

18TH JUDICIAL DISTRICT COURT
PARISH OF IBERVILLE
STATE OF LOUISIANA

LOUKAINE PEGGY WILLIAMS

VS.

MCCARTY CORP., ET AL

NO. 39,404

DIVISION "D"

TESTIMONY OF DR. JOHN T. LEONE

Transcript of the above-entitled proceeding
came on for hearing in Open Court at the Parish
Courthouse located in Plaquemine, Iberville Parish,
Louisiana, on the 13th day of January, 1992.

THE HONORABLE JACK T. MARLONNEAUX, JUDGE, PRESIDING.

APPEARANCES:

FOR THE PLAINTIFF:

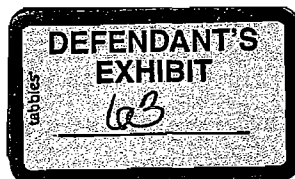
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DR. JOHN T. LEONE	4	29	41	42

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2 OFFICIAL PROCEEDINGS OF JANUARY 13, 1993
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4 THE COURT: Next witness.

5 MR. LEDYARD: I call to the
6 stand Dr. Leone.
7

8 DR. JOHN T. LEONE, having been first duly sworn, was
9 examined and testified as follows:
10

11 DIRECT EXAMINATION
12

13 BY MR. LEDYARD:

14 Qualifying:

15 Q Would you state your name and address for the jury,
16 please?

17 A My name is Dr. John T. Leone. I currently reside in
18 Austin, Texas. 6261 Mercedes Lane, Austin, Texas.

19 Q How old a man are you, Doctor?

20 A My age is seventy-one.

21 Q What is your current position? Are you employed?

22 A Well, I would have to say I'm not employed, but I'm
23 very active as a volunteer with the American
24 Association of Retired Persons, the AARP, as the area
25 vice-president for Area Seven, which is a five state
26 area. I'm one of the lead volunteers with our
27 volunteers --with our program looking after our
28 people who are members of AARP.

29 Q So, you retired and then went to work?

30 A Yes. I have a pretty active, full-time volunteer
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3 position, which I enjoy doing very much.

4 Q Let us go through your qualifications briefly and
5 tell the jury first a little bit about your
6 educational background.

7 A My educational background is I finished Stevenson
8 High School in New York, a scientific program,
9 entered Columbia College. Received a Bachelor's
10 degree in pre-med, then entered Long Island College
11 of Medicine, which is now Long State University of
12 New York for my medical degree, which is a M.D.
13 degree. Later I qualified as a flight surgeon in
14 the Air Force, having attended Randolph Air Force
15 Base as a flight surgeon and qualified as a flight
16 surgeon in the military.

17 Q What was your rank in the military?

18 A My rank in the military was colonel. I served two
19 years of active duty during World War II. Then I
20 stayed active with Air National Guard, having even
21 served with the Louisiana National Guard later on
22 and was recalled during the Korean War campaign for
23 an additional two year period and completed over
24 twenty-three years of either active or Air National
25 Guard duty as a flight surgeon and hospital
26 commander.

27 Q You have worked for many years for Exxon, have you
28 not?

29 A Yes. I started a career working for Exxon in 1947
30 and then retired in 1985.
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3 Q Are you certified in any particular subjects,
4 Doctor?

5 A Yes. My certification is by the American Board of
6 Specialization and the American Board of Preventive
7 Medicine with a sub-specialty in occupational
8 medicine.

9 Q So, preventive medicine and occupational medicine?

10 A Yes. The board is preventive medicine, American
11 Board of Preventive Medicine, which has three sub-
12 specialties, which are aviation medicine, public
13 health and occupational medicine.

14 Q And in your employment with Exxon was there a
15 particular area of medicine that you focused on and
16 specialized in?

17 A Well, my specialization was occupational and
18 environmental health.

19 Q Have you been involved with professional
20 organizations as a physician?

21 A Yes. I continued in my --with my professional
22 affiliations, not only the American Medical
23 Association, but with the State Medical Association
24 in the specialty field. I'm certified as a fellow
25 in the American Occupation Medical Association,
26 American Preventive Medicine, and American Academy
27 of Occupation Medicine, which are three major
28 organizations crediting individuals who specialize
29 in occupation medicine.

30 Q Have you published articles in the fields of
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3 preventive medicine and occupational environmental
4 medicine?

5 A Yes. I've published at least a half of dozen
6 articles in the field of occupational medicine, as
7 well as spoken to groups on specialization and
8 occupational medicine, including teachings both by
9 appointments at Tulane School of Public Health and
10 currently as an adjunct associate professor at the
11 University of Texas School of Public Health in both
12 Houston and San Antonio.

13 DR. LEBYARD: Your Honor, we
14 would tender Dr. Leone as
15 an expert in the field -
16 -selective fields of
17 preventive medicine and
18 occupational and
19 environmental medicine.

20 DR. KLEINPETER: Yes, Your
21 Honor, we'll stipulate to
22 his expertise.

23 THE COURT: He'll be
24 qualified.
25

26 (DR. LEBYARD CONTINUES WITH DIRECT EXAMINATION)

27 Q Dr. Leone, you mentioned you started with Exxon in
28 the late 1940's. What was your position initially
29 with Exxon?

