GAR 000183

CONFIDENTIAL

SERVICES

WORKER'S COMPENSATION STATUS OF DISABILITY INVESTIGATION

Claim No., File No., etc.

Inv. No. SS68915 303 82 001 Archer Bills REQUESTOR 38

2-7-86 27 26
BILLS, ARTHUR
Palmyra, NY, Northside Trailer Ct
Lot #21,
Press Operator

Forward additional instructions or mail inquiries to

BRANCH OFFICE SYRACUSE

Telephone 315 451 2880

Date of Loss 6-7-82

Date of Birth 11-6-21 Social Security # Nature of Disab Asbestosis, pulmonary fibrosis

1.	Give date(s) on which this investigation was made.	2-5-86
2. A.	Is address correct? (If no, give correct address if available.)	A. yes
B.	If rural address, tell how to reach home of claimant. (Give street & number if available, otherwise give directions.)	B. yes
3.	How many days since you or your sources have seen claimant? (If not within one week, explain.)	today

SOURCE INTERVIEWS

4.	Does claimant do any work for pay (either active or supervisory)?	☐ Yes	☒ No
5.	If # 4 is answered "YES" ANSWER THESE QUESTIONS — A. Exact dates resumed work (full or partial)?	A. _____ (Partial/fu	
	B. Name & address of current employer?	B.	
	C. Type of work now performed (brief job description)?	C.	
	D. Current weekly wages (salary, tips, etc.)?	D.	
6.	If NOT back to work yet: (#4 was answered "NO")		
A.	Why is claimant not working (ill, injured, laid off, trade dispute, etc.)?	A. illness	
B.	Are activities restricted in any manner (confined to bed or hospital, can't bend or lift, walk without aid, etc.)? If "YES", briefly explain here and amplify below if necessary.	B. ☒ Yes—explain cannot lift, lay R side only	☐ No
C.	If NOT confined to bed or hospital, what is claimant doing around home (work in yard, cut grass, repair work, cooking, cleaning, washing, reading, watching TV, etc.)? Be specific, as to activities claimant is performing. Give additional details below.	C. listen music, TV	
D.	Does claimant leave home?	D. ☒ Yes	☐ No
	If "YES," (1) How often (daily, weekly, etc.)?	(1) weekly	
	(2) Where does claimant go (shopping, visiting, visit place of employment, to doctor, etc.)?	(2) shop, visit friends	
	(3) How does claimant travel (walks, drives self, rides with others, public transportation, etc.)?	(3) drives self	
	(4) How long gone from home (1 hr., 2 hrs., all day, etc.)?	(4) 1-2 hours	
E.	Is claimant receiving any medical treatment presently? If so & known, give name of doctor, how often seen, type of treatment, etc.?	E. ☒ Yes	☐ No

7. PRESENT ACTIVITIES: Contact 2 lay sources. How is claimant spending his(her) time presently? Give details on activities around home and away from home if claimant leaves home.

Write a separate paragraph for each source. Give name and address of source and facts supplied.

MR WALKER
Lot #2
Northside Tr Pk
Palmyra, NY
2-5-86 pers

Source indicates subject resides lot 21 in the park, known him for several years and confirmed he is unable to work, but did not know his exact condition. Not aware of any specific health problems, or what it was called medically, that would cause subject to be unable to work. Sees him drive his car, leaves the park, comes back after short while.

IMPORTANT—Continued on reverse

PLAINTIFF'S EXHIBIT
G-273

he is lying down resting on his bed or couch, he lies on right side only. He stays around home, listening to music and watching TV. He will occasionally go out in his truck, to shop, visit friend, will be gone for an hour or so and return. He stated he did smoke many years ago, he quit many years ago, and also stopped drinking, which was only on a social basis, having an occasional drink in early 12-85. He is 5-8½", weighs 227 and sees doctor on a monthly basis. He is presently on Capoten which is only medication he takes, prescribed by Dr. Smith, taking ½ tablet, two times daily. Claimant stated he would never be able to return to work due to his condition.

HOMEMAKER CLAIMANT: Claimant is single, residing alone in mobile home, lot 21 in Northside Trailer Park. There are four rooms. He is able to do some light cooking, washes dishes and some of his laundry. He has a daughter who will come in and do major housecleaning and work needed. He does not have much property at the mobile home site, but there is some lawn that needs to be mowed and this is also done by either neighbor or member of his family, as he is also not able to do this. He tried this a couple of times last summer and became very short of breath, was unable to do it.

RURAL LOCATION: As you leave Palmyra going north on Rt 21, about ½ mile to village limits, on right side of Rt 21, is Northside Trailer Park. Enter the park, turn right, go straight to the end, turn left, and claimant trailer is the first on right side, Lot 21.

R.H. GAGE: EQUIFAX CLAIMS
SYRACUSE
ZEG:fm

64.00
64.00

GARLOCK

NOTICE THAT PAYMENT OF COMPENSATION FOR DISABILITY HAS BEEN STOPPED OR MODIFIE

ANSWER ALL QUESTIONS FULLY

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS			
1. W.C.B. Case Number	2. Carrier Case Number	3. Carrier Code	4. Date of Injury
78205922	803-82-001	W424758	6/7/82

	Name	Address to which notices should be sent (Give Number and Street, City, State, and Zip Code)
5. Injured Person	Arthur Bills, Sr.	Northside Trl Sk, Lot 21, Palmyra, NY 14522
6. Employer	Garlock, Inc.	1666 Division St., Palmyra, NY 14522
7. Carrier	SELF INSURED—LEVERACK & RAUBER, INC. Representative	Buffalo Office

8. Date Disability Began	9. Average Weekly Wage on Which Tot. Disab. Rate Was Computed	10. Date First Payment Mailed	11. Date Most Recent Payment Mailed
6/7/82	$	12/9/82	12/9/82

12. SUMMARY OF COMPENSATION PAYMENTS FOR DISABILITY, EXCLUDING MEDICAL

Type of Disability	T/P*	Period(s) of Payment From	To	Less Days Worked	Number of Weeks	Weekly Rate	Amount
TOTAL							
PARTIAL	TP	6/7/82	11/29/82		25	105.00	2625.00
		REIMBURSEMENT TO DISABILITY CARRIER					
	P	11/29/82	12/13/82		2	105.00	210.00
DISFIGUREMENT							
	*Indicate "T" for temporary disability "P" for permanent disability					TOTAL	2835.00

13. Has claimant returned to work? →	a. At regular wages?	Yes / No	Date of return	b. At reduced earnings? Yes / No	Date of return
14. Has compensation for disability been paid in full?	Yes / No	c. If not paid in full, give reasons in space below why payments have been stopped or modified. Attach supporting medical reports if reason is degree or extent of related disability.			

award per hrg 11/24/82, payments to continue at $105 per week

Dated	Signed By	Title
12/9/82	Original Signed By W. E. NEUMAN	REPRESENTATIVE

Prescribed by Chairman
Workers' Compensation Board
State of New York

WORKERS' COMPENSATION BOARD

DATE OF HEARING	W.C. LAW JUDGE	DECISION DULY FILED ON	BY
11/24/82	DeSio	12/8/82	bd
*WCB Case No. 78205922	Date of Accident 0/00/00	Social Security Number 115-20-4228	
Carrier Case No. 803-82-001	Carrier Code WL21758		

Claimant
Arthur Bills, Sr.
Northside Trailer Park
Lot #21
Palmyra, New York 14522

*Employer
Garlock, Inc. Div. of Colt I-d.
1666 Divisio- Street
Palmyra, New York 14522

Garlock Inc.
c/o Laverack & Hai-es

Dr. William L. Craver.
220 Alexa-der Street
Rochester, New York 14607

Special Funds Co-s. Comm.

