

REPORT OF DISPENSARY READINGS OF
X-RAYS AND VITAL CAPACITY
FOR

PIPECOVERERS & INSULATORS, INCLUDING HELPERS, APPRENTICES & SUPERVISORS

CONFIDENTIAL MEDICAL INFORMATION NOT TO BE DISCLOSED TO UNAUTHORIZED PERSONNEL

EXHIBIT J-41 DATE
WITNESS BESSMER
Mary A. Whitney 682-1427

MEDICAL INFORMATION

REGARDING

LONG BEACH NAVAL SHIPYARD EMPLOYEES

EXPOSED TO ASBESTOS

(CONFIDENTIAL)

PREPARED BY:

Safety Division, Code 185
Long Beach Naval Shipyard
Long Beach 2, California

DATE:

1 August 1962

EXHIBIT 23 DATE 8-4-82
WITNESS
DAVE S. STANLEY 682-1427

16211

SUPPLEMENTAL

LIMITED INFORMATION REGARDING EMPLOYEES NO LONGER ON THE ROLLS OF THE
LONG BEACH NAVAL SHIPYARD.

<u>NAME</u>	<u>AGE</u>	<u>YEARS OF ASBESTOS WORK</u>	<u>PRESENT STATUS</u>
BANKS, ANDREW	56	9	Disability Retirement
BLEVINS, WADE	52	13	Disabled: On Disability Compensation Automatic Payroll.
BREWER, CLOYCE	63		Disability Retirement (Emphysema)
DUFF, FLOYD	68	23	Disability Retirement. Compensation claim is pending at Bureau. <i>Approved 9/18/62</i>
EADS, LOUIS	73	18	Disabled. On Disability Compensation Automatic Payroll
FIPPS, ALBERT	55	11	Compensation until deceased 7-16-62.
GENIGNO, ANTONIO	66	16	Compensation claim is pending at Bureau. <i>Disallowed</i>
ZAPATA, GUADALUPE	59	17	Presently unemployed BEC file no. A13-117766

REASSIGNED AFTER MEDICAL EVALUATION

HARRY A.
Maple Street
California

EOD: 2-12-58
DOB: 5-19-22

E: X-RAY

1-58 Negative
2-58 14 x 17 reveals generalized accentuation of basilar lung markings with diffuse basilar mottling. The heart is enlarged in transverse diameter and the diaphragms are flattened. Refer to clinical study.

17-58 Increased density due to severe fibrosis of both lung fields in the lower halves. Obliterated costo-phrenic angles. Heart, right side, slightly enlarged. Impression: Fibrosis of the lungs due to scoliosis or asbestosis. Suggest clinical evaluation.
3-59 Clinical evaluation done this date by H.M. Robbins, Capt. MC USN and E. K. Ownbey, M.D.

1-59 Pre-employment physical - lungs clear.

31-59 Memo. Because of abnormal chest findings, suggestive of early asbestosis, I wish to recommend that subject employee be removed from pipe covering aboard ship and placed in the shop where the concentration of asbestos fibers is less. E.K. Ownbey, M.D.

11-58 PA Chest. A single PA film of the chest is technically poor but shows increased markings in both lower lung fields and blunting of both costo-phrenic angles. The cardiac shadow appears to be normal as to size. Findings does not have the appearance of an acute inflammatory process, however if previous films are available they should be obtained for comparison.

17-59 Fibrosis in both lung fields. No appreciable changes from last films. Suggest clinical evaluation.

30-59 Clinical evaluation done this date by F. J. Vaccaro, M.D. Patient referred to own doctor. /s/ F. J. Vaccaro, M.D.

-17-59 Fibrosis is worse since last report.

-18-59 Memo. 1. Review of chest x-rays taken on 17 Nov 1959 shows a progression of fibrosis in both lung fields as compared with films taken in July 1959. This pulmonary fibrosis is a complication of asbestosis. 2. In view of these chest findings it is recommended subject named be removed from contact with asbestos. /s/ H.M. Robbins Note to Memo of 11-18-59.

This man transferred to pipe fitters shop.

26-60 Heart within normal limits. Considerable pulmonary infiltrate bilaterally. For clinical evaluation.

