

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS

MARIE B. SOIGNET, et al.,
Plaintiffs,
vs.
MONTELLO, INC.,
Defendant.

)
)
) CIVIL ACTION
)
) FILE NO. B-86-1193
)
)
)

- - -

Deposition of DR. HILTON C. LEWINSOHN, taken
on behalf of the Plaintiffs, in accordance with the
Federal Rules of Civil Procedure, before Janet K.
Wilson, Certified Court Reporter and Notary Public,
at Marriott Airport Hotel, Room 922, Atlanta,
Georgia, on the 9th day of March 1989, commencing at
the hour of 2:00 p.m.

DUPLICATE
FILE COPY

BROWN REPORTING, INC.
1100 SPRING STREET, SUITE 750
ATLANTA, GEORGIA 30309
(404) 876-8979

UCAREF00011433

INDEX TO EXAMINATIONS

<u>Examination</u>	<u>Page</u>
Cross-Examination by Mr. Caruso	4
Direct Examination by Mr. Guyton	61
Recross-Examination by Mr. Caruso	62
- - -	

1 APPEARANCES OF COUNSEL:

2 On behalf of the
3 Plaintiffs:

DANIEL J. CARUSO, Esq.

4 On behalf of the
5 Defendant:HENRY G. GARRARD, III, Esq.
JOSEPH GUYTON, Esq.

6 Also Present:

Ms. Christina Berk

- - -

7 MR. CARUSO: This deposition is being
8 taken for all purposes allowed under the Federal
9 Rules of Civil Procedure. All objections except to
10 form of the question are reserved until the time of
11 trial.

12 Dr. Lewinsohn, you have a right to read
13 and sign this deposition or you can waive. What is
14 your pleasure with that regard?

15 THE WITNESS: I'd like to read it.

16 MR. CARUSO: Make a note that the doctor
17 would like to read the deposition.

18 May I ask to whom should the deposition
19 be sent for getting him to read it?

20 MR. GARRARD: Directly to him; and it's
21 agreeable with me if he signs it in front of any
22 notary.

23 DR. HILTON C. LEWINSOHN,
24 having been first duly sworn, was examined and
25 testified as follows:

CROSS-EXAMINATION

BY MR. CARUSO:

Q. Would you state your name for the record, please.

A. Full name is Hilton Cecil Lewinsohn, L-e-w-i-n-s-o-h-n.

Q. And by whom are you presently employed, Dr. Lewinsohn?

A. By Union Carbide Corporation.

Q. And in what capacity?

A. I'm the medical director for the Chemicals and Plastics Group.

Q. How long have you had the position of medical director for the Chemicals and Plastics Group at Union Carbide?

A. Since 1986, I believe.

Q. Did you hold another position with Union Carbide before 1986?

A. Yes. I was then assistant corporate medical director.

Q. How long did you hold that position?

A. I joined Union Carbide in July of 1982.

Q. So from July of '82 until '86 you were the assistant corporate medical director, and now you're the medical director?

UCAREF00011436

1 A. Well, not exactly.

2 Q. What exactly?

3 A. I was assistant corporate medical
4 director; I'm now medical director of the Chemicals
5 and Plastics Group, which is a business group of
6 Union Carbide.

7 Q. And when you were assistant medical
8 director, who was the corporate medical director?

9 A. Dr. Thomas Lincoln.

10 Q. And while you were assistant corporate
11 medical director, was there a medical director for
12 the Chemicals and Plastics Group?

13 A. We were differently structured in those
14 days, and there was an assistant medical director --
15 assistant corporate medical director -- who had
16 responsibilities for the Chemicals and Plastics
17 Divisions; but there was no business group as such.
18 You know, it's all to do with the corporate
19 structure.

20 Q. Let's just talk about that for a second.
21 You got to Union Carbide in 1986; correct?

22 A. 1982.

23 Q. Excuse me. And when you arrived at Union
24 Carbide, since you were the assistant corporate
25 medical director, I take it there was a Corporate

1 Medical Department?

2 A. That's right; and there were other
3 assistant corporate medical directors. I was not
4 the only one.

5 Q. As assistant corporate medical director
6 in 1982, were you responsible for any particular
7 division of Union Carbide?

8 A. Yes. I had responsibility for -- I'm
9 trying to think back -- Carbon Products Division,
10 for the Home and Automotive Division, Battery
11 Products Division, and Specialty Polymers and
12 Composites Division.

13 Q. Did any of those divisions you just
14 mentioned have anything to do with the asbestos
15 products of Union Carbide?

16 A. No.

17 Q. Who was it that had that responsibility
18 when you got there?

19 A. That was Dr. Fortney, F-o-r-t-n-e-y.

20 Q. Is that Guy Fortney?

21 A. That's the one.

22 Q. Does he still work for Union Carbide?

23 A. He does, yes.

24 Q. What is his position?

25 A. He's corporate medical director.

UCAREF00011438

1 Q. And you held the position of assistant
2 corporate medical director from 1982 until 1986?

3 A. Right.

4 Q. And then in 1986 you became a medical
5 director for the Chemicals and Plastics Group?

6 A. That's correct.

7 Q. And Dr. Fortney, somewhere along the way,
8 became the corporate medical director?

9 A. About the same time.

10 Q. What happened to Dr. Lincoln?

11 A. He retired.

12 Q. Does that mean in the overall chain of
13 command here you somehow report to Dr. Fortney or --

14 A. No, I don't report to Dr. Fortney. He is
15 at the corporate level; I'm in a business group.

16 I report to the director of Occupational
17 Health, Product Safety and Liability in the Chemical
18 Plastics Group.

19 Q. Does Union Carbide still make any
20 products or sell any products that have an asbestos
21 component, to your knowledge?

22 A. Not as far as I'm aware.

23 Q. So between 1982 and 1986, it would have
24 been Dr. Guy Fortney -- if I'm right about this --
25 who was involved with the asbestos products?

1 A. Yes; it was his division.

2 Q. What division was that?

3 A. I think it was Metals Division in those
4 days.

5 Q. You do have some experience with
6 asbestos; do you not?

7 A. Yes, I do.

8 Q. And it goes back, as I understand it, to
9 the 1960s --

10 A. It does.

11 Q. -- when you were a member of the
12 Pneumoconiosis Medical Panel in England?

13 A. In Manchester, England.

14 Q. Can you tell us what that panel was all
15 about? What did it do?

16 A. Well, the panel was part of the ministry
17 of pensions and national insurance, as it was known
18 in those days, and its functions were twofold,
19 basically.

20 One was to review claims made by workers
21 in different industries for -- I'm trying to think
22 of the word -- for what the benefit was called --
23 industrial insurance injuries benefits.

24 Q. Like a Workers' Compensation?

25 A. Like a Workers' Compensation. They made

1 the claims. The lay administration then decided if
2 they had to be reviewed or not by members of the
3 panel; and then the members of the panel would
4 examine the claimants, review their cases, and make
5 a diagnosis upon which the lay administration then
6 determined what amount of compensation should be
7 paid.

8 The second function of the panel was to
9 carry out initial and periodic medical examinations
10 under the provisions of the Industrial Insurance
11 Injuries Act. So we went to asbestos factories, we
12 went to quarries, potteries, and examined newly
13 hired employees and active employees periodically to
14 determine, first of all, in the case of newly hired
15 employees, whether there was any reason why they
16 should not do that particular job because of any
17 medical or physical reason; and in the case of
18 active employees, to determine whether they were
19 suffering from any work-related effects which would
20 entitle them either to compensation or prompt us to
21 suspend them from that aspect, because we had that
22 priority.

23 Q. Since the title of this panel was the
24 Pneumoconiosis Panel, I take it one of the things
25 you were looking for was asbestosis in the workers?

1 A. In the asbestos workers, we were looking
2 for two things.

3 In the initial examination, we were
4 looking to see that people newly hired in the
5 industry didn't have any medical contraindications
6 if they were potentially exposed; and examining the
7 workers to see if they weren't suffering from any
8 ill effects.

