CHV-908

CAUSE NO. 00-08571-K

JOHN CHAMBERS, ET AL	§	IN THE DISTRICT COURT
	§	
VS.	§	DALLAS COUNTY, TEXAS
	§	
GAF CORPORATION, ET AL	§	192ND JUDICIAL DISTRICT

CHEVRON U.S.A. INC.'S RESPONSES
TO PLAINTIFFS' REQUEST FOR DISCLOSURE

TO: FRANK G. SHELTON, by and through his attorney of record, Stephanie Finch, BARON & BUDD, 3102 Oak Lawn Avenue, Suite 1100, Dallas, Texas 75219

COMES NOW, CHEVRON U.S. A. Defendant in the above styled cause, and pursuant to Rule 194.3 of the Texas Rules of Civil Procedure, files the following Responses to Plaintiff's Request for Disclosure.

Respectfully submitted,

STRONG, PIPKIN, NELSON,
BISSELL & LEDYARD, L.L.P.

David W. Ledyard
State Bar No. 12109400

14th Floor, San Jacinto Building
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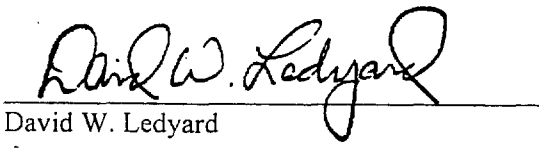
ATTORNEYS FOR DEFENDANTS,
CHEVRON U.S.A. INC.

CERTIFICATE OF SERVICE

This will verify that a true and correct copy of CHEVRON U.S.A. INC.'S Responses to Plaintiff's Request for Disclosure has been furnished to counsel for plaintiff, by certified mail, return receipt requested, and to all other known counsel of record by regular U.S. Mail, on this 24th day of August, 2001.



David W. Ledyard

RESPONSES TO REQUESTS FOR DISCLOSURE

194.2(a) The correct names of the parties to the lawsuit.

RESPONSE: CHEVRON U.S.A. INC.

194.2(b) The name, address, and telephone number of any potential parties.

RESPONSE: We know of no other potential parties that defendants may call at this time.

194.2(c) The legal theories and, in general, the factual basis of the responding parties claims or defenses.

RESPONSE: The Defendant denies that it was negligent and may assert a state-of-the-art defense. Other possible defenses include statue of limitations, contributory negligence, and the fault of third parties over whom this Defendant has no control. As discovery progresses, Defendant will supplement this response as required by the rules.

Defendant denies that Plaintiff was exposed to asbestos containing product on any premises owned or operated by this Defendant or to any product which emanated from any premises owned or operated by this Defendant. Defendant denies that any dangerous condition existed at its facilities at any time Plaintiff may have been present as a business invitee. Defendant denies that it was negligent or grossly negligent or that its actions were a proximate cause of any injury or illness to Plaintiff. Defendant did not breach any duty owed to Plaintiff, given the applicable state of the art, nor did Defendant proceed with conscious indifference to the safety of Plaintiff with subjective awareness of any extreme degree of risk considering the probability and magnitude of the potential harm to Plaintiff. Defendant denies that the Plaintiff has been damaged as alleged and denies that Plaintiff's illness was caused by asbestos exposure. Defendant denies having supplied material or products which were defective. In the alternative, Defendant contends that any illness of Plaintiff was the result of exposure to products or actions of companies over whom this Defendant has no control, including asbestos product manufacturers, cigarette manufacturers, and contractors.

Defendant denies participation in any civil conspiracy to withhold knowledge of effects of asbestos exposure from workers. Defendant denies that it acted in any way to aide, abet, encourage or induce any other Defendant to commit any negligent or fraudulent act.

Please refer also to Defendant's pleadings on file which are incorporated herein. Defendant reserves the right to amend, supplement or modify its theories as warranted by future discovery.

194(d) The amount and any method of calculating economic damages.

RESPONSE: Defendants is not seeking economic damages.

194.2(e) The name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified persons connection with the case.

RESPONSE:

Defendant will supplement and include people who are present or former employees that may have knowledge about the physical layout of the facility, safety practices and rules, the work done by contractors, the responsibilities of Plaintiff's employer and anticipated knowledge of unions, the policies of the facility as respect to contractor employees, knowledge of potential asbestos hazards, the lack of information received from asbestos product manufacturers, and the use or non-use of asbestos-containing products.

194.2(f) For any testifying expert:

1. the experts name, address, and telephone number;

2. the subject matter on which the expert will testify;

3. the general substance of the experts mental impressions and opinions and a brief summary of the bases for them, or if the expert is not retained by, employed by, or otherwise subject to the control of the responding party, documents reflecting such information; and

4. if the expert is retained by, employed by, or otherwise subject to the control of the responding party;

   (A) all documents, tangible things, reports, models or data compilations that have been provided to, reviewed by, or prepared by or for the expert in anticipation of the expert's testimony; and

   (B) the expert's current resume and bibliography.

RESPONSE: Refer to Defendant's Designation of Expert Witnesses attached to this response.

194.2(g) Any discoverable indemnity and insuring agreements.

RESPONSE: If any indemnity agreements are located, they will be provided. Defendant has sufficient coverage for the purpose of this litigation.

194.2(i) Any discoverable witness statements.

RESPONSE: There are no witness statements at this time. Defendant's investigation as well as discovery is continuing and Defendant reserves the right to supplement this response as additional information is located.

194.2(k) In a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills obtained by the responding party by virtue of an authorization furnished by the requesting party.

RESPONSE: Defendant will provide copies of any medical records obtained through authorization that are not already available to the Plaintiff.

Defendants are not aware of all of the areas of testimony or proof that plaintiff intends to produce at trial and, therefore, defendants cannot proffer all expected testimony until they have had the benefit of reviewing all of plaintiffs' experts' reports and opinions. To the extent that a witness expresses an opinion at trial or in discovery that has not been divulged prior to the time that this statement was served on counsel, and which creates a need for additional areas of rebuttal testimony or proof, defendants reserve the right to supplement this statement. Any expert designated herein may also testify as to any issues raised by plaintiffs experts within the area(s) of expertise of the designated expert. The words and language used in this statement are the words and language of counsel who prepared the statement, and not the witness. If any expert designated herein produces a report, a copy of the report will be produced to plaintiff's counsel.

Dr. R. C. Austin
Faculty of Laws
University College London
Bentham House
Endsleigh Gardens
London WC1H OE6
England

Dr. Austin will testify about the procedures by which industrial regulations have been drafted and implemented in the United Kingdom. He will testify about the role of consultation among government, industry and labor in the creation of such regulations.

Robert J. Awe, M.D.
Baylor College of Medicine
Ben Taub General Hospital
1504 Taub Loop
Houston, Texas 77030
(713) 793-2467

Dr. Awe is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as well as conditions and diseases of the pulmonary system. Dr. Awe may also testify about asbestos and its effect on the pulmonary system, including the diagnosis and prognosis of asbestos-related markers and diseases, and the risks associated with developing cancers. Dr. Awe is also expected to testify about any matter raised by experts called by the Plaintiffs or Co-Defendants including, but not limited to, plaintiff's medical condition, the state of medical knowledge concerning asbestos, asbestos-related disease and other occupational diseases.

Howard E. Ayer, C.I.H.
2812 Linwood Avenue
Cincinnati, OH

Mr. Ayer is a Certified Industrial Hygienist and a Certified Safety Professional. He is Emeritus Professor of Environment Health, Division of Environmental Hygiene and Safety, University of Cincinnati. Mr. Ayer received his Bachelor degree in Chemical Engineering in 1948 from the

University of Minnesota. He received a Masters of Science in Industrial Hygiene Engineering from Harvard University in 1955.

Mr. Ayer was employed by the United States Public Health Service ("USPHS") from 1948 to 1972. During that time period he served with the National Institute for Occupational Safety and Health, and its predecessor organizations (Division of Occupational Health, Occupational Health Program and Bureau of Occupational Safety Health). He was assigned by the USPHS to the Kansas State Board of Health, the Occupational Health Field Station in Salt Lake City, Utah, and the Occupational Health Field Headquarters in Cincinnati, Ohio. Mr. Ayer was Assistant Chief of the Engineering Section from 1961 to 1964, Chief from 1964 to 1967 and Assistant Director of the Division of Field Studies from 1967 to 1972. Mr. Ayer has been with the University of Cincinnati, Institute of Environmental Health (Kettering Laboratory) as a Professor and Emeritus Professor since 1972. From 1982 to 1983, Mr. Ayer took a sabbatical year in safety engineering at Texas A&M.

Mr. Ayer has served on numerous committees in the field of industrial hygiene. As a member of the ACGIH, Mr. Ayer served on the Air Sampling Instruments Committee, the Energy Committee, the Ventilation Committee, and the Committee on Environmental Factors in the Pneumoconioses (which he chaired for three years). Mr. Ayer also chaired the ad hoc joint AIHA-ACGIH Committee on Uniform Methods in Impinger Counting. Mr. Ayer has authored over 40 published papers on matters of industrial hygiene.

Mr. Ayer's testimony will be based on his knowledge, training and experience in the field of industrial hygiene as it relates to asbestos and asbestos-containing products. Mr. Ayer will also testify as to the state of industrial hygiene at various point in time.

Mr. Ayer may also testify as to the asbestos exposures which Plaintiff would have had at various times during this employment history. Defendant reserves the right to supplement this information based on documents or testimony concerning exposure levels which to date have not been discovered.

Mr. Ayer will base his testimony on the available medical and scientific literature, applicable statutes and regulations, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named or to be named by Defendant or any other party, whether live or by deposition, and any documents introduced into evidence or otherwise used by any party at the time of trial.

Stephen M. Ayers, M.D.
Medical College of Virginia
Box 565 MCV Station
Richmond, VA 23298

Dr. Ayers may be expected to testify live or by deposition concerning the state of the available medical knowledge regarding asbestos-related disease at the relevant historical periods of time. Dr. Ayers may also testify concerning current medical knowledge regarding plaintiffs' condition and asbestos-related disease.

Dr. Ayes may testify on state-of-the-art and the Saranac papers, to the effect that Defendants could not have known end users were at risk until approximately the late 1960's . He may also testify as to any matter raised by experts called by plaintiffs or any co-defendants.

J. Leroy Balzer, Ph.D
408 Horse Trail Court
Alamo, CA 94595

Dr. Balzer has a B.S. Degree in Public Health Microbiology and M.S. Degree in Preventive Medicine/Public Health which were awarded by the University of California at Los Angeles in 1962 and 1963 respectively. Dr. Balzer earned the Doctor of Philosophy Degree in Environmental Health and Science/Industrial Hygiene from the University of California at Berkeley in 1971. From 1963 to 1965, he was employed as an environmental health scientist at the University of California at Berkeley. From 1966 to 1971, Dr. Balzer was employed by the University of California School of Public Health as a research associate and research fellow. In 1966, he became involved in a coordinated research program of occupational medicine, industrial hygiene and education of insulation contractors. This intense study of the construction industry was sponsored through grants from the United States Public Health Service and involved observing the work environment of insulators.

Dr. Balzer was a Certified Industrial Hygienist from 1973 until 1987 when he became an Assistant Vice Chancellor at the University of California Health Sciences Campus in San Francisco. He has lectured on occupational/environmental health issues in the United States and internationally. In 1993, Dr Balzer became a full time consulting industrial hygienist and was appointed an Assistant Clinical Professor, School of Medicine, University of California Health Sciences. Dr. Balzer is a member of the American Conference of Governmental Industrial Hygienists (Affiliate), American Industrial Hygiene Association and other professional organizations.

Dr. Balzer may also testify to any and all other matters, within his knowledge and expertise, which are relevant to this particular case.

Dr. Balzer is an environmental consultant. He may give testimony regarding the level of fiber release, if any, from gasket and packing products or other products in the occupational setting. He may testify regarding threshold limit values and permissible exposure levels as promulgated by private organizations and governmental agencies. He may testify as to issues involving reentrainment and fiber drift. He may testify as to work practices regarding various types of occupations using products that contained asbestos. He may testify as to the applicability of the OSHA and Environmental Protection Agency's guidelines as they relate to various types of products including gaskets and packings. He may testify as to exposure that may result from the use of other types of asbestos products.

Dr. Balzer has personal knowledge of relevant facts but is also an expert based upon his specialized knowledge, skills, and training. Dr. Balzer may testify about the size, construction, layout and working environment of facilities such as where the plaintiffs worked. He may testify about the nature of the working environment in such locations. He may testify about his knowledge of the composition and asbestos content, if any, of the products and may testify concerning the ability of such products to emit asbestos fiber under certain conditions. He may testify generally as to the

industrial hygiene state-of-the-art. He may testify to the dust levels produced by particular insulation operations and products, including pipe and block insulation. He may also address insulator union knowledge of asbestos hazards, the historical development of the use of respirators in association with the use of asbestos-containing products. He may testify about whether the some products identified are capable of emitting respirable asbestos fibers of type or quantity which could have substantially contributed to the plaintiffs' alleged asbestos-related condition. He may testify about applicable governmental standards and regulations. His testimony will be based, in part, on the results of testing which he has performed or reviewed for products which are the same or substantially similar to those of which the plaintiffs complain.

Dr. Balzer may testify as to the industrial hygiene state-of-the-art. He may also testify to the dust levels produced by particular insulation operations and products, including pipe and block insulation. He may also address insulator union knowledge of asbestos hazards, the historical development of the use of respirators in association with the use of asbestos-containing materials. He may also testify as to any matter raised by experts called by plaintiffs or any co-defendants. Balzer may testify regarding an individual's risks or exposure to asbestos from different media, including, but not limited to, ambient air, industrial products and occupational settings. Balzer may testify concerning: (1) circumstances in occupational settings that may result in direct exposure for persons having contact with asbestos-containing products or equipment with asbestos insulations, and (2) circumstances that may result in bystander exposure for those nearby others having contact with asbestos containing products or equipment with asbestos insulation. Balzer may testify about industrial hygiene principles and methodologies used to determine potential hazards due to asbestos exposure.

