3/5/58 - Present: [illegible] DuBow, Merrill, and Smith; C. Sheckler, N. Hahn, and [illegible] Setter.

MIKULSKI, FRANK - #1592 - Dept. 443 -(bring-up)

Sheckler - He is working now. Was at Glen Gardner in 1950 for about 1½ years.

DuBow - No change basically. SCTBA is watching him and X-rayed him in February. They informed him through his family doctor that he has to go to the Sanatorium. He said we took X-rays in December and did not tell him anything and now he was told by SCBA that he has to go back. I think there are more changes in 2/25/58. Dr. Douglass agreed on this. The employee was upset and implied that we are trying to hide things from him. He came in this Monday and gave us a form letter requesting all our X-rays of him. I requested he give us authorization and that we would then be happy to send the X-rays. We have to send these films to Glen Gardner but I wanted them for conference.

Sheckler - I think there will be litigation. His brother has been talking litigation for a while. His brother was involved in a box car accident and there is a 3 party action.

Smith - Was this man working about any other people?

Sheckler - No, he has been working mostly by himself. He would separate rejects for those that could be sold and those that could be sold for scrap.

DuBow - I wonder if procedure-wise we could be criticized about our handling of this case, he knew we took X-rays and he was not told of changes. Should we not change our procedure when TB is involved. We could tell the man that we are sending these X-rays to SCTBA and let them follow through.

Smith - They should follow up. They do sputums. We do not. It is their responsibility.

DuBow - Dr. Douglass called and discussed this with us. This man, according to Dr. Douglass, did not go to his family doctor and did not go to SCTBA and had a bad virus infection - everybody is a little involved.

Smith - Saranac is worried about continued medication because of resistance.

DuBow - Then you shift, change the drug.

Smith - In selected cases continued therapy is indicated. He will be in Glen Gardner for a time and when he comes out, there will be litigation and he will have to find another way of living.

Sheckler - 28 years employment and he is 52 years of age. What is the answer - Disability Retirement? He is getting VA benefits on the basis of TB. S-54 has been prepared. I foresee 100% total disability. They have us over a barrel. There is a new case law, you must make a bonafide offer prior to the filing of the formal. If not made before, the offer has no meaning. That means we do or we do not do it. We have to outguess these people at this point, we do not know when or if they will file.

EXHIBIT C

PLAINTIFF'S EXHIBIT T-236c

PENGAD-Bayonne, N.J.

Fahn - I do not think it is too wild a guess. His brother said "I told him never to go back to H Bldg. with his chest, it will kill him."

Smith - Even if he gets through this one, he will break down before he is 65 years old.

Sheckler - What about procedure?

DuBow - I think we should go back to our old system. Medically, as a doctor. I am responsible. SCTBA would carry on from there.

Sheckler - I don't think we raised any objection to SCTBA but only after conference.

DuBow - But prior to that, we would send films to Dr. Douglass on a routine basis. This is procedure around here. Two doctors - Douglass and Stolow - are on state salary. They go to various institutions.

Sheckler - If that is their function, should industry have to assume these responsibilities. Would they not be Dr. Douglass' functions?

Smith - We take the X-rays for our own protection, not for social obligation. There is no problem sending them out, but after conference.

Sheckler - I do not see anything wrong how David handled this. I think that Dr. Douglass fell down.

DuBow - He did not fall down on this. Prior to this, we would send Dr. Douglass films whether there were changes or not. Two months in a case like this could be vital.

Smith - If you took 50 men, half would see TB changes and half would not. Sputums are the final and gastric are the final. There is no difficulty in procedure, after conference, send to Dr. Douglass, if only for his information, not to have too much radiation.

Sheckler - It is all right as long as I know they will be sending them. I can tab the records. Dr. Douglass has been very cooperative. I can see Dave's point. Dr. Stolow has been very good about this too.

X-ray - Multiple large densities in rt. upper and midlung field and also in the left infraclavicular area. Diffuse fine nodular densities scattered throughout both lung fields. Obliteration of rt. costophrenic angle and evidence of increasing lateral wall thickening at rt. base. Otherwise no change.

RADONICH, GEORGE - #4711 - Dept. 070 - (bring-up)

DuBow - George is going downhill. He is getting 40% disability. He ventilates at rest - 40 per minute.

Sheckler - He is 62 years old. 21 years exposure to silica and asbestos in Transite pipe. In 1953, I settled 40% disability. Dave, you mentioned the other day, you thought retirement is in order.

DuBow - I am afraid something will happen.

Smith - He will pay, our liability is there.

Hahn - He says he does not work, he sits mostly in the men's room. There is an economic situation. He has to think about money.

Sheckler - I think we should start the ball rolling about retirement.

DuBow - Gould usually requests this. I should talk this over with Radonich.

Sheckler - Get your letter started if you think there is 75% disability and we will review this with him. We will change the disability to 100%. We will review the financial angle with him, it is something that worries him.

SKRZENSKI, SIGMUND - #02193 (salary) - Dept. 072 - age 52.

Sheckler - Hired in 1933. 23 years potential exposure to Silica, Cement, and Asbestos - Transite Pipe. Is presently shift foreman.

Getter - Worked as truck driver 1921 - 1933. Mention of Pneumoconiosis in 1952. Was N.C. in 12/54. PPD were neg.

Smith - Advanced Pneumoconiosis.

Sheckler - Should we change him?

Smith - Won't make any difference.

DuBow - If he hits 65 I will be surprised.

Sheckler - He is to be watched carefully and retire on disability, if necessary.
1. Tab
2. Notify plant manager
3. Do not transfer
4. Watch carefully
5. Retire if necessary

X-ray - Diffuse discrete nodular and coalescent densities throughout both lungs. Enlargement of the hilar shadows. Some blunting of both costophrenic angles. Left cardiac border poorly defined. There is a suggestion of highlights in the rt. second anterior interspace. There has been some progression since the film of 1/21/57 and marked progression compared to the film of 12/12/55. Excursion of diaphragms appears to be limited to ½ in.

