

NO. 99-5894-K

JOHNNY FRANKLIN GIFFORD, et al.,	§	IN THE DISTRICT COURT
	§	
Plaintiffs,	§	
	§	
v.	§	DALLAS COUNTY, TEXAS
	§	
OWENS CORNING (a/k/a OWENS	§	
CORNING CORPORATION), et al.,	§	
	§	
Defendants.	§	192 nd JUDICIAL DISTRICT

DEFENDANT REYNOLDS METALS COMPANY'S
SECOND SUPPLEMENTAL DESIGNATION OF EXPERT WITNESSES

Defendant Reynolds Metals Company ("Reynolds"), by counsel, hereby supplements its pleadings filed on July 3, 2000 and July 5, 2001 in which it designated expert witnesses whom it may call to testify at the trial of this matter, by filing the annexed report of Dr. Gail D. Stockman.

REYNOLDS METALS COMPANY,

Lori Elliott/jlh

David Craig Landin (Texas Bar No. 11863720)

John D. Epps (Texas Bar. No. 00796079)

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CERTIFICATE OF SERVICE

I hereby certify that on July 26, 2001, a true and correct copy of the above and foregoing instrument is being served by UPS overnight delivery, on the following Plaintiff's counsel:

Stephanie Finch
Baron & Budd, P.C.
The Centrum, Suite 1100
3102 Oak Lawn Avenue
Dallas, Texas 75219

All other known counsel of record are given notice of this pleading by facsimile only.



INDEPENDENT MEDICAL EVALUATION

Ricardo G. Silva
SS#: 453-50-6046
DOB: 7-22-40
Date: 6-26-01

PRESENT HISTORY:

Mr. Silva is a 60-year-old Hispanic male who states that he was diagnosed with diabetes mellitus more than six years ago. He currently takes Glyburide and Glucophage. He states that he has never required insulin injections, and has never been hospitalized for complications of diabetes. He denies a history of diabetic retinopathy or nephropathy.

He takes no other medications on a regular basis.

PAST MEDICAL HISTORY:

He had an appendectomy in 1965.

He had repair of a torn rotator cuff in the right shoulder in February of this year. He is recovering from that surgery without complications.

FAMILY HISTORY:

His father died at age 72 following a fall from a ladder. He had a history of hypertension and heart disease. His mother is 90 years old and has recently been diagnosed with diabetes.

He is the sixth of thirteen siblings. His oldest brother died in his sixties. He does not know the cause of his death. A brother one year younger died with complications of diabetes. He has four brothers and six sisters living.

He has three sons and two daughters in good health.

SOCIAL HISTORY:

He is married and lives with his wife.

Ricardo G. Silva
SS#: 453-50-6046

Tobacco: He has smoked cigarettes since age thirteen. He states that he used to smoke one pack of cigarettes every three days, but that he has recently cut back to one pack per week. He has an estimated cumulative smoking history of 16 pack-years. He has never used tobacco in any other form.

Alcohol: He states that he usually drinks twelve beers each weekend, but that he has had no alcohol for the past six weeks.

OCCUPATIONAL HISTORY:

Mr. Silva graduated high school in 1959.

He served in the United States Air Force from 1959 to 1963 as a roads and grounds specialist. He maintained the lawns, kept the flight line clean, and was in charge of the dump. He did not go overseas.

After he returned from military service, he worked as a laborer for a pipeline service for about a year. He states that he unloaded pipe from boxcars onto trucks and from trucks into a warehouse. He alleges exposure to asbestos during this time because "the paper that wrapped the pipes had asbestos in it."

He then sold life insurance for about a year.

After that, he joined a union apprentice program for pipefitters and plumbers. He says that he specialized in welding, but that he later did both pipefitting and welding. He worked out of a union hall for eighteen years, until 1984.

He states that his first job with the union was as a welder's helper at the Reynolds Metals San Patricio plant. He carried welder's tools and helped the welders up the scaffolding. He says that union insulators would remove insulation materials and then the welders would weld. When they finished, insulators would come back and replace the insulation. After that, he worked as a welder for nineteen months helping build a new addition to the Reynolds plant. He says that he never directly handled insulation materials, but that he worked in the vicinity of insulators. He denies wearing any respiratory protection.

