

No. 98-07665-F

CHARLES ERNEST BAKER, ET AL § IN THE DISTRICT COURT OF
VS. § DALLAS COUNTY, TEXAS
OWENS CORNING FIBERGLAS, ET AL § 116TH JUDICIAL DISTRICT

DEFENDANT THE DOW CHEMICAL COMPANY'S
SUPPLEMENTAL RESPONSE TO
PLAINTIFFS' REQUEST FOR DISCLOSURE
AND DESIGNATION OF FACT AND EXPERT WITNESSES

TO: Plaintiffs, by and through their attorneys of record Ms. Elizabeth R. Schick, Mr. William K. Tapscott, Baron & Budd, P.C., 3102 Oak Lawn Ave., Suite 1100, Dallas, Texas 75219.

COMES NOW, The Dow Chemical Company, defendant in the above-numbered cause, and pursuant to the Texas Rules of Civil Procedure, defendant files this its Supplemental Response to Plaintiffs' Request for Disclosure.

Since all plaintiffs have not yet been produced for deposition, defendant reserves the right to supplement these fact and expert witness lists based upon information obtained in plaintiffs depositions.

E. The names, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

ANSWER:

FACT WITNESSES

1. All plaintiffs named in this lawsuit.
2. All medical providers for the plaintiffs, including nurses, physicians, hospitals and custodians of medical records.

3. Any person or entity designated by any other party or any person deposed in this lawsuit.

4. Gary Truver
622 Commerce Street
Clute, Texas 77531
(409) 655-7451

Mr. Truver is employed by U. S. Contractors, former employer of plaintiff, Sam Roads, and will testify concerning the relationship of U. S. Contractors and The Dow Chemical Company and U. S. Contractors' responsibility to its employees.

5. Ken McGowen
Post Office Drawer 66
Freeport, Texas 77541
(409) 239-2022

Mr. McGowen is employed by the successor to Winway Corporation and will testify concerning the relationship of Winway to The Dow Chemical Company and Winway's responsibility to its employees.

6. Bruce Horvath
1708 Avery Street
Parkersburg, West Virginia
(304) 428-7325

Mr. Horvath is a former industrial hygienist employed by The Dow Chemical Company at its Freeport facility and will testify concerning industrial hygiene issues including those touching on asbestos.

7. Robert Soule
360 Debbie Drive
Indiana, Pennsylvania
(412) 349-7702

Mr. Soule is a former industrial hygienist employed by The Dow Chemical Company at its Freeport facility and will testify concerning industrial hygiene issues including those touching on asbestos.

8. Roger L. Daniel
H.C.R. 5, Box 574-674
Kerrville, TX 78028
(830) 896-4513

Mr. Daniel is a former industrial hygienist employed by The Dow Chemical Company at its Freeport facility and will testify concerning industrial hygiene issues including those touching on asbestos.

9. Harold Hoyle
1360 Coronado Terrace
Daytona, Florida 32725

Mr. Hoyle is a former industrial hygienist with The Dow Chemical Company in Midland, Michigan and will testify concerning the corporate knowledge of The Dow Chemical Company with regard to asbestos.

10. F. B. Crouch
2141 Riverside
West Columbia, Texas
(unlisted number, can be reached through counsel for defendant)

Mr. Crouch will testify concerning the uses of asbestos on the premises of The Dow Chemical Company in Freeport, Texas.

11. M. Gerald Ott, Ph.D.
Director of Epidemiology
BASF Corporation
Parsippany, NJ

Dr. Ott is a former Dow biostatistician and epidemiologist who undertook some early reviews of insulators employed by Dow at the Freeport facility comparing their health to a control group of employees. This work was done in the late 1960s and early 1970s.

12. Tim Scott
The Dow Chemical Company
2301 Brazosport Blvd.
APB Bldg.

Freeport, TX 77541
(409) 238-7815

Mr. Scott is the Head of Security and custodian of fingerprint data at Dow.

13. Cheryl Sandlin
The Dow Chemical Company
2301 Brazosport Blvd.
APB Bldg.
Freeport, TX 77541
(409) 238-7815

Ms. Sandlin can testify with respect to the asbestos abatement program at Dow, both historically and in general, up to the year 2000.