WASHNICKI, CHARLES - #0215 - Dept. 290 - age 51.

Sheckler - Hired in 1924. 5 years potential exposure to Asbestos in Textile [illegible] 23 years minimal exposure to Diatomaceous earth in Asbestos and Magnesia.

Getter - No record of previous employment. N.D. in 1952. Pneumoconiosis mentioned in 1950.

DIAGNOSIS: Pneumoconiosis, moderate.

X-ray - Trachea deviated to left. There is bilateral increased parenchymal changes at both bases. Left border of heart is not well-defined, somewhat irregular and shaggy. Mediastinum on rt. is more prominent. Excursion of diaphragm is somewhat limited.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job suitable.

STROKUS, JOSEPH - #1318 - Dept. 991 Res. Center - age 56.

Sheckler - Hired in 1928. Presently Pilot Plant operator in R.C. 3 months exposure to asbestos dust. Other than that, earlier employment in R.W. as packer.

Getter - No Dust in 1952. In 1957, Dr. DuBow sent a letter recommending retirement on a medical basis. Pneumoconiosis mentioned in 1952. No R.C. Dr. Douglass report of 3/1/57 - "First available X-rays - 4/1940, shows no abnormalities. In 1951, there is thickening of the right interlobar fissure with some evidence of pleurisy, lateral to it and at the left lower midchest. By 9/53, there is scattered chiefly nodular, fibrous in both lower chests. By 2/56, there is more dense and confluent especially on the right. The heart has been steadily increasing in size during this time. In the current X-ray, the disease is somewhat more extensive. Unless there is some chronic infectious process which the patient does not acknowledge, it would seem that this is another one of your cases."

Sheckler - Before any other comment, I had better go back and see Cheatham.

DuBow - Evidence of infarction and Pneumoconiosis.

Smith - Could I suggest that we go back and get a detailed history of employment, something is wrong with the background as it stands.

Sheckler - Do you really think that it is Pneumoconiosis?

Smith - The picture shows that.

Sheckler - Checking over, there is a period of roughly 2½ years of exposure. I will check in more detail at R.C. and bring-up in next conference.

[illegible] - [illegible] - [illegible] - [illegible] 43.

[illegible] - Hired in 1937, as a laboratory assistant. No potential exposure known.

[illegible] - Worked in Feed Mill. No H.C. or mention of Pneumoconiosis.

[illegible] - This case should be sent to Dr. Douglass for possible TB and prevention.

DIAGNOSIS: Possible TB, minimum, activity questionable.

X-ray - Large calcified node in rt. hilar region with suggestion of old strand-like infiltrate in rt. 2nd anterior interspace. In retrospect, there may have been a soft appearing infiltrate in rt. 1st anterior interspace in film of 12/13/46.

[illegible] -

1. [illegible]
2. Send to Dr. Douglass
3. Notify plant manager
4. Present job suitable.

[illegible], [illegible] - [illegible] - Dept. 072 - age 48.

[illegible] - Hired in 1940. 3 years in the Army. Presently a crane operator in [illegible] Pipe. [illegible] years potential exposure to Silica, Cement and Asbestos

[illegible] - H.C. about chest changes. Records indicate Pneumoconiosis [illegible].

DIAGNOSIS: Early mixed Pneumoconiosis.

X-ray - Diffuse linear exaggeration. Diffuse hazy density in left lower lung. Cardiac border is poorly defined. Calcific densities in left hilar. Cardiac enlargement to left. No change since previous film.

[illegible] -

1. [illegible]
2. Notify plant manager
3. Man is in worst job in I Bldg.
4. Leave on his job until review after his next physical.

Smith - A man his age would be worth working up. His heart shadow is changing and so is the aortic knob. What is his BP.

Getter - 110/80.

Smith - Next X-ray, do a barium swallow and get a lateral film also.

[illegible] - I hate to think of his on his job.

Smith - Leave him there until October.

[illegible], [illegible] - [illegible] - Dept. 665 - age 47.

Sheckler - Presently take off man in Thermobestos. Hired in 1930. 12 years potential exposure to Asbestos, 11 years potential exposure to Astestos and Diatomaceous earth.

Getter - Records indicate NO DUST, case closed.

DIAGNOSIS - Early mixed Pneumoconiosis.

X-ray - Diffuse linear exaggeration and fine miliary nodulation. The hilar shadows appear enlarged and fuzzy. Left cardiac border is poorly defined. Hazy densities and some suggestion of honeycombing at the left lung base.

Sheckler -
1. Tab
2. Notify plant manager
3. Check work area and transfer if necessary.

TRILONE, [illegible] - [illegible] - Dept. 072 - age 43.

Sheckler - 21 years exposure to Silica, Cement and Asbestos in Roofing. Also in Transite Pipe.

Getter - N.C. on TB. No mention of Pneumoconiosis. Dr. Douglass, on 4/30/57 reported " Serial X-rays starting in 1937 show no abnormality prior to 0 tobe 1955 when a fine mottled infiltration is noted in the right upper lateral chest. In the X-ray of 4/17 there is an area of infiltrate which could well be in a precaseous stage. I consider the only acceptable tentative diagnosis is a minimal, active tuberculosis. I anticipate your tuberculin test has confirmed this. The question here would be whether anything less than rest and specific therapy could be considered. If patient continued to work, he should be X-rayed at least once a month." Dr. Douglass, on 7/15/57 reported "The impression in this film is that the lesion is becoming more sharply defined. Is the patient willing to consider therapy? Advise re-X-ray in one month." Dr. Douglass, on 4/28/58, reported "There are indications that the lesion at the right second rib and interspace is growing less conspicuous. Advise re-X-ray in 2 months."

