposure to that dust. That is, if it was
12 on a daily basis, for many hours or not.

13 Q And the only way to know that would be to
14 measure the dust when the product is in use, correct?

15 A Or to evaluate it based upon the knowledge
16 you would have about the use of the product in the
17 field.

18 Q Have you been provided any dust tests, air
19 monitoring tests of any kind from Owens-Illinois to
20 show what the dust -- showing what the dust levels
21 were from the use of this product in the field?

1 A No, sir.

2 Q None? The only information you had is in
3 that one 1951 report they gave you in terms of dust
4 counts, correct?

5 A Yes, sir.

6 Q They say here we hope to publish this study
7 either separately or in combination with similar
8 studies pertaining to either dust.

9 In doing so, however, reference will be made
10 only to hydrous calcium silicate and not to Kaylo.
11 Thus, the interest of your company will be
12 safeguarded.

13 Of course, the final manuscript will be
14 forwarded to you for review before being released to
15 the publisher. Your comment in this regard would
16 assist us greatly in preparing the manuscript.

17 Did you ever see that before today, sir?

18 A Actually that sounds familiar. You can't --
19 can you tell me if that's an exhibit to Hazard?

20 Q I honestly don't know.

21 MS. MORETZ: It corresponds with a Hazard

1 exhibit. It is.

2 A I have seen that.

3 Q So you've seen that before today?

4 A Yes.

5 Q Now, you have never seen any documents, have
6 you, Doctor, one way or the other, as to what changes,
7 if any, Owens-Illinois may have made in the
8 manuscript?

9 You don't know one way or the other what
10 they did, correct? All we have are the documents.

11 A That's correct. To the best of my
12 knowledge, Owens-Illinois did not receive the
13 manuscript prior to publication.

14 Q On what basis, sir, do you make that
15 statement? I want to go back to this one here. It
16 says, of course, the final manuscript will be
17 forwarded to you for review before being released to
18 the publisher.

19 Do you see that?

20 A Yes, I do.

21 Q On what do you base the statement, Doctor,

1 that what they said they were going to do in the
2 letter they never did?

3 A Based on the documents that I have, there is
4 no indication that it was ever sent to Owens-Illinois.

5 Q And there's no indication that it wasn't
6 sent, is there?

7 A There is not.

8 Q Right. So you just assumed that it was
9 never done?

10 A Well, based upon the correspondence, it
11 talks about forwarding the manuscript or the
12 publication to Owens-Illinois, so I assumed that it
13 was not done.

14 Q Well, Doctor, didn't you make the
15 assumption, contrary to what it says in this letter,
16 didn't you make that assumption because that is what
17 would be most helpful to Owens-Illinois in this
18 situation, would be to assume they never got and
19 edited the transcript?

20 MS. MORETZ: Objection, Your Honor.

21 THE COURT: Overruled.

1 A No, I didn't do that.

2 Q Let's look if we can, sir, at what's in
3 evidence as Plaintiffs' O-73. This is on
4 Owens-Illinois stationery.

5 MS. MORETZ: I have it right, Doctor.

6 THE WITNESS: Thank you.

7 Q Have you received this document, sir?

8 A Yes, I have.

9 Q This is October 5th, 1955; is that correct?

10 A That is correct.

11 Q And who is -- who signed this document? Is
12 this Mr. Hazard?

13 A It's not signed by anybody.

14 Q Okay. Well, let me go over it with you, if
15 we can.

16 It says in 1943, you will recall animal
17 experiments were begun at Saranac Laboratory to
18 determine the health aspects of Kaylo dust.

19 These continued for some years with the
20 Saranac group sending us reports from time to time.
21 Just as they reached their conclusions, Dr. Gardner,

1 director of the laboratory, died.

2 We had hoped the Kaylo results would
3 eventually be published. We felt this would be the
4 proper procedure for the long run, even though the
5 experiments did not show Kaylo to be lily white.

6 They showed, to be specific, that Kaylo dust
7 could cause asbestosis, an incurable lung condition.

8 Let me just jump down here to the bottom.

9 It says -- they refer to the fact that --
10 this is a quote from the article.

11 It seems likely that the chrysotile asbestos
12 component of the commercial product, rather than the
13 hydrous calcium silicate, was the cause of the
14 deleterious effects on the tissues of the experimental
15 animals.

16 This means that Kaylo is no more harmful
17 than the universally used heat insulation asbestos, in
18 fact, less so, since Kaylo contains a very small
19 percentage of asbestos.

20 The names Kaylo and Owens-Illinois appear
21 nowhere in the article. It's completely anonymous.

1 Do you see that?

2 A Yes, sir.

3 Q Now, did you find any documents, one way or
4 the other, that explained why the words Kaylo and
5 Owens-Illinois don't appear in the article?