14. Bob Abrahams
1201 Main Street, Suite 2020
Houston, TX 77002
(713) 527-0379

Mr. Abrahams is a former employee of B & B Engineering who will testify concerning wages paid to employees including, but not limited to manner of payment and withholding of FICA taxes.

15. Melvin P. Proctor
7515 Rockhill
Houston, TX 77061
713-643-1309

Former employee of Thorpe Insulation and knowledgeable about their practices and history.

16. Richard Nowland
Tom Hopkins
6833 Kirbyville Street
Houston, TX 77033
713-644-1247

Mr. Nowland and/or Mr. Hopkins will testify concerning the records of J. T. Thorpe of Texas and the fact that employees were paid by check and that FICA wages were reported to the federal government as required by law.

17. Mr. Don Fillmore
Dow Center
Records Center
Midland, MI 48674
517-636-9431

Mr. Fillmore is the records custodian for The Dow Chemical Company and will testify to facts that will prove up Dow documents as business records.

F. Experts:

ANSWER:

EXPERTS

Defendant will provide dates for depositions of all expert witnesses as soon as plaintiff provides dates for the depositions of the experts he has designated.

1. Mr. Harold Hoyle
1360 Coranado Terrace
Daytona, FL 32725

Mr. Hoyle worked as an industrial hygienist at Dow Chemical. He will testify by deposition as to matters concerning state-of-the-art, industrial hygiene matters, and occupational health issues.

Mr. Hoyle will testify generally that Dow did not have any indication of any problem of any asbestos-related disease in any of its employees until the 1970's. He will testify that Dow took reasonable and necessary precautions to protect its employees and was not negligent in its actions towards its employees. He will offer testimony concerning the monitoring that was done of the Dow employees that were working in asbestos-related fields, and the fact that monitoring data suggested that all exposures were within existing government and industry exposure limits.

No curriculum vitae or bibliography is available.

2. Mr. J. LeRoy Balzer
408 Horse Trail Court
Walnut Creek, 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 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 testify concerning state-of-the-art, industrial hygiene matters, and occupational health issues. He 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 industrial hygienist and safety professional and may testify concerning his education, training, and experience, as well as his factual observations and mental impressions and opinions and the basis for them, in the following areas: properties, use of and historical developments concerning asbestos and asbestos-containing products; industry practice and standards in general and specifically concerning industrial hygiene and asbestos; historical and developing state of the art of industrial hygiene in general and specifically concerning asbestos; state of knowledge concerning exposure to asbestos and effects thereof at relevant times; the process of establishing, historical development, and significance of maximum allowable concentrations, permissible exposure limits, threshold limit values, regulatory standards, and similar concepts, in general and specifically with regard to asbestos at relevant times and the reasonableness of reliance upon such established acceptable and safe levels of exposure to asbestos; relevant scientific and medical literature; the reasonably perceived risk, or lack thereof, posed to workers in various occupations from exposure to asbestos products during relevant periods of time; how potential exposure levels from various activities compared to then existing threshold limit

values at relevant times; employer's responsibility for employee/worker work site conditions and safety; and the reasonableness of petrochemical premises owner's conduct during relevant periods of time. Dr. Balzer may also testify regarding matters in response to testimony of Plaintiffs' experts. The basis for Dr. Balzer's mental impressions and opinions are his education, training, and experience and his review of pertinent literature.

Dr. Balzer is an environmental consultant. 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 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.

A copy of Dr. Balzer's curriculum vitae will be provided upon request.

3. Dr. John Craighead
108 Four Winds Road
Ferrisburg, Vermont 05456
802-425-3480

Dr. Craighead is an M.D. pathologist who will testify concerning the state of the medical knowledge as it has existed from time to time as it relates to the effects of asbestos on the human body. He will also testify concerning his conclusions as to whether Mr. Lambert has a neoplastic process, and if so, whether such neoplastic process is related to asbestos exposure, based upon his review of available medical records, x-rays and pathology.

The general substance of Dr. Craighead's mental impressions and opinions and a summary of the basis for them are as follows. Dr. Craighead will provide an overview of the history of asbestos utilization in this country for industrial purposes and to relate, in general, the developing concepts regarding its potential role in the causation of disease. The discussion is divided into three units related to the three disease processes attributable to asbestos, or at least some forms of asbestos.