DIAGNOSIS: Early mixed Pneumoconiosis, and tuberculosis

X-ray - Shadow previously present opposite the second interspace on the right is still present and less well-defined, as in previous X-rays.

Sheckler -
1. Tab
2. Notify plant manager
3. Do not transfer from foreman's job.

Smith - Watch this man closely. This type of TB can go fast. He should have a 6 month bring-up.

DuBoy - Dr. Stolow is watching him.

00038

Sheckler - Working area is not suitable. He is a lot in the office but still going out.

Smith - Does he wear a respirator?

Sheckler - No. I would rather see us move him out than wear a respiratory. All the key men, salaried employees, are in this area. If I move Trilone, I might as well see him off.

DESANTIS, ALFONSO - #2402 - Dept. 072 - age 50.

Sheckler - Hired in 1925. Pipe machine operator. 22 years exposure to Silica, cement, and Asbestos in Transite Pipe. Carpenter for 4 years.

Getter - M.D. in 1943. Pneumoconiosis mentioned in 1954. M.C. in 1956 of X-ray changes.

DIAGNOSIS:- Early to moderate mixed Pneumoconiosis.

X-ray - Diffuse, scattered, high, nodular densities, more pronounced in the lower lobes. Fairly good excursion of diaphragms. No change since previous fil

Sheckler -
1. Tab
2. Notify plant manager
3. Check with Vander Beek.

Hahn - Should these men be advised?

Sheckler - We can put Transite Pipe out of business from this list alone.

KLIMOWICZ, HENRY - #16770 - Dept. 948 - age 60.

Sheckler - Hired in 1947. No exposure to JM. Janitress.

DuBow - Shouldn't these films go to Dr. Douglass and should we tell him there is no exposure at JM?

Smith - Definitely.

DIAGNOSIS:- Possible minimal TB, asymptomatic.

X-ray - There is a small area of increased density in outer zone in the region of the 4th interspace, anteriorly on the left. This density is present in X-rays of 1953, 55, and 58. In addition, there is some blunting and straightening of the left hemidiaphragm.

Sheckler - 1. Tab
2. Notify plant manager
3. Send to Dr. Douglass
4. Transmit tab suitable

[redacted], [redacted] - #1038 - Dept. 910 - age 63.

Sheckler - Hired in 1929. 29 years exposure to dusts of all types, very little to silica.

Getter - Hard coal mines for 3 years. N.C. about chest changes. Records indicate advanced Pneumoconiosis, predominantly Silica. Patch test in 1957 was 3 plus. Could not get Sputums. Dr. Douglass, on [redacted] 11/21/44 reported "Nodular and conglomerate fibrosis of both lung fields; apparent in JH X-rays of 5/32, and very slowly progressive. Third stage silicotic not otherwise significant if free from clinical symptoms; altho dust exposure may will be avoided in the future."

Smith - Good inspiratory effort.

DIAGNOSIS - Pneumoconiosis, advanced - questionable TB.

X-ray - Multiple large conglomerate plaques and numerous fine nodular densities scattered throughout the upper 2/3 of both lungs. Hazy infiltration in rt. apex and rt. infraclavicular area. Trachea is deviated to rt. There has been no change. Excursion of diaphragms is approximately 1 in.

Sheckler - Family works for JH and lives together.

Smith - Study all the family's X-rays. If TB, there will be signs in children.

DuBow - Send to Dr. Douglass.

Sheckler -
1. Tab
2. Notify plant manager
3. Send to Dr. Douglass.
4. Present job suitable.

FONTAINE, CHARLOTTE - #386 - Dept. 996 G.E. - age 31.

Sheckler - 4 years at JH. No JH exposure.

DIAGNOSIS: X-ray changes of unknown origin. No O.D. Tuberculoma.

X-ray - Left lateral, left ant. oblique, [redacted] is neg. Left lateral - there is a suggestion of density noted in standard PA view, just underlying the posterior border of the heart shadow.

Sheckler -
1. Send to Dr. Douglass
2. No further action.

DOHERTY, JOHN - #770 - Dept. 130 - age 52.

Sheckler - Hired in 1929 and to 1934 - cement mixer. 1934 to date has worked in Friction Material Dept. 5 years potential exposure to Silica, Cement, and Asbestos and 24 years potential exposure, minimal, to asbestos and Talc.

Getter - Worked for Bethlehem for 11 years. Records negative for mention of O.D.

DIAGNOSIS: Pleural effusion with fibrosis in left lower lobe. No O.D.

X-ray - Some blunting at left costophrenic angle and thickening of left lateral border. These changes are not present in X-ray of 1/29/57. Re-X-ray.

DuBow - Should his family doctor be alerted?

Smith - What would the family doctor do?

DuBow - He should be tested. Should we get the man's permission to send these films to his doctor? He may be a source of infection.

Smith - If you would wait 3 weeks, he would have a 3 months X-ray and then you can see if there are any changes. If there are no changes, then you can wait and see what happens in the future.

DuBow - We have, in the past, done the usual routine about Dr. Douglass and the family doctor. It alerts the man but does not alarm him and we are practicing preventive medicine.

Sheckler - We have not been alerting these people and we should not do this.

Merrill - If we are not going to tell the man anything, why take an X-ray? If we do not take it, we have no responsibility.

Hahn - The Periodic examinations are not a must.

Sheckler - Yes they must, that is a requisite.

Smith - Periodic examinations are not required. This is voluntary. If you called a man in to go to his family doctor, he can say why didn't you tell me in 2/25/58.

DuBow - I would take another X-ray now.

Smith - Why not decide now what it is. We have to put our own label on this.

DuBow - I personally could not make a diagnosis, could you? My thought was that this man should be studied. You have to do diagnostic work.

