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August 3, 1994

Re: Dr. John Lione (Annuitant)
6210 Mercedes Bend
Austin, Texas 78759

Mr. Hans Siegel
Health Services Department
Industrial Hygiene

Dear Mr. Siegel:

I have recieved your letter requesting my input into a corporate report concerning Exxon's policies and programs regarding the safe handling of asbestos. This is a matter still fresh in my memory, since I testified in early 1992 to the fact that during my tenure in Baton Rouge between 1957 and 1963, we confirmed no cases of asbestosis or occupation-related lung cancer. I recall no cases of mesothelioma, either, but mesothelioma was not generally associated with asbestos exposure at that time. I hope that the following will assist you.

I began employment with Exxon (then Standard Oil of New Jersey) on August 1, 1947 at the Bayonne facility in New Jersey as a Plant Physician. I was promoted and relocated to the Baton Rouge Refinery as Assistant Medical Director in 1957. I was transferred to Libya to set up an occupational medical program there in 1963. Upon my return in 1968 I received a transfer and promotion to succeed Dr. Pipkin as Baytown Medical Director. In 1972 I was promoted to Assistant Medical Director of Exxon Company, U.S.A. (in Houston, Texas) under Dr. Harvey Snyder; then in 1979 I became Medical Director, Exxon Company, U.S.A., the position from which I retired in 1985.

When I joined the Company, I found that the Medical Department for each of our facilities had already been established for many decades. I believe each facility's Medical Department had existed from the start-up of the facility. The Medical Department had a full staff of physicians, nurses, and technicians to conduct examinations, treat injuries and illnesses, and monitor the long-term health of our employees, both individually and collectively.

When I began working at Bayonne, Dr. Dan Langdon was at our Baltimore Refinery and Dr. Tom Nevins was at our Bayway Refinery. Smaller facilities such as Everett had a part-time physician and a full-time nurse, while larger facilities such as Baton Rouge had as many as four or five full-time physicians on site. These Medical Departments additionally included

industrial hygienists (Clyde Berry at Bayonne/Bayway since 1948, succeeded by George Wilkening and Bob Diakun, James Hammond in Houston since 1947, Fred Venable in Baton Rouge since 1951) who worked in the field to prevent or minimize hazardous exposures to our workers.

My Board certifications and focus on preventive, occupational and environmental medicine especially qualified me for my duties with the Company, which ranged from responsibility for our onsite medical examination program to setting up an occupational medicine program from scratch (in Libya). My Air Force training and experience (two years active duty in World War II and two years active duty in the Korean War, qualified as a flight surgeon) especially qualified me for preparing the disaster relief program.

Exxon required preplacement physical examinations of every worker to determine the worker's fitness for given assigments. These preplacement physicals additionally provided baseline medical data for comparison when workers later came in for regular health examinations in conjunction with medical surveillance for early detection of any health problems. The physicals included chest x-rays which were reviewed by an independent consulting radiologist, laboratory analyses (urinalysis, blood counts), and electrocardiograms. We added depth to this program with advances in technology, and in later years were able to conduct pulmonary function testing and blood chemistries.

The frequency of these examinations (after the preplacement baseline examination) was based upon the worker's age and area of employment (corresponding to potential environmental hazards). These exams could be annual for older employees and those potentially at risk of exposures, but some areas of employment received more frequent surveillance, and we sometimes conducted screening examinations in response to specific potential exposures to hazardous materials. In this connection, we coded the records of workers potentially exposed to certain hazardous substances, such as tetraethyl lead, asbestos, benzene, noise, and so on. This alerted the examining physician to the worker's potential chronic or acute exposures, so that we could specifically monitor the worker's health in that regard.

Exxon also maintained a cancer registry (since at least the 1940's, based on our experience with sinus and scrotal cancers) and a death certificate registry (since earlier still) that allowed us, with the assistance of epidemiologists, to ascertain whether our workforce population was more prone to certain diseases which might be occupationally related. This provided the underlying data to enable us to undertake good epidemiological studies on our workers.