Asbestosis: This disease process is a scarring of the lung which simulates scarring due to a variety of causes, some of which are unknown. Thus, asbestosis in many respects is similar clinically and pathologically to the fibrotic disease of the lung that occurs in persons who have no environmental exposure to dusts. It develops over a protracted period of exposure and in only a small proportion of the numerous individuals who

work with the material. In 1993, we consider asbestosis to be the result of exceedingly heavy exposure to asbestos over an extended period of time. This was the concept that evolved in the early 1900's when asbestos first was used in large amounts in industry.

Historically, asbestosis as a disease process was first recognized in 1900 at autopsy. There was little new information in the literature until the mid 1920's when the asbestos bodies that are typical of the disease were described and more detailed microscopical features of the disease were noted by pathologists. In the - 1920's and 1930's, asbestosis continued to be a disease process associated with heavy and prolonged exposure to asbestos in an era where industrial dust controls were largely lacking. From a historical perspective, the Second World War is noted as a landmark, for during the period of hostilities, asbestos was used widely in all types of ships and war vehicles. Consumption of asbestos in this country increased exponentially and few, if any, serious attempts were made to control its use and the inhalation of the material by workers in the industrial setting. As a consequence of this almost uncontrolled use of asbestos, many cases of asbestosis appeared years after the cessation of hostilities.

In the early 1960's, Dr. Irwin Selikoff and his associates documented the industrial occurrence of this disease process, particularly in insulators. It soon became apparent that the major groups affected were insulators and workers in the ship building industry, particularly those employed during the Second World War. Thus, in 1965 when the first significant series of publications relating asbestos to disease in this country were published, asbestosis was considered a disease process limited to industrial groups, such as insulators who had heavy exposure to asbestos. Little consideration was given whatsoever to exposure occurring in outside air environments or when asbestos was used under controlled situations. In addition, there was no concern with respect to asbestos utilization in situations such as brake shoes, plastering material, electric wire, etc. This was the state of understanding during the period of time in the 1960's when Dr. Craighead was training in Pathology in Boston, an urban community where significant ship building activity had occurred during the Second World War. It was only in the 1970's and 80's that concern regarding low levels of asbestos exposure as a cause of asbestosis were voiced by federal agencies. Nonetheless, no definitive epidemiological evidence was available to indicate that asbestosis might be a significant problem for those working with low levels of asbestos or in outside environments. This situation continues today since we continue to recognize asbestosis as being a relatively uncommon condition occurring in individuals whose exposure has been unusually heavy. The list of major industries where asbestosis occurs has grown as we have learned more. We now include individuals who have worked in the asbestos textile industry where the material is readily aerosolized in the working environment and among workers in the mining and milling of asbestos, such as Canadian chrysolite miners and millers. Fortunately, we now are exceedingly cautious in insisting that exposure in these industries is

controlled by personal respirator use or industrial controls. Frequently, workers in all types of industries have been shown to exhibit abnormal X-rays, and this, by some, has been falsely interpreted as an asbestos-related disease. Most often, the pulmonary abnormalities in these workers are due to cigarette smoking (fibrosis and emphysema) — the major cause of disability among industrial workers.