6 There's nothing to explain, one way or the
7 other, why those names aren't in there, correct?

8 A There are not.

9 Q And you weren't around at the time to know
10 who talked to who or made what requests to who, if
11 any, as to how this article would be written, correct?

12 A That's correct.

13 Q Now, let me show you what's in evidence as
14 Plaintiffs' 210-04B and ask you if you were provided
15 with -- now, were you provided with that document,
16 sir?

17 A I'm sorry. Is this an exhibit to the
18 Hazard?

19 Q Again, I'm not sure. I get my documents
20 from --

21 MS. MORETZ: What are you referring to?

1 MR. HOFFMAN: This is Plaintiffs' 210-04B.

2 Q That's 210-04B; is that correct?

3 A Yes, sir.

4 Q Now, what is the date of that advertisement
5 about Kaylo?

6 A 1952.

7 Q Now, can you see the date on there?

8 A Yes.

9 Q Okay. And it's April of 1952?

10 A Yes, sir.

11 Q And that is about four months after the last
12 report from the Saranac Laboratory to Owens-Illinois;
13 is that correct?

14 A That's about right.

15 Q Okay. And now, this reports -- this
16 advertisement for Owens-Illinois Kaylo in 1952
17 indicates, among other things, that Kaylo material is
18 non-irritating to the skin and nontoxic.

19 Do you see that?

20 A Yes, sir.

21 Q You do agree, do you not, Doctor, that

1 under certain circumstances, the use of Kaylo,
2 depending upon how much dust it's generating, can be
3 toxic?

4 A Under certain circumstances of exposure
5 experimentally, it certainly can be.

6 Q Well, you also agree, do you not, that
7 exposures above the threshold limit value would be
8 toxic exposures?

9 A No, it would have to be some level above the
10 threshold limit value. It would have to be in orders
11 of magnitude above that.

12 Q All right, Doctor. In all the Saranac
13 documents that you have, would you tell me where in
14 those documents it says it has to be orders of
15 magnitude above the threshold limit value before Kaylo
16 dust is toxic?

17 A It doesn't say that in the document. You
18 asked me my opinion.

19 My opinion, based on the knowledge of the
20 development of a threshold limit value, there is a
21 margin of safety, so, as I discussed earlier, going

1 above the threshold limit value does not necessarily
2 produce toxicity.

3 Q Does it anywhere in any of these documents,
4 Doctor, say that the threshold limit value -- does it
5 anywhere in any of these Saranac documents or
6 Owens-Illinois documents say that Kaylo is nontoxic at
7 levels above the threshold limit value?

8 A It does not.

9 Q Now, let me hand you what Ms. Moretz has
10 given to me as page 2 of a document we had before.

11 MS. MORETZ: Here's the complete document.

12 Q I don't have a page 2.

13 MR. HOFFMAN: Mr. Slide, we need to make
14 sure what's in evidence as plaintiffs' --

15 Q Go to the second page of that document,
16 Doctor, at the top of the paragraph there.

17 I owe you an apology.

18 The top paragraph of that document
19 indicates, does it not, at least at the time it was
20 written, that this final report was published without
21 the final report being reviewed by Owens-Illinois?

1 A Yes, sir.

2 Q So, in fact, at least in one document there,
3 there is an indication that this thing did not go to
4 Owens-Illinois before it was published?

5 A That's correct.

6 Q And I apologize for the inference to the
7 contrary before, but I want to come back to my
8 previous question.

9 Is there anything anywhere in any of these
10 documents, anything anywhere to suggest that Saranac
11 told Owens-Illinois that Kaylo was nontoxic?

12 Does it anywhere say -- is there anywhere a
13 letter, a document, a paragraph, a statement anywhere
14 from Saranac to Owens-Illinois saying that Kaylo is
15 nontoxic?

16 A I don't know of any letter that specifically
17 says that, but based upon the consolidation of all the
18 information, it would certainly be the conclusion
19 that, based upon the current use, it was not.

20 Q I understand that's the conclusion which you
21 would reach. There's nothing in any of these

1 documents anywhere, is there, Doctor, saying to
2 Owens-Illinois that Kaylo is nontoxic, correct?

3 A There is nothing that specifically states
4 that, that is correct.

5 Q Now, were you provided with what's in
6 evidence as O-210.11, which is another advertisement?

7 MS. MORETZ: What date is that?

8 MR. HOFFMAN: That's 1956.

9 A And the question is did I receive this?

10 Q Correct.

11 A I don't believe so.

12 Q Let me just ask you, if I can -- we'll put
13 this up.

14 Again, in 1956, this is a reference to Kaylo
15 block insulation manufactured by Owens-Illinois Glass
16 Company and distributed nationally by Owens-Corning
17 Fiberglas.