9 Q. One of which would have been asbestosis?

10 A. Yes.

11 Q. And what years are we talking about?
12 1963 --

13 A. 1963 to 1966.

14 Q. What was it about a person that would
15 disqualify them from working in an asbestos
16 environment under the guidelines of the
17 Pneumoconiosis Panel?

18 A. Any preexisting chest disease that might
19 have made them more susceptible or less able to cope
20 in a dusty job or a job where there was potential
21 for dusty exposure.

22 Q. Such as --

23 A. Such as tuberculosis, active
24 tuberculosis, or severe chronic bronchitis, severe
25 heart disease in which the lungs were likely to be

1 comprised and not able to function effectively
2 because of a heart problem; things like that.

3 Q. So you did not want a person whose either
4 lung function or heart function was already
5 comprised to be working in an asbestos environment?

6 A. Correct; or somebody who already had
7 worked previously in an environment of that kind,
8 coal mines or any other dusty job which could also
9 have comprised them.

10 Q. So a person, for example, coming from,
11 say, a coal mine in Wales into an asbestos factory
12 in Manchester --

13 A. -- would be carefully looked at.

14 Q. Would he have to exhibit some type of
15 dust-related disease before you would have
16 disqualified him, or would the history alone
17 disqualify him?

18 A. No, the history alone would not
19 disqualify him. He had to have some evidence of
20 being impaired in some way.

21 Q. Is it fair to say that, to your
22 knowledge, in a period of time 1963 to 1966 that
23 asbestosis was a recognized disease associated with
24 asbestos?

25 A. Yes.

1 Q. Was there at that time, in 1963 to 1966,
2 a recognized association -- by that I mean one which
3 would be recognized by people with your expertise --
4 between asbestos exposure and lung cancer?

5 MR. GARRARD: I'm going to object to your
6 question. Dr. Lewinsohn is not here as a state of
7 the art witness, was not employed by Union Carbide
8 at that time, and that is a question that is outside
9 any relevance of his testimony whatsoever.

10 Q. You can answer the question.

11 A. Can you just repeat it please?

12 Q. My question inartfully stated was -- if I
13 can try to recall it -- was that in this period,
14 from 1963 to 1966, did experts in the occupational
15 disease area such as yourself at the time recognize
16 an association between asbestos exposure and lung
17 cancer?

18 MR. GARRARD: Same objection.

19 Q. And I mean bronchiogenic carcinoma.

20 MR. GUYTON: I'll further object. This
21 witness has not been listed as an expert witness in
22 this case.

23 A. I'm going to make a comment. At that
24 time I would have hardly had been an expert in that
25 area; but to answer your question, I believe that

1 in -- by that time the association between asbestos
2 exposure and the development of lung cancer had been
3 recognized, although perhaps not universally
4 accepted.

5 Q. Was there a time in the late sixties or
6 early seventies -- we keep going back in time,
7 okay -- but when there was an acceptance of the
8 association between lung cancers and exposure to
9 asbestos?

10 MR. GARRARD: I object to your question
11 again, because he is not here as an expert on state
12 of the art matters. I think that's what you were
13 inquiring into. And I'm going to direct the doctor
14 not to answer the question.

15 MR. CARUSO: Well, the question goes to
16 what everybody knew about asbestos at a particular
17 time, which in turn relates to what each individual
18 company's obligation is to warn; and secondly, to
19 the question of whether or not this product under
20 the law is unreasonably dangerous for its intended
21 use. Where he was is of no consequence.

22 MR. GARRARD: He was not an employee of
23 Union Carbide at the time. What he may or may not
24 have thought at that time is not relevant as to
25 Union Carbide.

1 MR. CARUSO: Well, I'm not asking him
2 what he thought; I'm asking him --

3 MR. GARRARD: He is also not put forward
4 as an expert on state of the art matters by Union
5 Carbide, has not been listed as an expert, and I
6 think it's outside the field of inquiry permissible
7 as to this witness.

8 MR. CARUSO: I'm going to reserve my
9 right to go back to that and possibly call the
10 Judge.

11 Q. Doctor, over the years you have studied
12 and kept up, I take it, with information dealing
13 with asbestos and its association with various lung
14 diseases?

15 A. Up to a point in time.

16 Q. Would it be fair to say, then, in the
17 late 1960s and early 1970s this was a subject that
18 you were keeping abreast of, the relationship
19 between asbestos and asbestos-related diseases?

20 A. Yes, that's fair enough.

21 Q. And it is true, is it not, Doctor, that
22 in that period of time between the late 1960s --
23 we'll talk about, say, 1965 up until about 1975 --
24 articles were published by various individuals and
25 groups demonstrating the association of asbestos

1 with certain illnesses?

2 A. Yes, there was literature containing such
3 articles.

4 Q. And there were articles that were
5 published at that time that linked asbestos with
6 asbestosis; is that correct?

7 A. Yes.

8 Q. And there were articles that were
9 published that linked asbestos with lung cancer?

10 A. Yes.

11 Q. And there were publications that came out
12 as early as 1960 by Dr. Wagner linking asbestos
13 exposure with a disease process known as
14 mesothelioma; is that correct?

15 A. I prefer the use of the word "associated"
16 rather than "linking"; yes.

17 MR. GARRARD: Excuse me. Did you say
18 chrysotile asbestos?

19 MR. CARUSO: No; I said asbestos.

20 Q. In the articles associating asbestos with
21 mesothelioma which appeared in the sixties -- the
22 early sixties, did those articles draw a distinction
23 between crocidolite and chrysotile as a cause of
24 mesothelioma, if you can recall?

25 MR. GARRARD: I'm going to object to your

1 question unless you tell him what articles you are
2 talking about. There is a lot of literature in the
3 time frame that you are mentioning. Also, I further
4 object that he is not listed as an expert, and you
5 are at this point in time doing nothing but a state
6 of the art examination of this witness.

7 He is not a state of the art expert in
8 this case. He also was not an employee of Union
9 Carbide at that time.

10 Q. I don't even know what that means, okay;
11 but I'll do it this way.

12 After you left the Pneumoconiosis Panel
13 in 1965 or -'6 --

14 A. '66.

15 Q. -- you went to work for an outfit called
16 Turner Brothers?

17 A. Turner Brothers Asbestos Company,
18 Limited.

19 Q. And where is Turner Brothers Asbestos
20 Company, Limited, located?

21 A. In Rochdale, Lancashire, England.

22 Q. And what was your job with Turner
23 Brothers Asbestos Company, Limited?

24 A. When I went there I went as a medical
25 officer.

1 Q. And what were your job duties as a
2 medical officer?

3 A. To do initial and periodic examinations
4 of employees working with asbestos and -- also to
5 see any other workers that needed my advice and
6 counsel.

7 Q. You were what we call the company doctor?

8 A. That's right; I ran the medical
9 department.

10 Q. There was a doctor there also named Knox?

11 A. Dr. Knox retired in 1965.

12 Q. And did you, in essence, take his
13 position when you went there?

14 A. Yes -- not fully. I took the title of
15 medical officer; Dr. Knox had had the title of chief
16 medical officer.

17 He remained on as a consultant even after
18 retirement, so there was still another notch on the
19 ladder.

20 Q. You said Turner Brothers Asbestos
21 Company. What was the business of Turner Brothers
22 Asbestos Company? Did it make asbestos products?

23 A. Turner Brothers Asbestos Company in
24 Rochdale, plant in Rochdale, manufactured asbestos
25 textiles.

1 Q. So it was a textile manufacturing plant?

2 A. In Rochdale, yes.

3 Q. Now, was there another Turner Brothers
4 plant that wasn't in Rochdale that did something
5 else?

6 A. There was another one in Hindley Green,
7 also in Lancashire, which made asbestos textiles;
8 also made -- they made -- there was glass fiber
9 there; it was a glass fiber plant. And there was a
10 plant in Dungannon, which is in Northern Ireland,
11 which made glass fiber.

12 And there was a plant in the south of
13 England in, S-l-o-u-g-h, I think it was in Slough,
14 that also made glass fiber.