Lung Cancer: Bronchogenic cancer, a tumor originating from the walls of the airways, is the major cancer occurring in this country among middle-aged men today. It has a high fatality rate and often affects men in the prime of their working life. It is not surprising that concern arose as to the role of asbestos in the genesis of lung cancer. The first reports suggesting this possibility were published in the 1930's and many additional cases were observed in which an asbestos worker who smoked developed the cancer. In 1955, Sir Richard Doll established by epidemiological means a statistically significant relationship between asbestosis and the development of lung cancer. It is important to emphasize that the relationship was based on the disease process asbestosis as demonstrated at autopsy. In 1965, Selikoff and his associates demonstrated a high incidence of lung cancer in workers in trades where exposure was heavy. No attempt was made to define whether or not these individuals had asbestosis. No doubt those that were affected with the cancer often did have asbestosis, whereas in others, the cancer was related exclusively to cigarette smoking. This was the state of art when Dr. Craighead and his colleagues undertook studies in the early 1970's to elucidate the role of asbestos in lung cancer. These studies clearly showed that asbestos, in and of itself, was not a carcinogen, but in large amounts, enhanced the effects of the polycyclic aromatic hydrocarbons and other carcinogens in cigarette smoke. This promoter concept is now well-established in the medical literature and relates to the fact that substances such as asbestos, enhance the effects of cigarette smoking but are not the cause of the cancer. Nonetheless, there were epidemiological reports that suggested that individuals with no smoking history who were exposed to asbestos develop lung cancer. No doubt, a few of these instances exist, but there is no clear epidemiological evidence to indicate that asbestos was the responsible agent. Establishment of the promoter concept of carcinogenesis with regard to lung cancer and asbestos awaited definitive studies in the mid-1980's, the first of which was carried out by Hans Weill and his associates among concrete asbestos workers in New Orleans. These studies and subsequent investigations by Selikoff and his group showed clearly that asbestosis demonstrated radiologically is a necessary precursor for the development of the disease. Asbestosis would appear to be a marker of heavy and prolonged exposure to asbestos as indicated above. The most recent definitive studies by Selikoff and his coworkers which incorporated observations on over 17,000 insulation workers have clearly shown that asbestos exposure in the absence of cigarette smoking cannot be considered a carcinogen. This work was published in abstract form in the late 1980's. In view of these findings, we can consider the lung cancer threat to be limited to those with very heavy and prolonged asbestos exposure in industry, not in those with light exposure or after outside exposure.

Mesothelioma: Mesotheliomas were first described occurring in members of general population in the 1870's, long before asbestos became a commercially usable industrial product. It was exceedingly rare, pathological curiosity. During the Second World War and after the war, occasional cases of mesothelioma were noted in individuals with asbestosis, but an epidemiological association between the disease and exposure to asbestos was not established until 1960 when studies by Wagner and his associates clearly demonstrated that crocidolite asbestos was responsible for the condition among miners and members of the general population in a unique area of So. Africa. At that time, Wagner showed that amosite asbestos and chrysolite asbestos played no role in the genesis of the disease in So. Africa. Mesotheliomas were next reported in 1965 by Selikoff and his associates among workers heavily exposed to asbestos in the insulation trade. Gradually, additional cases were reported in the medical literature, but few epidemiological studies comprised of large numbers of cases were described. The condition continued to be a sporadically observed cancer occurring among individuals exposed to amphibole asbestos types. A clear relationship of amphibole asbestos with mesothelioma, however, was not established until the mid-1980's when careful epidemiological studies discriminated between exposure to the two different types of asbestos among industrial workers.

Mesothelioma was considered to be a sporadic disease even in the late 1970's when Dr. Craighead undertook studies with a committee of experts through a contract with NIOSH. This investigation was an attempt to define the asbestos-associated diseases as carefully as one could for pathological evaluation. Since that time, increasingly large numbers of mesotheliomas have been reported in individuals who were exposed to asbestos many years in the past in the shipyard or where insulation material was used without careful control of dust. The long latency period of this disease was demonstrated and as time has passed, the latency period of many tumors has been found to be 30 and 50 years or more.

Dr. Craighead's curriculum vitae has been previously provided to Plaintiff's counsel. If another copy is desired, Defendant will, on request, provide one.

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

Dr. Conoley is an M.D. and a "B"-reader, who may testify concerning his review of the radiographs and CT scans of Plaintiff's and/or Plaintiff's decedent in this case and the significance of various x-ray findings on the radiographs of Plaintiff's and/or Plaintiff's decedent.

A copy of Dr. Conoley's curriculum vitae will be provided upon request.

5. Dr. Frederick M. Toca
2 E. Blackwell Street
Dover, NJ 07801
973-366-4660

Dr. Toca will testify concerning state-of-the-art, industrial hygiene matters, and occupational health issues.