18 The reference here, the fact that the
19 material is lightweight, pleasant handling,
20 non-irritating, nontoxic nature make it a well-liked
21 workers' material.

1 Do you see that, sir?

2 A I do.

3 Q Again, you would agree, would you not, that
4 it is important to inform people that, if they use a
5 product that is potentially toxic or hazardous, to
6 inform them about the potential danger so they can
7 take precautions in a situation where the danger might
8 arise?

9 You would agree with that, wouldn't you?

10 A It would only be appropriate if that danger
11 is realistic or relevant, otherwise, it would not.

12 Q And in the case of Kaylo, the only way to
13 know that is by monitoring and measuring the dust to
14 determine if the dust levels are above the threshold
15 limit value, correct?

16 A No. Or about knowing the use or the
17 application of the material and evaluating the use and
18 the application of the material as to whether or not
19 it's possible to produce levels that would be
20 hazardous.

21 Q Doctor, you would agree, wouldn't you, that

1 the best way to determine if hazardous levels of dust
2 are produced from sawing or cutting or handling Kaylo
3 is to saw it and measure the dust, cut it and measure
4 the dust, handle it and measure the dust, correct?

5 A Sure, and that was done.

6 Q And you saw the levels of 91 million
7 particles per cubic foot and 44 million particles per
8 cubic foot, correct?

9 A That was total dust, that's correct.

10 Q Total dust, of which 15 percent or more is
11 asbestos in Kaylo, correct?

12 A Yes, sir.

13 Q Thank you. We can put the screen down. I
14 have just a couple more questions.

15 Doctor, you talked about aspirin as an
16 example for the threshold limit value. Do you recall
17 that?

18 A Yes, sir.

19 Q Let me hand you a bottle of aspirin.

20 A I don't think I talked about it for the
21 threshold limit value. I used it as an example for

1 the dose response relationship.

2 Q Okay. For dose response.

3 A But there is a TLV for it.

4 Q What would that be?

5 A It's hundreds of milligrams per cubic meter
6 of air.

7 Q All right. And I hope I have not given you
8 and did not intend to give you a headache as a result
9 of my examination, but you're welcome to the aspirins
10 when we're done.

11 A Thank you. I don't have a headache.

12 THE COURT: With all due respect, unless a
13 doctor recommends it, I won't let anybody take any
14 medicine in the courtroom.

15 Q Doctor, on the top of that there's a
16 paragraph called Directions --

17 THE COURT: Medical doctor. Make that
18 clear. Medical doctor.

19 THE WITNESS: Well, certainly a
20 pharmacologist, Your Honor.

21 THE COURT: Absolutely not. Unless you're

1 allowed to prescribe medicine, you're not going to
2 tell anybody what to take.

3 THE WITNESS: I'm also a pharmacist.

4 THE COURT: I wouldn't ask you what to take.

5 Q Would you read the Directions paragraph at
6 the top there for us, please.

7 A Yes, sir. Adults, 1 to 2 tablets, not to
8 exceed 12 tablets in 24 hours. Take with water every
9 4 hours. Children as directed by a physician.

10 Q Why is it important to give people
11 directions when they use potentially hazardous or
12 toxic or dangerous materials, potentially hazardous,
13 even if they are healthful to begin with?

14 Why is it important to give them directions?

15 A It is important to give them directions with
16 regard to aspirin so that they take an effective dose,
17 so that they take enough to produce an effect, and
18 it's also important to give directions so that they
19 don't take too much.

20 Q And you would agree, would you not, that the
21 same thing is true for a product like Kaylo? It was

1 important to tell users, workers, customers that this
2 is Kaylo.

3 It contains asbestos. Using this product
4 will create dust. If dust above the threshold limit
5 value is created, avoid breathing the dust.

6 Wasn't that important to tell people so that
7 back at the time they could avoid the hazards and
8 dangers that ultimately produced asbestosis and lung
9 cancer and mesothelioma many years later?

10 MR. PFEIFFER: Objection.

11 THE COURT: Overruled.

12 A I don't think it was important to provide
13 that kind of information because the use of the
14 product is not likely to result in the level that
15 would exceed the level that would produce harm.

16 Q And yet you would agree that nowhere in any
17 of the documents does it say that, correct? There's
18 nothing in any of these documents from Saranac that
19 say these product won't create levels of dust above
20 five million particles?

21 A It doesn't say that. However, the studies

1 that were done by Saranac show that the levels were
2 below those that were in consensus would not produce
3 it.

4 Q Except when you load the boxcars, where it's
5 40 to 50 million, or when you cut it on one machine
6 where it's 44 million, or you cut it on another
7 machine where it's 91 million, even with exhaust
8 equipment and ventilation equipment and everything
9 else, right?