Finally Dr. Balzer may render various opinions relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. Peter Barrett
Chief of Radiology
Quincy City Hospital
300 Boyleson Street, Suite 714
Boston, MA 02116
(617) 426-2110

Dr. Barrett is currently a Staff Radiologist and former Chairman of Radiology Department and President of the medical staff at Quincy City Hospital, Quincy, Massachusetts. He is also Director of Radiologic Services at the Massachusetts Respiratory Hospital in Braintree. He is board certified in diagnostic radiology and nuclear medicine and has been a "B" reader from NIOSH since 1984. He is a fellow of the American Thoracic Society, and the Massachusetts Radiological Society in which he has held several offices including the president 1977-1978. He has been a consultant to the U.S. government regarding asbestos concerns and a consultant to the Department of Labor Black Lung Program. Dr. Barrett is an M.D. and a "B" reader who may testify concerning his review of the radiographs, CT scans and other records of the Plaintiffs and the significance of various x-ray findings on the radiographs of the Plaintiffs and whether those radiographs contain abnormalities consistent with an asbestos disease.

Dr. Barrett is expected to provide testimony concerning the anatomic structure and functioning of the lung, the defense mechanisms and functioning of the lung, the responses of the lung to various

stimuli, and the role of various components of the respiratory system in the proper functioning of the lung. Dr. Barrett is expected to describe and distinguish various types of asbestos fibers; to describe the things which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained. Dr. Barrett will define and distinguish various conditions, such as asbestosis, pleural changes and other nonmalignant changes that my be attributable in some persons to the results of long term inhalation and retention of some forms of asbestos fiber. Dr. Barrett is further expected to testify concerning the type of asbestos and their association with disease.

Dr. Barrett is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos products, and how the effects of tobacco smoke can confound the apparent results of certain epidemiologic studies.

Dr. Barrett may testify as to the general medical aspects of the diagnosis and treatment of asbestos-related disease and may also testify as to the relationship of asbestos exposure and the incidence of certain types of cancer and that certain types of cancer such as colon cancer are not established as being related to asbestos exposure in the valid medical and scientific literature. He will also testify concerning the significance of asbestos related abnormalities and neoplastic disease, that asbestos related pleural plaques and pleural thickening are not asbestosis and do not in ordinary have an effect on a person's lung function and have no relationship to any type of neoplasm.

Dr. Barrett will also testify as to the likelihood of whether a plaintiff will develop an asbestos related malignancy based on the valid medical and scientific literature. Dr. Barrett is expected to testify concerning the anatomy and function of the respiratory and circulatory systems and the diagnosis and treatment of disease affecting such systems; the symptomatology, disease process and diagnosis of asbestosis and certain cancers associated with the respiratory system, peritoneum and perioneal cavity; the nature and extent of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system, and other causes of obstructive and restrictive disease or defects of the respiratory system; methods of diagnosis of various diseases, particularly means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos related diseases; incidence of lung cancer among individuals with asbestosis or asbestos exposure without asbestosis, compared with non-asbestotic asbestos workers, non-asbestos exposed workers, and with the general population; the relationship of cigarette smoking to cancer of the lung and cancer of the other sites with reference to epidemiological studies and physiological effect; the difference between impairment and disability; the effect of asbestosis, or asbestos exposure without asbestosis; on disability and life expectancy; and the effect of pleural plaques or other pleural manifestations of asbestos exposure on lung function or life expectancy; cancer incidence in the general population and among asbestos workers and its potential causes.

Dr. Peter W.J. Bartrip
Centre for Socio-Legal Studies
Wolfson College
Linton Road
Oxford OX2 6UD
United Kingdom

Dr. Bartrip has a Ph.D. in history. He is expected to testify generally about the development of the 1931 Asbestos Industry Regulations in the United Kingdom. He is expected to testify about the consultations among officials from the Factory Inspectorate, representatives of manufacturers and representatives of organized labor prior to the promulgation of the Regulations.

Mr. Lawrence R. Birkner
McIntyre, Birkner & Associates, Inc.
2026 El Monte Drive
Thousand Oaks, California 91362-1822

Larry Birkner is a certified Industrial Hygienist trained in the measurement of dust and related matters. He is prepared to testify regarding the history of industrial hygiene, industrial hygiene methods, exposure levels which trigger disease associated with dust exposure, good housekeeping measures, and other related matters. He is prepared to testify about respirator history, what constitutes good hygiene practice, and the periods of time from an industrial hygiene standpoint when people and companies became aware of associated health risks. He may give testimony regarding the level of fiber release, if any, from gasket, packing or other products in the occupational setting. He may testify regarding threshold limit values and permissible exposure levels as promulgated by private organizations and governmental agencies. He may testify as to issues involving reentrainment and fiber drift. He may testify as to work practices regarding various types of occupations using products that contained asbestos. He may testify as to the applicability of the OSHA and Environmental Protection Agency's guidelines as they relate various types of products including gaskets and packings. He may testify as to exposure that may result from the use of other types of asbestos products.

Mr. Birkner has personal knowledge of relevant facts but is also an expert based upon his specialized knowledge, skills, and training. Mr. Birkner may testify about the size, construction, layout and working environment of facilities such as where the plaintiffs worked. He may testify about the nature of the working environment in such locations. He may testify about his knowledge of the composition and asbestos content, if any, of the products and may testify concerning the ability of such products to emit asbestos fiber under certain conditions. He may testify generally as to the industrial hygiene state-of-the-art. He may testify to the dust levels produced by particular insulation operations and products, including pipe and block insulation. He may also address insulator union knowledge of asbestos hazards, the historical development of the use of respirators in association with the use of asbestos-containing products. He may testify about whether the some products identified are capable of emitting respirable asbestos fibers of type or quantity which could have substantially contributed to the plaintiff's alleged asbestos-related condition. He may testify about applicable governmental standards and regulations. He may also testify as to any matter raised by experts called by the plaintiff or any co-defendants. Birkner may testify regarding an individual's risks or exposure to asbestos from different media, including, but not limited to, ambient air, industrial products and occupational settings. Birkner may testify concerning: (1) circumstances in occupational settings that may result in direct exposure for persons having contact with asbestos-containing products or equipment with asbestos insulation, and (2) circumstances that may result in bystander exposure for those nearby others having contact with asbestos containing products or equipment with asbestos insulation. Birkner may testify about industrial hygiene principles and methodologies used to determine potential hazards due to asbestos exposure.

Ben Branscomb, M.D.
Professor of Medicine
University of Alabama School of Medicine
Birmingham, Alabama

Dr. Branscomb is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as well as conditions and diseases of the pulmonary system. Dr. Branscomb may also testify about asbestos and its effect on the pulmonary system, including the diagnosis and prognosis of asbestos-related markers and diseases, and the risks associated with developing cancers. Dr. Branscomb is expected to testify about any matter raised by experts called by the Plaintiffs and Co-Defendants including, but not limited to, plaintiffs' medical condition, the state of medical knowledge concerning asbestos-related diseases and other occupational diseases.

Leonard J. Bristol, M.D.
Hull Road
Rainbow Lake, NY

Dr. Bristol received his M.D. in 1944 from the Long Island College of Medicine. From 1944 to 1945 he had a general rotating internship at St. Catherine's Hospital in Brooklyn, New York and from July 1945 to April 1946, was a resident in radiology at the Long Island College Hospital. From 1946 to 1948, Dr. Bristol was a radiologist at the United States Naval Hospital, National Naval Medical Center in Bethesda Maryland. During that period of time he also served as a full-time fellow in the Department of Radiology at the Johns-Hopkins University Medical School. He was certified by the American College of Radiologists in 1949. In 1949, he assumed a full-time position as a radiologist at the Trudeau Sanitorium and the Saranac Lake Laboratory where he remained through the end of 1978. Dr. Bristol has been engaged in the practice of radiology at the General Hospital in Saranac Lake, the Placid Memorial Hospital in Lake Placid, the Alice Hyde Hospital in Malone, New York and was a member of the Department of Radiology at the Edward L. Trudeau Foundation through 1978.

Since 1949, approximately 50 percent of Dr. Bristol's practice involved chest diseases and 25 to 30 percent of his overall practice involved occupational lung disease. He has reviewed several hundred thousand films of workers with occupational lung disease. Dr. Bristol was instrumental in the development of the ILO/UICC classifications for asbestos-related diseases.

On the basis of Dr. Bristol's knowledge, training and experience as a radiologist and his personal knowledge of the research and experiments conducted by the Trudeau Foundation and Saranac Laboratories. Dr. Bristol may testify by deposition or videotape as to the general radiological characteristics and diagnosis of asbestos-related diseases.

Robert Brown
1169 Pointview Road
Chapin, South Carolina

Mr. Brown received his Bachelor of Science in chemical engineering from the University of South Carolina in 1935. In or about 1948 or 1949, he obtained a Master of Public Health Degree from Johns Hopkins University School of Hygiene and Public Health.

Mr. Brown began his career in 1936 as a chemical engineer with the Division of Industrial Hygiene of South Carolina State Board of Health where he worked with an industrial hygiene physician. Mr. Brown was responsible for performing a complete survey on a large sampling basis, including dust studies, of South Carolina industries and to develop information of any existing or suspected industrial hygiene problems.

In January 1942, Mr. Brown was employed as the Chief of Industrial Hygiene Services for the Health Division of the City of St. Louis, Missouri. In 1949, he accepted a position on the faculty of the School of Public Health at Yale University where he taught public and occupational health. In 1951, Mr. Brown joined the Maryland State Department of Health to facilitate the development of the Maryland Bureau of Industrial Hygiene. Mr. Brown accepted a position with the National Sanitation Foundation in Ann Arbor, Michigan in 1965. In 1967, he became the president of the National Sanitation Foundation and remained in the capacity until his retirement in 1980.

Mr. Brown was a charter member and organizer of the National Conference of Governmental and Industrial Hygienists ("NCGIH"), established in or around 1938. This organization later changed its name to the American Conference of Governmental and Industrial Hygienists ("ACGIH"). Mr. Brown served as a member of this organization's Executive Committee, Constitutional Review Committee and Industrial Hygiene Codes Committee. The latter committee was responsible for establishing maximum allowable concentrations ("MAC") and threshold limit values ("TLV"). In 1946, the Subcommittee on Threshold Limits of the ACGIH recommended a MAC for asbestos of 6 million particles per cubic foot of air.

Mr. Brown was also a member of the American Industrial Hygiene ("AIHA"). This organization also proposed TLV's and MAC's which were published as Hygiene Standards in the April 1958 issue American Industrial Hygiene Association Journal and recommended maximum atmospheric concentrations for asbestos over 8 hours of 5 million particles per cubic foot of air. This publication also listed potential hazards of asbestos which noted that in addition to asbestosis there had been reports of an increased risk of lung cancer.

On the basis of Mr. Brown's personal knowledge of the facts surrounding the adoption of asbestos exposure standards, his training and experience in the areas of industrial hygiene and his review of the literature, Mr. Brown will testify by videotape or deposition, with regard to the composition of the membership of the ACGIH and its predecessor, the NCGIH and the AIHA. Mr. Brown will also testify by videotape or deposition, with regard to the facts and circumstances surrounding the proposal and adoption of the asbestos standards and his involvement in these processes. In addition, Mr. Brown may testify by videotape or deposition, with regard to the state of industrial hygiene knowledge during the 1930's, 1940's and 1950's.

Mr. Brown will further base his testimony on the available medical and scientific literature, applicable statutes and regulations, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named or to be named by Defendant or any other party, whether live

or by deposition, and any documents introduced into evidence or otherwise used by any party a the time of trial.

Mr. Dohrman Byers,
12060 Lawnview Avenue - #6
Cincinnati, Ohio

Mr. Byers' testimony may be presented by way of deposition taken on October 21, 1985, in *Brandt v. Owens-Illinois, Inc.*, Case No 605-147, Milwaukee Circuit Court, Wisconsin

Mr. Byers testified as to the interpretation and application of the Threshold Limit Value by the U.S. Public Health Service.

Sam Cade, M.D.
Texas Diagnostic Imaging
3535 Worth Street #110
Dallas, Texas 75246
(214) 820-3219

Dr. Cade is a "B" reader and may testify regarding the radiographs of the Plaintiff. Dr. Cade will testify to all matters pertaining to his examination of the Plaintiff and Plaintiff's medical records; any communication with the Plaintiff or Plaintiff's family; the diagnostic criteria used to diagnose asbestosis; his opinion regarding whether Plaintiff suffers from an asbestos-related disease and the basis of such opinions; the Plaintiff's current medical condition and his prognosis thereof.

Phillip Cagle, M.D.
Baylor School of Medicine
Dept. of Pathology
One Baylor Plaza
Houston, Texas 77030 -3498
(713) 790-5219

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Cagle has not as yet prepared a report; if he does, a copy will be provided to Plaintiffs.

Dr. Cagle will be offered by theses defendants as an expert physician, with particular expertise in pathology, in the process of carcinogenesis, as a researcher in the field of asbestos related conditions and their etiology, in the pathologic diagnosis and grading of non-malignant conditions associated with exposure of certain populations to asbestos-containing products and/or materials, and in the epidemiologic and etiologic aspects of certain cancers that are alleged to be causally associated with exposure of certain populations to asbestos containing products and/or materials.