NOTICE OF DECISION

ALBANY FINANCE
CLAIMANT

READ IMPORTANT INFORMATION ON REVERSE SIDE

Aet-a Life I-s. Co. (DBC)
c/o Garlock I-c.

After hearing, the following Decision and Award was made.

AWARD THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of weeks	from	to	at rate per Week	the sum of	TO
24 2/5	6/7/82	11/24/82	$ 105.00	$ 2562.00	CLAIMANT
Carrier to conti-ue to			pay at $105.00		LESS PAYMENTS MADE COVERING THIS PERIOD.
as lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was closed. Employer will pay $25.00 Dr. Craver's Bill.

Occupatio-al co-ditio-, -otice a-d causal relatio- established for asbestosis. Date of disability 6/7/82. Reimburse DB carrier as requ: Fi-di-g perma-e-t partial disability. 15-o applies. Average weekly wage $290.90.

* If the WCB Case No. is preceded by "F," this decision is made under the Volunteer Firemen's Benefit Law and the liable parties/carriers is deemed to be the "Employer" of the volunteer firemen. In all other cases, this decision is made under the Workers' Compensation Law.

C-23 (1-82)

WILLIAM KROEGER
Chairman

LAVERACK & HAINES, Inc.
SELF INSURANCE and GROUP DEPARTMENTS

135 Delaware Ave.
BUFFALO, N. Y. 14202

Executive Park East
ALBANY, N. Y. 12203

890 Seventh North St.
LIVERPOOL, N. Y. 13088

529 Fifth Avenue
NEW YORK, N. Y. 10017

Report of Hearing

CLAIM No. 803-82-001

Claimant Arthur Bills — Date of Accident 6/7/82

Employer Garlock Inc. — Date and Place of Hearing 11/24/82, Geneva

Hearing Before Judge DeSio — Hearing Reporter Steno Burdick

Just prior to today's hearing the writer had the opportunity to speak to the claimant who advised that his condition seems to be getting worse as time goes on. He complains of being very short winded with dyspnea on the effort of any stair climbing. In view of the claimant's progressive symptoms thewriter felt it was important to have this case established and classified and closed today. Mr. Brege of the Special Fund and the writer agreed to co-operate and jointly urge the Judge to closed out the case today rather than wait the normal two years. The claimant had indicated a desire to move to a warmer climate because of his condition.

When the case was called the writer raised the issue of degree of disability and took the position that the claimant was partially disabled. Mr. Brege joined the writer and we both urged the Judge to make a classification today so that the case could be closed.

The Judge made findings of occupational disease, notice and causal relation for asbestosis. Date of disablement was established as 6/7/82. The former average weekly wage was set at $290.80 based on the statement of claimant's earnings for one year prior. An award was made from 6/7/82 to date at $105RE. The claimant was declared to be permanently partially disabled with payments to continue at $105.00RE per week. Reimbursement to the Disability carrier was directed to be a lien on the award. The Judge further found that this case comes within Section 15-8ee of the law and the case was closed.

This employer will be entitled to reimbursement from the Special Fund after 104 weeks of payments and our first application to the Special Fund should be made in December 1984 for the first 26 period of reimbursment. Claimant's activities should be checked at least once per year.

The writer contacted Pam at Garlock and advised her to stop disability payments as of 11/29/82 and to file a DB471 so that reimbursement can be made to Aetna. She will do so. When DB471 is recieved payment to the disability carrier should be made and payments to the claimant can be instituted per the award.

Form 18

Representative

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S SUPPLEMENTARY REPORT C-

CHECK ONE: ☐ 15-DAY REPORT ☐ PROGRESS REPORT ☐ FINAL REPORT

PLEASE PRINT OR TYPE – INCLUDE ZIP CODE IN ALL ADDRESSES – CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	CLAIMANT'S SOC. SEC. NO
7820592 2	W 424758		Palmyra, Ny	115-20-4229

	NAME	AGE	ADDRESS	APT. NO.
INJURED PERSON	Arthur Bills	60	Northside Dr. Pt. Palmyra, Ny	14522
EMPLOYER	Barlocks		Division St, Palmyra, Ny	14522
INSURANCE CARRIER	- Self-insured			

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC.

CLAIMANT'S TELEPHONE NO.

1. Have you filed Form C-4B, or other report, setting forth history? ☒ YES ☐ NO — If "No," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of relevant symptoms).

See previous report

(b) Was person previously under the care of another physician for this injury? ☒ YES ☐ NO — If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. If injury is compensable or contributes to cause of pre-existing infirmity, disease or physical impairment, describe specifically:

MAY 17 1983

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

Asbestosis, pulmonary fibrosis

4. Nature of treatment: Exam, treatment

Date of your first treatment:	Date of your most recent treatment:	Are you continuing treatment?
4-14-82	3-12-83	☒ YES ☐ NO

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason.

5. Has the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind?	(b) Resume his regular work?	Is patient working?
Date:	Date: Pt. is permanently disabled	☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to the injury.

8. In your opinion, was the occurrence described above (or in your previous report which gives this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

9. Is rehabilitation treatment or services or evaluation therefor advised? ☐ YES ☒ NO — Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☒ NO — If "Yes," to whom? If "No," indicate why.

10. Enter here additional information of value, requests for authorization, etc.:

pt. has been seen by Dr. William Craver, and Dr. Michael Finigan, Rochester, Ny

Date	Typed or Printed Name of Attending Physician	Address
5-10-83	Vincent E. Smith MD	3606 E. Foster St Palmyra, Ny 14522

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Physician
SFP	214977	315-597-4221	

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

SUPPLEMENTARY REPORT

CHECK ONE ☐ 15-DAY REPORT ☒ PROGRESS REPORT ☐ FINAL REPORT

PLEASE PRINT OR TYPE – INCLUDE ZIP CODE IN ALL ADDRESSES – CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME		ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	CLAIMANT'S SOC. SEC. NO.
78205922	W 424758			Palmyra, Ny	115-20-422

	NAME	AGE	ADDRESS	
INJURED PERSON	Arthur Bills	60	Northside Dr. Pk, Palmyra	Ny
EMPLOYER	Garlocks		Duision St, Palmyra	Ny
INSURANCE CARRIER	-(Self - insured)			

ANSWER ALL QUESTIONS – AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC. | CLAIMANT'S TELEPHONE

HISTORY

1. Have you filed Form C-4B, or other report setting forth history? ☒ YES ☐ NO — If "No," explain fully and cite below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, indicate occupational history and date of onset of claimed symptoms.)