Dr. Toca is an industrial hygienist and safety professional and may testify concerning his education, training, and experience, as well as his factual observations and mental impressions and opinions and the basis for them, in the following areas: properties, use of and historical developments concerning asbestos and asbestos-containing products; industry practice and standards in general and specifically concerning industrial hygiene and asbestos; historical and developing state of the art of industrial hygiene in general and specifically concerning asbestos; state of knowledge concerning exposure to asbestos and effects thereof at relevant times; the process of establishing, historical development, and significance of maximum allowable concentrations, permissible exposure limits, threshold limit values, regulatory standards, and similar concepts, in general and specifically with regard to asbestos at relevant times and the reasonableness of reliance upon such established acceptable and safe levels of exposure to asbestos; relevant scientific and medical literature; the reasonably perceived risk, or lack thereof, posed to workers in various occupations from exposure to asbestos products during relevant periods of time; how potential exposure levels from various activities compared to then existing threshold limit values at relevant times; employer's responsibility for employee/worker work site conditions and safety; and the reasonableness of petrochemical premises owner's conduct during relevant periods of time. Dr. Toca may also testify regarding matters in response to testimony of Plaintiffs' experts. The basis for Dr. Toca's mental impressions and opinions are his education, training, and experience and his review of pertinent literature.

A copy of Dr. Toca's curriculum vitae will be provided upon request.

8. Mr. John Spencer
Environmental Profile, Inc.
813 Frederick
Baltimore, MD 21228
(410) 744-0700

Mr. Spencer will offer testimony concerning state-of-the-art, industrial hygiene matters, and occupational health issues.

Mr. Spencer will testify that The Dow Chemical Company was not negligent in any respect with respect to its employees or contractor employees. He will testify that reasonable precautions were taken with respect to the handling of asbestos in the facilities and that Dow at all times acted as a reasonably prudent plant owner with respect to asbestos on its premises. This testimony is based on his review testimony of Dow employees, such as Harold Hoyle, and his review of Dow's documents concerning exposures to asbestos on its premises. It will also be based upon his knowledge of state-of-the-art treatment of asbestos in the work place

A copy of Mr. Spencer's curriculum vitae will be provided upon request.

9. Dr. Ralph Cook
RRC Consulting, L.L.C.
1401 Harwood Court
Midland, Michigan 48640-2765
(517)837-9607

Dr. Cook will offer testimony concerning epidemiology studies that were done concerning the Dow Freeport facility.

Dr. Cook will testify that the epidemiology studies that were performed concerning the Dow Freeport facility did not indicate any excess of asbestos related illnesses or diseases among the employees. This testimony will be based upon epidemiology work that was done by the epidemiology staff at The Dow Chemical Company.

No curriculum vitae or bibliography is available.

10. Gregory G. Bond, Ph.D.
The Dow Chemical Company
Midland, Michigan

Dr. Bond will offer testimony concerning epidemiology studies that were done concerning the Dow Freeport facility.

Dr. Bond will testify that the epidemiology studies that were performed concerning the Dow Freeport facility did not indicate any excess of asbestos related illnesses or

diseases among the employees. This testimony will be based upon epidemiology work that was done by the epidemiology staff at The Dow Chemical Company.

No curriculum vitae or bibliography is available.

11. John R. Holcomb, M.D.
4410 Medical Dr., Suite 440
San Antonio, Texas 78229
(210) 692-9400

Dr. Holcomb may testify concerning plaintiff's medical condition and medical causation issues.

Dr. Holcomb is a potential doctor who may perform individual medical examinations on plaintiff Edward Lambert. As soon as the examination and the report of Dr. Holcomb is completed, it will be provided to plaintiffs.

A copy of Dr. Holcomb's curriculum vitae will be provided upon request.

12. Robert Marshall Ross, M.D.
6550 Fannin St. Suite 2403
Houston, Texas 77030
(713) 383-6100

Dr. Ross may testify concerning plaintiff's medical condition and medical causation issues.

Dr. Ross is a potential doctor who may perform individual medical examinations on plaintiff(s) filing a claim against Dow. As soon as the examination and the report of Dr. Ross is completed, it will be provided to plaintiffs.

A copy of Dr. Ross' curriculum vitae will be provided upon request.

13. Kathryn Ann Hale, M.D.
Baylor College of Medicine
Pulmonary Section
6550 Fannin St., Suite 1236
Houston, Texas 77030
713/790-2076

Dr. Hale may testify concerning plaintiff's medical condition and medical causation issues.