Dr. Cagle is expected to provide testimony concerning the anatomic structure and functioning of the

lung from a pathologic perspective, the defense mechanisms and functioning of the lung in health and otherwise, the responses of the lung to various stimuli, and the role of various components of the respiratory system in the proper functioning of the lung. Dr. Cagle is expected to describe and distinguish various types of asbestos fibers; to describe the things which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained.

It is further believed that Dr. Cagle will define and distinguish various conditions, such as asbestosis, pleural changes and other non-malignant changes that may be attributable in some persons to the results of long term inhalation and retention of some forms of asbestos fiber. Dr. Cagle is further expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some populations and the mortality and/or incidence of some forms of cancer.

Dr. Cagle is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products, and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Cagle is also expected to testify that it cannot be said, to a reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual, without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, information concerning the individual's use of protective equipment, specific types of asbestos containing product(s) used and/or handled, resolution of questions regarding exposures to substances other than asbestos-containing products, and other known etiologies for whatever conditions are found to exist.

It is further expected that Dr. Cagle's testimony will generally respond to the pathologic, scientific and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependent upon the prior testimony of such experts and cannot be specifically predicted.

In expressing his opinions, Dr. Cagle will rely on his own training, education, experience, research and publications, as well as the published medical and scientific literature that has been available to him over his career.

Dr. Cagle may testify as to the general medical aspects of the diagnosis and treatment of asbestos-related disease and the pathological effect of asbestos on the lung. He may also testify as to the relationship of asbestos exposure and the incidence of cancer. Dr. Cagle is expected to provide testimony in the following areas:

1. Anatomy and function of the respiratory and circulatory systems and the diagnosis and treatment of disease affecting such systems;

2. The nature of asbestos and asbestosis;

3. The symptomatology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system peritoneum and peritoneal cavity;

4. The nature and extent of medical and scientific knowledge regarding any association of obstructive pulmonary disease with asbestos fiber exposure;

5. The effect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system and other causes of obstructive and restrictive disease or defects of the respiratory system;

6. Methods of diagnosis of various diseases, particularly means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos related diseases;

7. Incidence of lung cancer among individuals with asbestosis or asbestos exposure without asbestosis, compared with non-asbestotic asbestos workers, non-asbestos exposed workers, and with the general population;

8. The import of any exhibit (including without limitation, corporate documents of defendants) introduced as evidence, or any items prepared for use or used for demonstrative purposes by any witness;

9. Cigarette smoking and its effect on the lung and other organs;

10. The relative danger of theses defendants' asbestos-containing products;

11. The relationship of cigarette smoking to cancer of the lung and cancers of the other sites with reference to epidemiological studies and physiologic effect;

12. Difference between impairment and disability;

13. Effect of asbestosis, or asbestos exposure without asbestosis, on disability and life expectancy; effect of pleural plaques or other pleural manifestations of asbestos exposure on lung function or life expectancy;

14. The lack of relationship between presence of pleural plaques and a later development of any form of cancer;

15. Cancer incidence in the general population and among asbestos workers and its potential causes;

16. The history of evolution and knowledge of asbestos-related diseases;

17. The fiber types and exposure levels considered to be substantial in causing asbestos-related disease, specifically mesothelioma.

Additionally, Dr. Cagle may testify concerning the diagnosis of plaintiffs. Dr. Cagle may also testify as to his findings and diagnosis after examination and analysis of tissue, slides or other pathologic materials, medical records, reports, radiographs and plaintiffs' work history. He may give testimony concerning his review of any report purported to be diagnostic of any oncological condition and the methods of and procedures for conducting fiber counts. He may give testimony regarding malignancies associated with asbestos exposure or cigarette abuse and other malignancies from which they must be differentiated, the appropriate protocols for the diagnosis of those conditions, prognosis and information relating to the known cause of those malignancies. He may testify concerning the text and other literature relevant to any malignancy purported to be asbestos-related and any other malignancy from which it must be distinguished, including data relevant to contentions of increased risk of asbestos-related disease or cancer, prognosis, the relevant standards of care and considerations relating to medical monitoring. His testimony may include discussions of any relevant epidemiology, anatomy and physiology.

Finally Dr. Cagle may render various opinions relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. Darryl Carter
Yale University
Department of Pathology
310 Cedar Street
New Have, CN 06510

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Carter has not prepared a report as yet; if he does, a copy will be provided to plaintiffs.

Dr. Carter is expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some populations and the mortality and/or incidence of some forms of cancer.

Dr. Carter is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products, and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Carter is expected to testify that it cannot be said, to a reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual, without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, of asbestos containing product(s) used and/or handled, resolution of questions regarding exposures to substances other than asbestos-containing products, and other known etiologies for whatever conditions are found to exist.

It is further expected that Dr. Carter's testimony will generally respond to the pathologic, scientific and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependent upon the prior testimony of such experts and cannot be specifically predicted.

In expressing his opinions, Dr. Carter will rely on his own training, education, experience, research and publications, as well as the published medical and scientific literature that has been available to him over his career.

Dr. Carter may testify as to the general medical aspects of the diagnosis and treatment of asbestos-related disease and the pathological effect of asbestos on the lung. He may also testify as to the relationship of asbestos exposure and the incidences of cancer. Dr. Carter is expected to provide testimony in the following areas:

1. Anatomy and function of the respiratory and circulatory systems and the diagnosis and treatment of disease affecting such systems;

2. The nature of asbestos and asbestosis;

3. The symptomatology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system, peritoneum and peritoneal cavity;

4. The nature and extent of medical and scientific knowledge regarding any association of obstructive pulmonary disease with asbestos fiber exposure;

5. The effect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive disease or defects of the respiratory system;

6. Methods of diagnosis of various diseases, particularly means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos-related diseases;

7. Incidence of lung cancer among individuals with asbestosis or asbestos exposure without asbestosis, compared with non-asbestotic asbestos workers, non-asbestos exposed workers, and with the general population;

8. The importance of any exhibit (including without limitation, corporate documents of defendants) introduced as evidence, or any items prepared for use or used for demonstrative purposes by any witnesses;

9. Cigarette smoking and its effect on the lung and other organs;

10. The relative danger of this defendant's asbestos-containing products;

11. The relationship of cigarette smoking to cancer of the lung and cancers of other sites with references to epidemiological studies and physiologic effect;

12. Difference between impairment and disability;

13. Effect of asbestosis, or asbestos exposure without asbestosis, on disability and life expectancy; effect of pleural plaques or other pleural manifestations of asbestos exposure on lung functions or life expectancy;

14. The lack of a relationship between presence of pleural plaques and a later development of any form of cancer;

15. Cancer incidence in the general population and among asbestos workers and its potential causes;

16. The history of evolution and knowledge of asbestos-related diseases;

17. The fiber types and exposure levels considered to be substantial in causing asbestos-related disease, specifically mesothelioma.

Additionally, Dr. Carter may testify concerning the diagnosis of the plaintiffs. Dr. Carter may also testify as to his findings and diagnosis after examination and analysis of tissue, slides or other pathologic materials, medical records, reports, radiographs and plaintiffs' work history. He may give testimony concerning his review of any report purported to be diagnostic of any oncological conditions and the methods of and procedures for conducting fiber counts. He may give testimony regarding malignancies associated with asbestos exposure or cigarette abuse and other malignancies from which they must be differentiated, the appropriate protocols for diagnosis of those conditions, prognosis and information relating to the known causes of those malignancies. He may testify concerning the texts and other literature relevant to any malignancy purported to be asbestos-related and any other malignancy from which it must be distinguished, including data relevant to contentions of increased risk of asbestos-related disease or cancer, prognosis, the relevant standards of care and considerations relating to medical monitoring. His testimony may include discussion of any relevant epidemiology, anatomy and physiology.

Bruce Case
Department of Pathology
Faculty of Medicine
McGill University
3775 University Street
Room 203
Montreal, Canada H3A2B4
(514) 398-7192 ext. 7466

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Case has not as yet prepared a report; if he does, a copy will be provided to Plaintiffs.

Dr. Case is expected to provide testimony concerning the anatomic structure and functioning of the lung from a pathologic perspective, the defense mechanisms and functioning of the lung in health and otherwise, the responses of the lung to various stimuli, and the role of various components of the respiratory system in the proper functioning of the lung. Dr. Case is expected to describe and distinguish various types of asbestos fibers; to describe the things which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained.

It is further believed that Dr. Case will define and distinguish various conditions, such as asbestosis, pleural changes and other non-malignant changes that may be attributable in some persons to the results of long term inhalation and retention of some forms of asbestos fiber. Dr. Case is further expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some populations and the mortality and/or incidence of some forms of cancer.

Dr. Case is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products, and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Case is also expected to testify that it cannot be said, to a reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual, without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, information concerning the individual's use of protective equipment, specific types of asbestos containing product(s) used and/or handled, resolution of questions regarding exposures to substances other than asbestos-containing products, and other known etiologies for whatever conditions are found to exist.

Dr. Andrew Churg
Associate Professor
Chief, Laboratory of Anatomic Pathology
University of British Columbia
Health Sciences Center Hospital
2211 Westbrook Mall
Vancouver, B.C., Canada V6T1W5

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Churg has not as yet prepared a report; if he does, a copy will be provided to Plaintiffs.

Dr. Churg will testify about the pathology of asbestos related diseases, his research into asbestos

related diseases, the carcinogenicity of various fiber types, and the relationship, if any, between asbestos and various disease.

Dr. Churg is a specialist in the pathology of occupational lung disease.

He is also expected to testify that some asbestos-containing products do not create a health hazard and that any asbestos exposure from these products played no role in the genesis of plaintiffs' lung diseases, if any.

Dr. Churg may testify, either live or by deposition, regarding general pathology and the pathology of plaintiffs. He may also testify as to any matter raised by experts called by plaintiffs or any co-defendants.

In addition, Dr. Churg may testify regarding general medical issues, including but not limited to the following:

1. The anatomy and function of the respiratory and circulatory systems, including the protective systems of the body with regards to the inhalation and retention of dust, and the diagnosis and treatment of disease affecting such systems;

2. The nature of asbestos and asbestos-related disease;

3. The symptomatology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system, peritoneum and peritoneal cavity;

4. The nature and extent of medical and scientific knowledge regarding any association of obstructive pulmonary disease with asbestos fiber exposure;

5. The effect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system and other causes of obstructive and restrictive disease or defects of the respiratory system;

6. Methods of diagnosis of various diseases with other non-asbestos-related diseases;

7. Incidence of lung cancer among individuals with asbestosis or asbestos exposure as compared to non-asbestotic asbestos workers, non-asbestos exposed workers and to the general population

8. Cigarette smoking and its effects on the lungs and other organs;

9. The relationship of cigarette smoking to cancer of the lung and cancers of other body parts with reference to epidemiology studies and physiologic effect;

10. The difference between impairments and disability;

11. The effect of asbestosis or other asbestos-related disease, or asbestos exposure without asbestosis or other asbestos-related disease, on disability and life expectancy;

12. The lack of relationship between the presence of pleural plaques and a later development of any form of cancer;

13. The history of evolution and knowledge of asbestos-related diseases;

14. The import of any exhibit introduced as evidence, or any items prepared for use or used for demonstrative purposes by any witness;

15. Cancer incidence in the general population and among asbestos workers and its potential causes;

16. The incidence of mesothelioma among various kinds of workers exposed to asbestos, and the relative importance of various fiber types and the cause of mesothelioma

17. To the extent not covered above, asbestos medicine in general.

Dr. Churg will express his opinion that the only established association concerning lung cancers and asbestos exposure is the association of asbestosis and lung cancers; that the association of occupational asbestos exposure and lung cancers is really the association of the specific disease, asbestosis and lung cancers; that only the confirmed presence of asbestosis potentially establishes asbestos as a contributing cause of lung cancer in a person with a significant smoking history; that absent asbestosis, asbestos does not cause an increased risk of lung cancers. Dr. Churg may testify that occupational exposure to asbestos without a confirmed diagnosis of asbestosis, provides no information about the cause of lung cancers and is not information supporting a conclusion that asbestos was a contributing factor in lung cancer. Dr. Churg may testify that pleural plaques, fiber burden counts and asbestos bodies also provide no information about the cause of lung cancers. Dr. Churg may testify as to what is asbestosis, whether there is an asbestos exposure threshold for asbestosis, what constitutes that threshold for asbestosis.

In addition, Dr. Churg may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Patrick M. Conoley, M.D.
Kelsey Seybold Clinic
6624 Fannin, Suite 1800
Houston, Texas 77030
(713) 791-8787

Dr. Conoley is a medical doctor and "B" reader who will testify concerning his review of radiographs and CT scans of Plaintiff or Decedent.

Dr. John E. Craighead
Department of Pathology
University of Vermont
Burlington, Vermont 05405
(802) 425-3480

Dr. Craighead is a pathologist at the University of Vermont. He will testify generally about the evolution of asbestos disease; the pathology of asbestos-related diseases including those named as "Non-Routine"; the "state-of-the-art" of asbestos-related diseases; and, will testify about other areas of pulmonary pathology including, but not limited to, emphysema, carcinomas, and related matters.