See previous report

(b) Was patient previously under the care of another physician for this injury? ☒ YES ☐ NO — If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. If there is satisfactory evidence of pre-existing injury, disease or physical impairment, describe specifically

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient has been hospitalized since last report, so state and give name and address of hospital):

Asbestosis, pulmonary fibrosis

TREATMENT

4. Nature of treatment: Exam, treatment

Date of your first treatment: 4-14-82 | Date of your most recent treatment: 11-12-82 | Are you continuing treatment? ☒ YES ☐ NO

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason.

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe

6. On what date do you think patient was or will be able to:

(a) Resume full usual work of any kind? Date:

(b) Resume his regular work? Date: Presently disabled — Is partial work possible? ☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work capabilities due to this injury.

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

COMMUNICATION

9. Is rehabilitation treatment or services or evaluation thereof advised? ☐ YES ☒ NO — Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☒ NO — If "Yes," to whom? If "No," indicate why.

REMARKS

10. Enter here additional information of value, requests for authorization, etc.

Re has examined by Michael M. Brigan MD on 5/82 and William Craven MD on 4/19/82 (same address)

Dated	Typed or Printed Name of Attending Physician	Address
12-2-82	Vincent E. Smith MD	3006 E. Main St Palmyra

WCB Rating Class	WCB Authorization No.	Telephone No.	Written Signature of Attending Physician
SFP	214977	315-597-4221	

C-4 (9-75) See Reverse Side

PALMYRA X-RAY
828 E. Main Street
Palmyra Professional Bldg.
Palmyra, New York
(315) 597-6124

PATIENT ... HILLS, ARTHUR Age: 50 DATE ... 1 21/..

DOCTOR ... Fallon X-RAY No. ... Out Door

CLINICAL INFORMATION: Garlock physical

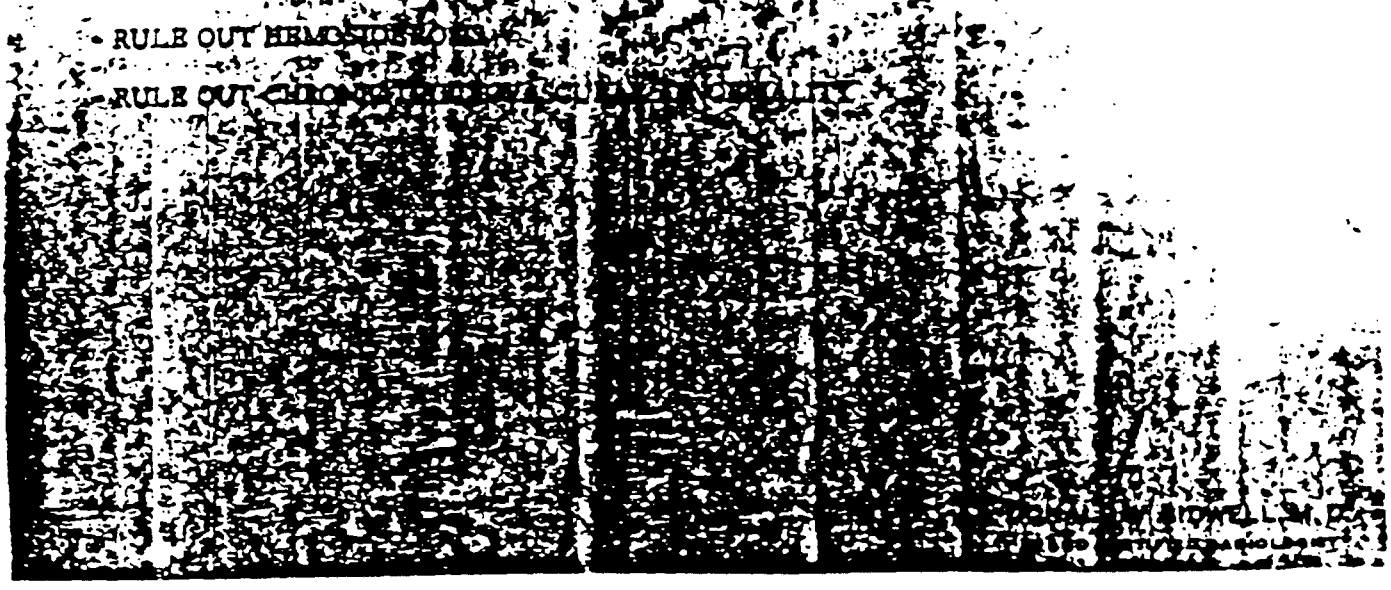
CHEST ... 1 VIEW

Chest examination remains abnormal, but probably slightly improved since previous ... was obtained. Abnormal patterns of either vessel engorgement or infiltration or mate ... hilar roots. Cardiac margination is feathered and indistinct bilaterally. The hilar roots ... appear enlarged. The mediastinum is better defined on current examination and seems normal, as does the aortic arch. Peripheral lung areas are clear, including costophrenic recess ... clouding is not unusual.

Earlier reports are reviewed, and it is noted that diagnostic conclusion has not been reached in this patient's case, although there are hints of underlying cardiovascular abnormality.

IMPRESSION:

1. HILAR ADENOPATHY, PROBABLY BILATERAL, WITH BILATERAL PERIHILAR SHA...
   - RULE OUT SARCOIDOSIS
   - RULE OUT COLLAGEN DISEASES
   - RULE OUT GOODPASTURE'S SYNDROME
   - RULE OUT HEMOSIDEROSIS
   - RULE OUT CHRONIC THROMBOEMBOLIC DISEASE



NOTICE OF HEARING

State of New York
WORKERS' COMPENSATION BOA

Place of Hearing	Part	Date of Hearing	Time	District Office
CITY HALL 47 CASTLE STREET GENEVA, NEW YORK 14456	01	11/24/82	9:30 AM	ROCHESTER

WCB Case No.	Employer's Case No.	Carrier Case No.	Date of Accident	Social Security No.
78205922	W426758	803-82-001	0/00/00	115-20-4228

CLAIMANT: BILLS, ARTHUR SR.

MAIL TO:
AETNA LIFE INS. CO. (DBC)
% GARLOCK INC.
1666 DIVISION ST.
PALMYRA, N.Y. 14522

EMPLOYER:
GARLOCK, INC. DIV. OF
COLT INDUSTRIES

CARRIER:
GARLOCK INCORPORATED
C/O LAVERACK & HAINES

COPIES TO:
SPECIAL FUNDS CONS. COMM.
AETNA LIFE INS. CO. (DBC)

NOTICE OF PRELIMINARY HEARING:

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT THIS PRELIMINARY HEARING. BOTH CLAIMANT AND CARRIER ARE TO BE PRESENT PREPARED TO FURNISH THE INFORMATION DESCRIBED ON REVERSE SIDE IN ORDER TO FIX A DATE FOR TRIAL HEARING. ON THE DATE SET FOR TRIAL HEARING, THE CASE WILL BE DECIDED ON THE EVIDENCE PRESENTED. THERE WILL BE NO FURTHER ADJOURNMENT AT THAT TIME EXCEPT FOR GOOD AND SUFFICIENT CAUSE.
A-1 DR. WILLIAM CRAMER'S BILL DATED 4/19/82, TO DEVELOP THE CLAIMANT'S MEDICAL-INDUSTRIAL HISTORY.