15 Q. Now, were you the medical officer for all
16 these plants?

17 A. Well, I was the medical officer for
18 Turner Brothers Asbestos Company, Limited; and as
19 such I had, if you like, oversight or supervisory
20 responsibilities for all these plants, yes. I
21 didn't go to all these plants to perform my hands-on
22 duties there.

23 Q. You had other doctors --

24 A. There were other part-time -- mostly
25 part-time -- contract positions.

1 Q. How long did you hold this job at Turner
2 Brothers?

3 A. Well, I was -- I became -- I was with the
4 Turner and Newall group of companies in which Turner
5 Brothers Asbestos Company was a subsidiary for a
6 period of approximately ten years; from 1966 to
7 1976. Then I became the group medical advisor to
8 Turner and Newall Company, I think about 1969; but I
9 don't remember the dates offhand. Maybe later; I
10 just don't remember.

11 Q. Now, in that period of time, between 1966
12 and 1976, since you were a medical officer for an
13 asbestos-related concern, I take it it was up to you
14 to keep abreast of what was going on in the medical
15 and scientific community regarding asbestos and the
16 possible health effects associated with asbestos; is
17 that fair?

18 A. Yes; that was expected.

19 Q. The type of asbestos fiber that was being
20 used by Turner Brothers in this period of time, what
21 type was it? Do you know?

22 A. Turner Brothers?

23 Q. Yes.

24 A. They basically were using chrysotile
25 asbestos fiber; but they also used some crocidolite.

1 Q. You said Turner Brothers, and you nodded
2 your head at me. Was there some other one of these
3 plants that was using something else besides --

4 A. Well, we talked about Turner Brothers
5 Asbestos; not about Turner and Newall as a
6 corporation.

7 Q. Were they doing something different than
8 Turner Brothers Asbestos?

9 A. Yeah. They were a large corporation and
10 involved in other areas of the asbestos business.

11 Q. Like --

12 A. They had mining business and they had
13 asbestos cement interests.

14 Q. Now, where were their mines?

15 A. When I first went there, of course, they
16 were still operating the mine in Southern Rhodesia,
17 which is now Zimbabwe. Then Rhodesia declared its
18 unilateral declaration of independence, and that
19 source of supply was cut off.

20 They had mines in north British Columbia,
21 Cassiar, and there was a mine in Swaziland.

22 Q. Now, did you have anything to do with
23 these mines by way of your medical directorship?

24 A. Well, I knew about them, and I visited
25 both of them. I didn't visit Rhodesia because of

1 the political situation.

2 Q. Was there a medical person at the mines
3 who was reporting to you?

4 A. Not reporting to me, no; reported to my
5 management. I didn't really have very much direct
6 contact with the people overseas.

7 Q. So you were not being given any reports
8 or anything about any incidents of illnesses or
9 deaths or anything arising from the mine operations?

10 A. I wasn't, no.

11 Q. Your medical responsibilities at Turner
12 Brothers and then with Turner and Newall dealt
13 mostly with the asbestos-manufacturing aspect as
14 opposed to the mining aspect?

15 A. That's hard to say. Basically, my duties
16 were in the United Kingdom in the mines there; but I
17 also gave advice and service to all of the
18 corporation, which included all its operations
19 worldwide. I didn't, again, necessarily get
20 involved in the day-to-day problems of those
21 organizations.

22 Q. Were you ever questioned -- or your
23 advice sought is probably a better way to ask that
24 question -- by the corporation of Turner Brothers
25 and/or Turner and Newall with regard to the health

1 effects associated with asbestos exposure?

2 A. I believe I was.

3 Q. Do you know, how did that come to pass?

4 A. How?

5 Q. Yes.

6 A. Well, as part of my job I sat on a
7 committee known as the Health Committee where these
8 matters were regularly discussed.

9 Q. Was the question of asbestos as a
10 possible cause of mesothelioma ever discussed?

11 A. Yes, it was.

12 Q. And do you know approximately when that
13 would have been?

14 A. Well, when I joined Turner Brothers in
15 1966, by that time I believe that the issue had
16 already arisen.

17 Q. Did you ever advise anyone at Turner
18 Brothers or Turner and Newall between 1966 and 1976
19 that chrysotile asbestos would not cause
20 mesothelioma?

21 MR. GARRARD: I'm going to object to your
22 question in terms of what, if anything, he advised
23 Turner Brothers or Turner and Newall, which is not
24 relevant; they're not a part of this lawsuit.

25 Just object; it's not relevant to any

1 issue in this case. And I ask you, Doctor, if you
2 try to recollect anything back that far, I ask you
3 not to speculate in terms of whatever may have been
4 said or done.

5 A. I have no intention of speculating on
6 what I specifically advised or didn't advise at that
7 point in time. Unless you could refresh my memory,
8 I would prefer not to speculate.

9 Q. Well, Doctor, do you think in the period
10 of time between 1966 and 1976 that the body of
11 medical science available to you as a director of
12 medical services at Turner Brothers would have
13 allowed you to tell your company that chrysotile
14 asbestos had been eliminated as a cause of
15 mesothelioma in man?

16 MR. GARRARD: I again object to that
17 because you begin trying to play state of the art
18 with this doctor who has not been listed as a state
19 of the art expert and was not an employee of Union
20 Carbide at that time. I also do not think it is an
21 answerable question in its current form.

22 Q. Can you answer it?

23 A. If those are the words that you think I
24 would use, no, I can't.

25 Q. I'm not saying that's the word you would

1 use; I'm asking can you answer that question as I've
2 posed it?

3 A. I just don't believe it's a question
4 that's -- that is answerable. I think it's badly
5 framed and to me somewhat unintelligible.

6 MR. CARUSO: Let's see what's
7 unintelligible about it. Read it back, please.

8 (The record was read by the reporter.)

9 A. I still don't think I can commit myself
10 to answer a question like that. I just don't
11 believe that it's giving me a viable opportunity to
12 tackle the issue, it really isn't.

13 Q. What's wrong with the question?

14 A. I think you're using words and you're
15 making a definitive statement, which I'm not
16 prepared to argue about because I don't think it's
17 valid or viable.

18 Q. What isn't valid or viable?

19 A. Well, you use words like "eliminated"; I
20 don't know what that means. Can you tell me what
21 that means?

22 Q. Well, I haven't got a dictionary here;
23 but "eliminate" generally means that you've taken it
24 out of the picture, you've taken it away, you've
25 eliminated it.

1 A. But you know for yourself that that's not
2 the case; there is even today debate as to whether
3 chrysotile is involved in the production of
4 mesothelioma.

5 Q. So you would agree with me that even as
6 of today there is still a debate going on as to
7 whether or not chrysotile is or is not associated
8 with mesothelioma?

9 A. There is -- yeah, I would say that there
10 is a debate going on, you know, between experts.

11 Q. And is that debate today more intense
12 than it was back in the late sixties, early
13 seventies, middle seventies?

14 A. I think the debate today has served to
15 clarify a number of the -- what in the early sixties
16 and seventies were rather vague assumptions.

17 Q. Do you know a man named I. C. Sayers,
18 S-a-y-e-r-s?

19 A. No, I do not. No.

20 Q. I'm going to show you a document that is
21 entitled Asbestos as a Health Hazard in the United
22 Kingdom by I. C. Sayers -- and you say you don't
23 know the man. Let me ask you if you've ever seen
24 this document before?

25 A. Yes, I've glimpsed at this document; I

1 haven't read it.

2 Q. You say you've glimpsed at it. In what
3 context were you called upon to glimpse at that
4 document?

5 A. I believe among some of the items I was
6 shown by Mr. Garrard here in preparation for this
7 deposition, this is one of the documents produced;
8 but I haven't read it.

9 Q. Did Mr. Garrard represent to you that
10 this document was a Union Carbide document?

11 A. No; he gave me no indication as to where
12 that document originated or what its purpose was.

13 Q. Had you never seen this before
14 Mr. Garrard showed this to you today?

15 A. That's correct.

16 Q. So you don't know whether or not this
17 document which is referred to as Asbestos as a
18 Health Hazard in the United Kingdom is, in fact, a
19 Union Carbide document?