Dr. Craighead will testify regarding the diagnosis and cause of plaintiffs' condition. He will discuss the differing physical, chemical and biological properties of various types of asbestos fibers, and will explain to the jury that chrysotile fibers are incapable of causing, or unlikely to have caused, plaintiffs' alleged condition. Dr. Craighead is expected to provide testimony in the following areas:

1. Anatomy and function of the respiratory and circulatory systems and the diagnosis and treatment of disease affecting such systems;
2. The nature of asbestos and asbestosis;
3. The symptomatology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system, peritoneum and peritoneal cavity;
4. The nature and extent of medical and scientific knowledge regarding any association of obstructive pulmonary disease with asbestos fiber exposure;
5. The effect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system and other causes of obstructive and restrictive disease or defects of the respiratory system;
6. Methods of diagnosis of various diseases, particularly means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos-related diseases;
7. Incidence of lung cancer among individuals with asbestosis or asbestos exposure without asbestosis, compared with non-asbestotic asbestos workers, non-asbestos exposed workers, and with the general population;
8. The import of any exhibit (including without limitation, corporate documents of defendants) introduced as evidence, or any items prepared for use or used for demonstrative purposes by any witness;
9. Cigarette smoking and its effect on the lung and other organs;
10. The relative danger of these defendants' asbestos-containing products;
11. The relationship of cigarette smoking to cancer of the lung and cancers of other sites with reference to epidemiological studies and physiologic effect;

12. Difference between impairment and disability;

13. Effect of asbestosis, or asbestos exposure without asbestos, on disability and life expectancy;

14. Effect of pleural plaques or other pleural manifestations of asbestos exposure on lung function or life expectancy.

15. The lack of a relationship between pleural plaques and the development of any cancer.

In addition, Dr. Craighead may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. James Crapo
4650 South 4th Street
Englewood, Colorado 80110
(303) 221-6695

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr Crapo has not as yet prepared a report in this case; if he does, a copy will be provided to Plaintiffs.

Dr. Crapo is board certified in internal medicine with a subspecialty certification in pulmonary diseases. Dr. Crapo practices medicine at the National Jewish Medical Center in Denver, Colorado.

Dr. Crapo is expected to testify about the pulmonary aspects of asbestos exposure, including matters such as dose response, pathogenicity, carcinogenicity, and the potential for asbestos-related disease as a result of exposures to the different types of fibers. Dr. Crapo is expected to testify as to general medical issues and physiology.

Dr. Crapo is expected to testify about alleged occupational exposure–as described by plaintiffs' witnesses–and whether such exposure could be considered a substantial contributing factor to plaintiff's alleged disease.

Dr. Crapo is expected to testify about the principles of epidemiology and what is involved in an epidemiology study. He is expected to testify that studies of particular groups or occupations of people are not necessarily applicable to other groups or occupations. Dr. Crapo is expected to testify as to the information necessary to determine the risks for a group of people or persons contracting an asbestos-related disease, and if it is scientifically possible to attribute a disease to a particular exposure. Dr. Crapo is expected to discuss epidemiological analysis of asbestos and how such analysis may be applied to the facts of a specific individual.

Dr. Crapo is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as

well as conditions and diseases of the pulmonary system. Dr. Crapo may also testify about asbestos and its effect on the pulmonary system, including the diagnosis and prognosis of asbestos-related markers and diseases, and the risks associated with developing cancers. Dr. Crapo is also expected to testify about any matter raised by experts called by Plaintiffs or Co-Defendants including, but not limited to, plaintiffs' medical condition, the state of medical knowledge concerning asbestos, asbestos-related disease and other occupational diseases.

In addition, Dr. Crapo may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Harry B. Demopoulos, M.D.
N.Y.U. Medical Center
Department of Pathology
550 First Avenue
New York, NY 10016

Dr. Demopoulos is a professor of pathology at New York University and Medical Center. Dr. Demopoulos may be expected to testify live or by deposition concerning the state of the available medical knowledge regarding asbestos-related disease at the relevant historical periods of time. Dr. Demopoulos may also testify concerning current medical knowledge regarding plaintiffs' condition and asbestos-related disease.

Dr. Scott G. Donaldson
North.-Texas Pulmonary Associates
375 Municipal Drive, Suite 140
Richardson, Texas 75080
(972) 680-0666

Dr. Donaldson is a specialists in the area of respiratory diseases. Dr. Donaldson may testify as to all matters pertaining to his examination of plaintiff and/or review of plaintiff's medical records, x-rays, and reports and supplemental reports of plaintiffs' experts; any communications with plaintiff or plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; his opinions as to whether plaintiff suffers from asbestos-related disease and the basis of such opinions; the Plaintiff's current medical condition and his prognosis thereof; the anatomy and function of the respiratory and circulatory systems; the natures of asbestos; the symptomology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos exposure; the affect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system; methods of diagnosis of various diseases, especially the means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos-related diseases; incidence of lung cancer among individuals with asbestosis as compared to non-asbestotic asbestos workers and to the general smoking to cancer of the lung and cancers of other body parts with reference to epidemiology studies and physiologic affect; the difference between impairment

and disability; the effect of asbestosis on disability and life expectancy; and the lack of relationship between the presence of pleural plaques and a later development of any form of cancer.

Sharon M. D'Orsie, Ph.D
Eagle Environmental Health, Inc.
2600 Southwest Freeway, Suite 810
Houston, Texas 77098-4614
(713) 523-2453

Dr. D.'Orsie will testify in the field of industrial hygiene and the state of knowledge as it existed from time to time relating to the health effects of asbestos exposure.

William L. Dyson, PhD, CIH
Workplace Hygiene, LLC
1022 Jefferson Road
P.O. Box: 49176
Greensboro, NC 27410
(336) 297-1642

Dr. Dyson is an industrial hygienist who will testify concerning the state of the knowledge concerning industrial hygiene practices concerning asbestos as it has existed from time to time. Dr. Dyson's C.V. is attached.

The above designated witnesses may also give testimony about the historical "state-of-the-art", the development of medical knowledge about asbestos, and presence or absence of medical consequences relating to low dose exposure to asbestos emanating from asbestos containing products.. They may offer general testimony relating to the development of asbestos related disease, cigarette smoking, cancer of various organs, pneumonia, chronic obstructive lung disease, the pathology of cigarettes and asbestos, the pathogenesis of cigarette related diseases, and the pathogenesis of asbestos related diseases. These witnesses may also testify generally about specific abnormalities that might be in the medical records of the decedent. These witnesses may also testify about the presence or absence of health disease or health risks associated with exposure to low levels of asbestos emanating from asbestos containing products. They may also testify specifically about diseases, such as chronic obstructive pulmonary disease, even though they may not have seen decedent, or reviewed decedent's medical records.

Defendant reserves the right to amend and supplement this response as additional information is located.

Defendant reserves the right to call any person designated by any other party in this case as an expert witness, whether or not such party is still a party at the time of trial as well as all expert witnesses listed by Plaintiffs, custodians of records of any and all physicians, health care facilities, hospitals, clinics and health care providers who have treated or examined the Plaintiff in this case who may

have records concerning the plaintiff, and any physician who has examined and/or treated Plaintiff not identified.

Brooks Emory, M.D.
Jefferson Hospital
New Orleans, LA

Dr. Emory is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as well as conditions and diseases of the pulmonary system. Dr. Emory may also testify about asbestos and its effect on the pulmonary system, including the diagnosis and prognosis of asbestos-related markers and diseases, and the risks associated with developing cancers. Dr. Emory is expected to testify about any matter raised by experts called by the Plaintiffs and Co-Defendants including, but not limited to, plaintiffs' medical condition, the state of medical knowledge concerning asbestos-related diseases and other occupational diseases.

I. Allen Feingold, M.D.
South Miami Hospital
7400 Southwest 62nd Avenue
Miami, Florida

Dr. Feingold is the Chief of the Division of Pulmonary Medicine at South Miami Hospital. He will testify as a state-of-the-art witness generally and with respect to asbestos-containing products. He may also testify concerning the physiological and radiological aspects of asbestos-related lung disease, including etiology, diagnosis, treatment, prognosis and epidemiology; the causes of lung cancer; the history of the medical science concerning our knowledge and understanding of asbestos and asbestos-related disease; fiber types, dose/response and threshold levels needed to produce disease; the relationship of asbestos exposure to other environmental factors and their comparative risks. Dr. Feingold will also testify that work with some asbestos-containing products does not result in dangerous asbestos fiber exposure and that any asbestos exposure from these products played no role in the genesis of Plaintiffs' lung disease, if any.

In addition, Dr. Feingold is expected to test about the various fiber release studies, performed at industrial hygiene laboratories, on the use of asbestos containing products.

Dr. Feingold may testify, in general, concerning asbestos related diseases and the effects of exposure to asbestos upon persons in occupational settings, including the epidemiology of asbestos related diseases and the criteria for diagnosis of an asbestos related disease. He may also testify regarding the existence or non-existence of any asbestos related disease in the Plaintiffs, including, but not limited to pleural changes, asbestosis, lung cancer, mesothelioma, laryngeal cancer, esophageal cancer and stomach cancer. He may also testify on whether any asbestos related disease allegedly suffered by Plaintiffs was medically or proximately caused by exposure to asbestos containing gasket and packing products. He may also testify on the existence of a dose response relationship between exposure to asbestos and asbestos related disease. He may also testify on increased risk of cancer

issues and whether a particular Plaintiff has a reasonable fear of cancer due to exposure to asbestos. He may also testify on the health consequences of smoking.

Gregory H. Foster, M.D., P.C.C.F.
North Texas Pulmonary Associates
375 Municipal Drive, Suite 214
Richardson, Texas 75080
(972) 680-0666

Dr. Foster is a specialist in the area of respiratory diseases. Dr. Foster may testify as to all matters pertaining to his examination of plaintiff and/or review of plaintiff's medical records, x-rays, and reports and supplemental reports of plaintiffs' experts' any communications with plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; his opinions as to whether plaintiff suffers form asbestos-related disease and the basis of such opinions; the Plaintiff's current medical condition and his prognosis thereof; the anatomy and function of the respiratory and circulatory systems; the natures of asbestos; the symptomology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos exposure; the affect of exposure to substances other than asbestos on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system; methods of diagnosis of various diseases, especially the means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos-related diseases; incidence of lung cancer among individuals with asbestosis as compared to non-asbestotic asbestos workers and to the general smoking to cancer of the lung and cancers of other body parts with reference to epidemiology studies and physiologic affect; the difference between impairment and disability; the effect of asbestosis on disability and life expectancy; and the lack of relationship between the presence of pleural plaques and a later development of any form of cancer.

Douglas Fowler, Ph.D.
643 Blair Island Road, Number 305
Redwood City, California 94863

Dr. Fowler is an industrial hygienist who may testify live or by deposition concerning issues relating to plaintiff's theories of "fiber drift," issues relating to the threshold limit value, protective measures, plaintiffs' level of exposure to asbestos, and other industrial hygiene-related issues.

Dr. Richard Fraser
Montreal Chest Hospital Center
Department of Pathology
3650 St. Urbain
Montreal, Quebec H2X2P4

Dr. Fraser is a pulmonary pathologist. He has written extensively on the pathology of chest diseases. He is expected to testify generally about pathologic concepts of disease, the etiology and course of disease processes both related to asbestos and non-asbestos causes. He will also testify case specifically on his analysis of tissue samples and medical records.

Dr. Edward A. Gaensler
63 Eucalyptus Knoll Road
Mill Valley, CA 94941

Dr. Gaensler will testify about the pathology of asbestos related diseases, his research into asbestos related diseases, the carcinogenicity of various fiber types, and the relationship, if any, between asbestos and various diseases. Dr. Gaensler will testify about the epidemiology of asbestos related diseases, his statistical research, latency, state-of-the-art, and other related matters. Dr. Gaensler will testify about case specific testimony, where applicable. He will testify about the evolution of asbestos disease, cigarette related diseases, and other respiratory or systemic conditions, specifically carcinomas, seen either independently or in connection with either of the foregoing.

Robert Gay, Ph.D.

Dr. Gay is an environmental consultant and chemist. He may give testimony regarding the level of fiber release, if any, from gasket and packing products in the occupational setting. He may testify regarding threshold limit values and permissible exposure levels as promulgated by private organizations and governmental agencies. He may testify as to issues involving reentrainment and fiber drift. He may testify as to work practices regarding various types of occupations using products that contained asbestos. He may testify as to the applicability of the Environmental Protection Agency's guidelines as they relate to various types of products including gaskets and packings. He may testify as to exposure that may result from the use of other types of asbestos products.

Allen R. Gibbs, M.D.
Department of Pathology, Llandough Hospital
South Glamorgan, Penarth CF 61XX United Kingdom

Dr. Gibbs is a pulmonary pathologist who received his medical degree from Newcastle Upon Tyne. He is a Fellow of the Royal College of Pathologist. He is a consultant pathologist to South Glamorgan Health Authority and is an honorary clinical teacher to the University of Wales College of Medicine. Dr. Gibbs is also an honorary consultant to the MRC external staff team on occupational lung diseases at Llandough Hospital. He was a senior lecturer in pathology at the University of Wales College of Medicine. He has special expertise in the diagnosis of asbestos-related diseases and the pathogenicity of the various forms of asbestos for pulmonary and pleural diseases and has reviewed over 1,000 lung samples involving asbestos-related changes. Additionally, Dr. Gibbs has authored or co-authored over 45 articles, papers and chapters in the field of pathology, many of which relate to asbestos-related disease.

Dr. Gibbs may review the pathological evidence in this case and testify concerning whether it is diagnostic of asbestos-related disease.

On the basis of Dr. Gibbs' personal research into issues concerning asbestos-related disease, his knowledge of the medical literature and knowledge of the facts of this case as they are known to date, Dr. Gibbs may testify generally as to the dangers posed by the inhalation of asbestos fibers, the relative risks associated with exposure to low levels of airborne asbestos dust in the general environment, and the risks posed to Plaintiff from his alleged exposure to airborne asbestos dust.

Dr. Gibbs will base his testimony on the available medical and scientific literature, applicable statutes and regulations, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named by Defendant or any other party, whether live or by deposition, and any documents introduced into evidence or otherwise used by any party at the time of trial.