EVIDENCE TO BE PRODUCED:

BY CLAIMANT: CLAIMANT TO BE PRESENT TO TESTIFY.
BY EMPLOYER OR CARRIER: CARRIER TO PRODUCE HOPSITAL RECORDS AND X-RAYS.

DATED: 11/03/82

WILLIAM KROEGER
CHAIRMAN

GORDON D. CURRIE, M. D., F. A. C. P.
WILLIAM A. COLEMAN, M. D.
JOHN S. RUEF, M. D.
RICHARD D. DENT, M. D.

OFFICE HOURS BY APPOINTMENT ONLY
TELEPHONE: Dr. Currie 271-0000
Dr. Coleman & Dr. Ruef 271-0000
Dr. Dent 271-0000

WESTFALL PARK MEDICAL CENTER • 2265 SOUTH CLINTON AVE. • ROCHESTER, NEW YORK 14618

September 9, 1982

Laverack and Haines, Inc.
135 Delaware Avenue
Buffalo, New York 14202

Re: Mr. Arthur Bills
Emp: Garlock, Inc.
D/A: ?
WCB: # 78205922
Carrier: # 803-82-001

Gentlemen:

The above claimant was examined in this office at your request on September 2, 1982, and the following is a report of that examination.

The claimant is a 60-year-old widowed man who had worked for the Garlock, Inc., in Rochester, New York, since 1950. He states that he started in the "textile" department in 1950, and his first work was that of an "roving carrier." In this capacity he was involved in taking stock to different locations on three separate floors. This stock consisted of a mixture of loose asbestos, cotton and rayon. The textile mixture was made on the lower floor and was conveyed by the claimant to the two upper floors in a large bucket. On these two upper floors the material was carded into spools, and when these were made he was then responsible for distributing these. The textiles on these spools was then braided into cloth. During the course of this operation he describes a considerable amount of dust in the air.

Later the claimant was transferred to the "card" room. There he was responsible fc. taking raw asbestos out of one hopper and putting it into another. The asbestos was then fed into a machine and carded into spools.

The claimant states that in 1970 the State authorities came in and "closed down the operation." According to the claimant, the reason for this closure was that the operation "did not meet safety requirements." The claimant was then transferred to the "cut gasket" department, and here he was responsible for working with an oven to cure asbestos stock for molding into the gaskets. He then states that he was put on a cutting machine for the cutting up of asbestos.

Over the course of the last four to five years the claimant has noted increasing shortness of breath. In April of 1982 he consulted his personal physician, Dr. V. E. Smith in Palmyra, and at that time was found to have an elevated blood pressure. He was placed on medicine for this. In addition to this, an x-ray of his chest was taken and following this he was referred to Dr. William Craver, thoracic surgeon of Rochester, who in turn referred him for pulmonary consultation to Dr. Michael Finigan. Reports from Dr. Craver and Dr. Finigan are contained in the medical file, and these were reviewed.

The report of Dr. Finigan is under the date of May 20, 1982. In this report Dr. Finigan also relates the claimant's history of exposure to asbestos, and his findings on examination. A review of the chest x-rays taken on the claimant over a twenty-year period was made by Dr. Finigan, and he notes that perihilar fibrosis was noted in 1976, and is described as having progressed

cc: Pam

over the last six years. Unfortunately, these x-rays have apparently been misplaced and are not available for review. Dr. Finigan performed pulmonary function tests, a copy of which was enclosed in the medical file. These tests showed "marked restrictive lung impairment due to lung fibrosis." In his opinion Dr. Finigan stated, "Mr. Bills has pulmonary fibrosis secondary to asbestosis related to his work exposure from 1950 to 1970. I believe his impairment is such (about 55 percent total lung function) that I would like to see him not exposed in the future to any dust or fumes, and thus I would be inclined to have him retire at this time. As mentioned above, I believe that his problem is work related. I would certainly recommend that he get an annual chest x-ray."

At the present time the claimant states that he is short of breath with exertion. He has some wheezing at night, and has a cough which is productive of white mucus. Fortunately, he does not smoked and has not smoked since World War II.

PAST HISTORY: Apart from the above the claimant has enjoyed relatively good health. He was hospitalized for gall bladder disease in 1961, but did not undergo surgery at that time.

SYSTEM REVIEW: This is essentially non-contributory. As noted above, he does not smoke but states that he "likes a beer." Since quitting work he has gained approximately twenty to thirty pounds.

MEDICATIONS: Current medications consist of Dyazide, one capsule daily for blood pressure.

PHYSICAL EXAMINATION: Temperature 98.4
Pulse 88 and regular
Respirations 24
Blood Pressure 160/100
Height 5' 8 1/2"
Weight 219 lbs.

The patient is an obese, garrulous and friendly man, who appears somewhat short of breath on exertion, but whose color is good.

Skin: Clear; no cyanosis or jaundice.
Head: Normal.
Eyes: Pupils equal; react to light and accommodation. External ocular movements normal. Funduscopic examination negative.
Ears: There is wax bilaterally.
Nose and Throat: Negative.
Mouth: He has a dental plate in the upper jaw. The lower jaw is edentulous.
Neck: Supple. Trachea in the midline. Thyroid not enlarged. No cervical vein engorgement. No carotid bruits audible.
Glandular: No lymphadenopathy.
Thorax: Symmetrical.
Lungs: Percussion note was resonant. On auscultation no rales or rhonchi were audible at the present time.
Heart: Not enlarged. There is a grade II out of VI systolic ejection murmur audible over the aortic region which radiates up into the neck.

Abdomen: Soft. No masses, tenderness or rigidity. Liver and spleen not felt. No herniae.
Genitalia: Normal male.
Rectal: Not performed.
Spine: No tenderness on percussion.
Extremities: No finger clubbing or peripheral edema. The peripheral pulses are all palpable. Joints normal.
Neurological: Within normal limits.

LABORATORY DATA: Urine: 0 albumin; 0 sugar; microscopic examination negative.

An electrocardiogram was taken. This shows the presence of biphasic T-waves with inversion of the T-wave in leads V-3 through V-6. These are non-specific T-wave changes which could be compatible with myocardial ischemia.

As noted above, the patient's x-rays have been lost. In view of this, he was referred to the office of A. Gordon Ide, M.D., and his associates for an x-ray of the chest and the following report was received from the radiologist:

"There is a mildly prominent interstitial pattern noted in both lung fields, though to a greater extent on the left. No mass lesion is appreciated. The hila are not well marginated, but also no mass is identified there. The costophrenic angles are sharp. The heart size is normal. The bones and soft tissues are normal. Impression: Interstitial disease with poor hilar margination. Though no calcific plaques are present the findings are compatible with pneumoconiosis such as asbestosis."

My own review of this x-ray indeed does show bilateral interstitial infiltrates compatible with a diagnosis of asbestosis.

OPINION: This 60-year-old claimant has a 30+ year history of exposure to asbestos. On the basis of physical examination and x-ray findings, I believe it is fair to say that he has asbestosis.