20 A. I don't know the origin or the purpose of
21 it, no.

22 Q. And you've never heard of I. C. Sayers
23 before this deposition?

24 A. (Witness shakes head negatively.)
25 Don't know who he is.

1 Q. Now, this document has a date on it of
2 1967, okay? So now we're going back another time
3 capsule again to 1967 --

4 MR. GUYTON: I'll object to that. From
5 what I can see on the front of that, that 1967 is
6 not printed in any fashion. Somebody apparently has
7 written that on that.

8 Q. Let's assume it's written in 1967,
9 subject to counsel's objection here. And in this
10 document there is a paragraph which is numbered 6.1
11 under the title Moral Issues, and it says: "There
12 seems little doubt that the toxic effects of our
13 Coalinga product is still largely unknown. There is
14 a general inference that crocidolite is more liable
15 to produce mesothelioma. Exoneration of chrysotile
16 has not been made, however. A discussion with Dr.
17 W. Taylor with the Department of Social Medicine,
18 Queens College, two years again revealed that
19 concern over asbestosis is still increasing and that
20 chrysotile is definitely implicated along with other
21 types of asbestos."

22 Now, with regard to the statement
23 contained in that report -- this is 1967, okay --
24 "there is a general inference that crocidolite is
25 more likely to produce mesothelioma. Exoneration of

1 chrysotile has not been made, however."

2 Does that generally, to your
3 recollection, reflect accurately the state of
4 knowledge at that time of the difference between
5 crocidolite and chrysotile as an associated fiber
6 with mesothelioma?

7 MR. GARRARD: I'm going to object to your
8 question in that your question, once again, goes to
9 a state of the art question; and this doctor is not
10 put forward as a state of the art expert, nor was he
11 an employee of Union Carbide in 1967.

12 MR. CARUSO: I am not asking him for an
13 expert opinion.

14 MR. GARRARD: But you asked him if that
15 comports with his opinion as to what the literature
16 showed at that time.

17 MR. CARUSO: This man was working in the
18 field at that time.

19 MR. GARRARD: He was not an employee of
20 Union Carbide.

21 MR. CARUSO: Doesn't make any difference.

22 MR. GARRARD: Yes, it does.

23 MR. CARUSO: Makes no difference
24 whatsoever.

25 MR. GARRARD: You're not entitled to

1 elicit opinions from him unless he is listed as an
2 expert to give opinions; and that's the problem I've
3 got, is he's not. He is here as a factual witness
4 in relation to his experience with Union Carbide.

5 MR. CARUSO: That's why you brought him
6 here, but that's not why he's here. I can ask him
7 anything I want.

8 MR. GARRARD: No. He's not here as an
9 expert.

10 MR. CARUSO: I'm not asking for an expert
11 opinion.

12 MR. GARRARD: I think that's an expert
13 opinion.

14 MR. CARUSO: It's not. If I was asking
15 for his expert opinion, I would ask him that.

16 I have a man here who is a historical
17 reference. He was working with this stuff at that
18 time, and I want to know if based on what he can
19 recall at that time is this statement made by this
20 fella at Union Carbide, whoever he may have been,
21 accurately reflecting what the state of the medical
22 knowledge was in 1967. He's a doctor; he should
23 know.

24 MR. GARRARD: Which is his opinion.

25 MR. GUYTON: I'll object on the same

1 basis, because it is asking his opinion of what the
2 opinion was; and that calls for an expert opinion
3 based upon his reference to all the knowledge as
4 stated at the time. It also asks him to speculate
5 about what someone else knew or what someone else
6 had written.

7 MR. GARRARD: I don't want to unduly
8 object; it's not my style. I'm going to let him
9 answer the question; but if you keep going on that,
10 then I'm going to stop him from answering questions
11 on that.

12 He is not here as an expert -- I'm not
13 trying to be difficult, but he is not here as a
14 medical expert to render opinions.

15 Go ahead.

16 Q. If there is any possible way you can
17 remember the question, can you answer it or would
18 you like to hear the question again?

19 THE WITNESS: I'd like to have it read.

20 Q. The question I'm trying to ask you is
21 this: If you and I had been back in 1967 together
22 and I would have handed you this piece of paper and
23 said, Dr. Lewinsohn, would you take a look at this
24 Paragraph 6.1, 1 -- which you can do now, by the
25 way, if you want to look at it again -- would you

1 take a look at that; and when they're talking about
2 crocidolite being implicated as a cause of
3 mesothelioma and chrysotile has not been exonerated,
4 would you agree with that as of 1967?

5 MR. GARRARD: Same objections without
6 restating them.

7 MR. CARUSO: Fine.

8 A. The reason I hesitate to give you an
9 answer is because you're trying to condense into one
10 question and to base on -- you know, on one person's
11 opinion a yes-or-no answer where there isn't a
12 yes-or-no answer possible.

13 In order to answer your question, I would
14 have to go back and review a great deal of the
15 literature at that moment in time to tell you
16 whether in 1967 there was -- this was a valid
17 statement to make. It's very difficult to answer
18 it.

19 However, you know, if I give it my best
20 shot, then what this seems to be saying is that in
21 1967 there was a belief in some sectors -- and it
22 doesn't say whose belief it was, whether it was a
23 majority opinion or a minority opinion or whether it
24 was a consensus of opinion -- that there was a
25 gradation or effect somehow or another between the

1 association of different types of asbestos fiber in
2 the production of mesothelioma and that at that
3 moment in time in 1967 this individual who wrote the
4 report believed that crocidolite was more liable to
5 produce mesothelioma, but that chrysotile had not
6 been eliminated as a cause, to use your word.

7 That's the best I can answer it.

8 Q. Now, you came aboard at Union Carbide in
9 1982?

10 A. Yes, that's correct.

11 Q. By corporate medical?

12 A. Yeah.

13 Q. And have you ever since coming aboard
14 with Union Carbide been involved with the asbestos
15 products between 1982 and the present in any way?

16 MR. GARRARD: What do you mean by
17 "involved"?

18 MR. CARUSO: Well, whatever, in his job
19 category with any of the asbestos product divisions
20 or anything like that.

21 A. Only in view of the fact that when I
22 joined Union Carbide it was known that I had spent a
23 lot of time working in the asbestos industry. From
24 time to time I would be asked for assistance, yes.

25 Q. And who would ask you for that

1 assistance?

2 A. Well, that varied. It might be
3 Dr. Fortney, who wanted to know how to respond to an
4 inquiry; or it might have been somebody in the
5 management of the division that wanted to talk to me
6 about asbestos or chrysotile asbestos or matters of
7 that kind.

8 Q. Were you ever called upon for assistance
9 by a man named Harrison Rhodes?

10 A. I'd more likely call on him for
11 assistance; but I did know Harry Rhodes, yes.

12 Q. During the course of your tenure with
13 Union Carbide between 1982 and the present, were you
14 ever involved in any discussions with a man from
15 Montello Corporation, Ken Campbell?

16 A. Don't know him.

17 Q. Don't know him?

18 A. (Witness shakes head negatively.)

19 Q. Let me show you this Materials Safety
20 Data Sheet from the Calidria Corporation that's
21 dated 12/13/84. Let me ask you first of all: What
22 is the Calidria Corporation?

23 A. That was the name of the part of the
24 Metals Division that mined and marketed the Coalinga
25 fiber.

1 Q. It's a part of Union Carbide?

2 A. It was a part of Union Carbide.

3 Q. Now, could you tell us, if you know, what
4 is the function of a Materials Safety Data Sheet?

5 A. The Materials Safety Data Sheet basically
6 is to provide information to people handling or
7 using a product relating to its physical properties,
8 its health hazards, first aid treatment in the event
9 of acute exposures, and any other relevant matters
10 in order to insure the safety of the product.

11 Q. In the Union Carbide operation, who would
12 receive from Union Carbide copies of the Material
13 Safety Data Sheet, if you know?

14 MR. GARRARD: Doctor, if you know.

15 A. I don't believe I'm qualified to answer
16 that.

17 Q. Now, this publication, which is of 1984,
18 has two parts I'd like to ask you about.

19 MR. GARRARD: Which section are you
20 referring to?

21 MR. CARUSO: Chronic Effects of
22 Overexposure.

23 Q. It says: "Overexposure to chrysotile
24 asbestos has caused damage to lungs (Asbestosis,
25 lung cancer, and mesothelioma of the pleura and the

1 peritoneum.)"

