

USE ONLY WHEN REPLY IS REQUIRED

PLAINTIFF'S
EXHIBIT

DOW-543

28263

ORIGINATOR OF MESSAGE: IAB ORIGINAL & DUPLICATE: RETAIN SPD & 41
PERSON REPORTING: REPLY ON LOWER HALF OF IOC RETAIN ORIGINAL FOR Y

IOC

TO: Lauder ATTN: 4/28/81 DATE: 4/28/81
FROM: TEI A
SUBJECT: _____

I need E-1: use date of 1st distinct manifestation
as O/A. Note he has gone on leave sent to
Dr. Jenkins so apparently 1st distinct
manifestation would be date positive findings
on X-rays. You, of course, may issue a
negative E-1 if facts so indicate.

Tommy L. Smith
SIGNATURE

A REPLY TO THIS IOC MUST BE GIVEN BELOW

DATE 5-28-81

Per our conversation today, I will file this until the IAB requests an E-1.
There was no distinct date of an incident involving resp....only a test made by
LMD in 1971 which indicated a questionable lung cancer and later counter-diagnosed by
Dr. Jenkins as acute bronchitis. He never reported any incident (industrial) involving
respiratory problems. I'll send you a copy of file on 1971 if you need it.

wg

RECEIVED
MAY 11 1981
WORKERS COI

ST0013583

ECCO 11048-A



ORIGINAL

396519

NO. OF INJURY AND CLAIM FOR COMPEN. ION
Texas Workmen's Compensation Law

My Full Name is _____ Social Security No. _____ Age _____
(FIRST) (MIDDLE) (LAST)

My Employer Was DOW CHEMICAL COMPANY Freeport, Texas
NAME ADDRESS

I Was Injured on 1 17 1955 in Freeport, Brazoria Texas
MONTH DAY YEAR CITY COUNTY STATE

Were You Hired If Accident Occurred Outside Texas, On What Date Were Did You Work in Texas for This Employer Before
in Texas? yes You Transferred to State Where Accident Occurred? _____ Being Transferred? _____
MONTH DAY YEAR

I Was Working 8 Hours per Day 5 Days per Week at \$ 11.00 per hour
HOUR DAY WEEK MONTH

My Average Weekly Wage Was \$ 440.00 How Long Had You Been Working for This Employer? 28 years

Were You Paid Wages for Date of Injury? _____ I Started Losing Time On _____
MONTH DAY YEAR

Are You Now Receiving Compensation? No Have You Been Paid Any Compensation? No If So, How much per Week? _____ For How Many Weeks? _____ Have You Seen Paid? _____

Have You Returned to Work? _____ If So, On What Date? _____ At What Wage? _____
MO. DAY YR PER HOUR DAY WEEK MONTH

Describe Accident and Your Injury (in your own words). Worked as insulator. Applied and removed insulation containing asbestos. No protective measures were provided--breathing asbestos dust did damage to lungs.

Was Any Part of Your Body Amputated? No If So, Name Member and Give Point of Amputation. _____

Were You Sent to a Doctor or Hospital By Your Employer or His Insurance Company? _____

PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE	
Name and Address of Doctor	<u>Daniel E. Jenkins, Baylor College of Medicine, Houston, Texas 77030.</u>
Name and Address of Hospital	<u>Baylor College of Medicine</u>
I Was Hospitalized From	To
Name of Employer's Insurance Company	

Name and Address of Nearest Relative: Sandra Lee Henderson

I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas.

I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD
CHECK ONE

- ☐ Not Take Further Action Until Requested by Me.
☐ Act on My Claim as Soon as Possible.

Date Signed June 8, 1980

RECEIVED

WITNESS JO SIGNATURE

JUL 28 '80

396520

ST0013584

Law Offices

ANTHONY "LUCKY" TOMBLIN

C 071345 22
GF

☒ 140 E. SAN ANTONIO ST. SUITE 1
SAN MARCOS, TEXAS 78666
(512) 396-2400

☐ 913 1/2 CONGRESS AVENUE
AUSTIN, TEXAS 78701
(512) 472-2385

July 25, 1980

Industrial Accident Board
P.O. Box 12757
Capitol Station
Austin, Texas 78711

S10013585

Re: Claimant:
Board No:
Date of Accident:
Employer: Dow Chemical Co.
Place of Accident: Freeport, Texas

Dear Board Members:

I am enclosing herewith a Notice of Injury and Claim for Compensation in regards to the above-captioned individual. He was injured on or about (to be determined), while working with Dow Chemical Company.