He can no longer work at his former employment, and indeed must avoid all dusty and contaminated atmospheres. He has a high degree of disability. It is just possible that he could manage some sedentary form of occupation in which he would not be exposed to fumes or dust, but at his age and with his work capacity I believe it is only reasonable to say that, in all probability, he is unemployable and therefore probably totally disabled.

In addition to his pulmonary disease, there are electrocardiographic changes not diagnostic of but compatible with a diagnosis of myocardial ischemia.

Yours very truly,

Gordon D. Currie, M.D.
SJ 205463

GDC/w
Orig: WCB
3 cc: Addressee

LAVERACK & HAINES, INC. 135 Delaware Avenue, Buffalo, New York 14202 Telephone 716/852-3065

July 13, 1982

Colt Industries Inc.
430 Park Avenue
New York, New York 10022

Attn: William G. Davis
Claims Manager

Re: Arthur Bills
Emp: Garlock, Inc.
D/A: 777
WCB: 78205922
Carrier: 803-82-001

Dear Mr. Davis:

Thank you for yours of 7/7/82 and the attachments. However, also attached were three copies of your letter to me and I am returning same as they may be for other parties.

As you know this asbestosis claim has been controverted on several issues as per our C-7 dated 6/15/82. Also, we have sent a "A-1" to all the medical providers to place their bills under arbitration pending adjudication of the issues.

Asbestosis is a pneumoconiousis and therefore comes under Section 15-8ee, as amended, (silicosis) of the New York State Workers' Compensation Law. In accordance with said section your maximum liability is two years of permanent partial or permanent total disability and 104 weeks of medical care. Hence, your excess carrier will have no liability what-so-ever.

Our office has been in consultation with Robert J. Eck, Regional Manager of the Special Funds Conservation Committee, the protector of the Special Disability Fund under Section 15-8ee. This Fund will reimburse us for all indemnity and medical after the 104 week period assuming that the claimant is successful in his claim. We conferred with Bob so that our defense could be coordinated and to solicit his expertise in the silicosis area.

Frankly, since this employee did work with asbestosis in your employ we are not at all optomistic regarding our controversy. Prior to the amending of Section 15-8ee the claimant had to be totally disabled and had to prove "injurious exposure". There was a Panel of State Chest Consultants who examined and reimbursement was made after 260 weeks. Now, since the amending, the reimbursement period was reduced to 104 weeks but the claimant need only be partial and injurious exposure is no longer a major factor.

In conjunction with Bob Eck we will continue to defend this claim and since we have now received a report dated 7/7/82 from Dr. Craver rendering prima facie evidence we will now arrange an exam of the claimant by a chest consultant of our mutual choice. We must be very careful to make sure that this claim only concerns a pneumoconiousis type disease and not an asbestos related cancer condition. If the latter develops our reimbursement from the 15-8ee Fund would be seriously mitigated.

If you desire any further information please feel free to contact our Buffalo Claims Manager, Casey Wilbert. Thank you for your concern and help in this matter.

Very truly yours,

LAVERACK & HAINES, INC.

William E. Neuman
Vice President/Director of Claims

cc: R. LeFevre

/js

RECEIVED
GARLOCK

OCT 8 '82

LAW DEPARTMENT
R.W.W

RECEIVED
MEDICAL DEPT.
JUN 16 1982

Garlock Inc.
1666 Division St.
Palmyra, NY 14522

Attention: Pam Recci

Date										
1982										
5/4	$70.00 Initial pulmonary consultation									
5/18	$25.00 Followup office call									

RE: Arthur Bills

$95.00

Garlock, Inc.

RECEIVED
GARLOCK
OCT 8 '82
LAW DEPARTMENT
R.W.W

NOTICE THAT RIGHT TO COMPENSATION IS CONTROVERTED

ANSWER ALL QUESTIONS FULLY

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS			
1. W.C.B. Case Number	2. Carrier Case Number	3. Carrier Code	4. Date of Alleged Injury
	803-82-001	W424758	???
Name		Address to which notices should be sent (Give Number and Street, City, State, and Zip Code)	
5. Injured Person	Arthur Bills	Northside Trailer Park Lot #21 Palmyra, N.Y.	
6. Employer	Garlock, Inc.	1666 Division Street Palmyra, New York 14522	
7. Carrier	SELF INSURED—LAVERACK & RAINES, INC., Representative 125 Delaware Ave., Buffalo, N. Y. 14202 — Executive Park East, Albany, N. Y. 12203 856 Seventh North St., Liverpool, N. Y. 13088	FILED BY BUFFALO OFFICE ☐ FILED BY ALBANY OFFICE ☐ FILED BY LIVERPOOL OFFICE ☐	

Social Security No. 115-20-4228

8. Description (Diagnosis) of Alleged Injury: Employee claims Asbestosis and Pulmonary Fibrosis

9. Place where alleged injury occurred: Garlock, Inc. (Div. of Colt Industries) (City, Town or Village) Wayne Co. Palmyra (State) N.Y. 14522

10. Right to compensation is controverted for the following reasons:

State reasons fully and explicitly. Attach supporting medical reports if reasons include contention that disability is not causally related.

Question of Accident arising out of or in the course of employment.
Question of Occupational Disease arising out of or in the course of employment.
Question of Causal Relationship.
Question of Exposure.
No Prima Facie evidence.
We reserve the right to raise any other issues which may be deemed indicated.

11. Date alleged disability began: 6/7/82

12. Date employer or carrier first had knowledge of alleged injury, whichever is earlier: 6/7/82

13. Date of receipt by carrier of employer's report of injury (C-2 or C-2.2) (If None, So State): 6/14/82

14. A. Has a copy of this notice been sent to DISABILITY BENEFITS CARRIER or EMPLOYER? YES [X] NO [ ]

If "YES," give name and address to whom sent and answer "B" below. If "NO," state reasons.

Aetna Life & Casualty 500 South Salina Street P.O. Box 4951 Syracuse, New York 13221

(Please endeavor to identify the DB carrier in every instance)

B. Have you also sent copies of medical reports in your possession to the Disability Benefits Carrier or Employer? YES [X] NO [ ]

Dated 6/15/82

Original Signed By
Signed by W. E. HILLMAN

Prescribed by Chairman Workers' Compensation Board

Official Title Vice President/Director of Claims

C-2 Draft 1-15-74

STATE OF NEW YORK
WORKERS COMPENSATION BOARD

EMPLOYER'S REPORT OF INJURY

Send this report directly to Chairman, Workers Compensation Board at address shown on reverse side within ten (10) days after accident occurs. Copy also should be sent to your insurance carrier.