Smith - Another X-ray should be taken. Do not make another decision about this until you have another X-ray.

Sheckler -

1. Tab
2. Notify plant manager
3. To be X-rayed and brought up for conference.

EXHIBIT D

Sheckler - Hired in 1929. 10 years unknown exposure prior to 1932. 8 years potential exposure to asbestos in Receiving Dept. in Paper Mill. Minimal of any exposure to asbestos in Salvage - 18 years.

Getter - Records indicate Pneumoconiosis, advised of this in 1/56.

DIAGNOSIS: Diffuse fibrosis in lower right base. Chronic pleurisy with some emphysema. Etiology unknown. No obvious O.D.

X-ray - Density beginning in rt. midlung parenchyma and [illegible] curving downward medially to merge with the rt. cardiac border. Some infiltration in rt. infraclavicular area. Some strand-like densities at rt. lung base. Outline of rt. diaphragm is poorly defined. There is some hazy density in left midlung field. Thoracic scoliosis present. No change except some increase in irregularity of rt. diaphragm shadow.

Sheckler -

1. Tab
2. Notify plant manager
3. Present job suitable.

HOFF, AUSTIN - #2023 - Dept. 524 - age 47.

Sheckler - Hired in 1935. 11 years exposure to dust in Textiles.

Getter - Placed on N.D. restriction 4/52. N.D. on preventive basis. Records negative for Pneumoconiosis. 6 years employment prior to JM at King Chemical Co. P-2 plus, Sputum neg. On 5/31/52 Dr. Stolow wrote - "I have examined Mr. Hoff and find that he is now able to return to full time employment as long as it is not heavy work and not exposed to dust." Also dated 5/31/52 - "The above named (Hoff) was discharged from N.J. Sanatorium at Glen Gardner 1/30/52. He was admitted 4/17/51 for a rt. pleural effusion. No parenchymal pathology. His condition is satisfactory and have advised him to return to work, starting with 4 hours daily."

On On 11/12/54 - "Austin, as you know, cured at G.G. almost 3 years ago. He has done well until he started on his night shift. He has lost 8 lbs. in weight. Altho his X-ray shows no evidence of any parenchymal pathology he does have rales at rt. base posteriorly. I feel if he is to maintain his good health, his hours should be more regular for work. Perhaps you could arrange his program for him. He has been a JM worker for 20 yrs."

DIAGNOSIS: Bilateral chronic pleurisy. No O.D.

X-ray - Shows area of increased density in rt. apical region, present in previous X-ray. In addition, there is bilateral pulmonary densities in both basal areas. Diaphragms show straightening, the left greater than the right. There is some blunting at the left costophrenic angle and lateral wall thickening. This condition present in X-ray of 1/10/57.

Sheckler -

1. Tab
2. Notify plant manager
3. Check present working area.

HITAKER, PATSY - # ) - Dept. 222 - age 53.

Sheckler - Hired in 1925 in Pipe Covering Dept. 33 years potential exposure to Asbestos dust.

Getter - Records indicate Asbestosis in 2/51. Man was advised about dust in his l in 1/55. Dr. Douglass reported on 2/1/57 "Original undated X-ray shows no abnormality. In 1959 there is a peripheral lesion in the rt. second interspace suggestive of a pleural fibrosis. It subsequently diminished but by 1949 a laterally ¼white line of pleural thickening can be identified along the border of both lungs. The pulmonary markings are also increased with a suggestion of fine nodulation which is more pronounced in the lower chest. From that date on the changes occur more rapidly with evidence of bilateral fibrosis and nodulation. The progress appears to be further accelerated in the past two years. Current lateral X-ray visualizes the interlobar fissures. In the absence of clinical or occupational data, it is not my belief that tuberculosis is a factor in this situation. It does not resemble any silicosis with which I am familiar. It seems to me to be one of the cases of pleural involvement you keep sending me, manifesting parenchymal elements after eighteen years. I would still advise occasional sputum examinations and X-rays at six month intervals."

DIAGNOSIS: Early to moderate Pneumoconiosis.

X-ray - The right apex shows an area of increased density present in previous X-rays. Opposite the first interspace on the right are some linear densities present in previous X-rays. They appear to be somewhat more prominent than in X-ray of 1/25/57. Left hilar region appears to be a little more prominent than one would expect. In addition, there is bilateral basal diffuse mottling, extending from the lung root in the direction of the costophrenic angle. There is bilateral thickening of the lateral wall. (Right hemidiaphragm shows scalloping.) Left hemidiaphragm is irregular and nottoo well-defined and shows some blunting at costophrenic sulcus. Left cardiophrenic border is not well-defined. Left border of the heart is not sharply indicated.

Sheckler -

1. Tab
2. Notify plant manager
3. Do not transfer
4. Pending future changes indicated by the Medical Department.

HENDRICKSON, MINDEM - #15329 - Dept. 430 - bring-up.

DIAGNOSIS; Minimal TB, arrested, but there is a question of activity?

Sheckler - Since the last conference on this man, we have done alot of work. There is a very bad silica situation there, almost solid sand.

DuBow - I would like to pass this on to Dr. Douglass.

Sheckler - If we send him, xxx we have to resolve him.

Smith - We have to send him. We have a responsibility here. There was a case in Oak Ridge wherein the employee claimed he was not told. We have a medical obligation.

DuBow - We have to do something, because this man can be spilling bugs and if 6 or 7 men get TB, you have more responsibility. It is a state law that you have to report these cases.

Sheckler -
Send to Dr. Douglass and employee to be health counselled.

NICHOLSON, RUFUS - #11845 - Dept. 991 R.C. - (bring-up).