30 A Initially I started with the Standard Oil Company of
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3 New Jersey at Bayonne Refinery as a plant physician.
4 I think you realized that the company underwent some
5 mergers and name changes, but at that time it was
6 S.O. Standard of New Jersey that I started with,
7 which was the affiliate of the Standard Oil Company
8 of New Jersey.

9 Q Did you have occasion in your employment to
10 ultimately be transferred or transferred to the
11 Baton Rouge Exxon Refinery?

12 A Yes. I received a promotion and was assigned to the
13 Baton Rouge Refinery in 1957, at which time I was
14 given a position as assistant medical director in
15 the medical department at the Baton Rouge Refinery.

16 Q And how many years were you in Baton Rouge in that
17 stretch of time?

18 A I left that assignment the early part of 1963 to go
19 with the parent company in New York for an
20 indoctrination, accepting a position as medical
21 director for S.O. Libya before I went to Triple E
22 Libya to set up an occupational health program at
23 that time.

24 Q When you retired from the company what was your
25 position with the company?

26 A When I retired from the company in December, 1985 I
27 was medical director of Exxon Company, USA in the
28 Houston office.

29 Q Now, let's go back and talk a little bit more about
30 the years that you were a physician in the Baton
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3 Rouge refinery for Exxon. I believe you stated it
4 was from the years about 1957 to about 1963, is that
5 right?

6 A That's correct.

7 Q During those years what was --what type of medicine
8 were you focusing on or what were --what type of
9 work were you specializing in?

10 A Well, my assignment at that time in the Baton Rouge
11 refinery was to overlook the medical examination
12 program, look after the emergency room. We had a
13 disaster plan in the refinery. I was responsible
14 for looking after disaster and special treatment of
15 mass casualties because of my military background
16 and look after the monitoring and examination of our
17 employees as they came in for their health
18 examinations.

19 Q You mentioned occupational medicine a moment ago and
20 preventive medicine. Can you just tell the jury
21 briefly what that encompasses?

22 A Well, the field of occupational medicine is a
23 specialty and it's a branch of medicine which deals
24 with looking after the health of an individual in
25 relation to their work environment.

26 Q When you got to the Baton Rouge refinery did they
27 already have a medical department set up and
28 operating?

29 A Yes. There was a full staff of physicians, nurses,
30 technicians. It was a full-time medical department
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that was in operation and had been for many, many years, well established.

Q Do you know how many years that the Baton Rouge refinery had had it's own on-site medical staff?

A I believe the history would show at the inception of the refinery when it was built sometime after World War I period, perhaps 1917, 1918, somewhere in that time frame, they did establish a medical department with the start-up of the refinery. So, to my knowledge it was a continuous operation since the start-up.

Q Let's discuss a little bit how the --how the medical department was set up. I believe you said you were an assistant plant physician. Did you report to a plant physician?

A No. The position is assistant medical director. He had a medical director in the department, who was the department head and I reported to the department head who was the medical director.

Q And who would the medical director report to?

A The medical director reported to the manager of the refinery. As a department he reported to a manager.

Q Now, within the medical department was there also when you came in 1957 an established industrial hygiene department?

A Yes, there was an established industrial hygienist as a member of the medical department at that time.

Q Was the industrial hygiene department physically

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3 housed with the medical department?

4 A Oh, yes. The industrial hygienist was part of the
5 medical department and was in the entire complex of
6 the medical department.

7 Q And who was --who was in charge of the industrial
8 hygiene department?

9 A The industrial hygienist was Fred S. Venable.

10 Q All right. Now, would he also report to the medical
11 director?

12 A Yes. The way the organization was established the
13 industrial hygienist reported to the medical
14 director.

15 Q So he reported to the same person you reported to?

16 A That's correct.

17 Q So, I take it the medical department and the
18 industrial hygiene department worked closely
19 together in those years?

20 A Yes. I would perhaps say a little differently.
21 The industrial hygienist was on the staff and a
22 member of the medical department. It was one in the
23 same department.

24 Q All right. Did you have occasion to have close
25 contact with the industrial hygienist?

26 A Oh, yes. I saw the industrial hygienist I would say
27 almost on a daily basis in the department.

28 Q Now, in discussing the medical program one of the
29 things you mentioned was --that fell under your
30 responsibility was the physical and the medical
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3 monitoring program, is that right?

4 A Yes. We had an ongoing program of physical
5 examination of our employees on a regular scheduled
6 basis that they were asked to come in --and, of
7 course, it was a voluntary program, but we offered
8 complete physical examinations to our employees on a
9 regular basis.

10 Q There's been a reference to medical surveillance.
11 What does medical surveillance mean?

12 A Well, medical surveillance means to evaluate the
13 health of the individual in relationship to the work
14 environment and overlook the general health and at
15 the same time recognize any need for either change
16 in personal habits or treatment for any particular
17 early detection of any health problem.

18 Q When people came to the --when people first came to
19 work for Exxon did they receive pre-employment
20 physical?

21 A Yes. Our standard practice was do a complete pre-
22 placement, as we called it, an examination to
23 evaluate the physical condition and look at the type
24 of job assignment they had to see that they were
25 capable of performing from the physical standpoint
26 the required tasks of the physician.