2 Mr. Rhodes testified in his deposition
3 that this entry that was placed into this Materials
4 Safety Data Sheet was made after discussions with
5 you.

6 Let me ask you first of all, is Mr.
7 Rhodes' recollection correct about that?

8 A. I know I was involved in the drafting of
9 this particular section, yes.

10 Q. Who else was involved in it besides
11 yourself?

12 A. That I don't remember; but -- I think at
13 that time this was -- may well have been partly
14 drafted by somebody in our Toxicology Information
15 Services Group under Mr. Marvin Huffman and that it
16 could have been referred to me from them; or it
17 could have been referred to me from somebody at the
18 division. But I know that the final form of this is
19 probably designed by Mr. Marvin Huffman's group.

20 Q. Marvin Huffman?

21 A. Yeah.

22 Q. And you say "Mr. Marvin Huffman's group."
23 Who was Mr. Huffman?

24 A. Well, he works in the -- in those days I
25 think it was still called Corporate Applied

1 Toxicology; he worked in that area. It doesn't
2 really matter how he fits into it, but he -- his
3 group, which now is down to himself and someone
4 else, they basically assist the divisions in
5 formatting the Material Safety Data Sheet and do a
6 lot of the literature reviews and that sort of
7 thing.

8 Q. Was it you who suggested that
9 mesothelioma be placed in that paragraph dealing
10 with chronic effects of overexposure?

11 A. I don't know whether, you know, I would
12 put it -- it was I who suggested it. I can only say
13 that this is a combined effort; but probably my
14 input was significant.

15 Q. And do you agree with it as it's written,
16 that overexposure to chrysotile asbestos has caused
17 damage to lungs, (Asbestosis, lung cancer, and
18 mesothelioma of the pleura and the peritoneum)?

19 A. I think that in 1984 when this was
20 written -- bearing in mind this is sort of a generic
21 type of statement talking about chrysotile asbestos
22 and not distinguishing in any way between the types
23 of chrysotile, bearing in mind the state of
24 knowledge at the time when this was drafted -- there
25 was by that time some evidence basically from the

1 Canadian chrysotile mines and mills -- and I think
2 possibly from elsewhere; I'm not sure, from
3 Cypress -- of cases of mesothelioma that had been
4 described in persons who had, as far as could be
5 ascertained from, historically worked with
6 chrysotile asbestos.

7 So in that context, I think that at that
8 moment in time it was probably a reasonable
9 statement to make.

10 Q. Would it have been reasonable --

11 MR. GARRARD: Did you finish your
12 answer?

13 A. I think that if this were to be rewritten
14 now, evidence which has come to light within the
15 last four years probably might make one want to
16 modify that statement; because it would appear
17 from -- as I understand the few articles that I've
18 kept up with -- it would appear now that the
19 likelihood of pure chrysotile inducing a
20 mesothelioma is very small, if any, and that most
21 chrysotile which has been incriminated in the
22 Canadian people and in Cypress is contaminated with
23 an amphibole fiber known as tremolite; and so it
24 would probably be written differently today.

25 In other words, it would be -- it's

1 unlikely that chrysotile asbestos would cause
2 mesothelioma of the pleura in the light of this
3 evidence.

4 Q. You would just take mesothelioma out of
5 this statement today if you were writing this?

6 A. I don't think I would take it out; I
7 think you'd have to give some descriptive
8 explanation as to why this particular product would
9 be unlikely to cause it.

10 Q. But you wouldn't take it out yet?

11 A. I wouldn't take it out; but I'd have to
12 qualify it, I'd have to give a qualifying statement.

13 Q. Would you take out the part about
14 asbestosis where it says, Overexposure to chrysotile
15 asbestos --

16 A. No.

17 Q. Would you take out the part of lung
18 cancers?

19 A. No.

20 When I'm talking about chrysotile --

21 Q. Right; the chrysotile this is directed
22 to, this Coalinga chrysotile.

23 A. No, I'm not saying that. I think this
24 particular statement is a generic statement that was
25 written in -- because there was no way I believe of

1 writing a statement like this specifically for
2 Coalinga; so the statement was written as is not
3 uncommon in Material Safety Data Sheets to cover
4 chrysotile asbestos.

5 This was to serve the purpose of the
6 Material Safety Data Sheet, which is as a health
7 warning. And if subsequently it were to be shown
8 that Coalinga fiber had the same potential
9 properties as any other form of chrysotile asbestos,
10 then this would be an acceptable statement.

11 Q. Well, are you saying, then, that Coalinga
12 chrysotile --

13 A. No, I'm not saying anything about --

14 Q. -- is different than any other
15 chrysotile?

16 A. Yes, it is.

17 Q. Okay.

18 A. That's not what I'm saying at the
19 moment. What I'm saying at the moment is in
20 preparing a Material Safety Data Sheet where the
21 evidence is not always complete for the particular
22 chemical or substance that you're writing the
23 Material Safety Sheet, if there is other evidence in
24 the literature for products of a similar kind, then
25 it's reasonable to adapt that in a health hazard

1 statement, which is really what has taken place
2 here.

3 Q. So if you're going to make a mistake --

4 A. But there are certain differences between
5 Coalinga fiber and other forms of chrysotile
6 asbestos.

7 Q. What are the differences?

8 A. It's a very unique fiber, as I understand
9 it and as I understood it when I was involved.
10 It's -- it really doesn't require any mining; it's
11 almost a surface deposit. And it's -- again, as I
12 understand it and from what I've been told, a form
13 of chrysotile fiber which is purer in the sense that
14 it isn't contaminated by amphiboles, and it has a
15 very characteristic fiber size and shape. It's
16 unusual in that it's a short fiber for a chrysotile
17 and it's a thin fiber. I believe that most of the
18 fibers are less than 5 microns in length; and I
19 don't know what the diameter is but the diameter is
20 certainly very small.

21 Q. You're not saying all of the fibers are
22 less than 5 microns?

23 A. I'm saying the majority.

24 So that has certain implications with
25 regard to the carcinogenic properties of this fiber.

1 Q. Well, in 1984 when you all wrote this
2 Material Safety Data Sheet, you were trying, I take
3 it, to give as accurate a description as possible of
4 the product that you were selling; were you not?

5 A. In that the product that was being sold
6 was a form of chrysotile asbestos, and given the
7 deficiency on specific health information related to
8 that product, a statement was devised which appeared
9 to be an appropriate health warning.

10 Q. Now, have you developed any information
11 between 1984, the time this was written, and today
12 that shows that the Coalinga chrysotile does not
13 cause asbestosis?

14 A. Huh-uh. I've had no involvement -- I
15 haven't developed personally any information.

16 Q. What about the company?

17 A. As far as I'm aware, that particular
18 company no longer belongs to Union Carbide; so I
19 don't know what they've done.

20 Q. Have you seen any studies that shows that
21 Coalinga chrysotile is not associated with lung
22 cancer?

23 A. I haven't seen any studies that say it
24 is.

25 Q. Have you seen any that says it isn't?

1 A. I haven't seen either.

2 Q. So the statements that you made here in
3 this 1984 Material Safety Data Sheet, as far as we
4 know through today, are accurate?

5 MR. GARRARD: Hold it. I object to the
6 form of your question in that he has already
7 indicated to you that as to mesothelioma he would
8 change that today; and I think that's a misstatement
9 of what he said. I'm sure you didn't mean to do
10 that, but I object to the form because that's not
11 what he said.

12 MR. CARUSO: You're right.

13 Q. With regard to the asbestosis and the
14 lung cancer, that statement in this Material Data
15 Sheet of 1984, if you were writing it today, you'd
16 write it the same?