Getter - On 3/26/58 - Dr. Douglass reported - "Presence of a solitary lesion at the right 5th anterior rib and interspace, is confirmed. I am unable to identify it in earlier films, although it is suggested a year ago by a much smaller slight density. A question is raised as to whether a similar density lies peripherally to it. I would advise this lesion being evaluated. Solitary nodules raise a question of neoplasm as well as TB which should not be ignored."

DuBow - When we received this report, we had not H.C. the man. There might be a case if the man were not H.C. and we needed the family doctor. I thought we should re-X-ray the man andthen go through proper procedure. Fortunately it disappeared. He had been told nothing. It is a flexible situation.

Smith - No O.D., no cancer, no TB. Re-X-ray in 6 months.

Sheckler - Would you say a normal lung?

DuBow - Yes, maybe many years ago, he may have had a pleurisy. Bring up in 6 months.

X-ray - The circumscribed density deen in rt. lung field at level of rt. 5th anterior rib in the film of 3/4/58, has completely disappeared. Re-X-ray in 6 months.

NEWTH, JOHN - #3739 - Dept. 260 - age 55.

Sheckler - Hired in 1936 and to 1954 - Textiles. From 1954 to date, Thermoflex. 18 years of potential exposure to Asbestos dust.

Getter - Prior to J.N, worked in cafeteria for 4 years and 10 years on a farm. H.C. in 9/56 and in 1950 there was mention of Pneumoconiosis. Dr. Douglass - on 4/27/56 - reported Chest X-rays starting in 1936, show calcifications in left neck, upper chest, and hilum, as of an old healed tuberculosis infection. In 1950 there is a superposition of the modulation through both lung fields which is not so prominent subsequently. In July, 1953, there is tenting of the pericardium along the left border of the heart. By 1954 this is more prominent, together with a suggestion of exudate in the lower lung field. Current X-ray shows the above lesion and is suggestive of the presence of multiple small cavities. I recom

that sputum examinations have been made. This is the kind of lesion that could arise from intrabronchial tuberculosis which in turn could have been caused by ulceration from a tuberculous node in the hilum. Other intrabronchial lesions should be considered. I feel that this patient might profit from hospital admission for diagnostic studies, which might eventually include lipiodol instalation."

Smith - What is the question?

Getter - Dr. Reitman did not want a 3rd shift. He requested it in 1956. We have a memo from Mr. Hedges - dated 4/7/58 - requesting information as to whether this man could work a third shift.

Sheckler - Hedges cannot show partiality, the question is - 3rd shift or come off the job.

Smith - We have to be practical. I would OOK him for 3rd shift, he is in a non-dusty area. Otherwise he may be out of the job, precipitate a claim and everybody is involved and in trouble.

DIAGNOSIS: Early Asbestosis and arrested TB.

X-ray - Old TB. Residual of pleural reaction in left lower lobe.

Sheckler -

1. Tab
2. Notify plant manager
3. OK 3rd shift work proiding it is in the Thermoflex Dept.
4. Present job suitable.

HUNT, VINCENT - #0316 Sal. - Dept. 965 - (bring-up)

Getter - Dr. Douglass report of 3/28/58 - "Serial X-rays starting in 1940 show a fibrous cap at the left apex. By 1949 slight capping is also visualized on the right and there is a question of infiltrate laterally in the left first interspace. This is more conspicuous in 1951. It is believed there has been appreciable progression by 1955, but the shoulder blades obscure the area. The current film suggests slight fibrosis at the right apex, with bullous emphysema. The fibrosis on the left appears to be less extensive than in 1955. I believe this case should be classified as pulmonary tuberculosis - minimal - probably not active. Considering his age, I would advise X-rays at 6 month intervals. He should be told of the diagnosis and advised on the maintainence of optimal health."

DuBow - This man has not been H.C. Dr. Sanford notified the man and he has been H.C. by his family doctor. No O.D.

Re-X-ray in 6 months.

PATULA, FRANK - (bring-up)

Getter - On 3/24/58 - Dr. DuBow sent this memo to Mr. Sheckler - Dr. Stolow, in a telephone conversation, inquired whether [illegible]

had called regarding Frank Batula. I informed him that no telephone call had been received and should one come from Mr. Blumberg, I would advise him to talk to you.

He informed me that Mr. Batula had sought Mr. Blumberg's legal opinion, with respect to his chest. Dr. Stolov related that he had seen Mr. Batula while he was under the care of Dr. Marcus for recurrent heart attacks and had noted chest changes but did not believe the changes contributed in any significant degree to the disability of Mr. Batula and has so advised Mr. Blumberg.

On July 29, 1957, a letter recommending medical retirement because of recurrent anginal episodes (heart pain) was sent to the Retirement Committee. His medical disability was considered to be at least 75%.

DuBow - Our reading was early mixed Pneumoconiosis, Asbestosis. However, his basic trouble is angina pectoris.

DERKOSKY, STANLEY - #1237 - Dept. 421 - (bring-up)

DuBow - cervical node - biopsy done and it was negative. Has extensive emphysema with marked clinical disability. This is a potential.

Smith - There is nothing to be done about it now.

SMITH, EVERETT - #0037 (sal.) - Dept. 720 - (bring-up)

Sheckler - Mr. Fischer says he is in a safe area.

DIAGNOSIS: Shows some progression. TB is relatively inactive.

DuBow -There is some progression. Very prominent right pulmonary vessels.

Sheckler - Has there been a change? Active or status quo?

DuBow - Relatively inactive.

DRARICH, LOUIS - #02272 - Dept. 260 - age 32.

Sheckler - Hired in 1946 - to 1951 - Transite Pipe. 1951 to date - Thermoflex. 5 years potential exposure to Silica, Cement, and Asbestos.

Cotter - Records negative for O.D. Placed on M.E. on preventive basis. Admitted to Glen Gardner 6/17/59 and discharged 3/51.