22-60 (70 mm) Pulmonary infiltration.

14-61 Basal increased density.

19-61 Interstitial infiltration in both bases. For clinical evaluation.

Vital Capacity

1-58 75%

8-59 62%

9-59 72%

16213

AL. WEBSTER F.
4502 Knoxville Street
Bakersfield, California

DOB: 3-24-17
EOD: 6-18-51

DATE: X-RAY:

3-10-56 Hilar and radiating lung markings are accentuated.
Slight emphysema suggestive. Not specific diagnostic for
pneumoconiosis.
12-12-56 Negative
11-18-57 Negative
4-11-58 Negative
7-8-59 Negative
2-15-60 Basal markings are somewhat accentuated.
1961 Pulmonary markings are accentuated.
3-18-61 Negative
5-28-62 Negative

VITAL CAPACITY

4-17-57 101%
2-9-59 109%
2-15-60 96%

CARMINES, CHARLES G.
311 East 44th Street
Long Beach, California

DOB: 4-18-12
EOD: 1-16-51

DATE: X-RAY:

4-1-56 Minimal scarring over the left lower lung, without evidence of
active disease at this time.
11-18-57 Negative
10-15-58 Negative
7-21-59 Negative
7-15-60 Negative
1961 Hilar markings accentuated. Broncho vasc. markings also
accentuated in both bases. There is a slight change from
the last report.
2-11-62 Lung fields are clear and unchanged from 2-15-60.

VITAL CAPACITY

4-17-57 91% normal
4-2-58 68% normal (chest cold)
2-9-59 87% normal
2-15-62 64%

16214

COLIE
Aliso Avenue
Aliso, California

1-6-38
1-6-41

X-RAY

Slight increase in peripheral lung markings.
Root with inferior lung markings accentuated.
No definite diagnostic findings.

Negative

Negative

Negative

Negative

Pulmonary markings slightly accentuated.

Negative

Negative

VITAL CAPACITY

105%

109%

92%

EMEROYE K.

Wendy Avenue
Aliso, California

1-6-07
1-19-51

X-RAY

Hilar and inferior markings accent noted.

Negative

Negative

Negative

Generalized increased density in both lung fields due to chronic fibrosis. Heart slightly enlarged.

Thickened transverse fissure. Pulmonary markings accentuated. There is some pulmonary involvement in both lower bases due to asbestosis. No appreciable changes from last film.

No appreciable change.

The fine basal markings remain stable and are unchanged since film of 2-17-60.

VITAL CAPACITY

74%

16215

EDFORD, MAX C.
 1117 Kallidee Street
 Long Beach, California

DOB: 2-18-18

ICD: 6-21-52

DATE:

X-RAY:

1-27-56 Negative
 1-1-58 Negative
 7-8-59 Negative
 2-15-60 Hilal markings slightly accentuated.
 6-12-60 Negative
 1-1-61 Negative
 1-12-62 Negative. No change since 2-15-60.

VITAL CAPACITY

1-17-57 100%
 1-11-59 89%
 2-13-62 75%

FIRECOVERER AND INSULATOR, APPRENTICE (1)

DEWITS, WILLIAM R.
 5511 MacAlpine Avenue
 Garden Grove, California

DOB:

ICD:

DATE:

X-RAY

1-2-58 Negative
 1-17-59 Negative
 1-11-60 Pulmonary markings accentuated in both lung fields.
 1-13-60 Negative
 1-1-61 No appreciable changes.
 1-1-61 Negative
 1-1-61 Negative
 1-11-62 PA Chest: Stable chest since film of 2-13-60. There is faintly increased markings in the right middle lobe region.

16216

FRANK I.
11300 Avenue
California

1-11-56
1-11-58

X-RAY:

Negative
Negative
Negative
Negative
No appreciable change.
Negative
No change since 2-11-50.

VITAL CAPACITY

108%
113%
102%

FRANK AND INSULATOR, HELPERS

FRANK
11300 Avenue
Beach 10, California

(FEMALE)

X-RAY

Negative
No diagnostic findings
Negative
Negative
Negative
Negative
Left basal markings accentuated.
No change since 2-15-60.