I request that you register the undersigned as attorney of record in this case.

Thank you for your attention.

Sincerely yours,

Anthony W. Tomblin
Anthony W. Tomblin

AWT/skg
Enclosure

RECEIVED
JUL 28 '80
INDUSTRIAL ACCIDENT BOARD

396521



THE DOW CHEMICAL COMPANY

TEXAS DIVISION
FREEPORT TEXAS 77541

August 23, 1971

Joe H. Chandler
B-101

Ref: Industrial sick leave for

During a routine sputum test in July, 1971, established to check insulators for possible lung damage, tests were found to be positive and indicated the possibility of lung cancer.

No time was lost, but it was considered significant by Industrial Medicine, and a first report of injury showing no time lost was sent to Texas Employers on 7/21/71. On 8/8/71 began losing time, being placed at Dow expense, in Methodist Hospital, Houston, Texas for a further Diagnostic work up. A report was made to the Industrial Accident Board concerning this lost time on 8/12/71. has since returned home.

Recognizing that this case plows virgin soil, I have asked that Texas Employers not pay any bills until top management has been informed. I personally feel that since Dow checks for damage of this sort on a periodic basis and since we placed him in the hospital, we must at least pay his current medical bills, and would, depending on the final diagnosis, possibly be in a weak position to all of a sudden declare it personal.

vh

Bob Mayo

SI0013506

396522

EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY

Approved by I. A. I. A. B. C.

Send to: INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS



State's Number For:	File: _____ Carrier: _____ Employer: _____
Carrier's File No. _____ (The spaces above not to be filled in by Employer)	

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee; or at the end of SIXTY days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer Texas Division - THE DOW CHEMICAL COMPANY
2. Office address: No. and St. _____ City or Town Freeport State Texas
3. Insured by Name of Company TEXAS EMPLOYERS' INSURANCE ASSOCIATION
4. Name of Injured (in full) _____
(First Name) (Middle Initial) (Last Name)
5. Present address: No. and St. _____ City or Town _____ State _____
6. Date of Injury 7/?/71 19 ____ Day of week _____ Hour of day _____ A. M. _____ P. M.
7. First day absent from work 8/8/71 19 ____ A. M. _____ P. M.
8. Has injured returned to work? YES If so, date and hour 8/14/71 * A. M. _____ P. M.
9. Is injured person earning same wages as before injury? _____ If not, explain _____
10. If disability has not terminated, state probable date of termination of disability _____
11. Has injured died? _____ If so, date of death _____ A. M. _____ P. M.

was released to return to work on 8/14/71, however
8/14/71 and 8/15/71 were his days off, thus he did not actually
begin work again 8/16/71.

396523

Date of this report 9/16/71 Firm Name Texas Div. - The Dow Chemical Co.
Signed by J. H. Chandler Official Title XXXXXX
XXXXXX Mgr.

ST0013587



THE DOW CHEMICAL COMPANY

TEXAS DIVISION
FREEPORT TEXAS 77541

September 16, 1971

Industrial Accident Board
State Insurance Bldg.
Austin, Texas 78711

RE: REPORT OF INJURY ON

Gentlemen:

During a periodic examination at our Industrial Medical facility, appeared to have an abnormal sputum test. Dow's Industrial Physician then made arrangements for a diagnostic work-up to determine the source and seriousness of problem.

Due to an oversight on our part the above sequence of events was reported as an industrial injury. Our conclusion that problem is not industrial is strengthened by the enclosed report from Dr. J. E. Jenkins of the Baylor College of Medicine, which I am happy to say, found evidence of only subacute bronchitis.

If I can be of further assistance, please let me know.

Very truly yours,

Bob Mayo
Insurance Department

BM/lb

encl.

510013588

396524

BAYLOR COLLEGE OF MEDICINE
TEXAS MEDICAL CENTER
HOUSTON, TEXAS 77025

DEPARTMENT OF INTERNAL MEDICINE
(713) 820-4961

RECEIVED

August 18, 1971

Dr. Raymond Flake
Dow Chemical Company
Freeport, Texas

RE:

Dear Dr. Flake:

Many thanks for referring his pulmonary functional profile and his hospital discharge summary. You will recall that in view of his long history of asbestos dust exposure and pap smear which you obtained, it seemed advisable to admit him for a more thorough study.