17 A. I don't know whether I would; because I
18 know a little bit more about the fiber now than I
19 did then. I also know from my own personal
20 observation of the employees at the King City mine
21 that no evidence has been found to date of -- at
22 least as of the time when I last was involved -- no
23 evidence had been found of asbestosis among the
24 miners. And as far as I'm aware, no excess cancers
25 of the lung had been found, either. So it may well

1 be that with developing knowledge over the last five
2 years since 1984 it might even be possible to modify
3 the statements with regard to lung cancer and
4 asbestosis; not that I could say that asbestosis or
5 lung cancer will not occur, because I haven't got
6 sufficient evidence for that; but that -- based upon
7 what I do know, it's unlikely that they would occur.

8 Q. Well, you wouldn't be willing to make a
9 statement like that just based on an informal
10 statement -- survey of workers that worked at that
11 mine; would you?

12 A. No, no --

13 MR. GARRARD: Let him finish.

14 MR. CARUSO: I'm letting him finish; just
15 relax.

16 A. I would not make a statement based purely
17 on that one issue alone. I think that the statement
18 that the information goes further than that is
19 experimental evidence available -- as well as I'm
20 not sure that I was aware of in 1984 but I now am
21 aware of in which this fiber has been shown not to
22 produce significant -- a significant incidence of
23 tumors in the animals.

24 Q. Well, there is also medical evidence that
25 shows that chrysotile fibers does produce tumors in

1 animals; isn't it?

2 A. Yes; but I am talking of the Coalinga
3 fiber as opposed to chrysotile asbestos in general.
4 It is a unique fiber, it's different, and it has
5 been studied on its own.

6 Q. In 1966 you all sent some of this stuff
7 over to Mellon for survey. Have you ever seen this
8 report before, the Mellon Institute?

9 A. I don't remember whether I was shown this
10 or not.

11 Q. Take a look at that.

12 MR. GARRARD: Take your time, Doctor.

13 (A recess was taken.)

14 A. May I just ask you if these codes refer
15 to -- CMS 100 is what?

16 Q. I don't know. It's not my report.

17 MR. GARRARD: I can't answer that
18 question, Doctor.

19 (A discussion ensued off the record.)

20 Q. You looked at this report. Were you able
21 to identify which fibers were fibers from the
22 Coalinga mine?

23 A. No.

24 Q. You can't tell from looking at this?

25 A. No; I don't know where these fibers come

1 from.

2 Q. Mr. Rhodes testified in his deposition
3 that the Coalinga fibers -- a sample of the Coalinga
4 chrysotile was sent to the Mellon Institute and they
5 acted just like every other chrysotile fiber. And I
6 asked what does that mean, and he said they produced
7 tumors.

8 You don't know about that?

9 A. No.

10 Q. Let me ask you about this thing here.
11 What is this "Warning: Cancer Hazard" over here in
12 precautionary statements? What is that for?

13 MR. GARRARD: If you know, Doctor.

14 Q. If you know.

15 A. You know, I had no part in, I don't
16 think, in writing that, and I don't know how these
17 warnings were developed. Must have been some
18 convention that they use when they write these
19 Material Safety Data Sheets as to whether they
20 have -- "Warning: Cancer Hazard" or "danger" or
21 different terms that are used in these things.

22 Q. What is Union Carbide saying? Is this
23 what they want to be put on the bags that the men
24 would actually receive?

25 MR. GARRARD: Doctor, if you know an

1 answer, give him an answer; but do not speculate.

2 A. I don't know the answer. This is a
3 Material Safety Data Sheet. Labels are something
4 that are dealt with by a specialized group of people
5 who design and wordsmith the labels. I don't have
6 anything to do with that.

7 Q. So this wording here under "Special
8 Precautions" would not necessarily appear on the
9 bags of the product that the men were receiving?

10 A. I don't -- I just don't know.

11 Q. You don't know?

12 A. No.

13 Q. Are you still at this time in your life a
14 subscriber to the Lagg Aphroism?

15 A. Uh-huh.

16 Q. Would you tell the ladies and gentlemen
17 of the jury what Lagg Aphroism is?

18 A. Which one? There are four of them.

19 Q. I'll read you one which I like.

20 "Every worker should know something of
21 the materials that he works with and to which he is
22 exposed and the hazards of such materials and not
23 find out for himself, sometimes at the cost of his
24 life."

25 A. Yes, I agree with that.

1 Q. Is chrysotile asbestos a carcinogen?

2 A. Yes, I believe it's classified as a
3 carcinogen.

4 Q. When did it first get that
5 classification? Do you know?

6 A. That I don't know; because it would -- it
7 depends on who classified it. And I can't tell
8 you -- it's classified as a carcinogen.

9 Q. You said "it depends on who classified
10 it." How many different entities --

11 A. International Agency for Research and
12 Cancer, and the EPA, and -- you know, everybody has
13 their own ideas about classification. I'm not quite
14 sure when it would uniformly be classified,
15 especially in the United States of America.

16 Q. When you got to Union Carbide in 1982,
17 had it been classified as a carcinogen, if you know?

18 A. I don't know. If you're asking me
19 officially, in any official way, I don't know.

20 Q. When you got to Union Carbide in 1982 and
21 took the position as medical director -- excuse me,
22 assistant medical director -- is that right in 1982?

23 A. Assistant corporate medical director.

24 (A discussion ensued off the record.)

25 Q. When you took that job as the assistant

1 corporate medical director in 1982, did you have an
2 opinion at that time as to whether or not chrysotile
3 was a carcinogen?

4 A. Yes.

5 Q. What was your opinion?

6 A. Chrysotile is a carcinogen.

7 Q. Now, we talked just a second ago about
8 the Lagg Aphroism, which I think is A-p-h-r-o-i-s-m;
9 and in comparing the material which is contained in
10 the Safety Material Data Sheet, the information and
11 a warning label, which has been represented to us to
12 have been on the Coalinga product handled by the
13 Plaintiff in this case, Mr. Soignet, can you tell
14 us, Doctor, whether or not this labeling in light of
15 what's on your Material Safety Data Sheet and the
16 information contained in the Material Safety Data
17 Sheet fulfills Lagg's Aphroism?

18 MR. GARRARD: I'm going to object to the
19 question. He is not here as an expert testifying
20 about warning labels nor their contents, and I'm
21 going to instruct him not to answer the question.

22 MR. CARUSO: That's an instruction not to
23 answer?

24 Q. Doctor, if you have a man who is handling
25 a carcinogen and you do not warn that person

1 directly that the product he is handling is a
2 potential carcinogen, in your view, Doctor, has the
3 corporation fulfilled its duty to warn that
4 individual of the risks associated with the use of
5 that product?

6 MR. GARRARD: I'm going to object to that
7 question in that you're again asking him for
8 opinions, number one, in terms of whether someone
9 has fulfilled a duty; and number two, you are
10 blankly asking him his opinion concerning the
11 contents of a warning. And I'm going direct him not
12 to answer the question.

13 MR. CARUSO: Please note that we're
14 reserving all objections to his objections for
15 discussion with the Judge. I'm reserving my right
16 to retake this deposition if I have to retake it
17 during the course of this trial.

18 Q. Were there ever any discussions that you
19 know of that took place at Union Carbide to identify
20 the Coalinga asbestos product as a carcinogen on its
21 labels?

22 MR. GARRARD: Could you read that back?
23 I'm --

24 Q. Let me ask you again.
25 From the time you arrived at Union

1 Carbide until the time the mine was sold and Union
2 Carbide got out of the business, were there ever any
3 discussions in which you participated where it was
4 discussed that a label should be put on the bags
5 containing the Coalinga product identifying it as a
6 possible carcinogen?

7 A. I don't recollect participating in any
8 such discussions personally.

9 Q. Do you know of any such discussions
10 having taken place in which you did not participate
11 personally?

12 A. That, again, I can't tell you; I don't
13 know.

14 Q. Mr. Rhodes told us that he thought there
15 were discussions around 1970 about that question.

16 Did you ever --

17 A. I wasn't there then.

18 Q. I know that; but did you ever see any
19 memoranda, documents, or anything dealing with the
20 question of whether or not to identify this product
21 as a possible carcinogen?