VITAL CAPACITY

83%
61%
89%

16217

AL. CHARLES W.
1600 Knoxville Avenue
Los Angeles, California

DOB: 10-14-39
ECG: 4-1-60

DATE: X-RAY
1-1-60 Negative
1-1-60 Essentially negative
1-25-61 Normal

VITAL CAPACITY

1-27-60 103%

RAIR, IRA D.
1000 Broadway Avenue
Westminster, California

DOB: 10-9-18
ECG: 6-17-56 & 2-10-60

DATE: X-RAY
1-11-60 Essentially negative
2-3-60 Negative
3-10-60 Negative
1-1-61 No appreciable change from last report.
1-15-61 Normal
1-1-62 PA Chest: Normal. No change since 2-16-60.

VITAL CAPACITY

1-15-62 60%

CASPI, ELBERT
1116 West 48th Street
Los Angeles, California

DOB: 10-9-34
ECG: 11-14-59

DATE: X-RAY
10-11-59 Negative
1-15-60 Hilar markings accentuated
1-15-60 Negative
1-15-61 Negative
1-15-62 Negative

VITAL CAPACITY

1-15-60 76%
1-15-62 87%

16218

FRANK
 10000 Avenue
 10, California

1-2-50
 1-21-50

X-RAY

Negative

GEORGE F.
 10000 Figueroa Street
 10, California

1-2-50
 1-21-50

X-RAY

Negative

WILLIAM T.
 10000 Orange Avenue
 10, California

1-2-50
 1-21-50

X-RAY

Negative

Hilar gland (lymph nodes slightly prominent) NCD

Negative

Hilar and Basal markings accentuated.

Basal markings slightly more prominent has compared with 1 year ago.

Negative

Negative heart and lungs. No change since 2-9-50

VITAL CAPACITY

112%

105%

CHARLES L.
 10000 Carson Street
 10, California

1-2-50
 1-21-50

X-RAY

Scalloped right diaph. NCD

Normal

PA Chest: There is some fibrosis along both cardiac borders &

15219

KATHAWAY, CHARLES I. (continued from page 6)

in the apex of the heart. The heart size is normal and the lung fields are otherwise clear. Impression: Some fibrosis noted on the initial film in the series.

VITAL CAPACITY

1-11-61 36%

KATHAWAY, JESSE D.
211 Starbridge Avenue
Long Beach 15, California

DOB: 11-1-21
EOD: 1-7-61

DATE: X-RAY:
2-10-61 Negative
9-13-61 Negative
1961 Hilar and basal markings accentuated.
3-25-61 Normal.
1-1-61 PA Chest: Normal. No change since 2-10-61.

VITAL CAPACITY

1-11-61 36%

SOFTICE, GEORGE S.
1719 East Ocean Blvd, Apt #10
Long Beach, California

DOB: 10-19-17
EOD: 6-2-61

DATE: X-RAY:
1-4-61 Negative

SEYICK, JOSEPH T.
1113 Gardenia Avenue
Long Beach 5, California

DOB: 1-13-36
EOD: 9-12-55 and 11-14-60

DATE: X-RAY:
3-1-61 Negative
1-1-61 Left hilar calcified lymph nodes. NCD.

Continued on page 8.

16220

JOSEPH T. (continued from page 7)

Negative
Emphysema. NCD
Normal.

PA Chest: Normal, there are old calcified scars on the left
hilum measuring 15 x 15 mm in greatest diameter.
A few old scars are also seen in the right lower lobe region.
Impression: Old granulomatous scarring. No evidence of active
disease.

VITAL CAPACITY

115%
105%

TEROME J.
450 Avenue
A, California

6-25-22
5-31-62

X-RAY:

Negative

RICHARD
E. 3rd Street
Beach, California

2-22-60
6-22-62

X-RAY:

Negative

JAMES
Pasadena Avenue
Beach, California

2-5-22
11-17-59

VITAL CAPACITY:

2-25-60 119%
2-15-62 144%

X-RAY

Negative
Negative
Negative
No appreciable changes

DATE:

X-RAY

9-28-61 Negative
3-22-62 Negative. No change
since 2-10-60.