27 Q Would that pre-employment physical give you a base
28 or a basis by which future examinations could be
29 checked against to see if there was anything going
30 on in the work environment?
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3 A Yes, because the real value of a pre-placement
4 examination is to start a complete history and
5 physical as the basis for later adding to the
6 history and physical findings, so you work
7 developing a complete profile of the individual as
8 far as their health condition is concerned.

9 Q You mentioned that one of the things you would do is
10 evaluate the job characteristic that a person was
11 going to be placed in. In other words, would you --
12 --would it be noted if a person was going to be doing
13 work with --involving noise or fumes or dust or any
14 other kind of potential problem?

15 A I don't believe I understood your question. Please
16 repeat it.

17 Q It's probably because I tend to --

18 A It's all right. Maybe I wasn't concentrating
19 enough.

20 Q When people were hired and were going to be sent
21 into different jobs throughout the refinery had
22 those jobs been evaluated by the potential exposures
23 or hazards with those jobs?

24 A Well, yes, the physical requirements to the jobs
25 were known to the examining physician and we would
26 then look at the physical capacities of the
27 individuals to be able to perform what was required
28 of them. In other words, it was a matching to see
29 that they were physically capable of performing the
30 job.
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3 Q All right. Now, having done that if a person comes
4 in for a regular physical would you make special
5 note of the fact that if the person had worked in,
6 say, a noisy job, or a job with fumes, or a job with
7 dust, so that you could pay particular attention to
8 that when doing the physical?

9 A Yes. At the time the individual came in for the
10 periodic health examination one of the requirements
11 on the form was to indicate any areas where they
12 worked, so if it was a question of a potential
13 exposure to noise or dust the examining physician
14 would know and would call attention to that
15 particular concern we might have to look after
16 evaluating the health of that individual.

17 Q You may not know this if you don't find, do you have
18 any idea of how many employees worked at the Exxon
19 Refinery in those years that you were in charge of
20 administering this medical surveillance program?

21 A Yes. In round numbers at the time I reported in
22 1957 in that position we had approximately seven
23 thousand employees in the refinery and chemical
24 plant which was all part of the same complex unit.

25 Q And this medical physical examination, medical
26 surveillance program, was something you were in
27 charge of?

28 A Yes, I was.

29 Q Now, did these physical include the regular taking
30 of x-rays?
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3 A Yes. It was routine to obtain a chest x-ray on
4 these examinations.

5 Q Now, did you try or did you have people there at the
6 refinery that read the x-rays and interpret it
7 themselves or how was that handled?

8 A All of the x-rays were interpreted and a written
9 report given by a certified radiologist, a
10 specialist who was trained in radiology.

11 Q Would that be somebody that worked for Exxon or
12 somebody that worked in Baton Rouge that would come
13 in on a contract basis?

14 A It was on a contract basis. They were not employees
15 of the company.

16 Q So, you got an outside radiologist to come in and
17 read your x-rays?

18 A Yes.

19 Q And then if he reported anything suspicious or if he
20 had a question what would be done?

21 A Every interpretation of the x-ray was dictated,
22 typed up and was given as a report what the
23 laboratory findings on that individual. The x-ray
24 report was included and that went to the examining
25 physician who then had the radiologist report of the
26 findings on that x-ray.

27 Q If there was anything that felt needed to be checked
28 out would then the industrial hygiene department get
29 involved?

30 A Well, if we found anything abnormal on the x-ray and
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3 it was called to the attention of the physician he
4 immediately then would probably consult with the
5 radiologist on that case, knowing the clinical
6 findings and review that, and if there was any
7 question, of course, the industrial hygienist was
8 also brought into the discussion in view of the
9 abnormal report.

10 Q You mentioned that in those years, '57 to '63, at
11 any given time the work force involved approximately
12 seven thousand?

13 A Yes, approximately that number.

14 Q In those years while you were in Eaton Rouge did you
15 ever find any evidence of asbestosis?

16 A No, I did not.

17 Q Did you ever find any evidence of lung cancer that
18 was in any way associated in anyone's mind with
19 occupational exposure?

20 A No, we did not during that period.

21 Q Were you aware of any incidence of mesothelioma?

22 A No. None had been reported all during that period.

23 Q Now, in the years that you were in Eaton Rouge in
24 '57 and '63 were you ever aware that asbestosis
25 could cause mesothelioma?

26 A No, during that time frame you mentioned it was not
27 --none.

28 Q Now, we mentioned --I mentioned asbestosis a moment
29 ago. You indicated that there were no evidence of
30 any asbestosis. In your experience is asbestosis
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something you can get in one lung and have the other lung appear clear and normal on x-ray?

A I would never anticipate just the unilateral one lung involvement, because any breathing you do through the respiratory tract you're talking about the main bronchus dividing in two and there's no way to separate any movement of the air from one side to the other, so I would have to say it would have to be --it would have to involve both lobes of the lung.

Q Now, we've been talking about these physicals and the fact that they were set up for all of these thousands of Exxon employees. Did you attempt to try to do physicals, such as you were going for the Exxon employees, for the independent contractors' employees who might come into the plant on occasion?

A No, we never did any physicals on contractor employees. We had no records on them. We had no base line studies and we didn't have access to them on a regular basis. We never did examine contractors.

Q Those people would not have been your employees, right?

A No, they were not. They were not on Exxon payroll and we were only responsible for the examinations of Exxon employees.