PLEASE PRINT OR TYPE—INCLUDE ZIP CODE IN ALL ADDRESSES—EMPLOYEE'S SS# MUST BE ENTERED BELOW

(ENTER CASE NUMBERS IF KNOWN, IN ABOVE SPACES)

1. EMPLOYER	Garlock Inc. Division of Colt Industries	Palmyra, N.Y. 14522	
ALLOCATION			
2. INSURANCE CARRIER			
3. INJURED PERSON	Arthur Bills #0636	Palmyra, N.Y. 14522	

EMPLOYER

4. Nature of business. (State principal products manufactured or sold or services rendered) Mechanical Packing

ACCIDENT

5. Address where accident occurred (include county) Garlock Inc. Div. of Colt Industries, Wayne Co. Palmyra, N.Y. 14522
6. Date of accident: ______ 19__ Day of Week ______ Hour of Day ______ A.M. ______ P.M.
If occupational illness, date of initial diagnosis 6-7- 19 82
7. (a) Date disability began: 6-7- 19 82 Hour of Day 6:00 A.M. ______ P.M.
(b) Was injured paid in full for this day? No
8. Name of Department (where regularly employed) and foreman Cut Gasket (N. Schlegel)
9. When did you or foreman first know of injury? 6-7-82
10. Names and addresses of witnesses

INJURED PERSON

11. (a) Marital status Married (b) Sex Male
12. Age: 61 13. Did you have on file employment certificate or permit?
14. Occupation. (a) Job title for which employed. [illegible]
(b) Occupation when injured
15. (a) How long employed by you? 5-14-50 (b) Piece or time worker? Time
(c) Hours per day 8 (d) Days per week 5
16. Earnings in your employ (a) Rate per Hour $[illegible] Day $[illegible] Week $[illegible] Month $
(b) Total earnings paid during year prior to date of accident. (include bonuses paid, value of board, lodging, etc.) $ ______ Average per week $
(c) Bonuses or premiums paid and included in item 16(b) above $ ______ (d) Estimated value of board, lodging, or other advantages in addition to wages: (included in item 16(b) above) $
(e) Calendar weeks in past 52 in same kind of work as at time of injury?

NATURE OF INJURY OR OCCUPATIONAL DISEASE

17. State nature of injury and part or parts of body affected (as "Injury to Chest" etc.) Employee claims asbestosis and [illegible]
18. Did you provide medical care? No If so, when?
19. Name and address of physician V. Smith, P.O. Box [illegible] E. Foster St. Palmyra, N.Y. 14522
20. Name and address of hospital
21. Probable length of disability Permanent
22. (a) Has employee returned to work? ______ (b) If so, give date
(c) At what occupation? ______ (d) At what weekly wage? $

NOTE. Form C-11 must be filed each time there is any change in the employment status as reported in item 22 above.

FATAL CASES

23. Has injured died? ______ (a) If so, give date of death
(b) Name and address of nearest relative

CAUSE OF ACCIDENT OR OCCUPATIONAL DISEASE

24. (a) What was employee doing when accident occurred? (Describe briefly as "loading truck," "operating press," "shoveling dirt," "painting with spray gun," "walking downstairs," etc.)
(b) Where did accident occur? (Specify whether on the employer's premises and indicate if in street, factory yard, on loading platform, in factory, etc.)
25. How was accident or occupational disease sustained? (Describe fully, stating whether injured person slipped, fell, was struck, etc., and what factors led up to or contributed to accident. Use additional sheets, if necessary) Employee alleges exposure to asbestos since 1950 caused his illness.
26. (a) What specific machine, tool, appliance, gas, liquid, or other substance or object was most closely connected with this accident or occupational disease?
(b) If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.)
27. Were mechanical guards or other safeguards (such as goggles) provided? ______ (a) Were they in use at time of accident? ______ (b) Was machine, tool, or object defective? ______ If so, in what way?

Enter "X" in this box if accident was reported on Form C-11

Enter "X" in this box if accident was previously reported on Form C-11

FIRM NAME Garlock Inc.

SIGNED BY [illegible]

TEL. NO. 315-597-[illegible]

DATE OF THIS REPORT [illegible]

NAME (LAST FIRST INITIAL)		SEX	AGE	EMP NO	OCCUPATION	SHIFT
Pg #1-22						6:00 am
BILLS Arthur		M	61	0636	Sarco/US#1 Pr. Op	
ADDRESS (NO STREET CITY STATE ZIP CODE)					HOME PHONE	DATE OF ONSET
Northside Trailer Pk Lot #21, Palmyra, N.Y. 14522						Gradual
SUPERVISOR	DEPT	SOCIAL SECURITY NO		LGTH OF SERVICE	TIME ON JOB	DATE REPORTED
K. Scheel	Cut Gasket	115-20-4229		3-14-50	6-30-80	6-7-82

DRUG ALLERGIES		HISTORY OF ULCER ETC		BIRTH DATE	MARITAL STATUS	DEPENDENTS
☐ YES	☐ NO	? Emphysema ☒ YES	☐ NO	11-6-21	M	

HISTORY (PATIENT'S STATEMENT).

Claims Asbestosis and Pulmonary Fibrosis.

FINDINGS

Shortness of breath

AREA OF INJURY — X-RAY

Diagnosis confirmed, by 3 doctors.

INITIAL DISPOSITION	☐ TREATED & DISCHARGED	TREATED & RETURNED TO WORK	REGULAR ☐	MODIFIED ☐	☐ SENT HOME	☐ SENT TO HOSPITAL	☐ SENT TO CONSULTANT	TIME

PROBABLE DURATION OF TOTAL DISABILITY IF ANY — ATTENDED BY

Colt Industries

Garlock®

Mechanical Packing Division
1666 Division Street
Palmyra, New York 14522

OCCUPATIONAL INJUR & DISEASE RECORD

RECEIVED
GARLOCK

OCT 8 '82

LAW DEPARTMENT
R.W.W

WORKMEN'S COMPENSATION BOARD
STATE OF NEW YORK

EMPLOYER'S STATEMENT OF WAGE EARNINGS

(Preceding the Date of Accident)

1. W.C.B. Case No.	2. Carrier's Case No.	3. Date of Accident

	NAME	ADDRESS
4. Injured Employee	Arthur Bills Sr. (0636)	Northside Dutch Park Palmyra NY 14522
5. Carrier	Self-Insured Lumbermens & Hamm, Inc.	238 Main Street, Buffalo, N. Y. 14202
6. Employer	Barlock Inc	Palmyra NY

7. Employee was employed at a _____ wage for a _____ day week.
(Hourly, Daily, Weekly or Monthly) (5, 6 or 7)

8. Was injured employee in military service during the 52 week period immediately preceding the date of accident? _____
If so, Date of Discharge _____

INSTRUCTIONS: 1. Give weekly earnings for each of the 52 week periods immediately preceding the date of accident.
2. If injured employee has not worked at the same work for a year or a substantial part thereof (234 days for a 5 day week, 270 days for a 6 day week) give the weekly earnings of another employee of the same class who has worked for a year or a substantial part thereof immediately preceding the date of accident.

9. The following is a schedule of wage earnings for the 52 weeks immediately preceding the date of accident of:
(Check "X" one)

☒ The injured employee named in Item 4 above.