16221

FORNAN, JAMES HARVEY
5516 Mayne Street
Bellflower, California

DOB: 10-5-39
EOD: 6-19-62

DATE: X-RAY:
4-19-62 Negative

PIPECOVER AND INSULATORS

ALTM, CHARLES FREDERICK
3211 Bellflower Blvd
Long Beach, California

DOB: 4-25-23
EOD: 4-3-62

DATE: X-RAY
4-2-62 Negative

BRADY, HARRY
1121 West "F" Street
Wilmington, California

DOB: 10-22-05
EOD: 1-30-51

DATE: X-RAY:
4-4-56 Negative
4-24-58 Negative
7-9-59 Negative
2-8-60 Negative
1961 No appreciable changes from last report. Pulmonary basal markings slightly accentuated.
2-28-62 Eleven ribs are seen above the diaphragm. There is some suggestion of emphysema. Findings not changed since our earliest film of 2-8-60.

VITAL CAPACITY

4-17-57 91%
2-9-59 95%
2-8-60 91%
4-17-62 62%

16222

ARMAND L.
 Avenue
 California

-31-10
 -30-54

X-RAY:

2 Negative
 4 Negative
 56 Negative
 57 Negative
 58 Negative
 58 Negative
 9 Negative
 60 Essentially negative
 Pulmonary markings somewhat accentuated.
 61 Normal
 62 Negative

VITAL CAPACITY

57 82%
 78%
 77%
 87%
 62 53%

AMES L.
 West 261st Street
 City, California

11-25-07
 12-23-60

X-RAY

60 Negative
 61 Normal

JOE E.
 East 212th Street
 California

1-14-10
 4-25-61

X-RAY

61 Negative
 1 Normal
 PA Chest: Normal

VITAL CAPACITY

68%

16223

CARLTON, GENE C.
633 East First Street, Apt #9
Long Beach 2, California

DOB: 9-23-27
EOD: 4-10-61

DATE: X-RAY;
4-6-61 Negative
9-28-61 Negative
3-6-62 PA Chest: Normal

VITAL CAPACITY

2-15-62 73%

CHAMBERS, FRANCIS
11871 Turquoise Avenue
Garden Grove, California

DOB: 1-29-11
EOD: 7-26-56

DATE: X-RAY:
7-19-56 Negative
5-5-58 Essentially negative
12-9-58 Negative
7-9-59 Negative
2-10-60 Hilar markings accentuated.
9-13-60 Negative
1961 Hilar and broncho vasc. markings accentuated.
12-18-61 Negative
2-1-62 PA Chest: Normal. No change since 2-10-60.

VITAL CAPACITY

1-17-57 105%
2-10-60 95%
2-15-62 68%

COOKE, GEORGE C.
3-3 Fletcher
Orange, California

DOB: 1-8-07
EOD: 3-17-58 and 8-15-55

DATE: X-RAY
3-10-55 Negative
3-19-56 Negative

continued on page 12.

16224

Continued from page 11)

ve

ve

pleura right costo-phrenic angle. NCD.

verse fissure prominent otherwise essentially negative.

ve

and basal markings accentuated.

ve

st. There are fine fibrotic changes in both bases which

slightly on the original film of 2-10-6

of the film 2-7-61 shows slightly less changes than at present.

ression: Increasing parenchymal fibrosis in the past 2 years.

size unchanged.

coughed up blood. Impression: Chronic bronchitis with

beginning bronchiectasis (marked increase in peribronchial

changes.)

CAPACITY

1

2

3

4

5

6

7

8

9

10

11

12

13

14

change since 2-16-60.

CAPACITY

15

16

16225

DELUCA, JULIUS
5523 Fairman Avenue
Shawood, California

DOB: 6-3-17
EOD: 6-28-51 and 12-8-59

DATE:	X-RAY:
11-7-39	Negative
2-3-52	Basal markings slightly accentuated
7-13-52	Negative
10-11	Basal markings accentuated and more prominent.
2-22-61	Negative
3-6-62	Normal hilar and lungs. No change since 1960.