Ricardo G. Silva

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After his job with Reynolds, he worked as a welder for W.R. Cooke for six to seven months on a construction project at Bee County College in Beeville.

He then worked for twelve years for Brown & Root in Houston. He worked as a welder in a yard, building jackets for offshore drilling rigs. He states that he also worked on old platforms brought in on barges to be disassembled. He states that the old platforms sometimes were wrapped with insulation materials that had to be removed before they could be cut up with a torch. He did not wear any respiratory protection while working with insulation materials. Mr. Silva states that there were sandblasters working in a separate yard, but he believes that he was also exposed to blowing sand from their work. He was foreman at the yard for his last three years of employment there.

He left to establish his own welding business. He did high line welding at refineries and also worked in the oilfields. He states that he never handled insulation materials during that time, but that he did work around the insulators who would remove and then replace insulation from the pipe he was welding.

Since 1984, he has been a federal employee of Corpus Christi Army Depot. He disassembles and overhauls servos and actuators from aircraft. He reportedly works in a "clean area" with strict dust control. He has no known exposure to asbestos or sandblasting from that work.

REVIEW OF SYSTEMS:

General: He states that his appetite is fair, but that he has lost from 170# to his present weight of 152# in the past two years.

HEENT: His vision is corrected with glasses. His hearing is normal. He denies chronic sinus drainage or problems with allergies.

Respiratory: He has noticed shortness of breath on climbing several flights of stairs for the past five years. His shortness of breath has been stable rather than progressive. He denies a daily cough, but says that he occasionally has bronchitis with

Ricardo G. Silva
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chest wall soreness and productive cough. He has never coughed up any blood. He has no history of pneumonia or tuberculosis. He does not recall being skin tested for TB.

Cardiovascular: He has no history of hypertension or chest pain with exertion.

GI: He has no history of peptic ulcer disease or frequent indigestion. There is no history of gastrointestinal blood loss. There is no history of colon disease.

GU: He has no history of kidney stones, urinary tract infections, or prostate disease.

Bone/Joint: He denies arthritis pain or joint swelling.

Neurologic: There is no history of syncope, seizures or stroke. He does complain of occasional light-headedness with exertion that generally lasts about a minute and resolves with rest. He describes his symptoms as feeling like he could lose his balance.

PHYSICAL EXAMINATION:

General: He is a pleasant, well-spoken, Hispanic male who appears appropriate for his stated age.

Vital signs: Height: 5' 5" Weight: 160# BP: 128/78
HR: 76, regular RR: 12, unlabored

HEENT: Eyes: Conjunctiva are normal in appearance. Sclerae are anicteric. There is mild bilateral arcus senilis. Pupils are equal and reactive to light. Nose: The nasal mucosa is normal in appearance. Oropharynx: He is partially edentulous with upper dentures and lower bridgework. There is no sinus drainage in the posterior pharynx.

Neck: Jugular venous pulses are normal. Carotid upstrokes are symmetrical without bruits. There are no palpable masses. The thyroid is not enlarged. There is no cervical or supraclavicular lymphadenopathy.

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Chest: The A-P diameter is normal. Respiratory excursions are symmetrical bilaterally. Breath sounds are vesicular bilaterally without wheezes, rales, or rhonchi.

Cardiac: The heart rhythm is regular. PMI is not displaced. S1 and S2 are normal. There are no gallops or murmurs.

Back: There is mild scoliosis of the dorsal spine with the convexity of the curvature to the left and the left shoulder carried higher than the right. There is no tenderness to percussion of the vertebral bodies.

Abdomen: The abdomen is soft. There is no tenderness to palpation. There are no masses or palpable hepatosplenomegaly. Bowel sounds are active. There are no abdominal bruits.

Extremities: There is no clubbing or cyanosis of the fingernail beds. There are mild degenerative changes of the PIP joints of both hands. There is no edema of the lower extremities. Dorsalis pedis pulses are 2+ bilaterally. Posterior tibial pulses are 1+ on the left and 3+ on the right.

CHEST X-RAYS:

PA and lateral chest films reveal the cardiac silhouette to be normal in size and configuration. Costophrenic angles are sharp bilaterally. There are no pleural plaques. There is no pleural thickening. There is no eggshell calcification of hilar lymph nodes. Pulmonary parenchymal markings are unremarkable. There is no reticulonodular infiltration of the upper lung fields consistent with a diagnosis of silicosis. There is no bibasilar fibrosis consistent with a diagnosis of asbestosis.