Elizabeth L. Green, PE.
Eagle Environmental Health, Inc.
2600 Southwest Freeway, Suite 810
Houston, Texas 77098-4614
(713) 523-2453

Dr. Green will testify in the field of industrial hygiene and the state of knowledge as it existed from time to time relating to the health effects of asbestos exposure.

Kathryn A. Hale, M.D.
Assistant Professor of Medicine
Baylor College of Medicine and the Methodist Hospital
6550 Fannin
Smith Tower #1236
Houston, Texas 77030
(713) 790-2076

Dr. Hale is a specialist in the area of respiratory diseases. Dr. Hale may testify as to all matters pertaining to her examination of plaintiff and/or review of plaintiff's medical records, x-rays and reports and supplemental reports of plaintiffs' experts; any communications with plaintiff or plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; her opinions as to whether plaintiff suffers from asbestos-related diseases and the basis of such opinions; plaintiff's medical conditions. Dr. Hale may also testify regarding the anatomy and function of the respiratory and circulatory systems; the symptomatology, disease process and diagnosis of asbestosis and cancer of the respiratory systems, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos fiber and the effect of exposure to substances other than asbestos in the development and manifestation of diseases of the respiratory system; the methods of diagnosis and means of establishing the differential diagnosis of asbestos-related diseases with non asbestos-related disease; the incidence

of lung cancer in the general population and those individuals exposed to asbestos; cigarette smoking and its effect on the lungs; the difference between impairment and disability; the effect of asbestosis on disability and life expectancy; the lack of relationship between pleural plaques and development of any cancer; the history of evolution and knowledge of asbestos-related diseases; the evolution of the medical community's awareness of the increased risks for an asbestos-related disease in cases of prolonged exposure. In addition, Dr. Hale may also offer various opinions relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. Russell Harley
MUSC-Pathology
Charleston, SC 29425

Dr. Harley is expected to provide testimony concerning the anatomic structure and functioning of the lung from a pathologic perspective, the defense mechanisms and functioning of the lung in health and otherwise, the responses of the lung to various stimuli, and the role of various components of the respiratory system in the proper functioning of the lung. Dr. Harley is expected to describe and distinguish various types of asbestos fibers; to describe the things which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained.

It is further believed that Dr. Harley will define and distinguish various conditions, such as asbestosis, pleural changes and other non-malignant changes that may be attributable in some persons to the results of long tem inhalation and retention of some forms of asbestos fiber. Dr. Harley is further expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some populations and the mortality and/or incidence of some forms of cancer.

Dr. Harley is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products, and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Harley is also expected to testify that it cannot be said, to a reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual, without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, information concerning the individual's use of protective equipment, specific types of asbestos containing product(s) used and/or handled, resolution of questions regarding exposure to substances other than asbestos-containing products, and other known etiologies for whatever conditions are found to exist.

It is further expected that Dr. Harley's testimony will generally respond to the pathologic, scientific

and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependent upon the prior testimony of such experts and cannot be specifically predicted.

In expressing his opinions, Dr. Harley will rely on his own training, education, experience, research and publications, as well as the published medical and scientific literature that has been available to him over his career.

Dr. Harley may testify as to the general medical aspects of the diagnosis and treatment of asbestos-related disease and the pathological effect of asbestos on the lung. He may also testify as to the relationship of asbestos exposure and the incidence of cancer.

Dr. Michael Henderson
330 Rittiman Road
San Antonio, TX 78209-2861

Dr. Henderson is a board certified oncologist. He will testify to general concepts regarding carcinogenesis, specifically in relation to asbestos and its alleged association with different forms of cancer.

Dr. Elliott Hinkes
301 N. Prairie #311
Englewood, California 9030
(310) 674-0050

Dr. Hinkes will testify in the field of pulmonary medicine and oncology and the state of knowledge as it existed from time to time relating to health effects of asbestos exposure. Dr. Hinkes may testify as to all matters pertaining to study and research concerning exposure to asbestos and its effect on the human body; as to exposure to asbestos in regard to the development of lung cancer, mesothelioma and other respiratory diseases; as to his examination and review of Plaintiff's medical records, history, x-rays, and pathology material; his expert opinion as to whether Plaintiff suffers from a respiratory disease and cause of such disease, including but not limited to asbestosis, lung cancer, mesothelioma and the basis for such opinion; and all other matters concerning Plaintiff's medical condition.

Dr. John R. Holcomb
4410 Medical Drive, Suite 440
San Antonio, TX 78229
(210) 692-9400

Dr. Holcomb will testify about asbestos and the diseases caused by asbestos generally. He may testify as to his review of the literature and the opinions and conclusions contained in that literature. He may testify regarding exposure levels of asbestos, at what level asbestos may cause disease, and

as to when this was known in the medical and scientific literature. He may also testify as to his review of the documents entered into evidence into this case pertaining to the parties.

In addition, the above listed expert may testify live, or by deposition, concerning his examination of the Plaintiff and his review of the Plaintiff's medical records, x-rays, and bills for medical services and their diagnosis of injuries, if any. He may testify concerning asbestos, the effects of asbestos on the body and any other topics related thereto. Additionally, he may testify concerning Plaintiff's increased risk, if any, of mesothelioma and other malignancies as a consequence of his exposure to asbestos. He may also testify that Plaintiff's injuries, if any, and their relation, if any, to asbestos or to other factors.

Dr. Holcomb may also testify as to his review of chest x-rays. Additionally, he may testify concerning occupational diseases, generally, and asbestos-related disease, specifically. He may testify concerning Plaintiff's increased risk, if any, of developing an asbestos-related cancer as a consequence of his exposure to asbestos.

Dr. Holcomb may testify about the pulmonology aspects of asbestos exposure, criteria relating to diagnosis, including such matters as dose response, progression, and risk of cancer. He will testify about cancer risk in relation to asbestos exposure, dose response principals, etiologic aspects of asbestos and malignancy, attribution and apportionment of causation. He will testify about various studies and cancer risk including refinery, shipyard, and others.

Dr. Holcomb further is expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the appearance of chest radiographs in populations who also are alleged to be exposed to asbestos-containing products and, additionally, concerning how the effects of inhaled tobacco smoke and other factors can confound the appearance and/or result of radiographic studies.

He will also testify about the etiology of fibrotic lung disease, pulmonary aspects of asbestos caused or related disease processes and phenomenon, and the diagnosis, prognosis, measurement of impairment and causation of lung diseases from the pulmonologist perspective. He will testify about related disease and progression.

Beyond these matters, Dr. Holcomb is a witness appearing after the testimony of Plaintiff's expert at trial, in some measure his testimony may be responsive to evidence presented by the Plaintiff and cannot therefore be specifically predicted.

Venessa Holland, M.D., MPH, P.A.
Environmental Pulmonary Consultants
7515 South Main Street, Suite 670
Houston, Texas 77030
(713) 799-2224

Dr. Holland is a specialist in the area of respiratory diseases. Dr. Holland may testify as to all matters pertaining to her examination of plaintiff and/or review of plaintiff's medical records, x-rays,

and reports and supplemental reports of plaintiffs' experts; any communications with plaintiff or plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; her opinions as to the existence of asbestos-related disease and the basis of such opinions; plaintiff's medical conditions; her prognosis with regard to such medical conditions; and, if applicable, her opinions as to the cause of death. Dr. Holland may also testify about general medical issues with emphasis on the respiratory system and the effect that asbestos and other substances have on human health generally and with respect to plaintiff specifically. Dr. Holland may testify concerning her examination and diagnosis of the physical condition of plaintiff and the relationship, if any, of such condition to plaintiff's exposure, if any, to asbestos.

Dr. Holland may also testify regarding the anatomy and function of the respiratory and circulatory systems; the symptomatology, disease process and diagnosis of asbestosis and cancer of the respiratory system, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos fiber and the effect of exposure to substances other than asbestos in the development and manifestation of disease of the respiratory system; the methods of diagnosis and means of establishing the differential diagnosis of asbestos-related disease with non asbestos-related diseases; the incidence of lung cancer in the general population and those individuals exposed to asbestos; cigarette smoking and its effects on the lungs; the difference between impairment and disability; the effect of asbestosis on disability and life expectancy; the lack of relationship between pleural plaques and development of any cancer; the history of evolution and knowledge of asbestos-related diseases; and the evolution of the medical community's awareness of the increased risks for an asbestos-related disease in cases of prolonged exposure.

Also, Dr. Holland May testify as to any issues raised by plaintiffs' experts within her field of expertise.

Dr. William G. Hughson
UCSD Center for Occupational &
Environmental Medicine
3500 Fifth Ave., Ste., 102
San Diego, California 92103-5020

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Hughson has not prepared a report in this case. If a report is prepared, it will be provided to plaintiffs counsel.

Dr. Hughson is board certified in pulmonology, internal medicine, and occupational medicine. Dr. Hughson also is an epidemiologist. Dr. Hughson practices medicine at the University of California, San Diego.

Dr. Hughson is expected to testify about certain encapsulated products (where the asbestos fibers are throughly blended and mixed with the encapsulating binder which prevents a significant release of fibers) in that he has reviewed information and studies regarding exposure levels experienced with

certain work practices used with encapsulated products, and is familiar with the literature concerning low level exposures.

Dr. Hughson is expected to testify, based upon his review of the literature and of evidence of exposure, that exposure to certain encapsulated products was not a substantial contributing factor to plaintiffs' alleged asbestos-related disease. Dr. Hughson is expected to testify that the literature does not support a causal relationship between exposure to certain encapsulated products and the development of an asbestos-related disease. Dr. Hughson is expected to testify as to the ability of various types of fibers to cause disease and the properties of fibers that are believed to be necessary in order to cause disease.

Dr. Hughson is expected to testify generally about the pulmonary aspects of asbestos exposure, including matters such as dose response. Dr. Hughson is expected to testify about alleged occupational exposure and whether such exposure could be considered a substantial contributing factor to plaintiffs' alleged diseases.

Dr. Hughson is expected to testify about the principles of epidemiology and what is involved in an epidemiologic study. He is expected to testify that studies of particular groups or occupations of people are not necessarily applicable to other groups or occupations. Dr. Hughson is expected to testify as to the information necessary to determine the risks for a group of people or persons contracting an asbestos-related disease, and if it is scientifically possible to attribute a disease to a particular exposure. Dr. Hughson is expected to discuss epidemiological analysis of asbestos and how such analysis may be applied to the facts of a specific individual.

In addition, Dr. Hughson may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. Robert Jones
Tulane University Medical Center
2430 Tulane Avenue
New Orleans, LA

Dr. Jones is a specialist in pulmonary medicine. Dr. Jones is a pulmonologist who is currently a staff physician at Tulane Medical Center Hospital and a Professor of Medicine at Tulane University School of Medicine in New Orleans, Louisiana. Dr. Jones is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as well as conditions and diseases of the pulmonary system. Dr. Jones may also testify about asbestos and its effect on the pulmonary system, including the diagnosis and prognosis of asbestos-related markers and diseases, and the risks associated with developing cancers. Dr. Jones is also expected to testify about any matter raised by experts called by the Plaintiffs or Co-Defendants including, but not limited to, plaintiffs' medical condition, the state of medical knowledge concerning asbestos, asbestos-related disease and other occupational diseases.

Dr. Gerald R. Kerby
Kansas University Medical Center
Pulmonary Division
Kansas City, Kansas 66103

Dr. Kerby is a pulmonologist at Kansas University Medical Center. He will testify regarding general pulmonary physiology and medicine, including lung cancer and mesothelioma. It is his opinion that, although asbestos may be found in the lung tissue, mesothelioma may not be caused by that asbestos.

Dr. Marvin Kuschner
Dean, Medical School
Health Sciences Center
SUNY, Stony Brook
Stony Brook, N.Y. 11794

Dr. Kuschner is a pathologist. He will testify about the evolution of the pathology regarding asbestos, the evolution of the pathology regarding lung cancer, potential explanations for the

development of cancer, and other questions. Dr. Kuschner may also testify about "State-of-the-Art" matters as they relate to asbestos associated diseases.

Arthur Langer, Ph.D.
Institute of Applied Sciences
Brooklyn College of the City University
New York, New York
(718) 951-4793

Dr. Langer is a mineralogist with a Ph.D. from Columbia University. He is a Professor of mineralogy at City University, New York, New York and Director of the Environmental Sciences Laboratory of the Institute of Applied Sciences a Brooklyn College of the City University of New York.

Dr. Langer is expected to identify and describe the various methods by which inorganic material from aerosols, bulk samples or tissue may be analyzed chemically, crystallographically and structurally.

Dr. Langer is expected to testify about the various types of asbestos fiber, the geographic locations where the fibers can be found, the potential biologic activity of the various fibers in the human lung (including inorganic toxicity), the physical and chemical characteristics of the various asbestos fibers, and the identification and characterization of asbestos fibers.

Dr. Langer is expected to testify as to the types of inorganic minerals found in the lung tissue of persons with malignant mesothelioma and which are associated with the incidence of malignant mesothelioma in humans. He is expected to identify the types of fibers that have been shown to

create an increased risk for malignant mesothelioma. Dr. Langer is expected to testify as to the physical and chemical characteristics of the fibers that have been shown to create an increased risk of malignant mesothelioma.

Dr. Langer is expected to testify as to the potential for certain finished asbestos containing products to be contaminated with inorganic minerals and the amounts of the types of trace contaminants that may be found in the products. Dr. Langer is expected to offer testimony as to the amount of contaminants that are found in finished asbestos-contaminated products, if any, and the chemical, crystallographic and structural composition of the contaminants that can be generated from a finished product, if any.