10 A That's not quite fair because, remember, the
11 boxcar, only 10 to 12 percent of that was asbestos, so
12 it's really not 50 million particles.

13 Q Let me show you what is in evidence in this
14 case as Plaintiffs' O-232, sir.

15 You have already indicated you're not an
16 industrial hygienist, are you?

17 A No, sir.

18 Q All right. Would you take a look at the
19 first --

20 MS. MORETZ: What's the date of the document
21 you're referring to?

1 MR. HOFFMAN: October 1969.

2 Q Would you take a look at the top two
3 sentences on page 2. Read along with me.

4 The current threshold limit value for dust
5 containing asbestos is five million particles per
6 cubic foot. The limit is set on the total amount of
7 dust present if it contains asbestos, regardless of
8 the amount of asbestos present.

9 You see that, don't you?

10 A Yes, sir.

11 Q Now -- well, you don't know -- now, as far
12 as you know, that was true back in 1946 or '58.
13 You're not a member of the ACGIH, the group that set
14 this level, are you?

15 A Okay. Two questions there.

16 Now, was it true in 1948? I think no. And
17 I don't think this is correct in 1969 either. I am
18 not a member of the ACGIH.

19 Q All right. Let me show you what's in
20 evidence as O-301, sir, from 1960, nine years before
21 that. Take a look at that, sir, if you would, please.

1 This is a letter from a Mr. Shaw, and, in
2 fact, Mr. Shaw was referred to in some of the
3 Owens-Illinois documents we have talked about today,
4 correct?

5 A I don't recall that. Maybe.

6 Q Well, in this document Mr. Shaw writes, does
7 he not, that the threshold limit of five million
8 particles per cubic foot of air is recognized for
9 asbestos-containing airborne dust?

10 A I'm sorry. You're on the first page?

11 Q First paragraph. Yes, sir.

12 A Yes, sir.

13 Q You're not telling us, Doctor, you're not
14 telling us that you are more knowledgeable than the
15 past chairman of the American Conference of
16 Governmental and Industrial Hygienists on what the
17 meaning of the threshold limit value was, are you?

18 A Am I more knowledgeable?

19 Q Are you telling the Court and jury, sir,
20 that you are more knowledgeable than the past chairman
21 of the American Conference of Governmental and

1 Industrial Hygienists as to what the threshold limit
2 value, five million particles per cubic foot, meant in
3 terms of counting dust containing asbestos?

4 A I don't know because I don't know him.

5 Q You don't know Dr. Dement?

6 A Do not know Dr. Dement.

7 MR. HOFFMAN: May I have just a moment,
8 Your Honor?

9 THE COURT: Sure.

10 Q Doctor, there was a question earlier on
11 about -- I gave you a dictionary, do you remember
12 that, and I said it was copyrighted in 1947, '48, '49,
13 '50, '51, '52, '53, '54, '55, '56, '57, '58, and you
14 pointed out to me that it wasn't written, but this
15 version came out in '66, do you recall that?

16 A I do.

17 Q Doctor, are you telling the Court and jury
18 that the definition of toxic or the definition of
19 poison changed in any material way between 1947 and
20 1966?

21 A I don't know if it changed in the dictionary

1 or not, but I don't know of any substantial change in
2 the definition of toxic.

3 Q So in 1947, toxic meant poison, and in 1966,
4 toxic meant poison, correct?

5 A Well, it can, depending upon the use of the
6 word. Yes, it could certainly mean poison, and it may
7 not.

8 Q And you would agree, would you not, that
9 telling a working person, man or woman of everyday
10 experience and everyday learning, if you tell them
11 that something is nontoxic, what that communicates to
12 them is it's safe, there's no problem, there's no
13 danger, there's nothing to worry about in however
14 you're going to use the product?

15 Isn't that what it says to them when you
16 tell them it's nontoxic?

17 MR. PFEIFFER: Objection.

18 THE COURT: Overruled.

19 A I wouldn't agree with that.

20 Q You would not agree with that?

21 A I would not.

1 MR. HOFFMAN: I don't have any more
2 questions, Your Honor.

3 MR. PALMER: I don't have any questions.

4 MR. NICHOLL: I don't have any questions,
5 Your Honor.

6 THE COURT: Ms. Moretz, any redirect?

7 MS. MORETZ: Yes, Your Honor.

8 REDIRECT EXAMINATION

9 BY MS. MORETZ:

10 Q Let me hand you Plaintiffs' O-73, which is
11 Hazard Exhibit 18, and just to make sure that we've
12 got it cleared up, does that letter indicate whether
13 or not Owens-Illinois received a copy of the article
14 to be published prior to the time it was published?