22 A. No.

23 Q. Does Union Carbide today sell any
24 products that have been classified as a carcinogen?

25 A. Probably.

1 Q. Do you know what they are?

2 A. (Witness shakes head negatively.)

3 Well, you said "sell products"; that I
4 don't know, okay? We have probably in our
5 manufacturing facilities products that might be used
6 in formulations, et cetera, that are classified as
7 carcinogens.

8 For example, I believe one chloride is
9 classified as a carcinogen, and there are a number
10 that are suspected as being carcinogenic.

11 Q. With regard to the ones that are
12 suspected as being carcinogenic, are the people who
13 work with those substances warned by Union Carbide
14 of the potential carcinogenicity?

15 A. I believe everyone who works with these
16 substances knows of the hazards associated with
17 them.

18 Q. Where do they get that knowledge from?

19 A. They get it through their training,
20 through their job safety data sheets, and through
21 the free availability of the Material Safety Data
22 Sheets to all employees.

23 Q. So they actually are getting some of it
24 from the manufacturers of the substance?

25 A. If it happens that the carcinogen is one

1 you can buy from someone else, then the vendor's
2 Material Safety Data Sheet would be part of the
3 information. If the substance is one of our own
4 product, then it would be our Material Safety Data
5 Sheet. But there is also active employee training
6 continuously going on.

7 Q. Do you all label it, put a label on
8 the --

9 A. That I don't know. There is a labeling
10 system, you know, the diamond with different things
11 in it; that's basically I think what I've seen.

12 Q. Do you know or know of a man named C. U.
13 Darnehl?

14 A. Dr. Darnehl?

15 Q. Yes.

16 A. I have met him on one occasion.

17 Q. Do you know what his relationship to
18 Union Carbide was or is?

19 A. He had long since retired by the time I
20 got there, and I believe that he had some -- he had
21 an appointment as a medical director; I don't know
22 exactly what his title was.

23 Q. Let me show you a letter of June 7th,
24 1967, which appears to have been penned by Dr.
25 Darnehl to a Mr. Hall, T. J. Hall, Union Carbide,

1 Europa, and ask you if you've ever seen this letter
2 before?

3 A. No, I haven't seen this letter before.
4 It's barely ledgible.

5 Q. I know.
6 Do you know who Mr. Hall is?

7 A. No.

8 Q. While you were on the Pneumoconiosis
9 Panel in England, did you have an opportunity to
10 note an increase in lung cancer associated with
11 people suffering from asbestosis?

12 A. Did I have an opportunity? If you ask it
13 that way, I have to say no; because I wasn't doing
14 any studies.

15 Q. What about the panel itself? Did the
16 panel perform a study?

17 A. Well, the panels published their findings
18 annually -- they were usually about two years behind
19 -- in which it was shown that the incidence of
20 asbestosis was increasing, or diagnosed cases of
21 asbestosis by the panels in certain regions was
22 increasing, and also that the -- now, I don't know
23 whether they actually showed the instance of lung
24 cancer to be increasing as well; I can't remember
25 that. But I know that there was this report that

1 came out every year in which the latest statistics
2 were given. I know they were concentrated on
3 asbestosis.

4 The reason was that asbestosis was a
5 prescribed disease; in other words, you could get
6 compensated for asbestosis. Lung cancer in an
7 asbestos worker was not a prescribed disease,
8 because it was a requirement for compensation that
9 asbestosis also be present. So consequently, they
10 didn't tally up the lung cancer cases; they tallied
11 up the asbestos cases.

12 Q. Were you familiar with a report submitted
13 by Dr. Buchannon at the 1964 Academy of Sciences
14 Conference in New York which indicated that in the
15 experience of the cases diagnosed by the
16 pneumoconiosis medical panels in Brittain as
17 suffering from asbestosis, 50 percent of those died
18 of lung cancer as well?

19 A. Right; that was the prerequisite of
20 asbestos and lung cancer. That was a paper that was
21 presented by Dr. Buchannon. I'm familiar with
22 that. The one problem with that paper is that A, it
23 was not a controlled studied, there were no
24 controls; and B, smoking histories were
25 unavailable.

1 As you know, there is a synergistic
2 effect between asbestos exposure and cigarette
3 smokers, and asbestos workers who smoke cigarettes
4 have a greater chance of developing lung cancer than
5 those who don't.

6 Q. Just to make sure we're on the same page
7 here, you testified that it was your belief that
8 there was possibly a difference between the Coalinga
9 chrysotile and all other chrysotile.

10 I want to make sure I'm getting this
11 right. Is that correct?

12 MR. GARRARD: I've got to object to the
13 form of your question. He didn't say there possibly
14 was; he said there was a difference.

15 A. In the physical properties.

16 Q. Insofar as the disease-causing aspects of
17 these fibers, does chrysotile asbestos, chrysotile,
18 in your view, cause asbestosis?

19 A. Chrysotile asbestos as a generic term?

20 Q. Right.

21 A. Yes.

22 Q. Does the Coalinga chrysotile cause
23 asbestosis?

24 A. All I can say is that -- and I'm only
25 going on my personal experience -- is that I haven't

1 seen it.

2 Q. Does chrysotile, generic chrysotile --
3 let's change again -- is chrysotile associated with
4 lung cancer?

5 A. Yes, it is.

6 Q. Is Coalinga associated with lung cancer?

7 A. Again, I must answer the same way. My
8 personal experience, I haven't seen it.

9 Q. Now, how long did Union Carbide have that
10 mine? Do you know?

11 A. I don't know for sure; but I believe it
12 was started up sometime in the sixties. I just
13 don't know for sure.

14 Q. So it would be fair to say that as of
15 1985 when Union Carbide got rid of the mine that
16 since that's only a 20-year period that there might
17 be cases of asbestosis and lung cancer that would
18 come in years to come based on the latency of those
19 diseases; isn't that true?

20 A. Well, whether it's true or not I don't
21 know; but there is a possibility that followup of
22 that population over a long period of time, if there
23 were going to be an effect might reveal it because
24 of the latency.

25 Q. Now, with regard to the issue of

1 chrysotile asbestos and mesothelioma, my question to
2 you is: Is there an association at this point in
3 time of any kind between chrysotile and
4 mesothelioma?

5 A. The number of cases of mesothelioma in
6 the literature attributed to exposure to chrysotile
7 asbestos is extremely small; and in a recent --
8 well, let's put it this way: These cases have
9 recently been reviewed by a number of people, and it
10 would appear that the consensus of opinion is that
11 the production of mesothelioma by chrysotile is
12 consistent with the -- is consistent with the
13 contamination of chrysotile by an amphibole fiber
14 known as tremolite.

15 Furthermore, the cases that have been
16 associated and reviewed in the literature following
17 alleged chrysotile exposure only in most instances
18 have been shown to have been probably heavily
19 exposed as indicated by the lung burden of
20 chrysotile fibers; and particularly where -- in the
21 later reports that I've seen, it's possible to look
22 at both tremolite and chrysotile and look at the
23 ratio of the tremolite to the chrysotile in the
24 lung, and the chrysotile disappears from the lung;
25 it doesn't stay in the lung very readily. But the

1 tremolite is there, and this ratio of tremolite to
2 chrysotile is a good indicator of the extent of
3 exposure. If there is a lot of tremolite, there has
4 been a heavy exposure to chrysotile.

5 But I think to answer your question, the
6 census of opinion today is that any mesothelioma
7 allegedly due to exposure to chrysotile have
8 probably more likely resulted from the contamination
9 of the chrysotile with tremolite.

10 Q. So does that mean that in your own mind
11 you have eliminated pure chrysotile as a cause of
12 mesothelioma?

13 A. No.

14 Q. Pure uncontaminated chrysotile?

15 A. I haven't eliminated; because I think
16 that there is one factor that still needs
17 consideration in that a population of -- has not
18 been studied exposed to pure chrysotile, if there is
19 a pure chrysotile that is suitable for study.

20 Q. Union Carbide contends that this material
21 is pure uncontaminated chrysotile. Mr. Soignet was
22 one of the folks -- type of person who worked in the
23 oil fields in southeast Louisiana and onshore
24 warehousing who was in contact with this product.