Dr. Langer is expected to testify, based upon his review of the literature and of evidence of exposure, that exposure to certain encapsulated products did not result in a release of any contaminants sufficient to cause disease in persons such as plaintiff's decedent. Dr. Langer is expected to testify that his work and the literature, do not establish that certain encapsulated products are contaminated with tremolite asbestos.

Dr. Langer may review the pathology, slides and other records available in this case and perform a fiber burden analysis. Dr. Langer will report on his findings as to whether there could have been an occupational exposure to asbestos.

In addition, Dr. Langer may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Richard J. Lee, Ph.D.
R.J. Lee Group, Inc.
350 Hochberg Road
Monroeville, PA 15146

Dr. Lee is expected to testify about the development of scientific knowledge and techniques regarding the measurement of levels of asbestos in the air and in lung tissue. Dr. Lee may comment upon techniques used by plaintiffs' experts to generate and analyze air, dust and lung tissue samples and conclusions drawn therefrom. Dr. Lee may also testify concerning the propensity of gasketing materials to release fibers and the specific fiber levels generated therefrom during normal use.

Daniel Lehane, M.D.
6550 Fannin, Suite 2225
Houston, Texas 77030
(713) 790-0257

Dr. Lehane is a oncologist who may have reviewed applicable pathology, x-rays, and/or records on Plaintiff. Dr. Lehane may also have performed various studies, including staining, digestion, etc... to the extent that he will be used on any individual plaintiff, he has or will have issued a report and/or supplemental reports stating his findings and conclusions. He is expected to testify regarding

his stated findings and conclusions. Additionally, he may testify about oncology, general asbestos medicine (including asbestos medical literature), and medicine in general.

Larry R. Liukonen, CIH,, CSP
5990 Scandia Lane
Burleson, X 76028
(817) 453-0382

Mr. Liukonen is a certified industrial hygienist. He will offer opinions based on information provided, his education, knowledge of asbestos and asbestos related diseases, industrial hygiene and experience as a practicing industrial hygienist. In addition, he may offer opinions that exposure to asbestos fibers resulting from the use or removal of gasket or packing material is none or alternatively insufficient to cause or contribute to any asbestos related disease.

James E. Lockey, M.D., M.S.
Institute of Environmental Health
University of Cincinnati Medical Center
Clinical Studies Division
5251 Medical Science Bldg., M.L. 182
231 Bethesda Ave.
Cincinnati, Ohio 45267-0182

Dr. Lockey is a pulmonologist who is expected to testify either live or by deposition concerning plaintiffs' medical condition, cigarette smoking and lung disease, and generally about the pulmonary system and its functions as well as conditions and diseases, and the risks associated with developing cancers. Dr. Lockey is also expected to testify about any matter raised by experts called by the Plaintiffs and Co-Defendants including, but not limited to, plaintiffs' medical condition, the state of medical knowledge concerning asbestos, asbestos-related disease and other occupational diseases. Dr. Lockey may also be expected to testify concerning the state of the available medical knowledge regarding asbestos related disease at the relevant historical periods of time. Included in his testimony will be discussion of the respiratory system, asbestos-related disease, and the effect of other substances on the respiratory system. Dr. Lockey will give factual testimony concerning his knowledge of relevant facts, as well as, an express opinions within his field of knowledge. He may also provide opinions on the probably time period(s) of asbestos exposure with relation to the causation of the disease mesothelioma. In doing so, he will also provide percentages of probability of causation for exposure to asbestos from first exposure to last exposure. As a basis for opinion, he will rely in part upon scientific papers published by Peto, Seidman and Selikoff, Morgan and Lampshear, among others.

Jeremiah Lynch, C.I.H.
25 Waterman Avenue
Rumson, New Jersey

Mr. Lynch is a Certified Industrial Hygienist. Mr. Lynch will testify generally as to his background, training, and experience. Mr. Lynch will testify as to the methods and procedures involved in industrial hygiene, the methods and procedures utilized in the collection of airborne asbestos samples, including fiber measurements and counting techniques, and the use of industrial hygiene methods to control worker exposure to airborne asbestos dust. Mr. Lynch will further testify concerning threshold limit values, the various threshold limit values for asbestos exposure, the basis for the original threshold limit value and its subsequent changes. Mr. Lynch will further testify concerning the setting and implementation of asbestos exposure limits by OSHA, and the subsequent changes to those limits, and OSHA regulations pertaining to Plaintiff's workplace at various times. Mr. Lynch may also testify concerning the industrial hygiene programs implemented by Plaintiff's employer at various times, and how those programs compared to the industrial hygiene standards at various times. Mr. Lynch will further testify with regard to the effectiveness of the industrial hygiene program at Defendant as compared to the various standards applicable at different times. Mr. Lynch may also testify as to the asbestos exposures which Plaintiff would have had at various times during his employment history. Mr. Lynch will also testify with regard to environmental exposures to airborne asbestos experienced by millions of Americans for which there is no epidemiological evidence of disease. Mr. Lynch may offer such other opinions as may become necessary to rebut the opinions of Plaintiffs experts.

Mr. Lynch will base his testimony on the available medical and scientific literature, applicable statues and regulations, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named or to be named by Defendant or any other party, whether live or by deposition, and any documents introduced into evidence or otherwise used by any party at the time of trial.

Ernest Mastromatteo, M.D.
19 Carey Road
Toronto, Ontario, Canada M4S1N9

Dr. Ernest Mastromatteo is a medical doctor specializing in occupational and environmental health. He is currently Professor Emertis, Occupational and Environmental Health, University of Toronto and self-employed as a consultant in Occupational and Environmental Health. Dr. Mastromatteo received his Doctor of Medicine degree from the University of Toronto in 1947. He received a Diploma in Public Health from the University of Toronto in 1590 and a Diploma in Industrial Health from the University of Toronto in 1958. In 1958, Dr. Mastromatteo was certified in Occupational Medicine by the American Board of Preventive Medicine. In 1981, Dr. Mastromatteo was certified in Occupational Medicine by the Canadian Board of Occupational Medicine.

From 1949 to 1952, Dr. Mastromatteo served as the Medical Director of the Virden Local Health Unit, Virden, Manitoba. In 1952, Dr. Mastromatteo commenced employment as a physician and consultant with the Ontario Ministry of Health. In 1968, he became the Director of the Division of Occupational and Environmental Health of the Ontario Ministry of Health. He remained in that position until 1974. From 1966 to 1974, Dr. Mastromatteo also served as Consultant in Occupational Diseases to the Ontario Workers' Compensation Board. From 1968 to 1974, Dr.

Mastromatteo was a part-time professor at the University of Toronto and from 1972 to 1974, he was Professor and the Head of the Department of Occupational and Environmental Health of the University of Toronto.

In 1974, Dr. Mastromatteo became Chief of the Occupational Health and Safety Branch of the International Labour Office ("ILO") in Geneva, Switzerland. He remained in that position until 1976. From 1976 to 1985, Dr. Mastromatteo was employed as Director of Occupational Health for Inco Limited, Toronto, Canada. From 1985 to 1994, Dr. Mastromatteo was employed as the Program Director, Occupational and Environmental Health, of ORC Canada Inc., Toronto, Canada. During that period, from 1985 to 1990, Dr. Mastromatteo also served as a consultant to the Occupational Health Policy Branch of the Ontario Workers' Compensation Board. From 1976 to present, Dr. Mastromatteo has served as an Honorary Consultant to the Occupational Health Clinic of St. Michael's Hospital, Toronto, Canada.

Dr. Mastromatteo is a member of the Ontario Medical Association and Chaired the Section on Occupational Health and the Committee on Public Health. He is a member of the Canadian Medial Association. Dr. Mastromatteo was elected to the Ramazzini Medical Society in 1968 and has been a member of the International Commission on Occupational Health since 1968. Dr. Mastromatteo is an Honorary Lifetime Member of the American Conference of Governmental Industrial Hygienists ("ACGIH"). Dr. Mastromatteo has served as a member of the ACGIH Threshold Limit Value ("TLV") Committee since 1964. He was Chair of the TLV Committee from 1985 to 1990 and President of the ACGIH for the 1969-1970 term. Dr. Mastromatteo has received numerous honors and awards in the field of occupational medicine. Among his other awards, in 1981, he received the Stokinger Award for Scientific Contributions to Occupational Toxicology in the United States. In 1986, he received the Yant Award for Scientific Contributions to Industrial Hygiene in the United States. In 1987, Dr. Matromatteo received the Knudsen Award for his contributions to Occupational Medicine in the United States. In 1987 he was also inducted into the Safety and Health Hall of Fame International.

Dr. Mastromatteo will further testify that as a long-standing member of the American Conference of Governmental Industrial Hygienists Threshold Limit Value Committee, he is familiar with that organization's criteria for establishing threshold limit values. In setting those thresholds, the ACGIH examines all of the available evidence and bases its decision on the weight of evidence. As such, the ACGIH examines the studies and evaluates those studies based on their methodology and scientific reasoning. Based on its review of the best medical evidence, the ACGIH set its first threshold limit value for asbestos in 1946 and has changed it from time to time where the medical evidence has warranted such a change. Dr. Mastromatteo will testify as to the threshold limit value at different points in time and the medical knowledge that was available to the ACGIH concerning the health effects of asbestos.

Dr. Mastromatteo will further testify that Occupational Safety and Health Administration ("OSHA") does not rely on the weight of evidence but sets its PEL based on a different control strategy. OSHA determines a safe level then sets the permissible exposure limit ("PEL") by adding factors of between ten (10) and one hundred (100) times. OSHA has set the PEL for all types of asbestos at 0.1 f/cc. That level of exposure is many times below the level of exposure which one would expect to cause disease in the average worker.

Dr. Mastromatteo will base his testimony on the available medical and scientific literature, applicable statutes and regulations, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named or to be named by Defendant or any other party, whether live or by deposition, and any documents introduced into evidence or otherwise used by any party at the time of trial.

Wallace T. Miller, M.D.
3400 Spruce Street
Philadelphia, PA

Dr. Miller is board certified in radiology. Dr. Miller is also a NIOSH certified B Reader. Dr. Miller will testify generally as to his background, training and experience. Dr. Miller will testify as to his knowledge of radiology and its application in assisting the diagnoses of asbestos-related diseases. He will further testify as to the general medical issues concerning the development, cause, and diagnosis of asbestos-related disease and/or other diseases that may mimic asbestos-related diseases radiographically. Dr. Miller will testify as to his review of Plaintiff's medical and radiological records, reports and/or films. He will testify concerning whether they are diagnostic of asbestos-related disease, including asbestosis or other asbestos-related pleural conditions.

Dr. Miller may base his testimony on the available medical and scientific literature, his own training and experience, the opinions and reports of other experts named or to be named by Defendant or any other party, whether live or by deposition, the testimony of all other witnesses named or to be named by Defendant or any other party, whether live or by deposition, and any documents introduced into evidence or otherwise used by any party at the time of trial.

Defendant reserves the right to seek leave of court to call experts who are substituted for experts on this list who become unavailable. Defendant further reserves the right to call additional expert witnesses for the purpose of rebuttal or impeachment, if necessary at the time of trial.

Stacy Mills
University of Virginia
Health Systems
Department of Pathology
Box 214
OMS-Bldg.
Charlottesville, Virginia 22908

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Mills has not as yet prepared a report; if she does, a copy will be provided to Plaintiffs.

Dr. Mills is expected to provide testimony concerning the anatomic structure and functioning of the lung from a pathologic perspective, the defense mechanisms and functioning of the lung in health

and otherwise, the response of the lung to various stimuli, and the role of various components of the respiratory system in the proper functioning of the lungs. Dr. Mills is expected to describe and distinguish various types of asbestos fibers; to describe the tings which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained.

It is further believed that Dr. Mills will define and distinguish various conditions, such as asbestosis, pleural changes and other non-malignant changes that may be attributable in some persons to the results of long term inhalation and retention of some forms of asbestos fiber. Dr. Mills is further expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some population and the mortality and/or incidence of some forms of cancer.

Dr. Mills is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products, and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Mills is also expected to testify that it cannot be said, to a reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, information concerning the individual's use of protective equipment, specific types of asbestos containing product(s) used and/or handled, resolution of questions regarding exposures to substances other than asbestos-containing products, and other known etiologies for whatever condition are found to exist.

It is further expected that Dr. Mills' testimony will generally respond to the pathologic scientific and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependant upon the prior testimony of such experts and cannot be specifically predicted.

In addition, Dr. Mills may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. W.K.C. Morgan
Chest Disease Unit
University Hospital
339 Windermere Road
P.O. Box 5339, Postal Station A
London, Ontario N6A 5A5

Dr. Morgan is a pulmonologist. He will testify about the evolution of asbestos disease, the diseases involving cigarette smoking, and other diseases which are often seen in association with either of the foregoing.

Dr. Morgan is a professor of medicine and director of chest diseases services at the University of Western Ontario. He was educated in England and Scotland, and among other appointments is a member of the Advisory Board for Occupational Health and Safety Resource Centre at the University of Western Ontario.

Dr. Morgan may testify live or by deposition concerning the state of the available knowledge regarding asbestos-related disease at the relevant historical periods of time. Dr. Morgan may also testify concerning current medical knowledge regarding plaintiff's condition and asbestos-related disease.

Dr. Brooke T. Mossman
Pathology Department
Medical Alumni Building
Room A151, University of Vermont
Burlington, Vermont 05405

Dr. Mossman is a Ph.D. who engages in research in Burlington, Vermont, where she is associated with the university of Vermont. She has performed substantial research into questions relating to the interaction between human lung tissue and asbestos. Specifically, she has performed in vitro studies on human lung tissue and asbestos both within and without the presence of cigarette carcinogens. She will testify about that research and her conclusions and opinions related thereto.