15 A The document indicates that Owens-Illinois
16 did not receive a copy of the publication prior to its
17 publication by Saranac.

18 Q Thank you, Doctor.

19 Doctor, I'm going to hand you this
20 dictionary back. If you would, would you look up
21 asbestos in this dictionary and read to the jury what

1 the definition of asbestos is in 1966, according to
2 this dictionary?

3 A I need help spelling it. I'm sorry. You
4 want me to read the definition?

5 Q If you will, please.

6 A A mineral, a fibrous amphibole used for
7 making incombustible or fireproof articles. Used for
8 making theater curtains, firemen's gloves and so
9 forth.

10 Q All right. Thank you, Doctor.

11 Now, how would you as a toxicologist define
12 the term toxic?

13 A Toxic is the potential to produce harm as a
14 result of sufficient exposure or a sufficient
15 concentration of the material.

16 Q Let's go back to the Kaylo dust studies and
17 the animal studies that we have talked about.

18 How does the level of exposure that the
19 guinea pigs and rats were exposed to compare with the
20 TLV for asbestos?

21 MR. HOFFMAN: Objection. There is no TLV

1 for guinea pigs and rats.

2 MR. PFEIFFER: Depends on your definition
3 for rat.

4 THE COURT: This is a civil trial, not a
5 criminal trial.

6 All right. Let's proceed.

7 MS. MORETZ: Is the objection overruled,
8 Your Honor.

9 THE COURT: I think I know what Ms. Moretz
10 is asking. Perhaps what she's asking is can there be a
11 extrapolation of the TLV from the exposures to rats to
12 humans.

13 MS. MORETZ: I think I'll rephrase the
14 question because I don't think that's what I was
15 asking, Your Honor. I'll rephrase.

16 THE COURT: Okay. Perhaps I'm not hearing
17 it as well, so let's rephrase the question and then
18 let's see if there's an objection.

19 MS. MORETZ: All right.

20 Q What was the level of the exposure that the
21 animals received in the Kaylo dust studies, Doctor?

1 A It was in excess of a hundred million
2 particles per cubic foot of air.

3 Q And, Doctor, what is the TLV, or what was
4 the TLV for asbestos from 1948 to 1958?

5 A It was five million particles per cubic foot
6 of air.

7 Q All right. You were asked --

8 THE COURT: I didn't hear an objection to
9 that question, so I'm not ruling on it, but I don't
10 think the question was very clear, Ms. Moretz.

11 MS. MORETZ: Well, Your Honor, if there was
12 no objection, I'll go on.

13 Q You were asked some questions on direct and
14 then on cross-examination about Owens-Illinois Exhibit
15 45. Show that to you again.

16 I think, if you'll turn to page 6, first,
17 for the jury's sake, who wrote that document, or where
18 was that document generated?

19 A This was generated by Saranac Laboratories,
20 by Dr. Vorwald.

21 Q And did Saranac Laboratories in this report

1 to Owens-Illinois refer to the threshold limit value?

2 A They did.

3 Q Okay. And in their reference to the
4 threshold limit value in their report, what do they
5 refer to? What were the numbers that they refer to?

6 A Five million particles per cubic foot of
7 air.

8 Q Was that the threshold limit available for
9 asbestos?

10 A Yes, it was.

11 Q Okay. Did they have -- did they refer
12 Owens-Illinois to other numbers as far as the
13 threshold limit values were concerned?

14 A They did.

15 Q And what other numbers was Owens-Illinois
16 referred to in that document generated by Saranac
17 Laboratory?

18 A Referred to total dust of 50 million
19 particles per cubic foot of air, and than to silica,
20 which ranged from 5 to 50 million particles per cubic
21 foot of air.

1 Q All right, Doctor. You were asked about a
2 quote in some of the correspondence about the findings
3 of the Kaylo studies being less favorable than what
4 was anticipated.

5 Why were those findings less favorable than
6 what was anticipated?

7 A What was anticipated is that the mixing of
8 these materials to produce the new product would make
9 them less likely to produce lung damage or lung
10 injury, and, therefore, what was anticipated was an
11 absence of or a less likely result of pulmonary
12 fibrosis, and that's not what was found.

13 Q Referring back to page 4, I believe, of that
14 article, that's the dust levels, is that correct, that
15 were done in the dust samples at the Sayreville plant
16 of Owens-Illinois?

17 A Yes.

18 Q There is a reference to a router machine.
19 Do you know what a router machine is, Doctor?

20 A I believe it's like a cutting machine that
21 separates materials.

1 Q Like a saw?

2 A Yes.

3 Q Okay. What was the dust concentration, the
4 total dust concentration, for the samples taken at the
5 router machine?