PULMONARY FUNCTION STUDIES:

Flow-volume loops are adequate for interpretation. The FVC is normal at 107% predicted. FEV1 is 110% predicted. The FEV1/FVC ratio is 83%. The SVC is 95% predicted. Total lung capacity is normal at 109% predicted. Thoracic gas volume is 109% predicted. Lung diffusion, uncorrected for hemoglobin, is normal at 106%

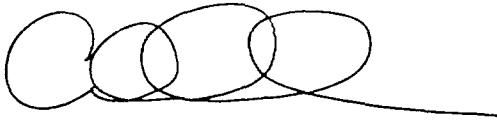
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predicted. Arterial oxygen saturation measured by pulse oximetry is 97%.

Assessment: Normal pulmonary mechanics, lung volumes, and diffusing capacity.

ASSESSMENT:

1. Mr. Silva has a greater than six-year history of Type II diabetes mellitus with no signs or symptoms of end-organ damage.
2. He has a long history of cigarette smoking with continued tobacco abuse. He was advised of the markedly increased risk of myocardial infarction and peripheral vascular disease in diabetics who smoke.
3. He has normal pulmonary mechanics, lung volumes, and diffusing capacity by pulmonary function testing.
4. There is no evidence of silicosis.
5. There is no evidence of asbestos-related disease.

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Gail D. Stockman, MD, Ph.D.

10 10

GAIL D. STOCKMAN MD Ph.D

815 N. 4th STREET SUITE A

LONGVIEW TX 75601

903-753-0787

Name:	SILVA, RICARDO G	ID:	453506046	BSA:	1.80	Date:	6/26/01
Doctor:	GAIL STOCKMAN	Height:	65.0 in	Age:	60	Room:	LAB
Tech:	RON BRYSON CRT RCP	Weight:	160.0 lbs	Sex:	Male	Race:	Hispanic

Diagnosis: IME

Dyspnea: Walking more than 100 yards

Cough: <None> Wheeze: Rare

Yrs Quit: 0 Pk Yrs: 0 Pks/Day: 0 Yrs Smk: 0 Tbc Prod: <None>

Post-Test Comments: O2 SAT 97%.....COUGHING DURING FVC

PRE-BRONCH**POST-BRONCH**

	Actual	Pred.	%Pred.	Actual	%Pred	%Chng
<u>SPIROMETRY</u>						
FVC (L)	3.06	2.86	107	3.02	106	-1
FEV1 (L)	2.55	2.31	110	2.41	104	-5
FEV1/FVC (%)	83	81		80		-4
FEF 25% (L/sec)	3.87	5.70	68	4.56	80	18
FEF 50% (L/sec)	3.37	3.78	89	2.63	70	-22
FEF 75% (L/sec)	1.25	1.08	115	0.91	84	-27
FEF 25-75% (L/sec)	2.78	2.43	114	2.20	90	-21
FEF Max (L/sec)	5.00	6.25	80	5.31	85	6
FIVC (L)	3.10			2.31		-25
FIF 50% (L/sec)	2.68	4.01	67	1.14	28	-57
FIF Max (L/sec)	3.92			1.80		-54
MVV (L/min)	85	105	81			
<u>LUNG VOLUMES</u>						
SVC (L)	3.25	3.41	95			
IC (L)	2.71	2.50	108			
ERV (L)	0.54	0.91	59			
TGV (L)	2.82	2.59	109			
RV (Pleth) (L)	2.29	1.67	137			
TLC (Pleth) (L)	5.53	5.09	109			
RV/TLC (Pleth) (%)	41	33				
<u>DIFFUSION</u>						
DLCOunc (ml/min/mmHg)	23.08	21.76	106			
DL/VA (ml/min/mmHg/L)	4.80	4.28				
VA (L)	4.80	5.09	94			

GAIL D. STOCKMAN MD Ph.D

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Name: SILVA, RICARDO G
Doctor: GAIL STOCKMAN
Tech: RON BRYSON CRT RCP

ID: 453506046
Height: 65.0 in
Weight: 160.0 lbs

BSA: 1.80
Age: 60
Sex: Male

Date: 6/26/01
Room: LAB
Race: Hispanic