☐ _____ _____
(Name of employee of the same class) (Address)

WEEK NO.	WEEK ENDING MONTH	WEEK ENDING DAY	WEEK ENDING YEAR	DAYS WORKED	AMOUNT PAID INCLUDING ALL OVERTIME	WEEK NO.	WEEK ENDING MONTH	WEEK ENDING DAY	WEEK ENDING YEAR	DAYS WORKED	AMOUNT PAID INCLUDING ALL OVERTIME
1	6	19	81	5	281.65	28	12	20	81	6	361.35
2		21		4	274.11	29		27		4	236.52
3		28		5	307.44	30	1	3	82	5	262.80
4	7	5			—	31		10		6	341.64
5		12			—	32		17		5	296.93
6		19		5	274.80	33		24		5	274.80
7		26		5	274.80	34		31		5	274.80
8	8	02		5	274.80	35	2	7		5	294.80
9		09		6	355.28	36		14		6	344.18
10		16		5	331.26	37		21		-	—
11		23		5	274.80	38		28		5	294.80
12		30		5	274.80	39	3	7		5	282.80
13	9	6		4	219.84	40		14		5	282.80
14		13		5	334.68	41		21		4	282.80
15		20		5	354.67	42		28		5	282.80
16		27		6	365.91	43	4	4		5	295.08
17	10	4		5	345.91	44		11		5	261.59
18		11		4	219.84	45		18		5	282.80
19		18		6	334.71	46		25		5	282.80
20		25		5	274.80	47	5	2		5	282.80
21	11	1		5	262.80	48		9		5	279.27
22		8		5	298.52	49		16		5	282.80
23		15		5	302.22	50		23		4	226.24
24		22		6	341.35	51	6	4		5	282.80
25		29		4	282.51	52		11		5	282.80
26	12	06		6	362.58	53					
27		13		6	381.06	54					
									Total	249	14,427.21

10. Was this employee given free rent, lodging, board, tips, bonus or other allowance in addition to the above earnings? _____
If yes, state weekly value thereof $ _____ Describe _____

11. Was there any wage adjustment made affecting the 52 week period scheduled above? _____ If yes, explain _____

I certify that the above is true and correct.

Signed this 10 day of June 19 82
at Palmyra, NY.

Barlock Inc
(Name of Employer)
By A E Labin
Official Title Manager Division Rapids

6-248

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S 48-HOUR REPORT

PLEASE PRINT OR TYPE – INCLUDE ZIP CODE IN ALL ADDRESSES – CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
			Palmyra, N.Y.	115-20-4228

INJURED PERSON	NAME Arthur Bills	AGE 66	ADDRESS #21 Northside Tr. Pk. - Palmyra	APT. NO. N/A
EMPLOYER	Garlock's		Division St. Palmyra, N.Y.	
INSURANCE CARRIER	(self-insured)			

HISTORY

1. State how injury occurred and give source of this information. (If claim is for occupational disease, include employment history and date of onset of related symptoms).

Pt states that for 20 years he has been exposed to asbestos @ work. He has married daughters of late, getting progressively worse.

2. Is there a history of unconsciousness? ☐ YES ☒ NO — If "Yes," for how long? — Were X-Rays taken? ☒ YES ☐ NO

3. Was patient hospitalized? ☐ YES ☒ NO — If "Yes," state name and address of hospital.

4. Was patient previously under the care of another physician for this injury? ☒ YES ☐ NO — If "Yes," enter full name and address, and reason for transfer unless "Presently" filled in.

DIAGNOSIS

5. Describe nature and extent of injury or disease and specify all parts of body involved:

Asbestosis, pulmonary fibrosis

TREATMENT

6. Nature of treatment:

Exam, treatment, X-rays ordered, referrals to specialists

Date of your first treatment: 4-14-82 — If treatment is continuing, estimate its duration:

If treatment is not continuing, is this your final report? ☐ YES ☒ NO — If "Yes," state date of last treatment:

DISABILITY

7. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

8. Is patient working? ☐ YES ☒ NO — Is patient disabled? ☒ YES ☐ NO — If "Yes," estimate duration of disability: Permanent

CAUSAL RELATION

9. In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

REMARKS

10. Enter here additional information of value, requests for authorization, etc.

Pt. has been examined by Michael M. Finigan, M.D. - 5/82
224 Alexander St. Rochester, N.Y.
and William Craver, M.D. - Same address
4/19/82

11. Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose: ---

Dated	Typed or Printed Name of Attending Physician	Address
6-4-82	V.E. Smith M.D.	3606 E. Foster St. Palmyra NY

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Physician
SFP	214977	315-597-4221	

C-48 (12-73) ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS

See Reverse Side

RECEIVED
GARLOCK

OCT 8 '82

LAW DEPARTMENT
R.W.W.

STATEMENT

V. E. SMITH, M.D., DABFP
P O BOX 206
EAST FOSTER ST EXT
PALMYRA NY 14522

PHONE 315-597
S.S. [illegible]

SFP 214977

Re: Arthur Bills
721 Northside Dr. Pk
Palmyra, Ny 14522
Employer: Garlock, Inc
Palmyra, Ny

DATE	CODE	CHARGES	PAYMENTS	NEW BALANCE	PREVIOUS BALANCE	CHARGES	PAYMENTS
6-4-82	OV	EK	34.44	CASH	34.44		

BALANCES BROUGHT FORWARD

INSURANCE FORMS DUE

IF IT IS ANTICIPATED YOUR INSURANCE WILL PAY THE LAST AMOUNT IN THIS COLUMN

PLEASE PAY THE LAST AMOUNT IN THIS COLUMN

A—Allergy
B—Blood
C—Consultation
CHE—Chemistries
CHR—Chronic
EKG—Electrocardiogram
EX—Examination

HC—Hospital Care
HV—Home Visit
IMJ—Injection
LAB—Laboratory
NC—No Charge
OS—Office Surgery
OV—Office Visit

PT—Physiotherapy
PFT—Pulmonary Fn Tests
TB—Treatment
UR—Urinalysis
X—X-Ray

THE GENESEE HOSPITAL
An Affiliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
224 Alexander Street
Rochester, New York 14607

MICHAEL M. FINCAN, M.D., F.C.C.P.
CARLOS R. ORTIZ, M.D., F.C.C.P.
PULMONARY UNIT

PAUL W. HANSON, President
THE GENESEE HOSPITAL

May 20, 1982

Dr. Vincent Smith
3606 Cor. E. Foster St. Ext. at Howell
Palmyra, NY 14522

Re: Arthur Bills

Dear Dr. Smith:

As you know, we saw Mr. Bills in the office recently and did the attached pulmonary function tests, and reviewed his chest X-rays which date back to the 1950's.

He was referred because of his shortness of breath. He has worked for a number of years, as you know, with asbestos at the Garlock Corporation, and had at least a 20 year exposure from 1950 to 1970. He wore a mask intermittently. He now has been working, for the last 7 or 8 years, cutting gaskets with some minimal exposure to dust and any fumes in the area, but certainly not a great deal of exposure. He has been short of breath for about 3 or 4 years, and now notices any significant walking upstairs or heavy lifting leads to shortness of breath. He has stopped hunting because of his breathing problem, and he only smoked for about 4 years from 1941 to 1945.

He denies any orthopnea or PND, and denies any fever, chills, or sweats. There is rare wheezing. His appetite has been excellent and his weight is stable. He occasionally gets some vague anterior chest discomfort which only lasts a couple of minutes, and it does not appear to be related to effort.