6 A 4.4 million particles per cubic foot of air.

7 Q Okay. And what was the percent of the
8 asbestos in that dust sample taken at that router
9 machine?

10 A 6 to 12 percent.

11 MS. MORETZ: Your Honor, may I approach the
12 witness?

13 THE COURT: Sure.

14 MS. MORETZ: I only have one copy of this
15 document.

16 Q Mr. Hoffman asked you about a document that
17 was marked as O-83.1, and you indicated that you
18 hadn't seen that document before, before Mr. Hoffman
19 showed it to you?

20 A I believe that's correct.

21 Q Okay. If you will look at page 2 of that

1 document and read the description section of those air
2 samplings.

3 A Read the whole thing?

4 Q Yes.

5 A To assist in the interpretation of the above
6 dust counts, we would like to point out that the
7 maximum acceptable concentration of the dust, which is
8 100 percent free silica from 100 percent asbestos, is
9 5 million particles per cubic foot of air.

10 As we know, the dust here is considerably
11 less than 100 percent free silica or 100 percent
12 asbestos. The maximum acceptable limit generally has
13 been established as 10 million particles for an
14 operation of this type.

15 With reference to the above, our results of
16 air sampling show that a number of counts are above
17 that.

18 Q Doctor, in reading that and in looking at
19 the numbers, was this a measure of asbestos dust or
20 total dust?

21 A This was a measure of total dust.

1 Q Under what circumstances, according to your
2 reading of the Kaylo studies, was Kaylo dust deemed to
3 be toxic?

4 A Under the conditions of exposure to hundreds
5 of millions of particles per cubic foot of air for a
6 lifetime.

7 Q Kaylo exposure, within that threshold limit
8 value, would that be considered a toxic dust?

9 A It would not.

10 Q Why not?

11 A Because the concentration or the level would
12 be insufficient to produce harm as a result of that
13 exposure.

14 MS. MORETZ: If I may have just a moment,
15 Your Honor.

16 THE COURT: Go ahead, please.

17 MS. MORETZ: That's all the questions I
18 have.

19 THE COURT: Okay. Thank you, Ms. Moretz.

20 Any redirect -- recross?

21 MR. HOFFMAN: Just quickly, Judge.

1 THE COURT: Mr. Hoffman.

2 RECROSS-EXAMINATION

3 BY MR. HOFFMAN:

4 Q Do you have that same document, O-83.1, in
5 front of you that Ms. Moretz just used?

6 A Yes, sir.

7 Q Let me just ask you to take a look at it,
8 and you read the paragraph at the bottom of page 2.
9 Do you recall that?

10 A Yes, sir.

11 Q They did 12 dust samples at the
12 Owens-Illinois Kaylo plant in this document, correct,
13 air samples 1 through 12?

14 A Yes, sir.

15 Q Using the discussion at the bottom of the
16 page, 6 of the 12 samples are above what they describe
17 as their maximum acceptable concentration of dust
18 containing asbestos, correct?

19 There's one at 91.8 million, one at 46.3
20 million, one at 16.3 million, one at 10.2 million and
21 one at 20 million, correct?

1 A Yes, sir.

2 Q All of those are above, 6 of 12 in 1958,
3 above the level that the authors of this study say are
4 acceptable, and that's with the ventilation and the
5 exhaust equipment, correct?

6 A Yes, sir. I believe so.

7 Q Now, in the dictionary you were asked to
8 read the word asbestos, the definition. Do you recall
9 that?

10 A Yes, sir.

11 Q Nothing in there saying asbestos causes
12 disease, is there?

13 A No, sir.

14 Q Nothing in there saying asbestos causes
15 lung cancer, is there?

16 A No, sir.

17 Q Nothing in there saying asbestos causes
18 mesothelioma, is there?

19 A No, sir.

20 Q If a worker was using a product containing
21 asbestos and he went to the dictionary to try and

1 figure out whether asbestos could be harmful, if they
2 went to that dictionary they wouldn't learn anything
3 at all, would they?

4 A Well, that's not true. They would learn
5 that it's in gloves, it's in curtains at theaters.
6 They would learn that it's a mineral, so yes, they
7 would learn something about asbestos.

8 Q I must have misspoken myself.

9 If a worker was using a product containing
10 asbestos and they wanted to know whether the asbestos
11 in the product was in any way dangerous or hazardous
12 or toxic, if they go to that dictionary, they won't
13 learn anything about whether the asbestos is dangerous
14 or hazardous or toxic or causes lung cancer or
15 mesothelioma, will they?

16 A Not from this dictionary, no.

17 Q So they got to find out from the company
18 that makes the product as to whether there's any
19 dangers from the ingredients in the products, don't
20 they, or the distributors or whoever it is that knows
21 the most about the product?