Dr. Douglas reported on 8/2/55 - "Patient has been under our observation since 1950 for a bilateral pleurisy of undetermined etiology first shown in your film of 950. There has been very little tendency to clear during the past three years. I would assume that the lesions have perhaps reduced his vital capacity."

DIAGNOSIS: Bilateral pleurisy. No evidence of O.D.

X-ray - Parenchymal changes previously described in 7/23/57 indicate an increase in densities in left midlung field. Straightening of right hemidiaphragm with lateral wall thickening and scalloping. Some blunting at left costophrenic angle with left lateral wall thickening and a widening of the upper right paratracheal area. These findings are present in previous X-rays and apparently are static.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job as suitable.

NOVACK, GABRIEL - #7093 - Dept. 663 - age 41.

Sheckler - Hired in 1944. Minimal exposure to asbestos, 14 yrs.

Getter - N.D. in 1955. Mention of silicosis in 2/1944. Worked in coal mines for 2 years. No H.C. 2 years in E Bldg. 1944-1946.

DIAGNOSIS: Early mixed Pneumoconiosis with questionable unstable TB.

X-ray - Diffuse exaggeration of linear markings and diffuse fine linear and reticular densities with some fine nodulation scattered throughout the upper 2/3 of both lung fields. No change since previous film. Excursion of diaphragms 3/4 to 1 inch.

Sheckler -
1. Tab
2. Notify plant manager
3. No further action required at this time.

RADAY, JACK - #1319 - Dept. 745 - age 45.

Sheckler - Hired in 1933. Presently a Millwright - maintenance - Rigid Shingles. 25 years potential exposure to Silica, Cement, and Asbestos in R.S. and he has had as bad an exposure as it is possible to get.

Getter - Records are negative. No H.C. Prior employment in a stone quarry.

DIAGNOSIS: Old arrested tuberculoma right lower lobe with some ill-defined shadow which might be an artefact. No O.D.

Hahn - He says he d s not work, he sits mostly in e men's room. There is an economic situation. He has to think about money.

Sheckler - I think we should start the ball rolling about retirement.

DuBow - Gould usually requests this. I should talk this over with Radonich.

Sheckler - Get your letter started if you think there is 75% disability and we will review this with him. We will change the disability to 100%. We will review the financial angle with him, it is something that worries him.

SKRZENSKI, SIGMUND - #02193 (salary) - Dept. 072 - age 52.

Sheckler - Hired in 1933. 23 years potential exposure to Silica, Cement, and Asbestos - Transite Pipe. Is presently shift foreman.

Getter - Worked as truck driver 1921 - 1933. Mention of Pneumoconiosis in 1952. Was N.C. in 12/54. PA3 were neg.

Smith - Advanced Pneumoconiosis.

Sheckler - Should we change him?

Smith - Won't make any difference.

DuBow - If he hits 65 I will be surprised.

Sheckler - He is to be watched carefully and retire on disability, if necessary.
1. Tab
2. Notify plant manager
3. Do not transfer
4. Watch carefully
5. Retire if necessary

X-ray - Diffuse discrete nodular and coalescent densities throughout both lungs. Enlargement of the hilar shadows. Some blunting of both costophrenic angles. Left cardiac border poorly defined. There is a suggestion of highlights in the rt. second anterior interspace. There has been some progression since the film of 1/21/57 and marked progression compared to the film of 12/12/55. Excursion of diaphragms appears to be limited to ½ in.

WACHNICKI, CHARLES - #1215 - Dept. 290 - age 51.

Sheckler - Hired in 1924. 5 years potential exposure to Asbestos in Textile Plus 23 years minimal exposure to Diatomaceous earth in Asbestos and Magnesia.

Getter - No record of previous employment. N.D. in 1952. Pneumoconiosis mentioned in 1950.

DIAGNOSIS: Pneumoconiosis, moderate.

X-ray - Trachea deviated to left. There is bilateral increased parenchymal changes at both bases. Left border of heart is not well-defined, somewhat irregular and shaggy. Mediastinum on rt. is more prominent. Excursion of diaphragm is somewhat limited.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job suitable.

STROKUS, JOSEPH - #1818 - Dept. 991 Res. Center - age 56.

Sheckler - Hired in 1928. Presently Pilot Plant operator in R.C. 3 months exposure to asbestos dust. Other than that, earlier employment in R.W. as packer.

Getter - No Dust in 1952. In 1957, Dr. DuBow sent a letter recommending retirement on a medical basis. Pneumoconiosis mentioned in 1952. No H.C. Dr. Douglass report of 3/1/57 - "First available X-rays - 4/1940, shows no abnormalities. In 1951, there is thickening of the right interlobar fissure with some evidence of pleurisy, lateral to it and at the left lower midchest. By 9/53, there is scattered chiefly nodular, fibrous in both lower chests. By 2/56, there is more dense and confluent especially on the right. The heart has been steadily increasing in size during this time. In the current X-ray, the disease is somewhat more extensive. Unless there is some chronic infectious process which the patient does not acknowledge, it would seem that this is another one of your cases."

Sheckler - Before any other comment, I had better go back and see Cheatham.

DuBow - Evidence of infarction and Pneumoconiosis.

Smith - Could I suggest that we go back and get a detailed history of employment, something is wrong with the background as it stands.

Sheckler - Do you really think that it is Pneumoconiosis?

Smith - The picture shows that.

Sheckler - Checking over, there is a period of roughly 2½ years of exposure. I will check in more detail at R.C. and bring-up in next conference.

[illegible] - [illegible] - Dept. 091 B.G. - age 43.

[illegible] - Hired in 1937, as a laboratory assistant. No potential exposure [illegible].

[illegible] - Worked in Feed Mill. No H.C. or mention of Pneumoconiosis.

Dr. [illegible] - This case should be sent to Dr. Douglass for possible TB and pneumonia.

[illegible]: Possible TB, minimum, activity questionable.