Q So, for someone that came on with the plant temporarily for a short construction job and then

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3 left again, you wouldn't have any access to a
4 physical that they may have received somewhere else
5 for their employment with Exxon, right?

6 A No, we would have no medical records at all, no
7 reports, no records.

8 Q Now, the kind of worker that would come into the
9 plant temporarily and do some job and then leave
10 again, would have, from a practical standpoint, the
11 ability to follow up on that employee at a later
12 date?

13 A No. We wouldn't even know who the individual was.
14 If they were in working with a contractor we
15 wouldn't have this knowledge. The medical
16 department would not have the information.

17 Q So, from a practical standpoint was it even feasible
18 to try to do any kind of medical surveillance for
19 contract employees?

20 A No, we'd have no information.

21 Q Now, was anything done or any program set up to try
22 to evaluate the incidence of cancer?

23 A Yes. We had an ongoing program which was started by
24 our parent company many years ago to register from
25 death certificates all causes of death. And,
26 because of some concerns that we had looking after
27 the health of the employees we started a cancer
28 registry which was also being done by many
29 universities and some of the states were requiring
30 identification of certain disease conditions.
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3 Q OK. Was this already in place when you got there
4 in 1957?

5 A Oh, yes. We had an ongoing registry of all deaths
6 and diagnoses. We used the international code for
7 diagnosing all cases of death.

8 Q Do you know when that had been implemented?

9 A I would have to say we had started that early on
10 when I took my first position with the company in
11 1947. So I would say we probably developed that
12 program around 1946 -- '45, early in my career.

13 Q So it was in place in Baton Rouge when you got
14 there?

15 A It was in place by the medical department, the
16 corporate organization, and in all of our medical
17 departments throughout the organization.

18 Q Now, could you explain to the jury how that registry
19 worked and what the purpose of the registry was?

20 A Well, the purpose of the registry was to look after
21 the health of our employees and determine from that
22 if there were any health problems and by doing that
23 we needed to have the causes of death, diagnoses,
24 heart disease, cancers, strokes, any of those
25 conditions and we identified them by, as I said, an
26 international code which all physicians use on death
27 certificates.

28 Q And was one purpose to alert you if there was any
29 uncommon incidents or unusual incidents or anything
30 that would lead somebody to think there was a
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3 protocol?

4 A Well, again, this would be good sound medical
5 practice to keep good records and be able to observe
6 should there be anything that might appear to be
7 abnormal you'd be aware of it by looking at your
8 statistics.

9 Q Now, when you mention statistics does that involve
10 the discipline of epidemiology?

11 A Yes, that's a specialty. Epidemiology, a term you
12 use as specifically an individual who then carries
13 out and looks at specific conditions and does a
14 statistical evaluation.

15 Q I don't want to go into great details because I
16 think the next witness is going to be --

17 A Is an epidemiologist.

18 Q --is an epidemiologist.

19 A And that isn't my specialty.

20 Q All right. But you are aware that epidemiological
21 surveys and studies were done at the Baton Rouge
22 plant?

23 A Oh, yes, definitely.

24 Q Now, in your role as the Assistant Medical Director
25 would you have occasion to spend a good portion of
26 your time out in the field?

27 A Yes. First of all, just out of interest to know
28 what the work environment is so you can evaluate the
29 health of individuals when you are examining them.
30 it was important for me to have a feel for the type

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Q Of work the individual so when I did examine them and get the history, I would know what was required. So, yes, getting out in the field and observing first hand I think was an important part of what I had to do.

Q Would you often accompany the industrial hygienist out into the field?

A Yes. That was not unusual for me to go out into the field with the industrial hygienist to look at an operation or look at a job or evaluate an individual who had a particular medical complaint.

Q At that time the industrial hygienist was Fred Venable, right?

A That was Fred Venable, correct.

Q Who's now deceased, right?

A That's correct.

Q Did you find him to be a conscientious and well respected industrial hygienist to the field?

A Oh, yes. I would say Fred was probably one of the most conscientious, sincere, hard-working, dedicated, a real credit to his profession, and very ethical. Yes, top notch.

Q Now, Dr. Leone, in going out into the field as you would, both with the industrial hygienist and sometimes on your own, would you have occasion to witness refinery operations, turn-arounds, construction, different phases of refinery activities?

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3 A Yes. I, on a number occasions, if I left the
4 medical department or had to go to different
5 locations in the plant or go down to the dock
6 sometimes, we had tankers to look after, seamen
7 coming in, so it was not unusual to go through the
8 various refineries or plant operations and have a
9 chance to observe men at work and activities.

10 Q Did you have occasion to simply witness insulation
11 activities?

12 A Yes. Catch on turn-arounds or going out or if there
13 were accidents, and sometimes we went out on the
14 ambulance, yes, we would have an opportunity to see
15 activity of that type.

16 Q Would you have occasion to see contract employees
17 working side by side, Exxon employees?

18 A Yes. They would be out there working in the same
19 area.

20 Q Now, in your trips into the plant, and how
21 frequently would you make these forays into the
22 plant?

23 A Well, it wasn't a regular established schedule, but
24 it wouldn't be unusual to get out once a month or
25 every six weeks, not unusual.

26 Q And, in the periods of time over the years that you
27 witnessed insulation activities did you ever see
28 anything that from an occupational health standpoint
29 you considered to be a problem?