John A Pendergrass, CIH, CSP, PE
6700 Milkhouse Court
Mobile, AL 36695
(334) 607-0946

Mr. Pendergrass is a certified industrial hygienist who will testify from an industrial hygiene point of view, the state of the medical and scientific knowledge regarding asbestos particularly in regard to the time period involved during which the Plaintiff was allegedly on the premises of Defendant. The subject matter will also include the use of asbestos during this time period, its importance, the lack of substitute products, the employer's responsibility pre and post OSHA. He will also testify as to the role of manufacturers as suppliers of asbestos products and their responsibility to provide premises owners with knowledge of the known hazards of the products they were selling and installing to the end users, the premises owners. He will also testify that based on the state of the knowledge and judgment as it has developed over the time that premises owners acted appropriately in the circumstances. Mr. Pendergrass will also testify based on certain Defendant's industrial hygiene monitoring results concerning the expected levels of exposure to be experienced at those facilities.

Jack E. Peterson, P.E.
Peterson Associates
2830 Via Viejas Oeste
Alpine, California 91901
(619) 445-9668

Dr. Peterson will testify in the field of industrial hygiene and the state of knowledge as it existed from time to time relating to the health effects of asbestos exposure. Dr. Peterson will testify concerning industrial hygiene issues including threshold limit values, historical review and state of the art of pulmonary medicine and asbestos-related conditions. He may also provide opinions on the probable time period(s) of asbestos exposure with relation to the causation of the disease mesothelioma. In doing so, he will also provide percentages of probability of causation for exposure to asbestos from first exposure to last exposure. As a basis for his opinion, he will rely in part upon scientific papers published by Peto, Seidman and Selikoff, Morgan and Lampshear, among others.

Sheldon Rabinovitz
Sandler Occupational Associates
966 Hungerford Dr., Suite 20
Rockville, MD 20852

The following statement of expected testimony has been prepared by counsel to comply with the expert witness disclosure requirements under Georgia Law. The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Rabinovitz has not prepared a report for this case.

Defendant is not aware of all of the areas of testimony or proof that plaintiff intends to produce at trial and, therefore, defendant cannot proffer all expected testimony until it has had the benefit of reviewing all of plaintiff's expert's reports and opinions. To the extent that a witness expresses an opinion at trial or in discovery that has not been divulged prior to the time that this statement was served on counsel, and which creates a need for additional areas of rebuttal testimony or proof, defendant reserves the right to supplement this statement.

Dr. Rabinovitz is a certified industrial hygientist and toxicologist. He is employed at SOMA, and is a past employee of EPA and NIOSH. A copy of his C.V. will be provided.

Dr. Rabinovitz is expected to testify about the principles of industrial hygiene and the factors that are important to industrial hygiene studies both currently and historically. He is expected to testify as to the manner in which experts can use current and historical industrial hygiene data and how the data should be interpreted in specific cases.

Dr. Rabinovitz has reviewed available documents, depositions, and exhibits with respect to Armstrong World Industries, Inc., and is expected to testify as to the reasonablesness of the industrial hygiene practices employed by AWI in the past to protect its workers. Dr. Rabinovitz is familiar with the historical state of the art practices and the information available in the medical and scientific literature. Dr. Rabinovitz is expected to testify as to the reasonableness of the industrial hygiene

practices employed by AWI in relation to the historical knowledge of the scientific and medical communities. Dr. Rabinovitz is expected to testify that in the past AWI acted reasonable in the manufacture and sale of its products.

James Rasmuson
Chemistry and Hygiene, Inc.
4251 Kipling Suite 110
Wheat Ridge, Colorado 80033

Mr. Rasmuson is expected to testify in the areas of industrial hygiene and toxicology, including without limitation, retrospective exposure assessment, health risk assessment, substantial exposure factors, the relative and absolute exposure potentials of various asbestos products to produce dust, industrial hygiene and environmental standards and their basis, control technology and process specific aspects of exposure, analytical chemistry, chemistry, asbestos related measurement techniques, general industrial hygiene issues including the effects of ventilation and distance on exposure, and related subjects. He may also testify on the state of the art in the fields of industrial hygiene and toxicology concerning occupational and non-occupational asbestos exposures in earlier years. He may also calculate the possible percentage ranges of asbestos exposure from products. He may calculate the probability that any plaintiff would have contracted disease in the absence of exposure to various products. He may also perform other appropriate risk calculations and compare a plaintiff's alleged exposure to the industrial hygiene standards of the alleged time period. He may render various opinions relevant to *Daubert/ Havner/Robinson* analysis.

Dr. Joseph J. Renn
Internal Medicine Associates, Inc.
99 J.D. Anderson Drive
Morgantown, WV 26003

Dr. Renn is a pulmonologist. In addition to case specific testimony where applicable, he will testify generally about medical matters related to the chest, asbestos-related diseases, diseases which are related to cigarette smoking, and other pulmonary problems which are often seen either independently or in association with any of the foregoing. Dr. Renn may also testify about the medical literature and its related matters.

Dr. Nathaniel F. Rodman
West Virginia University School of Medicin
Office of the Chairman
Department of Pathology, Room 2187
Morgantown, West Virginia 26506

Dr. Rodman is a pathologist. He will testify about the evolution of asbestos disease, diseases related to cigarette smoking, and diseases which were seen often, but not necessarily, in relation to the foregoing.

Victor L. Roggli, M. D.
Department of Pathology
Duke University, Medical Center
Durham, North Carolina 27710
(919) 286-0411

Dr. Roggli is a specialist in pulmonary pathology. He will testify as to all matters pertaining to the plaintiff's medical records; his examination of the plaintiff if he has made such an examination; if he has personal knowledge of such and any communication with the plaintiff or plaintiff's family; his review of x-rays of the plaintiff; the diagnostic criteria used to diagnose an asbestos related disease; his opinion as to whether plaintiff suffers from asbestos related diseases and the basis for such opinion; plaintiff's current medical condition and prognosis; and he may testify that asbestos exposure does not cause stomach or small bowel cancer.

It is further expected that Dr. Roggli's testimony will generally respond to the pathologic, scientific and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependent upon the prior testimony of such experts and cannot be specifically predicted.

In expressing his opinions, Dr. Roggli will rely on his own training, education, experience, research and publications, as well as the published medical and scientific literature that has been available to him over his career.

Robert M. Ross, M.D., FCCP
6550 Fannin Street, Suite 2403
Houston, Texas 77030
(713) 383-6100

Dr. Ross is a specialist in the area of respiratory diseases. Dr. Ross may testify as to all matters pertaining to his examination of plaintiff and/or review of plaintiff's medical records, x-rays, and reports and supplemental reports of plaintiffs' experts; any communications with plaintiff or plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; his opinions as to whether plaintiff suffers from asbestos-related disease and the basis of such opinions; plaintiff's medical conditions; his prognosis with regard to such medical conditions; and, if applicable, his opinions as to the cause of death. Dr. Ross may also testify about general medical issues with emphasis on the respiratory system and the effect that asbestos and other substances have on human health generally and with respect to plaintiff specifically. Dr. Ross may testify concerning his examination and diagnosis of the physical condition of plaintiff and the relationship, if any, of such condition of plaintiff's exposure, if any, to asbestos.

Dr. Ross may also testify regarding the anatomy and function of the respiratory and circulatory systems; the symptomatology, disease process and diagnosis of asbestosis and cancer of the respiratory systems, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos fiber and the effect of exposure to substances other than asbestos in the development and manifestation of diseases of the

respiratory system; the methods of diagnosis and means of establishing the differential diagnosis of asbestos-related diseases with non asbestos-related diseases; the incidence of lung cancer in the general population and those individuals exposed to asbestos; cigarette smoking and its effect on the lungs; the difference between impairment and disability; the effect of asbestosis on disability and life expectancy; the lack of relationship between pleural plaques and development of any cancer; the history of evolution and knowledge of asbestos-related diseases; and the evolution of the medical community's awareness of the increased risks for an asbestos-related disease in cases of prolonged exposure.

In addition, Dr. Ross may testify about issues relevant to a *Dauber/Havner/Robinson* Analysis.

Dr. Jonathan M. Samet
Pulmonary Division
Department of Medicine
University of New Mexico
Albuquerque, NM 87131

Dr. Samet is an internist and epidemiologist. He is expected to testify generally about the relationship between asbestos, cigarette smoking and lung cancer, and generally about the epidemiology of disease.

Dr. Robert Sawyer
149 Prospect Avenue
Guilford, CT 06437

Dr. Sawyer is an industrial hygienist who is expected to testify regrading fiber release from various products, threshold limit values, and dose values for disease.

Dr. Sawyer may further testify, in general, concerning asbestos related diseases and the effects of exposure to asbestos upon persons in occupational settings, including the epidemiology of asbestos related diseases and the criteria for diagnosis of any asbestos related disease. He may also testify regarding the existence or non-existence of any asbestos related disease in the plaintiffs, including, but not limited to pleural changes, asbestosis, lung cancer, mesothelioma, laryngeal cancer, esophageal cancer and stomach cancer. He may also testify on whether any asbestos related disease allegedly suffered by plaintiffs was medically or proximately caused by exposure to asbestos containing gasket and packing products. He may also testify on the existence of a dose response relationship between exposure to asbestos and asbestos related disease.

He may also testify on increased risk of cancer issues and whether a particular plaintiff has a reasonable fear of cancer due to exposure to asbestos. He may also testify on the health consequences of smoking. With respect to particular plaintiffs, he may testify as to review and interpretation of x-ray films, review and interpretation of pulmonary function testing, the nature and extent of any impairment or disability, whether the condition is progressive and whether other diseases or conditions are present in plaintiffs.

Dr. Sawyer's testimony will be based on his training, experience, education, and review of the medical literature concerning asbestos related disease.

Dr. Robert Shephard
University of Texas Medical Branch at Tyler
11937 U.S. Hwy 271
Tyler, Texas
(903) 877-7100

Dr. Shephard is a "B" reader and may testify regarding the radiographs of the Plaintiffs. Further, he may also offer opinions and/or rebuttal testimony as necessary to Plaintiff's experts' claims and related topics.

Dr. Russell P. Sherwin
Department of Pathology
USC School of Medicine
Los Angeles, California 90033
(323) 224-5253

Dr. Sherwin may also testify in the field of pulmonary medicine and the results of his examination of the records and radiographs regarding Plaintiffs. He will testify as to whether the alleged injuries of the Plaintiffs can be attributed to asbestos exposure or not, based on the medical and scientific literature.

Upon review of Plaintiffs' medical records and pathology materials, Dr. Sherwin may testify about Plaintiffs' medical conditions and its causes. His testimony may include a discussion of asbestos and its effects on human health generally and on the Plaintiffs' conditions specifically and the effect of other substances on human health generally and on the Plaintiffs' condition specifically. Dr. Sherwin may testify regarding the increased risk of cancer faced by individuals who smoke cigarettes or other tobacco products and the link between smoking and cancer. He may testify about the relationship between asbestos exposure and cancer and the methods by which it can be determined whether a particular cancer is related to asbestos exposure. He may apply these principles to Plaintiffs' cases.

Sidney Shindell, M.D., LLB
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226

Dr. Shindell is a physician. He will testify generally about the evolution of asbestos disease; the pathology of asbestos-related diseases including those named as "Non-Routine"; the "state-of-the-art" of asbestos-related diseases; and, will testify about other areas of pulmonary pathology including, but not limited to, emphysema, carcinomas, and related matters.

Dr. Shindell will testify about his personal experience in the development of the history of asbestos related medicine and the medical literature and his impressions of 1964 being a "watershed" as it relates to asbestos disease.

Dr. Shindell will testify regarding the differing physical, chemical and biological properties of various types of asbestos fibers, and will explain to the jury that chrysotile fibers are incapable of causing, or unlikely to have caused, plaintiffs' alleged condition.

Dr. Shindell may provide testimony in the following areas:

1. Anatomy and function of the respiratory and circulatory systems and the diagnosis and treatment of disease affecting such systems;

2. The nature of asbestos and asbestosis;

3. The symptomatology, disease process and diagnosis of asbestosis and cancer associated with the respiratory system peritoneum and peritoneal cavity;

4. The nature and extent of medical and scientific knowledge regarding any association of obstructive pulmonary disease with asbestos fiber exposure;

5. The effect of exposure to substances other than asbestos, such as tobacco, on the development and manifestation of obstructive and restrictive conditions and diseases of the respiratory system and other causes of obstructive and restrictive disease or defects of the respiratory system;

6. Methods of diagnosis of various diseases, particularly means of establishing the differential diagnosis of alleged asbestos-related diseases with other non-asbestos related diseases;

7. Incidence of lung cancer among individuals with asbestosis or asbestos exposure without asbestosis, compared with non-asbestotic asbestos workers, non-asbestos exposed workers, and with the general population;

8. The import of any exhibit (including without limitation, corporate documents of defendants) introduced as evidence, or any items prepared for use or used for demonstrative purposes by any witness;

9. Cigarette smoking and its effect on the lung and other organs;

10. The relative danger of these defendants' asbestos-containing products;

11. The relationship of cigarette smoking to cancer of the lung and cancers of the other sites with reference to epidemiological studies and physiologic effect;

12. Difference between impairment and disability;

13. Effect of asbestos, or asbestos exposure without asbestos, on disability and life expectancy;

14. Effect of pleural plaques or other pleural manifestations of asbestos exposure on lung function or life expectancy;

15. The relative carcinogenicity of chrysotile asbestos relative to the other forms of asbestos;

Dr. Shindell is expected to testify as to the ability of various types of fibers to cause disease and the properties of fibers that are believed to be necessary in order to cause disease. He is expected to testify that Chrysotile asbestos fibers are not expected to produce an increase risk to mesothelioma

Dr. Shindell is expected to testify about certain encapsulated products (where the asbestos fibers are thoroughly blended and mixed with the encapsulating binder which prevents a significant release of fibers) in that he has reviewed information and studies regarding exposure levels experienced with certain work practices used with encapsulated products, and is familiar with the literature concerning low level exposures.