X-ray - Large calcified node in rt. hilar region with suggestion of old atrophic infiltrate in rt. 2nd anterior interspace. In retrospect, there may have been a soft appearing infiltrate in rt. 1st anterior interspace in fl of 12/13/46.

[illegible]:
1. Tab
2. Send to Dr. Douglass
3. Notify plant manager
4. Present job suitable.

[illegible] - [illegible] - Dept. 072 - age 48.

[illegible] - Hired in 1940. 3 years in the Army. Formerly a crane operator in [illegible] Bldg. 14 years potential exposure to Silica, Cement and Asbestos.

[illegible] - H.C. about chest changes. Records indicate Pneumoconiosis as [illegible].

[illegible]: Early mixed Pneumoconiosis.

X-ray - Diffuse linear exaggeration. Diffuse hazy density in left lower lung. Cardiac border is poorly defined. Calcific densities in left hilum. Cardiac enlargement to left. No change since previous film.

[illegible]:
1. Tab
2. Notify plant manager
3. Man is in worst job in I Bldg.
4. Leave on his job until review after his next physical.

[illegible] - A man his age would be worth working up. His heart shadow is changing and so is the aortic knob. That is his BP.

[illegible] - 110/80.

[illegible] - Next X-ray, do a barium swallow and get a lateral film also.

[illegible] - I hate to think of his on his job.

[illegible] - Leave him there until October.

[illegible], [illegible] - [illegible]45 - Dept. 665 - age 47.

Sheckler - Presently take off man in Thermobestos. Hired in 1930. 12 years potential exposure to Asbestos, 11 years potential exposure to Asbestos and Diatomaceous earth.

Getter - Records indicate NO DUST, case closed.

DIAGNOSIS - Early mixed Pneumoconiosis.

X-ray - Diffuse linear exaggeration and fine miliary nodulation. The hilar shadows appear enlarged and fuzzy. Left cardiac border is poorly defined. Hazy densities and some suggestion of honeycombing at the left lung base.

Sheckler -
1. Tab
2. Notify plant manager
3. Check work area and transfer if necessary.

TRILONE, PETER - [illegible] - Dept. 072 - age 43.

Sheckler - 21 years exposure to Silica, Cement and Asbestos in Roofing. Also in Transite Pipe.

Getter - N.C. on TB. No mention of Pneumoconiosis. Dr. Douglass, on 4/30/57 reported " Serial X-rays starting in 1937 show no abnormality prior to October 1956 when a fine mottled infiltration is noted in the right upper lateral chest. In the X-ray of 4/17 there is an area of infiltrate which could well be in a precaseous stage. I consider the only acceptable tentative diagnosis is a minimal, active tuberculosis. I anticipate your tuberculin test has confirmed this. The question here would be whether anything less than rest and specific therapy could be considered. If patient continued to work, he should be X-rayed at least once a month." Dr. Douglass, on 7/15/57 reported "The impression in this film is that the lesion is becoming more sharply defined. Is the patient willing to consider therapy? Advise re-X-ray in one month." Dr. Douglass, on 4/28/58, reported "There are indications that the lesion at the right second rib and interspace is growing less conspicuous. Advise re-X-ray in 2 months."

DIAGNOSIS: Early mixed Pneumoconiosis, and tuberculosis

X-ray - Shadow previously present opposite the second interspace on the right is still present and less well-defined, as in previous X-rays.

Sheckler -
1. Tab
2. Notify plant manager
3. Do not transfer from foreman's job.

Smith - Watch this man closely. This type of TB can go fast. We should have a 6 month bring-up.

DuBow - Dr. Stolow is watching him.

Smith - He has early Pneumoconiosis now and he [illegible]

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Sheckler - Working area is not suitable. He is a lot in the office but still going out.

Smith - Does he wear a respirator?

Sheckler - No. I would rather see us move him out than wear a respiratory. All the key men, salaried employees, are in this area. If I move Trilone, I might as well see him off.

DESANTIS, ALFONSO - #2402 - Dept. 072 - age 50.

Sheckler - Hired in 1925. Pipe machine operator. 22 years exposure to Silica, cement, and Asbestos in Transite Pipe. Carpenter for 4 years.

Getter - N.D. in 1948. Pneumoconiosis mentioned in 1954. H.C. in 1956 of X-ray changes.

DIAGNOSIS:- Early to moderate mixed Pneumoconiosis.

X-ray - Diffuse, scattered, high, nodular densities, more pronounced in the lower lobes. Fairly good excursion of diaphragms. No change since previous fi

Sheckler -
1. Tab
2. Notify plant manager
3. Check with Vander Beek.

Kahn - Should these men be advised?

Sheckler - We can put Transite Pipe out of business from this list alone.

KLIMOWICZ, MARY - #16770 - Dept. 948 - age 60.

Sheckler - Hired in 1947. No exposure to JM. Janitress.

DuBow - Shouldn't these films go to Dr. Douglass and should we tell him there is no exposure at JM?

Smith - Definitely.

DIAGNOSIS:- Possible minimal TB, asymptomatic.

X-ray - There is a small area of increased density in outer zone in the region of the 4th interspace, anteriorly on the left. This density is present in X-rays of 1953, 55, and 58. In addition, there is some blunting and straightening of the left hemidiaphragm.

Sheckler - 1. Tab
2. Notify plant manager
3. Send to Dr. Douglass
4. Present job suitable.

3/5/58 - Present: Dr DuBow, Merrill, and Smith; C. Sheckler, N. Hahn, and A. Letter.

SIKULSKI, FRANK - #1592 - Dept. 443 -(bring-up)

Sheckler - He is working now. Was at Glen Gardner in 1950 for about 1½ years.