30 A No. I would say no.
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Q Did you ever see what you considered to be excessively dusty environments involved -- associated with these insulation activities?

A No, I didn't observe anything of that nature.

Q Did you witness or personally observe the process of using water to wet down areas to minimize dust?

A Yes, that was standard procedure in those operations. You would see them losing down. Yes, that was the normal procedure.

Q Did you personally see Mr. Venable doing monitoring and air sampling during those years of work environments?

A Yes, I did see Fred on a number of occasions taking measurements, either in the area of noise with instruments or getting samples, air samples.

Q Now, we mentioned the medical department and the safe --and the industrial hygiene department. Was there also a safety department?

A Yes. The company had a very active safety department, but that is not in the medical department.

Q In addition, though, to the safety and in addition to the industrial hygiene and medical departments there was also safety department?

A That is correct. A safety department did exist.

Q And when you say they were --they were active, typically what kind of involvement would they have in operations?

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A Well, the safety department had the responsibility of looking after safety and as far as the operations were concerned in teaching safety and they had programs directed at safe practices, and obviously coordinated with industrial hygiene and environmental health since there was some overlap of responsibility looking after the environment.

Q Now, in these years that you were in Baton Rouge were you ever aware of any problem associated with asbestos dust on clothing?

A No, I was not aware of any.

Q Did you ever perceive the need to take any special precautions with clothing of people who worked with insulation?

A No, not at all.

Q Were you ever aware of any potential hazards to families of insulation workers?

A No, none.

Q Were you aware, again, in the times you were in Baton Rouge of any literature suggesting such a possibility?

A No, not no literature.

Q Were you aware at any time during those years of any laws or regulations or standards that would have applied concerning a person's clothing?

A No, none.

Q Now, there has been mentioned a time or two during this trial to a Dr. Selikoff. Who is Dr.

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3 Selikoff?

4 A Well, Dr. Selikoff is a professor at Mt. Sinai in
5 New York who's a specialist in lung disease.

6 Q Did he do a lot of work and research in the field of
7 asbestos during the 1960's?

8 A I guess I really can't answer that since I haven't
9 followed his career, but I know that he's published
10 articles on that.

11 Q Okay. Well, did you ever have occasion to meet with
12 Dr. Selikoff?

13 A Yes, I did.

14 Q When was that?

15 A In the Spring of 1969 I was attending a seminar on
16 chest disease which was given by the Mt. Sinai staff
17 and Dr. Selikoff participated in that as one of the
18 presenters when he spoke to us and presented
19 material about asbestos.

20 Q Okay. And what did you learn about asbestos at that
21 meeting?

22 A Well, I learned at that time the relationship was
23 asbestos to mesothelioma.

24 Q Did you -- was there anything discussed at that
25 program or put on by Mt. Sinai and Dr. Selikoff
26 concerning housewives or secondary exposures to
27 other people?

28 A No, I heard no mention of that.

29 Q Now, at this meeting did you have occasion to
30 discuss with Dr. Selikoff the programs that Exxon
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2
3 at that time had in place?

4 " Yes. During the discussion -- during the seminar
5 medical surveillance programs were discussed. A
6 program of our type, for example, was reviewed and
7 comments were made that everything was being --

8 MR. ALLINFIELD: Objection,
9 Your Honor, to the
10 hearsay.

11 MR. LILLIAN: Well, Your
12 Honor, I think he's an
13 expert witness and he is
14 entitled to rely on other
15 experts in helping to
16 form his opinions and
17 conclusions.

18 MR. ALLINFIELD: Yes, Your
19 Honor, about maybe
20 dealing with this
21 program, about how his
22 program operates, but I
23 think he's getting ready
24 to discuss an endorsement
25 or somebody saying,
26 "well, aha boy", or I
27 don't know what he's
28 getting ready to say. I
29 think he can talk about
30 what other experts and he
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3 discussed and what he
4 thinks is a good program,
5 but I believe it's
6 necessary to say what
7 somebody who's not here
8 in court said about your
9 program. And, that's my
10 objection.

11 THE COURT: Without knowing
12 what he's going to say
13 it's kind of tough.

14 MR. LEDYARD: Well, let me --
15 let me just approach it a
16 different way, Your
17 Honor.

18
19 Q Did you have occasion --without saying what Dr.
20 Selikoff told you did you have occasion to explain
21 to him the --Exxon's programs and efforts that you
22 currently had in place?

23 A Well, I had referred to the medical surveillance and
24 the x-rays that we were obtaining on our employees
25 and to see if there were anything else that we could
26 do to insure that the best techniques and knowledge
27 was made available to our physicians looking after
28 employees, any insulators or asbestos workers.

29 Q And did you come away from that meeting feeling that
30 you have a good program and that you were doing all
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2
3 you could do?

4 A: Yes. I was very comfortable after that discussion
5 with the understanding that with the present
6 knowledge we had we were taking everything available
7 we could to our examining physicians on our program
8 for medical surveillance.

9 MR. LELAND: Thank you,
10 Doctor. No further
11 questions.

12 THE COURT: One thing before
13 we go any further. I
14 just need to tell y'all
15 about my time restraints
16 and what I'm willing to
17 do. But, I told y'all
18 today I have to swear
19 someone in in Fort Allen
20 at 5:00.