Enclosed is a copy of the pulmonary function studies, including copies of the computer plots and compliance curves. As you will note, there is a slight obstructive ventilatory defect with improvement after an inhaled bronchodilator, a borderline reduction in DLCO is noted and the studies on mechanics are essentially normal. is a chronic cigarette smoker and I do not believe that his past history of asbestos exposure has contributed significantly to the minor physiologic defects seen at present. This could just as easily be due to his smoking.

In view of the long history of asbestos exposure, however, I strongly advise that he stop smoking and have indicated so to him. You are well acquainted with the greatly increased risk of developing lung cancer in such persons.

Finally, we have obtained five additional specimens of sputum cytology at Methodist Hospital all of which are negative. Dr. Greenberg has reviewed two additional sputum specimens, one of which was negative and one of which showed some squamous metaplasia and mild dysplasia, but no evidence of malignancy. He also reviewed the specimens submitted by you (#32477) and found that it also showed squamous metaplasia and mild dysplasia, but no evidence of malignancy in his opinion.

I think it is possible to give a reasonably clean bill of health. The symptoms which he has at present add up to a subacute bronchitis (of insufficient duration to be classified as chronic bronchitis). Since he does not have any continuing exposure to asbestos but is working largely with other materials such as Fiberglas and polyurethane, I would consider his risk

ST0013589

396525

Page 2
Dr. Raymond Flake

August 18, 1971

of developing future respiratory disease much less.

Thank you very kindly for referring
help, please let me know.

If I can be of further

Sincerely yours,



Daniel E. Jenkins, M.D.

DEJ/kmh

Enclosure

ST0013590

P.S. For reasons which are not entirely clear to me, the intern at Methodist Hospital requested an exercise EKG study on [redacted] There is nothing in his written history which suggests angina, but because of the fact that he has taken P₂nitrate and there has apparently been some doubt in the past about his EKG tracings, the exercise study was done. Somewhat to my surprise it revealed the following:

- (1) The resting heart rate was 63/minute. The patient exercised one minute and 55 seconds into stage 5 when the test was terminated due to his legs hurting. The rate upon stopping was 160/minute. ST wave depression of 2 mm. occurred in lead V 5 and 1 mm. in V 3. Impression is a positive treadmill test.

Obviously these changes are of slight magnitude but none the less exist and I pass them on for whatever they are worth. Should he become symptomatic in the future, perhaps coronary arteriograms and further study would be indicated.

Copy to Dr. Harold Berger - 9-1-71. REF -

396526

Approved by I. A. I. A. B. C.

TEXAS EMPLOYERS' INSURANCE ASSN.

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee; or at the end of SIXTY days. In the event of the death of the employee, this report should be filed immediately.

- Date of this report 8-19-71 Firm Name Texas Div. - The Dow Chemical Co.
Signed by *[Signature]* Official Title Ins. Supv.
ROBERT JACKSON

Form
No. 1
In Progress

Send to: TRUST, 1001, 1001

Not to be filled in by Employer

If Employer's First Report of Injury does not show that the injured has returned to work, an Employer's Supplemental Report of Injury should be filed with the Industrial Commission within 60 days of the date of injury, or at the end of SIXTY days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer Texas Division - THE DOW CHEMICAL COMPANY
2. Office Address: No. and St. _____ City or Town Freeport State Texas
3. Insured by Name of Company TEXAS EMPLOYERS' INSURANCE ASSOCIATION
4. Name of Injured (in full). _____
(First Name) (Middle Initial) (Last Name)
5. Present address: No. and St. _____ City or Town _____ State _____
6. Date of Injury 7-2-71 19____ Day of week _____ Hour of day _____ A. M. _____ P. M.
7. First day absent from work 8-8-71 19____ A. M. _____ P. M.
8. Has injured returned to work? _____ If so, date and hour _____ A. M. _____ P. M.
9. Is injured person earning same wages as before injury? _____ If not, explain _____
10. If disability has not terminated, state probable date of termination of disability _____
11. Has injured died? _____ If so, date of death _____ A. M. _____ P. M.

ST0013592

396528

Date of this report 8-12-71 Firm Name Texas Div. - The Dow Chemical Co.
Signed by [Signature] Official Title Ins. Supv
~~XXXXXXXXXXXX~~