Dr. Hale is a potential doctor who may perform individual medical examinations on plaintiff(s) filing a claim against Dow. As soon as the examination and the report of Dr. Hale is completed, it will be provided to plaintiffs.

A copy of Dr. Hale's curriculum vitae will be provided upon request.

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

Dr. Weill is a pulmonary specialist. Dr. Weill may 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 risks 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 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 plaintiff's and/or plaintiff's decedent's 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 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, laryngeal cancer, esophageal cancer and stomach cancer.

He may also testify on whether any asbestos related disease allegedly suffered by plaintiff and/or plaintiff's decedent 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.

No curriculum vitae or bibliography is available.

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

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

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 witness;
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 and/or plaintiffs' decedents. 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.

No curriculum vitae or bibliography is available.

16. Phillip Cagle, M.D.
Baylor School of Medicine
Dept. of Pathology
1200 Moursund Street
Room 286A
Houston, TX

Dr. Cagle may be offered by these 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 may 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 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 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 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 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. 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 diagnosis of those conditions, prognosis and information relating to the known causes 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 discussion of any relevant epidemiology, anatomy and physiology.

No curriculum vitae or bibliography is available.

Denver, Colorado

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' 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, defendants reserve the right to supplement this statement.

Dr. Crapo is board certified in internal medicine with a sub-specialty certification in pulmonary diseases. Dr. Crap 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 plaintiffs' alleged disease.

Dr. Crapo 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. 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 plaintiff's and/or plaintiff's decedent's 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 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.

A copy of Dr. Crapo's curriculum vitae will be provided upon request.

24. Dr. Gary K. Friedman
Texas Occupational Medicine Institute
11757 Katy Freeway, Suite 1540
Houston, Texas 77079
281-496-2992

Dr. Friedman is board certified by the American Board of Internal Medicine and the American Board of Preventive Medicine and Occupational Medicine and practices occupational medicine and pulmonology in Houston, Texas.

Dr. Friedman may testify concerning plaintiff's medical condition and medical causation issues.

Dr. Friedman is a potential doctor who may perform individual medical examinations on plaintiff(s) filing a claim against Dow. As soon as the examination and the report of Dr. Friedman is completed, it will be provided to plaintiffs.

A copy of Dr. Friedman's curriculum vitae will be provided upon request.

25. Peter J. Barrett, M.D.
10 Martin's Lane
Hingham, MA 24043
617-749-5876

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 College of Radiology and a member of the American Roentgen Ray Society, 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 Plaintiff and the significance of various x-ray findings on the radiographs of the Plaintiff and whether those radiographs contain abnormalities consistent with an asbestos disease. He will testify

that based upon his review of the x-rays submitted to him, there is no present radiographic evidence that Mr. Lambert has a neoplasm in his chest.

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 may 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 types 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 also 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 peritoneal cavity; the nature and extent of an association of obstructive pulmonary disease with asbestos fiber exposure; 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; 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 physiologic 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. Barrett's C.V. has been previously provided to Plaintiff's counsel. If another copy is desired, Defendant will, on request, provide one.

The following experts have been designated to testify on behalf of various premises defendants, and their addresses, curriculum vitae, and reports and description of areas of testimony have previously been provided. Rather than duplicate that information, The Dow Chemical Company simply adopts it by reference herein. The witnesses are as follows:

John Pendergrass
Frank Weir, Ph.D.

Industrial hygiene and safety
Toxicologist and industrial hygienist

In addition to the above named witnesses, The Dow Chemical Company also designates all other witnesses listed by all other parties as possible witnesses.

Respectfully submitted,

MEHAFFY & WEBER

By: 

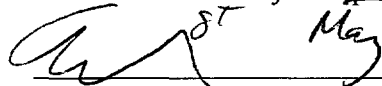
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**ATTORNEYS FOR DEFENDANT
THE DOW CHEMICAL COMPANY**

CERTIFICATE OF SERVICE

I hereby certify that true and correct copies of the foregoing instrument were served upon plaintiffs' counsel of record via certified mail, return receipt requested, and to all other counsel of record via Certified Mail, Return Receipt Requested on this the ~~19~~²⁸th day of ~~April~~^{May}, 2001.



Arthur R. Almquist