21 MR. ALLEN: You'll need
22 to leave when, Your
23 Honor?

24 THE COURT: Probably in about
25 fifteen or twenty
26 minutes. Now, I'm
27 willing to come back and
28 finish this and go as
29 long as y'all want to
30 tonight. I can't have
31

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only proceed with that.

MR. ALLINPETER: No, sir, I'll

finish up.

THE COURT: Okay.

CROSS EXAMINATION

BY MR. ALLINPETER:

Q Let me just review my notes, Dr. Leone. I didn't have the pleasure of exposing you and this is the first time we've met. Let me ask you, have you seen dust counts in the Baton Rouge refinery after 1951?

A No, I have not.

Q Now, as I appreciate it you became Assistant Medical Director in 1957, true?

A Correct.

Q Before that in 1947 you joined the Laxon group?

A That's right.

Q All right. I missed --where were you when you joined the group?

A I was at Bayonne Refinery in Bayonne, New Jersey, my first assignment.

Q Yes, sir. And your job there was what?

A I was plant physician at that refinery. That was the title then.

Q A plant physician?

A Plant physician.

Q Were you part of the --was that a S.O. Company --a

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Standard Oil Company?

A That's right. It was S.O. Standard at that time.

Q Okay. Were you aware of dust producing operations, the article, the '82 page article of dust producing operations --

A No.

Q --when you joined the Exxon group in 1947?

A I guess I don't know the article you're referring to.

Q All right. It's been introduced as Plaintiff's-1. I'm just --have you ever reviewed this or seen this, "Dust Producing Operations?"

A (Witness views exhibit) No, I have not.

Q All right. And you haven't seen it at any time? Today is the first time you've seen this?

A I have never seen that. Apparently it's something dated 1937 I see on the cover sheet.

Q Yes, sir, 1937. Now, would it be correct that you don't know what dust counts were in the breathing zone of Baton Rouge refinery employees from 1937 to 1963?

A No. I did not handle dust samples.

Q And, not only that, but would it be correct that whatever dust counts there were are not known today and were not known then, and from 1937 to 1963 at the Baton Rouge refinery?

A Well, I wouldn't have any knowledge. I think you're asking me would I know were there any dust counts.

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2 I don't know.

3 Q All right, you don't know.

4 A Right.

5 Q And you wouldn't know any dust counts for contract
6 workers or anybody, true? You were not aware of any
7 dust counts at the refinery during that time?

8 A I would not have any knowledge of this, whether
9 there were counts done or not.

10 Q All right. Now --

11 A Counts may have been done but I wouldn't know this.

12 Q All right. Well, let me ask you something. These
13 have been previously introduced. They concern a
14 loading operation in the Number Two Store House.
15 I'm going to show you Plaintiff's Exhibit-3, a
16 October 25, 1951 document, which is -- do you know
17 Dr. Hanson?

18 A Yes, I know who Dr. Hanson is.

19 Q And Dr. Hanson was who?

20 A Dr. Hanson was the medical director there prior to
21 my assignment. He had resigned before I went to
22 Baton Rouge, but I know who he was and I had met
23 him. He was a practicing physician in Baton Rouge
24 afterwards.

25 Q All right. He, according to this document, had to
26 improve Mr. Venable's dust counts. Is that the
27 right way to read that document?

28 A Apparently this is a letter that Fred Venable has
29 written to a Mr. Moore in the storage department
30

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3 about carrying out some studies of dust
4 concentrations during an unshipped --an unloading
5 of shipment. That's the document you've given me.

6 Q Yes, sir. Now, I'm going to exhibit to you now in
7 connection with this document Plaintiff's-21, which
8 is --has Fred Venable at the top, Gray --Eugene
9 Gray, number two storage building, and it says, "a-
10 ray of chest, suspicious of lung irritant." To
11 "check on degree of asbestos or other toxic dust
12 exposure." If you would review that so that I can
13 ask you a question or two about it, sir.

14 (WILLIAM REVLINS DOCUMENT)

15 Have you reviewed that, sir?

16 A Yes.

17 Q Did you ever --or did the medical department ever
18 find out what was going on with Mr. Gray's lungs or
19 do you know?

20 A I wouldn't know. This is 1951, the date, and I
21 wasn't in the Eaton Rouge refinery, so I have no
22 knowledge of this.

23 Q I appreciate that. Did Fred Venable as the
24 industrial hygienist in the medical department with
25 you in 1957 to 1963 ever discuss the situation like
26 Eugene Gray's with you?

27 A No. I never heard of Eugene Gray. Sorry, I don't
28 know Eugene Gray.

29 Q All right. In 1947 you were with the Exxon group,
30 correct?

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2 A That's right.

3 Q You've testified to that. Sir, in 1947 did you have
4 decision to read the New England Journal of Medicine
5 as a reference in 1947?

6 A I'd have to see what you're referring to.

7 Q Yes, sir. I've marked this as a publication --the
8 --the New England Journal of Medicine. Are you
9 familiar with the publication?

10 A Yes, I'm familiar with The New England Journal of
11 Medicine.

12 Q And were you so familiar with The New England
13 Journal of Medicine in 1947?

14 A I knew of The New England Journal of Medicine in
15 1947.

16 Q Yes, sir, certainly from your studies, true?

17 A Yes.

18 Q And you would agree it's certainly one of the
19 premier publications in the United States?

20 A Oh, yes.

21 Q And, if you would, I direct your attention to the
22 first sentence and read the first sentence under
23 "Presentation of Case." Do you know what this
24 article preserves?