Dr. Shindell is expected to testify, based upon his review of the literature and of evidence of exposure, that exposure to certain encapsulated products was not a substantial contributing factor to plaintiffs' alleged asbestos-related disease. Dr. Shindell is expected to testify that the literature does not support a causal relationship between exposure to certain encapsulated products and the development of an asbestos-related disease.

Dr. Shindell is expected to testify generally about the pulmonary aspects of asbestos exposure, including matters such as dose response. Dr. Shindell is expected to testify about alleged occupational exposure and whether such exposure could be considered a substantial contributing factor to plaintiffs' alleged diseases.

Dr. Shindell is expected to testify that as exposure to asbestos have diminished since the inception of the OSHA standards, the extent and number of cases of asbestosis have been and are expected to continue to diminish.

Dr. Shindell is expected to testify about the principles of epidemiology and what is involved in an epidemiologic study. He is expected to testify that studies of particular groups or occupations of people are not necessarily applicable to other groups of occupations. Dr. Shindell is expected to testify as to the information necessary to determine the risks for a group of people or persons contracting an asbestos-related disease, and if it is scientifically possible to attribute a disease to a particular exposure. Dr. Shindell is expected to discuss epidemiological analysis of asbestos and how such analysis may be applied to the facts of a specific individual.

Dr. Shindell is expected to testify that cigarette smoking is the chief cause of lung cancer, that almost all of the lung cancers in America occur in present or ex-smokers, and that one cannot develop lung cancer related to asbestos exposure unless there is underlying asbestosis.

Dr. Shindell is expected to testify that the earlier exposure to asbestos are, if sufficient, the principal cause of the disease and not later exposures.

Dr. Shindell is expected to testify that in at least 33% of mesotheliomas, asbestos exposure cannot be found.

Dorsett Smith, M.D.
4310 Colby Avenue
Everett, Washington 98203

Dr. Smith is an internal medicine physician with a sub-speciality in pulmonary disease and "B" reader who may testify concerning the review of the radiographs and CT scans, if any, of the Plaintiff or Decedent. Dr. Smith may also testify in the field of occupational and pulmonary medicine and the state of knowledge as it existed from time to time relating to the health effects of asbestos exposure. Dr. Smith may also testify based on experience and on knowledge of applicable literature, regarding the known relationship or lack of relationship between asbestos exposures and certain diseases. He may also render various opinions relevant to a *Daubert/Havner/Robinson* Analysis.

Mr. John W. Spencer, CIH, CSP
Environment Profiles, Inc.
813 Frederick
Baltimore, Maryland 21228

Mr. Spencer will testify in the field of industrial hygiene and the state of knowledge as it existed from time to time relating to the health effects of asbestos exposure.

Gail D. Stockman, M.D., Ph.D.
Longview Pulmonary Consultants
703 East Marshall, Suite 4002
Longview, Texas 75601
(903) 753-0787

Dr. Stockman is a specialist in the area of respiratory diseases. Dr. Stockman may testify as to all matters pertaining to her examination of plaintiff and/or review of plaintiff's medical records, x-rays, and reports and supplemental reports of plaintiffs' experts; any communications with plaintiff or plaintiff's family members; the diagnostic criteria used to diagnose asbestos-related diseases; her opinions as to whether plaintiff suffers from asbestos-related disease and the basis of such opinions; plaintiff's medical conditions; her prognosis with regard to such medical conditions; and, if applicable, her opinions as to the cause of death. Dr. Stockman may also testify about general medical issues with emphasis on the respiratory system and the effect that asbestos and other substances have on human health generally and with respect to plaintiff specifically. Dr. Stockman may testify concerning her examination and diagnosis of the physical condition of plaintiff and the relationship, if any, of such condition of plaintiff's exposure, if any, to asbestos.

Dr. Stockman may also testify regarding the anatomy and function of the respiratory and circulatory systems; the symptomatology, disease process and diagnosis of asbestosis and cancer of the respiratory systems, peritoneum and peritoneal cavity; the nature and extent of medical and scientific knowledge regarding any association of pulmonary disease with asbestos fibers and the effect of exposure to substances other than asbestos in the development and manifestation of diseases of the respiratory system; the methods of diagnosis and means of establishing the differential diagnosis of asbestos-related diseases with non asbestos-related diseases; the incidence of lung cancer in the general population and those individuals exposed to asbestos; cigarette smoking and its effect on the lungs; the difference between impairment and disability; the effect of asbestosis on disability and life expectancy; the history of evolution and knowledge of asbestos-related diseases; and the evolution of the medical community awareness of the increased risks for asbestos-related disease in cases of prolonged exposure.

Dr. Stockman may testify regarding the historical review and state of the art of pulmonary medicine and asbestos-related conditions; the state of scientific and medical art and the history and knowledge of asbestos-related disease in general; and epidemiology and general medicine regarding asbestos exposure. Dr. Stockman may provide opinions on the probable time period(s) of asbestos exposure with relation to the causation of various disease processes. In doing so, Dr. Stockman may also provide percentages of probability of causation for exposure to asbestos from first exposure to last exposure.

In addition, Dr. Stockman may offer opinions relevant to a *Daubert/Havner/Robinson* Analysis.

Hans Weill, M.D.
Tulane University - School of Medicine
1700 Perdido Street
Second Floor
New Orleans, Louisiana 70112

Dr. Weill is a pulmonary specialist. Dr. Weill will testify generally about asbestos-related diseases and diseases of the lungs, chest, respiratory system and other organs of the body. He may offer general testimony relating to cigarette smoking, cancer of various organs, cancer risk associated with cigarette smoking, asbestos exposure and other causative factors, and the pathogenesis and diagnosis of disease, including asbestos-related diseases. Dr. Weill may testify as to the various types of asbestos fibers and their role in the causation of disease. He may also testify as to state-of-the-art medical as it relates to knowledge of health hazards associated with exposure to asbestos-containing dust in varying doses and in varying industries, based on his review of asbestos-related literature, and his own experience. Dr. Weill may testify specifically about plaintiffs' medical condition by relating these general principles to plaintiffs' or plaintiffs' decedents' specific medical history through review of records, x-rays, or by hypothetical.

Dr. Hans Weill, may testify, in general, concerning asbestos related diseases and the effects of exposure to asbestos upon person in occupational settings, including the epidemiology of asbestos related diseases and the criteria for diagnosis of an asbestos related disease. He may also testify regarding the existence or non-existence of any asbestos related disease in the plaintiffs, including

but not limited to pleural plaques, asbestosis, lung cancer, mesothelioma, laryngeal cancer, esophageal cancer and stomach cancer.

He may also testify on whether any asbestos related disease allegedly suffered by plaintiffs was medically or proximately caused by exposure to asbestos containing gasket and packing products. He may also testify on the existence of a dose response relationship between exposure to asbestos and asbestos related disease. He may also testify on increased risk of cancer issues and whether a particular plaintiff has a reasonable fear of cancer due to exposure to asbestos. He may also testify on the health consequences of smoking. With respect to particular plaintiffs, he may testify as to review and interpretation of x-ray films, review and interpretation of pulmonary function testing, the nature and extent of any impairment or disability, whether the condition is progressive and whether other disease or conditions are present in plaintiffs.

Dr. Weill's testimony will be based on his training, experience, education, and review of the medical literature concerning asbestos related disease.

In addition, Dr. Weill may testify about issues relevant to a *Daubert/Havner/Robinson* Analysis.

Dr. Frank Weir
14334 Schroeder Road
Houston, TX 77070-3232
(832) 237-7502

Dr. Weir is expected to testify in the field of pharmacology, toxicology and industrial hygiene, generally, and particularly as they relate to asbestos fiber exposure in various work places. Also may offer testimony that it is improbable, and scientifically unlikely that plaintiff ever received physiologically meaningful exposures to asbestos fibers. He may also testify regarding the knowledge of the toxicology and appreciation for the hazards relating to the use of asbestos-containing materials at various intervals of time that are of interest in this matter.

Dr. Weir may also respond to testimony of certain witnesses offered at the time of trial. He therefore reserves the right to supplement, amend or to otherwise modify the opinions to be offered accordingly. He will continue to review material which may come to his attention regarding this material. Dr. Weir may utilize this material to develop additional opinions and conclusions or modify his opinions and conclusions if such further evidence of information so warrants.

Dr. Weir may testify as to state-of-the-art of the hazards of asbestos insulation products and the conduct of various industries and companies based on that knowledge.

Dr. Weir's opinions will be based upon his education, experience and professional training, his review of relevant medical, epidemiological, scientific and technical literature, and his review and analysis of the case specific materials provided to him concerning this matter. He may also render various opinions relevant to a *Dauber/Havner/Robinson* Analysis.

Dr. William Weiss
3912 Netherfield Road
Philadelphia, Pennsylvania 19129

Dr. William Weiss is expected to testify about the evolution of asbestos disease, his knowledge of pulmonary lung disease of all varieties, the "state-of-the-art" of the development of knowledge regarding cigarettes and disease, the relationship between cigarette smoking and pulmonary fibrosis, the nature and evolution of x-ray work, his knowledge of x-rays as a "b" reader and related matters.

Mark Wick
University of Virginia
Health Systems
Department of Pathology
Box 214
OMS-Bldg., Room 3882
Charlottesville, Virgina 22908
(804) 924-9038

The words and language used in this statement are the words and language of counsel who prepared the statement, and not of the witness. Dr. Wick has not as yet prepared a report; if he does, a copy will be provided to Plaintiffs.

Dr. Wick is expected to provide testimony concerning the anatomic structure and functioning of the lung from a pathologic perspective, the defense mechanisms and functioning of the lung in health and otherwise, the responses of the lung to various stimuli, and the role of various components of the respiratory system in the proper functioning of the lung. Dr. Wick is expected to describe and distinguish various types of asbestos fibers; to describe the things which affect the ability of asbestos fibers to affect various structures within the respiratory system; and to describe the body's specific responses to fibers of asbestos that are inhaled, whether or not they are retained.

If is further believed that Dr. Wick will define and distinguish various conditions, such as asbestosis, pleural changes and other non-malignant changes that may be attributable in some persons to the results of long term inhalation and retention of some forms of asbestos fiber. Dr. Wick is further expected to be able to testify concerning the circumstances under which exposure to certain forms and types of asbestos may be associated with the incidence of some forms of mesothelioma in some persons, and will testify concerning the results of his own experiences, the medical and scientific literature, and existing epidemiologic studies concerning associations that are alleged to exist epidemiologically between exposure to asbestos in some populations and the mortality and/or incidence of some forms of cancer.

Dr. Wick is further expected to offer testimony concerning the effects of inhaled tobacco smoke and other factors on the occurrence of disease in populations who are also alleged to be exposed to asbestos containing products and additionally concerning how the effects of inhaled tobacco smoke and other factors can confound the apparent results of certain epidemiologic studies.

Dr. Wick is also expected to testify that it cannot be said, to reasonable degree of medical probability, that any hypothetical person's alleged "exposure" to products that may have contained asbestos was of importance to that individual without reference to that specific person's individual work history, medical history, findings on physical examination and pathological examination of tissue, if any, information concerning the individual's use of protective equipment, specific types of asbestos containing product(s) used and/or handled, resolution of questions regarding exposures to substances other than asbestos-containing products, and other known etiologies for whatever conditions are found to exist.

It is further expected that Dr. Wick's testimony will generally respond to the pathologic, scientific and epidemiologic testimony which may be offered by plaintiffs' experts, and in that sense his testimony is dependent upon the prior testimony of such experts and cannot be specifically predicted.

The above designated witnesses may also give testimony about the historical "state-of-the-art", the development of medical knowledge about asbestos, and presence or absence of medical consequences relating to low dose exposure to asbestos emanating from asbestos containing products. They may offer general testimony relating to the development of asbestos related disease, cigarette smoking, cancer of various organs, pneumonia, chronic obstructive lung disease, the pathology of cigarettes and asbestos, the pathogenesis of cigarette related diseases, and the pathogenesis of asbestos related diseases. These witnesses may also testify generally about specific abnormalities that might be in the medical records of the decedent. These witnesses may also testify about the presence or absence of health disease or health risks associated with exposure to low levels of asbestos emanating from asbestos containing products. They may also testify specifically about diseases, such as chronic obstructive pulmonary disease, even though they may not have seen decedent, or reviewed decedent's medical records.

Defendant reserves the right to amend and supplement this response as additional information is located.

Defendant reserves the right to call any person designated by any other party in this case as an expert witness, whether or not such party is still a party at the time of trial as well as all expert witnesses listed by Plaintiffs, custodians of records of any and all physicians, health care facilities, hospitals, clinics and health care providers who have treated or examined the Plaintiff in this case who may have records concerning the plaintiff, and any physician who has examined and/or treated Plaintiff not identified.

Otto Wong, Sc.D., F.A.C.E.
Applied Health Science, Inc.
181 Second Avenue
Suite 628
San Mateo, CA 94401

Dr. Wong is a Board-certified epidemiologist and a fellow of the American College of Epidemiology. He is expected to testify regarding the history and development of scientific and medical knowledge about asbestos-related disease, the epidemiology of asbestos diseases, and

increased risk of cancer and life-shortening problems not related to asbestos exposure. He is also expected to testify as to the status of epidemiological studies regarding asbestos-related diseases.