His past health is quite unremarkable, except for one bout of renal colic in 1960. The only medicine he takes is a mild diuretic for high blood pressure. He has no allergies, and drinks 2 or 3 beers a day.

His family history shows that his wife died in 1977 from a motor vehicle accident, and he has 6 children with 2 of them possibly having diabetes.

On physical examination he weighs 216 lbs. with a blood pressure of 140/95. Respirations were 20 and regular, and pulse 68. The head and neck were unremarkable. The chest was fairly clear with a few fine

an occasional wheeze, but the lung exam was fairly unremarkable generall The heart was regular with no murmur or gallop, and the abdomen was obese, but no masses noted. The extremities were negative, and there was no edema or clubbing.

A review of the chest X-rays over a 20 year period shows that in about 1976 perihilar fibrosis is noted, and it has progressed over the last 6 years.

The attached pulmonary function tests show a marked restrictive pulmonar defect with normal arterial blood gases. His vital capacity runs about 54%, and his total lung capacity is 63%. There is no CO_2 retention on the blood gases. A carbon monoxide diffusion test will be done in the future, but could not be done today.

In my opinion, Mr. Bills has pulmonary fibrosis secondary to asbestosis related to his work exposure from 1950 to 1970. I believe his impairmen is such (about 55% of total lung function) that I would like to see him not exposed in the future to any dust or fumes, and, thus, I would be inclined to have him retire at this time. As mentioned above, I believe that his problem is work related. I would certainly recommend that he get an annual chest X-ray.

There is no treatment for this condition at this time, and he is a non-smoker. Some of these patients have an increased risk for lung cancer and mesothelioma, which is a pleural malignant tumor. A yearly chest X-ray is the only way to monitor for those problems.

I have not made any return appointment for him, but he will be contactin you to discuss this report. If there are any questions please let me know.

Thank you very much for letting us see him.

Very sincerely yours,

Michael M. Finigan, M.D.

MMF/bb

encl.

XC: Dr. W. Craver

THE GENESEE HOSPITAL
224 ALEXANDER ST. ROCHESTER N.Y.

PULMONARY INTERPRETATION REPORT

ASBESTOS EXPOSURE

NAME: ARTHUR BILLS ID#: O.P.

AGE:	60	DATE:	5/13/82
SEX/RACE:	MALE / CAUCASIAN	TEMP/PRES:	26 C / 751 mmHG
HEIGHT:	69 IN	PHYSICIAN:	FINIGAN,SMITH
WEIGHT:	216 LBS	TESTED BY:	SHEILA ESCOFFEY

SPIROMETRY (BTPS)		PRED	PRE-RX ACTUAL	%PRED
FVC	LITERS	4.47	2.43 *	54
FEV1	LITERS	3.17	1.97 *	62
FEV1/FVC	%	71	81	
FEF25-75%	L/SEC	3.05	2.20 *	72
PEF	L/SEC	8.37	8.56	102
FIVC	LITERS	4.47	2.34 *	52
FEF50/FIF50	UNITLESS	<1.00	0.96	
MVV	L/MIN	137	126	92
F	1/MIN		120	

LUNG VOLUMES (BTPS)(KEY IN)				
VC	LITERS	4.47	2.49 *	56
TLC	LITERS	6.42	4.07 *	63
RV	LITERS	2.30	1.58 *	68
RV/TLC	%	37	39	
FRC	LITERS	3.27	1.93 *	59

RESTING VENT. (BTPS)				
VE	L/MIN	16.6	10.4 *	63
TV	LITERS		0.63	
F	1/MIN		17	

DISTRIBUTION (KEY IN)		
LCI	UNITLESS	7.0

* = OUTSIDE NORMAL RANGE

POS-S0201-19 N-0101-10 INT-0201-03

COMMENTS: Arterial blood gases: pH-7.41, pCO_2-41, pO_2-80, O_2 saturation-94%

TECHNICAL INTERPRETATION: PFT's show reduction in FVC and TLC consistent with a marked restrictive lung impairment and no evidence of obstructive lung disease. Arterial blood gases are normal. A CO diffusion to detect lung fibrosis will be done later as there was difficulty with the test on this day.

DATE	JOB TITLE	JOB CODE NO	RATE RANGE	HOURLY BASE RATE	SHIFT HOURLY RATE	TOTAL HOURLY RATE	SPEC RATE	REASON
3-14-50	Roving Carrier	11-6 B	.96-1.22	96				A
6-25-56	Card Tender #1	B-6-1	1.32-1.57	1.62	354 1.97			J&H
9-15-58	Sheeter Operator	B-4-24	1.46-1.74	1.74				C
12-22-58	Card Tender #1	B-5-3	1.39-1.65	1.75				C
10-7-68	Card Tender #1	6-125	2.39-2.67	2.67				Reclass.
3-20-72	Gasker Curer	6-101	2.96-3.24	3.24				C
9-5-77	Stock Cutter/Supplier	8-111	4.53-4.89	4.67				G-job bi
6-30-80	Samco Press: S.U & Oper.	7-177	5.53-5.97	5.87				G-job bi
2-1-81	Samco Press: S/U & Oper.	7-177	6.08-6.57	6.57				I
4-20-81	Samco/USM Press Operator	7-177	6.08-6.57	6.57				O
2-1-82	Samco/USM Press Operator	7-177	6.58-7.07	7.07				I

SOC. SEC NO 115-20-4228 | U S CITIZEN? Yes | IF NATURALIZED WHEN?

REASON CODE (A) HIRED (B) REHIRED (C) TRANSFERRED (D) PROMOTED (E) MERIT INCREASE (F) SPECIAL INCREASE (G) CHANGE OF JOB (H) JOB BID (I) REINSTATEMENT (J) GENERAL INCREASE (K) DISCHARGE (L) LAID OFF (M) QUIT (N) CONVERSION (O) RE EVALUATION (P) RATE ADJUSTMENT

CLOCK NO	NAME	SEX	SENIORITY DATE	BIRTH DATE 22-0-22

GARLOCK INC., PALMYRA, N. Y.
PERSONAL HISTORY CARD

FORM NO 4889

	FROM	TO	NAME AND ADDRESS OF PREVIOUS EMPLOYER	POSITION	REASON FOR LEAVING	VERIFIED
1						
2			Old Info. in folder			
3						
4						

CHANGE OF	ADDRESS	TELEPHONE NO
1	4140 Maple Ave., Palmyra, N.Y. 14522	315-597-5329
2	Northside Trlr.Pk.Lot 21, Palmyra	315-597-5329
3		
4		

NAME OF WIFE OR HUSBAND: Mrs. A. Bills

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME: Mrs. Arthur Bills

ADDRESS:

PHONE NO: Same

YEAR	EARNINGS	DEDUCTIONS F.I.C.	DEDUCTIONS INC. TAX	YEAR	EARNINGS	DEDUCTIONS F.I.C.	DEDUCTIONS INC. TAX	YEAR	EARNINGS	DEDUCTIONS F.I.C.	DEDUCTIONS INC. TAX
19				19				19			
19				19				19			
19				19				19			
19				19				19			
19				19				19			
19				19				19			
19				19				19			
				19				19			
				19				19			
				19				19			