25 A I've never seen this article before.

26 Q Would you read the first sentence under
27 "Presentation of Case" for the jury right here?

28 A It refers to a case of a Swedish asbestos worker
29 entering a hospital with cough and chest pains. So
30

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Apparently it's a case report I presume.

Q And the patient's -- where just this one sentence here, if you'd read it for the jury, right here.

A It refers to an operation cutting asbestos boards.

Q All right. And if you would turn to, I believe it's page 412 or 411.

MR. LELIAHL: Your honor, excuse me, I'd like to lodge an objection. The doctor has indicated he's never seen this before. Other than the fact he recognizes The New England Journal of Medicine as being a journal at the time, proper foundation hasn't been laid for this article through this witness and I would object to just having the doctor read sentences here and there for something he's never seen.

MR. KILLIAN: Your honor, notice to a company as vast as Exxon can

1 MR. COOK 1. LICH

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3 certainly --it's partl,
4 what this case is about.
5 he's testified the
6 publications --a
7 premiere publication.
8 he's testified he was
9 aware of it in 1947. he
10 worked for Exxon in 1947.
11 I don't know how we can
12 do much better than that.
13 I planned --I'm going to
14 ask him some follow-up
15 questions concerning him
16 too.

17 MR. LELIYAL: Well, Your
18 Honor, I'm aware of some
19 textbooks too, but I
20 haven't read them. he's
21 indicated he's never seen
22 this before.

23 MR. ALLENFELT: Well, I going
24 to direct some questions
25 to that, Counsel.

26 MR. LELIYARD: Your Honor, I
27 object to --

28 THE COURT: I understand your
29 objection and I'm going
30 to see where it leads.
31

1 MR. JOHN T. LUCAS

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2
3 I'll let him ask the
4 question for this time.
5 If he gets far-etched I
6 will sustain it.

7 MR. ALLINPTER: Thank you,
8 sir.

9
10 Q In 1947 what type of medical research department did
11 Exxon have?

12 A I have no knowledge of the research department. I
13 told you I was assigned as a plant physician in
14 Bayonne. Incidentally, you had given me an article
15 here and in March of '47 I wasn't even with the
16 company then. I was still on active duty with the
17 U.S. Army.

18 Q All right. But in March of 1947 are you telling me
19 you have no knowledge whatsoever of the ESSO
20 research division or any of its activities or what
21 they did in reference to review of the literature?

22 A No, I have no knowledge of what the research
23 division of Standard Oil Company of New Jersey was
24 in March of 1947.

25 Q Are you familiar with the name of Robert Eckerd?

26 A Yes. I did meet a Dr. Eckerd who was with the S.O.
27 Research as I recall, but that wasn't in 1947. That
28 was later after I came with the company and I -- it
29 was several years after that.

30 Q All right. Do you know who was the medical director
31

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of the S.C. Research in 1947?

A No, I don't know.

Q Do you think it's more likely than not that the S.C. Research Division received The New England Journal of Medicine regularly as a publication at its research division?

A I don't know.

MR. LELYAK: Your Honor, I'm going to pose an objection. He's indicated he doesn't know what the research division was doing. He was with the Army and probably wasn't even thinking about Exxon at that period of time. To have him speculate --

THE COURT: That's exactly what it would be, it would be speculation.

MR. KELLER: Your Honor, I am asking him if it's more likely than not that the department or someone at Exxon would have received this publication.

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THE COURT: He's no more qualified to answer that than I am if he wasn't there. I could answer it for you if you want, but I mean it's -- I think I heard him kind of groan the answer before the objection got out. He said he doesn't know. Am I correct, Doctor?

(WITNESS CONTINUES ANSWER)

A Yes. I have no knowledge of what was going on in March of 1947.

Q All right. Did you as a physician receive The New England Journal of Medicine in 1947 in March?

A No, I did not receive the publication.

Q Did public libraries receive in March of 1947 the New England Journal of Medicine?

A Well, I presume they could. It's available to anyone who wants to take the publication.

Q What type of people -- you were a doctor in March of 1947, were you -- you were, sir?

A Yes.

Q What type of people would be interested in receiving The New England Journal of Medicine in 1947?

A Well, I think anybody who is interested in the field

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2
3 of medicine might take a publication of a medical
4 journal. There was the Journal American Medical
5 Association or The New England Journal of Medicine.

6 There are --and there are state publications.
7 There are many, many medical journals available to
8 physicians that can be read.

9 Q Did you do exams on the people who are involved in
10 the medical surveillance program?

11 A Yes. I indicated I did in our department, to carry
12 on medical examinations of our employees.

13 Q And do you know what --have you done any follow-up
14 or supervise any follow-up studies of any asbestos
15 workers at the Exxon plant?

16 A No, I never did any specific asbestos case follow-
17 up.

18 Q Mr. Gray, in plaintiff's exhibit 3, 4, 5, and I
19 believe 21, he was a laborer, wasn't he?

20 A I have no knowledge of this man. You showed me a
21 memo in '51. I don't know who he is.

22 Q Has anybody ever done a study of the asbestos
23 workers that Exxon employed in the '50's and '60's
24 to your knowledge?