25 How many people would it take to make up

1 a cohort of people similarly situated to Mr. Soignet
2 to begin a study on this question, if you know?

3 MR. GARRARD: Can you rephrase your
4 question? I'm not sure when you say "to begin a
5 study" that it's an answerable question. And I'm
6 not trying to tell you how to ask your question; you
7 may mean to do a study. I mean, you can begin a
8 study with anything --

9 MR. CARUSO: You're absolutely right;
10 you're much smarter than I am. To do a study,
11 right.

12 Q. If I wanted to do a study, how many guys
13 like Blackie Soignet would I have to go get to make
14 up the cohort?

15 A. Well, a study on asbestos workers were
16 about 300; but at that time he wasn't limiting
17 himself to looking at any particular effect; he was
18 looking at asbestos workers because it had been
19 brought to his attention that they were suffering
20 from asbestosis.

21 I think it depends on what you want to
22 do. I think this is a question for an
23 epidemiologist. And the number of -- the fact that
24 mesothelioma is a very rare tumor still and that its
25 incidence in the general population is only about

1 one in a million, its natural incidence. In order
2 to do a study which has any power of reaching
3 statistical significance would require quite a large
4 population. But that's my humble, you know,
5 opinion.

6 Q. So we would be looking for people in the
7 thousands?

8 A. I don't know.

9 Q. You don't know; but it would take a lot
10 of guys?

11 A. I think that would also depend on the
12 potency of the substance that you're looking at. If
13 you had a material that was a very potent
14 carcinogen, you would need fewer people, because you
15 would have more of them affected.

16 Q. We're talking about studying chrysotile,
17 this product, okay?

18 A. I think as far as this product is
19 concerned, you'd probably look forever and not find
20 any.

21 Q. Well, I've already found one.

22 MR. GARRARD: Objection.

23 A. That's your opinion.

24 MR. CARUSO: Thank you. That's all the
25 questions I have.

1 DIRECT EXAMINATION

2 BY MR. GUYTON:

3 Q. Doctor, when you said that asbestos has
4 been classified by others generally speaking as a
5 carcinogen, you do not mean by that that --

6 MR. GARRARD: Chrysotile, you mean?

7 MR. GUYTON: Let me restate that
8 question.

9 Q. Did you state previously that chrysotile
10 had been classified as a carcinogen by someone?

11 A. I believe that's correct, yes.

12 Q. You didn't mean by that that chrysotile
13 was a carcinogen in every particular type of cancer
14 or circumstances; did you?

15 MR. CARUSO: I object to the leading form
16 of the question.

17 A. I'm not sure what you mean "in every type
18 of --"

19 Q. Well, chrysotile, for instance, doesn't
20 cause skin cancer; does it?

21 A. Oh, I see what you mean.

22 Well, no, not in general. What I was
23 referring to was lung cancer.

24 Q. Specifically it has been classified as a
25 carcinogen as lung cancer?

1 A. Well, it's classified a carcinogen based
2 upon the fact that it has been demonstrated to cause
3 lung cancer in humans.

4 MR. GUYTON: Pass the witness.

5 RE CROSS-EXAMINATION

6 BY MR. CARUSO:

7 Q. Are you a stockholder in Union Carbide?

8 A. No.

9 Q. Have you seen this before, a copy of the
10 1987 10K from Union Carbide, a copy of the 1987
11 stockholder's report? Have you ever seen those
12 before?

13 A. I may have seen some of them; but I don't
14 get them.

15 Q. You don't get those, though?

16 A. (Witness shakes head negatively.)

17 MR. CARUSO: I have nothing else. Thank
18 you.

19 Having concluded this deposition, at this
20 time I reserve the right to reconvene it after I've
21 had an opportunity to receive a transcript and argue
22 the objections that were made by Mr. Garrard,
23 particularly with regard to his particular

24

25 ///

1 instructions to the witness not to answer certain
2 questions.

3 (Deposition concluded at 3:55 p.m.)
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C E R T I F I C A T E

STATE OF GEORGIA:

COUNTY OF FULTON:

I hereby certify that the foregoing transcript was taken down, as stated in the caption, and the questions and answers thereto were reduced to typewriting under my direction; that the foregoing pages 1 through 63 represent a true, complete, and correct transcript of the evidence given upon said hearing, and I further certify that I am not of kin or counsel to the parties in the case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

This, the 10th day of March 1989.


JANET K. WILSON, CCR-B-1108
My commission expires on the
29th day of September, 1990.

DEPOSITION OF DR. HILTON C. LEWINSOHN/JAN

I do hereby certify that I have read all questions propounded to me and all answers given by me on March 9, 1989, taken before Janet K. Wilson, and that:

- 1) There are no changes noted.
2) The following changes are noted:

Pursuant to Rule 30 (7)(e) of the Federal Rules of Civil Procedure and/or Georgia Code Annotated 81A-130 (B)(6)(e), both of which read in part: Any changes in form or substance which you desire to make shall be entered upon the deposition...with a statement of the reasons given...for making them. Accordingly, to assist you in effecting corrections, please use the form below:

Page No. ___ Line No. ___ should read:

And the reason for the change is: _____

Page No. ___ Line No. ___ should read:

And the reason for the change is: _____

Page No. ___ Line No. ___ should read:

And the reason for the change is: _____

Page No. ___ Line No. ___ should read:

And the reason for the change is: _____

Page No. ___ Line No. ___ should read:

1 DEPOSITION OF DR. HILTON C. LEWINSON/JAN
2 And the reason for the change is: _____

3 Page No. ____ Line No. ____ should read:
4 _____

5 And the reason for the change is: _____

6 Page No. ____ Line No. ____ should read:
7 _____

8 And the reason for the change is: _____

9 Page No. ____ Line No. ____ should read:
10 _____

11 And the reason for the change is: _____

12 Page No. ____ Line No. ____ should read:
13 _____

14 And the reason for the change is: _____

15 Page No. ____ Line No. ____ should read:
16 _____

17 And the reason for the change is: _____

18 Page No. ____ Line No. ____ should read:
19 _____

20 And the reason for the change is: _____

21 Page No. ____ Line No. ____ should read:
22 _____

23
24
25

1 DEPOSITION OF DR. HILTON C. LEWINSOHN/JAN
2 And the reason for the change is: _____

3 Page No. ____ Line No. ____ should read:
4 _____

5 And the reason for the change is: _____

6 Page No. ____ Line No. ____ should read:
7 _____

8 And the reason for the change is: _____

9 Page No. ____ Line No. ____ should read:
10 _____

11 And the reason for the change is: _____

12 Page No. ____ Line No. ____ should read:
13 _____

14 And the reason for the change is: _____

15 Page No. ____ Line No. ____ should read:
16 _____

17 And the reason for the change is: _____

18 Page No. ____ Line No. ____ should read:
19 _____

20 And the reason for the change is: _____

21 Page No. ____ Line No. ____ should read:
22 _____

23
24
25

1 DEPOSITION OF DR. HILTON C. LEWINSOHN/JAN
2 And the reason for the change is: _____

3 Page No. ____ Line No. ____ should read:
4 _____
5 _____

6 And the reason for the change is: _____
7 _____

8 If supplemental or additional pages are necessary,
9 please furnish same in typewriting annexed to this
10 deposition.

11 _____
12 DR. HILTON C. LEWINSOHN

13 Sworn to and subscribed before me,
14 this the ____ day of _____, 1989.

15 _____
16 Notary Public.

17 My commission expires: _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____

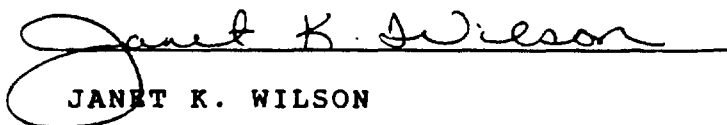
AMENDED CERTIFICATE

STATE OF GEORGIA:

COUNTY OF FULTON:

I hereby certify that in addition to the certification made on Page 64 of the transcript, this deposition is being filed pending the witness' right to review said deposition within 30 days, which time has not elapsed.

This, the 10th day of March 1989.


JANET K. WILSON

Certified Court Reporter and
Notary Public.