Because my duties required me to know the health hazards to which our workers were potentially exposed, I frequently accompanied an industrial hygienist to observe conditions and activities in our facilities. With specific regard to potential asbestos exposures, I do not recall ever noting excessively dusty conditions or any activities of insulators or those working near insulators that caused me concern. I did note that, pursuant to the routine procedure, the workers would hose down the insulation material with water to minimize the dust. I also recall that our industrial hygienists took air samplings in the field to measure the potential exposures of dust to the workers, and that respirators were used by the workers. I specifically recall that our industrial hygienists worked with our safety people to insure proper fittings of respirators, which compelled us to require that our workers be clean-shaven.

The Medical Department never diagnosed any asbestosis or fibrotic lung disease related to occupational exposures to asbestos. We accordingly believed that our programs to protect workers' health were achieving their goal. In 1969, I attended a chest disease seminar at Mt. Sinai in New York which was presided over by Dr. Irving Selikoff, who had extensively researched the relationship of asbestos exposure to lung disease. At the seminar there was discussion of medical monitoring and programs to safeguard the workplace with regard to asbestos. At the conclusion of this presentation I discussed Exxon's company-wide medical monitoring and asbestos safeguarding programs with Dr. Selikoff, who confirmed that our programs were implementing the best techniques and procedures available at the time.

Around 1971, when I was at Baytown, we received a copy of the death certificate of a former employee (pursuant to our registry program) indicating the existence of a mesothelioma tumor. We consulted with the pathologist, Dr. Bailey, who explained that the tumor was a benign lesion, and not the cause of the man's death. Nevertheless, we undertook a review of all the medical files of employees and former employees potentially exposed to asbestos -- primarily insulators -- to confirm that we had not overlooked any detectable signs of asbestos disease in these workers. That project, which I began and which was ultimately concluded (and written up and published) by Dr. Hunter Montgomery, did not find disclose any serious diseases.

In fact, during my tenure with the Company, the only confirmed occupational asbestos disease detected among our workers was that of a Houston Chemical Plant employee in the Safety Department, who developed a mesothelioma diagnosed in 1978. Although it appeared that he had contracted the disease as a result of asbestos exposure, his x-rays showed no evidence of pulmonary fibrosis even a few months before his diagnosis.

I continue to believe that Exxon's Medical Departments took every measure and precaution available at the time to protect workers on our worksites, and I am confident that we accomplished this task. I would also add that members of Exxon's Medical Department, both physicians and industrial hygienists, were actively involved in professional associations such as the American Academy of Occupational Medicine and the Industrial Hygiene Association, and trade associations such as the American Petroleum Institute, which served as forums for the open exchange and discussion of ideas among the Medical Directors and Industrial Hygienists of various industries. By this means, we shared with others and mutually benefitted by our collective experience and knowledge.

Please contact me if you would like to discuss. I hope my response is helpful to you, and I wish you good luck in your work for the Company.

Very truly yours,

John Lione, 2nd

John Lione, M.D.

JOHN G. LIONE, M.D.

CURRICULUM VITAE

Born: New York, N.Y.

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Family: Married - Marjorie H. Hartwell
2 children, 4 grandchildren

Education: Stuyvesant High School- New York, N.Y.
Columbia College, New York. BA degree
University State of New York, Downstate. MD degree.
N.Y.City Hospital, New York- Interne and Resident.
USAF School of Aviation Medicine, Randolph AFB, TX.- Flight Surgeon.

Military Service: U.S.Army Medical Corps- WW2
U.S.A.F.- Korean Conflict.
U.S.A.F.Reserve, Colonel,Retired.

Professional Experience: 40 years experience in Occupational Medicine with Exxon Co. USA- retired 12/85 as Medical Director. Held assignments at refineries located in New Jersey, Louisiana, and Texas. Foreign assignment as Medical Director, Esso Libya(63-68).

Faculty Appointments: Adjunct Associate Professor of Occupational Medicine, School of Public Health, Univ. of Texas.

Certification: American Board of Preventive Medicine, Subspecialty- Occupational Medicine.

Professional Societies: Fellow- American Occupational Medical Association.
Fellow- American College of Preventive Medicine.
Fellow- American Academy of Occupational Medicine.

Current Status: ~~Associate~~ State Coordinator, Health Advocacy Services,AARP.