25 A To my knowledge we did not.

26 Q Do you know how long Exxon employed insulators?

27 A How long did they employee insulators?

28 Q Yes, sir.

29 A You mean when they first starting employing them?

30 Q Yes, sir.

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A No, I don't know when they first started.

Q Do you know when they would they ever stop employing insulators?

A I have no idea of the employment.

Q Have you been informed of or had related to you the testimony of Mr. Doyle Ball in this case?

A Doyle Ball?

Q No, sir, I'm sorry. Mr. Doyle Ball. Have you ever --

A No, I never heard the name.

Q The name doesn't mean anything to you. Are you -- have you ever seen Exxon insulators on the site at the plant in 1997 or any year subsequent thereto use patches while working out in the field on insulation -- on old insulation?

A No, I never witnessed anything like that.

Q Have you ever seen an insulator issued a hatchet?

A No, I have not.

Q Have you ever seen them issued a mallet?

A No, I would not have any knowledge of that.

Q Have you ever seen any Exxon insulators wear respirators?

A Oh, yes, many times.

Q Would you agree the respirators are the absolute last line of defense from the environmental hygiene standpoint?

A Maybe if you will rephrase that. I don't understand that.

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2
3 Q It's the last method chosen by an industrial
4 hygienist or occupational medicine expert in order
5 to prevent disease?

6 A Well, when you say last method, all I could say is,
7 it is a method to provide a barrier so that people
8 will not breathe in dust, and that's what a
9 respirator is used for.

10 Q In 1973 do you know what position Robert Eckers had?

11 A In 1973?

12 Q Yes, sir?

13 A No, I have no knowledge of his position.

14 Q If he was Director of the Medical Research Division
15 of Esso Research and Engineering Company, you
16 wouldn't know?

17 A Well, I knew that was his position, but what he was
18 doing in 1973, I don't know when he retired or what
19 the dates were.

20 Q Might there be some other people like Mr. Gray whose
21 lungs were abnormal, but you don't know about it,
22 sir?

23 MR. LELYAK: Your Honor, I'm
24 going to object.

25 THE COURT: Sustained.

26 MR. ALLENPETEK: Your Honor, I
27 can't have any further
28 questions.
29
30
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1 MR. JOHN T. LELAND

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2
3 REDIRECT EXAMINATION

4
5 BY MR. LEDYARD:

6 Q Doctor, you mentioned you left Latch Kedge by 1963
7 and then you had referenced a meeting with Dr.
8 Solikoff in 1969. Where were you in the interim?

9 A During that interim period I was Medical Director
10 with Esso in Libya. I was in Libya setting up an
11 occupational health program for employees there.

12 Q Okay, and you mentioned in discussing, in answering
13 my questions the fact that you saw Mr. Venable doing
14 air sampling and dust studies, so I understand from
15 your response to Mr. Kleinpeter that you simply
16 today can't tell anybody exactly what the findings
17 were, what the results were?

18 A Yes, I know samples were taken, but I have no
19 reports. I didn't receive them, and I wouldn't have
20 any knowledge of those findings.

21 MR. LEDYARD: Thank you.

22
23 RECROSS EXAMINATION

24 BY MR. KLEINPETER:

25 Q And lastly, you don't know what he was sampling, do
26 you Dr. Leont?

27 A I just know they were dust samples.

28 Q You know they were dust samples. Do you have any
29 idea of where the depository of these dust sample
30 results would be?

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3 A No, I wouldn't know. All I know is that the samples
4 were sent to a lab for analysis and reports were
5 obtained, but I don't know where they were kept or I
6 never received them.

7 Q What labs - labs on site at the Hatch Kettle Refinery
8 or labs off-site?

9 A We did not have a lab to analyze dust samples in
10 Hatch Kettle in the Refinery, not in the Medical
11 Department.

12 Q Where would records of lab results of dust counts be
13 kept?

14 A I really don't know the answer to that.

15 Q You, as Assistant Medical Director working with the
16 hygiene people, don't have any idea where the dust
17 count results would be?

18 A No, because I had mentioned earlier, the Industrial
19 Hygienist did not report to me. So, I didn't have
20 reports from them, nor did I get results of any lab
21 tests.

22 MR. KLEINFELDER: No further
23 questions, thank you.

24 MR. LEEYARD: Thank you, Doctor.

25 THE COURT: Eight-thirty
26 tomorrow morning.

27 (THEREUPON, COURT WAS ADJOURNED)
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1 DR. JOHN T. LECHE

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4 STATE OF LOUISIANA
5 PARISH OF IBERVILLE
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8 C E R T I F I C A T E

9
10 I, TONI BOURGEOIS, a certified general reporter,
11 in and for the Parish of Iberville, State of Louisiana, do
12 hereby certify:

13 That the preceding matter was reported by me in
14 shorthand complemented by magnetic tape recordings;
15 thereafter reduced to typewriting by me; and that the
16 foregoing pages 1 through 4 contain a thorough and
17 correct transcript of the testimony given, under oath, in
18 the preceding matter heard on the 13th day of JANUARY,
19 1992.

20 At Lakeview, Louisiana, this 9th day of
21 August, 1993.

22
23 Toni Bourgeois
24 TONI BOURGEOIS, C.G.R.
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