1 MR. PFEIFFER: Objection.

2 THE COURT: Overruled.

3 Q It's not in the dictionary, is it?

4 THE COURT: You may answer.

5 A It's not in the dictionary.

6 MR. HOFFMAN: Thank you.

7 THE COURT: Is that all, Mr. Hoffman?

8 MR. HOFFMAN: Yes, sir. Thank you.

9 THE COURT: Okay. You may step down.

10 MS. MORETZ: Just one more question.

11 THE COURT: No more. Absolutely not.

12 MS. MORETZ: Your Honor, if he got to do --

13 THE COURT: I said absolutely not, Ms.

14 Moretz. No more questions. You've had your two
15 opportunities.

16 I don't want you to break your pen as you
17 throw it on the table.

18 And the reason the Court said that is
19 nothing that was covered on recross was new ground
20 covered which opened up any areas that could not have
21 been covered on redirect.

1 Dr. Harbison, you may be excused, sir. You
2 may step down.

3 MS. MORETZ: Your Honor -- I'm sorry.

4 THE COURT: You may step down.

5 Members of the jury, since you didn't have a
6 break this afternoon, we're going to let you have a
7 break now. We're going to take our recess for the
8 day.

9 Leave your material on your seats. Please
10 do not discuss the case among yourselves or with
11 anyone else, and return tomorrow morning at the normal
12 time. Get paid and then return here.

13 We will continue with the presentation of
14 evidence by the defense. We will start as close to
15 9:30 as possible.

16 Have a good evening. You should have some
17 new cards back there, by the way.

18 (Whereupon, the jury left the courtroom.)

19 THE COURT: Ms. Moretz?

20 MS. MORETZ: Your Honor, if I could, I would
21 like to recall Dr. Harbison to the stand so that I can

1 make a proffer of the last question that I would have
2 offered him on recross, re-recross since Mr. Hoffman
3 had the opportunity for re-redirect.

4 THE COURT: With all due respect, he did not
5 have an opportunity on any witness, more than two
6 occasions, that I can recall during this trial. No
7 one has had that opportunity, Ms. Moretz.

8 I beg your indulgence, but point out to me
9 where any counsel has had the opportunity of more than
10 two times at any witness in this case.

11 MS. MORETZ: Very well, Your Honor.

12 Also, I would like to note for the record
13 that I would object to the comments made by the
14 Court -- very respectfully object to the comments made
15 by the Court as to the doctor's qualifications in
16 response to Mr. Hoffman's comments on the record,
17 which were also inappropriate, about taking aspirin
18 and giving people headaches, and the Court's comment
19 about qualification and the exchange between the Court
20 and the doctor with regard to his qualifications in
21 prescribing medication.

1 I think they were improper comments in front
2 of the jury.

3 THE COURT: Are you suggesting that I was
4 incorrect or inaccurate in stating that he as a
5 pharmacist does not have a license to dispense
6 medicine?

7 MS. MORETZ: I think if the witness would
8 have been asked what his qualifications were to
9 dispense medicine, I think there are certain types of
10 medicine that he can dispense, and I think it's
11 irrelevant to this situation, but I think it was an
12 inappropriate exchange by the Court with the witness.

13 THE COURT: Ms. Moretz, you've been in this
14 trial from the very beginning and there has been that
15 type of repartee between the Court and counsel, as
16 well as the Court and the jury and the Court and the
17 witnesses on issues that have nothing to do with this
18 case.

19 If I have said or done anything that would
20 in any way leave a misimpression with the doctor, then
21 I'll apologize to the doctor, but I don't think I said

1 anything to the doctor that was inappropriate.

2 He hasn't said anything to me that he was
3 offended by what I said to him, and I certainly didn't
4 intend for any offense to be taken.

5 MS. MORETZ: Your Honor, I'd just like to --

6 THE COURT: The record reflects that, and
7 the record should also reflect that the Court is
8 overruling your objection.

9 MS. MORETZ: I understand that.

10 THE COURT: Keep in mind that I tell the
11 jury that nothing the Court says or does has any
12 influence on the outcome of this case anyway.

13 Now, I believe Ms. Halstad wants to say
14 something. Go ahead, Ms. Halstad.

15 MS. HALSTAD: Your Honor, I'm going to join
16 Ms. Moretz' objection because the jury may choose to
17 interpret that as a point of view of the Court,
18 negative comments towards defense witnesses.

19 THE COURT: In what respect?

20 MS. HALSTAD: I think that no other expert
21 witness offered by the plaintiffs received a comment

1 from the Court that the Court would not take medicine
2 from them, and I don't think it was appropriate to
3 interject that with respect to a defense witness, and,
4 therefore, I make my objection.