DuBow - No change basically. SCTBA is watching him and X-rayed him in February. They informed him through his family doctor that he has to go to the Sanatorium. He said we took X-rays in December and did not tell him anything and now he was told by SCBA that he has to go back. I think there are more changes in 2/25/58. Dr. Douglass agreed on this. The employee was upset and implied that we are trying to hide things from him. He came in this Monday and gave us a form letter requesting all our X-rays of him. I requested he give us authorization and that we would then be happy to send the X-rays. We have to send these films to Glen Gardner but I wanted them for conference.

Sheckler - I think there will be litigation. His brother has been talking litigation for a while. His brother was involved in a box car accident and there is a 3 party action.

Smith - Was this man working about any other people?

Sheckler - No, he has been working mostly by himself. He would separate rejects for those that could be sold and those that could be sold for scrap.

DuBow - I wonder if procedure-wise we could be criticized about our handling of this case, he knew we took X-rays and he was not told of changes. Should we not change our procedure when TB is involved. We could tell the man that we are sending these X-rays to SCTBA and let them follow through.

Smith - They should follow up. They do sputums. We do not. It is their responsibility.

DuBow - Dr. Douglass called and discussed this with us. This man, according to Dr. Douglass, did not go to his family doctor and did not go to SCTBA and had a bad virus infection - everybody is a little involved.

Smith - Saranac is worried about continued medication because of resistance.

DuBow - Then you shift, change the drug.

Smith - In selected cases continued therapy is indicated. He will be in Glen Gardner for a time and when he comes out, there will be litigation and he will have to find another way of living.

Sheckler - 28 years employment and he is 52 years of age. What is the answer - Disability Retirement? He is getting VA benefits on the basis of TB. S-54 has been prepared. I foresee 100% total disability. They have us over a barrel. There is a new case law, you must make a bonafide offer prior to the filing of the formal. If not made before, the offer has no meaning. That means we do or we do not do it. We have to outguess these people at this point, we do not know when or if they will file.

EXHIBIT C

Kahn - I do not think it is too wild a guess. His brother said "I told him never to go back to H Bldg. with his chest, it will kill him."

Smith - Even if he gets through this one, he will break down before he is 65 years old.

Sheckler - What about procedure?

DuBow - I think we should go back to our old system. Medically, as a doctor. I am responsible. SCTBA would carry on from there.

Sheckler - I don't think we raised any objection to SCTBA but only after conference.

DuBow - But prior to that, we would send films to Dr. Douglass on a routine basis. This is procedure around here. Two doctors - Douglass and Stolow - are on state salary. They go to various institutions.

Sheckler - If that is their function, should industry have to assume these responsibilities. Would they not be Dr. Douglass' functions?

Smith - We take the X-rays for our own protection, not for social obligation. There is no problem sending them out, but after conference.

Sheckler - I do not see anything wrong how David handled this. I think that Dr. Douglass fell down.

DuBow - He did not fall down on this. Prior to this, we would send Dr. Douglass films whether there were changes or not. Two months in a case like this could be vital.

Smith - If you took 50 men, half would see TB changes and half would not. Sputums are the final and gastric are the final. There is no difficulty in procedure, after conference, send to Dr. Douglass, if only for his information, not to have too much radiation.

Sheckler - It is all right as long as I know they will be sending them. I can tab the records. Dr. Douglass has been very cooperative. I can see Dave's point. Dr. Stolow has been very good about this too.

X-ray - Multiple large densities in rt. upper and midlung field and also in the left infraclavicular area. Diffuse fine nodular densities scattered throughout both lung fields. Obliteration of rt. costophrenic angle and evidence of increasing lateral wall thickening at rt. base. Otherwise no change.

RADONICH, GEORGE - #4711 - Dept. 070 - (bring-up)

DuBow - George is going downhill. He is getting 40% disability. He ventilates at rest - 40 per minute.

Sheckler - He is 62 years old. 21 years exposure to silica and asbestos in Transite pipe. In 1953, I settled 40% disability. Dave, you mentioned the other day, you thought retirement is in order.

DuBow - I am afraid something will happen.

Smith - We will pay, our liability is there.

SMITH, HENRY - #1032 - Dept. 918 - age 63.

Sheckler - Hired in 1929. 29 years exposure to dusts of all types, very little to minimal.

Getter - Hard coal mines for 3 years. N.C. about chest changes. Records indicate advanced Pneumoconiosis, predominantly Silica. Patch test in 1957 was 3 plus. Could not get Sputums. Dr. Douglass, on [redacted] 11/21/44 reported "Nodular and conglomerate fibrosis of both lung fields; apparent in JM X-rays of 5/32, and very slowly progressive. Third stage silicotic not otherwise significant if free from clinical symptoms; altho dust exposure may will be avoided in the future."

Smith - Good inspiratory effort.

DIAGNOSIS - Pneumoconiosis, advanced - questionable TB.

X-ray - Multiple large conglomerate plaques and numerous fine nodular densities scattered throughout the upper 2/3 of both lungs. Hazy infiltration in rt. apex and rt. infraclavicular area. Trachea is deviated to rt. There has been no change. Excursion of diaphragms is approximately 1 in.

Sheckler - Family works for JM and lives together.

Smith - Study all the family's X-rays. If TB, there will be signs in children.

DuBow - Send to Dr. Douglass.

Sheckler -
1. Tab
2. Notify plant manager
3. Send to Dr. Douglass.
4. Present job suitable.

POMIANEK, CHARLOTTE - #386 - Dept. 996 G.E. - age 31.

Sheckler - 4 years at JM. No JM exposure.

DIAGNOSIS: X-ray changes of unknown origin. No O.D. Tuberculoma.

X-ray - Left lateral, left ant. oblique, ~~erect~~ is neg. Left lateral - there is a suggestion of density noted in standard PA view, just underlying the posterior border of the heart shadow.

Sheckler -
1. Send to Dr. Douglass
2. No further action.