5 I suspect it may and probably will be
6 misinterpreted by the jury.

7 THE COURT: Anyone else wish to join, make
8 any comments?

9 MR. PFEIFFER: I'll join in the objection.

10 THE COURT: Anyone else?

11 The objection is overruled. Nothing that
12 the Court said in any way impacts or will have any
13 impact on what the qualifications were of the doctor
14 and the opinions which he rendered, and the Court made
15 no comment at all concerning the doctor's opinions as
16 he was questioned by both counsel.

17 Ms. Moretz, why don't you put on record what
18 the question was you wanted to ask the doctor. I'm
19 not going to let you recall him.

20 I'll let you put on record what the question
21 was and what you hope his answer would have been so

1 you can at least have the record proffer -- show what
2 your proffer is.

3 MS. MORETZ: Thank you, Your Honor. That's
4 what I wanted to do.

5 With regard to Exhibit O-83.1, I would have
6 asked the doctor does this document indicate what the
7 asbestos dust counts were. And this is document -- is
8 an April and May 1958 report from Aetna, which is a
9 document entered over defendants' objections.

10 His answer, I presume, would have been since
11 the document does not indicate that there is any
12 asbestos dust counts, just total dust counts, that no,
13 the document does not tell us what the asbestos dust
14 counts were.

15 THE COURT: Okay. The record so reflects.

16 MS. MORETZ: Thank you, Your Honor.

17 THE COURT: Anyone else wish to put anything
18 on record before we recess for the day?

19 Mr. Loker?

20 MR. LOKER: Not on this topic, I hasten to
21 stress.

1 THE COURT: On any topic anyone wants to put
2 on. I don't know what's in the minds or hearts of
3 counsel.

4 MR. LOKER: I'm not sure what the order is.
5 I want to pass up to the Court, and I will distribute
6 to counsel various objections and counter-designations
7 and so forth with respect to evidence designated for
8 tomorrow, I believe, by Owens-Corning relating to
9 National Gypsum.

10 I am not asking the Court to do anything
11 with it certainly now, or even tomorrow morning. I
12 just wanted the Court to have it for whenever the
13 Court wanted to get into it.

14 There is one transcript that I have sort of
15 a global objection to, and that is one that relates to
16 a former secretary at National Gypsum whose name was
17 Christy Henderson.

18 In addition to the written reasons, this is
19 a witness who has never appeared on anyone's,
20 plaintiffs or defendants, witness list.

21 And for that sort of early and preliminary

1 reason, I don't think we need to get into the merits
2 of the objection, but I will tender that to Mr. Slide
3 and the Court can deal with it as it wants to, and
4 I'll be ready at that point.

5 THE COURT: Well, if I understand you,
6 nowhere on any list that has been supplied by either
7 side up to this point does Christy Henderson appear?

8 MR. LOKER: Correct. And that would include
9 the names read, the hundreds of names read during voir
10 dire.

11 THE COURT: Who is sponsoring Christy
12 Henderson's deposition?

13 MR. PFEIFFER: Your Honor, Mr. Lockwood has
14 made the designation.

15 I must plead ignorance as to who she is, but
16 I can have Mr. Lockwood here and available tomorrow to
17 address the Court if and when we're ready to put that
18 evidence on.

19 THE COURT: All right. So you pass the
20 buck.

21 MR. PFEIFFER: I'm passing the buck as best

1 I can.

2 MR. LOKER: That's all I had, thank you, and
3 I'll pass these up when we recess.

4 THE COURT: Okay. Anyone else?

5 All right. Everyone have a good evening.

6 I'll see you if you're in your places at 9:25. We'll
7 resume at 9:30.

8 Have a good evening, everyone.

9 (Whereupon, proceedings adjourned for the
10 day.)

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1 State of Maryland

2 City of Baltimore

3 I, Sharon Mech, a Notary Public of the State
4 of Maryland, City of Baltimore, do hereby certify that
5 the within-named witness personally appeared before me
6 at the time and place herein set out, and after having
7 been first duly sworn by me, according to law, was
8 examined by counsel.

9 I further certify that the examination was
10 recorded stenographically by me and this transcript is
11 a true record of the proceedings.

12 I further certify that I am not of counsel
13 to any of the parties, nor an employee of counsel, nor
14 related to any of the parties, nor in any way
15 interested in the outcome of the action.

16 As witness my hand and seal this 21st day of
17 June, 1994.

18

19 Sharon Mech

20 My Commission Expires 10-28-94

21

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June 21, 1994

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Mr. Hoffman 7278 7381 7203

Mr. Palmer 7210

Document Presentation by Owens-Illinois 7165

EXHIBITS RECEIVED

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OI-45 7166

(This transcript consists of pages 7126 through 7395.)

David Slide, Court Clerk