	VITAL CAPACITY
1-5-60	98%
1-13-62	82%

BERNIS, ALONZO W.
5711 MacAlpine Avenue
Garden Grove, California

DOB: 5-2-15
EOD: 10-20-53

DATE:	X-RAY:
4-17-52	Negative
4-3-54	Negative
11-15-56	Negative
11-19-57	Negative
4-24-58	Negative
11-9-58	Negative
3-2-60	Negative
3-16-60	Essentially negative.
1961	No changes in comparison with previous films.
2-22-62	No change since 2-8-60

	VITAL CAPACITY
4-17-57	97%
2-11-59	93%
2-2-61	93%

BERNIS, MARTSON
3073 Hazzard Avenue
Santa Ana, California

DOB: 2-24-06
EOD: 7-10-62

DATE: X-RAY
DATED ELIGIBLE PENDING X-RAY READINGS

16226

AYNE O.

California

X-RAY:

Negative

Negative

Routine exam of chest shows lungs to be clear and cardio-vascular structure normal. There is a fibrosis dysplasia-like lesion involving the medial end of the right clavical. Further studies using bone technique and angle view are suggested for further evaluation of this lesion which I feel is benign.

Negative

Essentially negative

No appreciable change noted.

Negative

Normal. No change since 2-9-60

VITAL CAPACITY

94%

108%

100%

96%

WATCO, ROBERT N.

2. Chadwell Street

California

2-2-55

2-9-60

X-RAY

PA Chest: Negative

A PA view of the chest is within normal limits.

Negative chest

Within normal limits

Normal chest

Transverse fissure prominent otherwise essentially negative.

Negative

No appreciable changes from last report.

Normal.

VITAL CAPACITY

50%

WATER C.

11 "D" Street

3307, California

DOB: 12-19-13

EOD: 7-11-62

RATED ELIGIBLE PENDING X-RAY READINGS

16227

FOX, DAN L.

5700 Laurelton Avenue
San Grove, California

DOB: 7-8-35
EOD: 2-18-58

DATE:	X-RAY:
2-17-55	Negative
3-21-58	Negative
2-8-57	Essentially negative
5-12-60	Negative
5-28-61	Negative

VITAL CAPACITY

2-9-59	120%
2-9-61	120%
2-11-62	105%

EDWARDS, KISLAR L.
702 West 118th Street
Los Angeles 44, California

DOB: 7-6-26
February 1951

DATE:	X-RAY:
2-26-55	Basal markings heavy accent noted. No specific diagnostic findings.
3-21-57	Negative
11-18-57	Negative
11-9-58	Negative
2-15-60	Negative
3-10-60	Negative
2-11-61	Brachio-vasc. markings accentuated. There is some infiltration in the left lower lung field and slightly in the right.
3-12-61	Negative
2-1-62	Negative. No infiltrates. No change since 2-15-60.

VITAL CAPACITY

2-9-59	100%
2-11-61	76%

FARROW, MOSES R.
705 Chestnut Avenue
San Diego, California

DOB: 1-12-31
EOD: 11-21-51, 10-12-52, 9-26-58
Continued on page 16.

16228

MOSES R. (continued from page 15)

Negative
Negative
Negative
No change.
Negative
No change since 2-11-60

VITAL CAPACITY

108%
114%
105%

SCOTT JR.
37th Street
Gales 11, California

2-29-38
1-22-51

X-RAY

Negative
Negative
Negative
Negative
Transverse fissure prominent. Basal markings slightly increased.
No appreciable changes from last report.
Negative
Negative

VITAL CAPACITY

52%

ALBERT J.

Siva
12, California

VITAL CAPACITY

	2-11-59	105%
8-14-20	2-9-60	95%
9-5-57	2-15-62	73%

X-RAY

Essentially negative chart
Negative
Negative
Negative
Hilar markings slightly accentuated.
Negative
Hilar and broncho-vasc. markings accentuated
Negative
No change since 2-9-60.

16229

LEASON, HARRY A.
1300 Morab
Anster, California

DOB: 7-18-11
EOD: 10-13-53

DATE:	X-RAY:
7-18-57	Negative
2-24-56	Hazy accentuated root basal markings. Impression: No specific diagnostic findings.
11-18-57	Negative
12-9-58	Negative
4-1-59	Basal markings accentuated.
1-1-60	Transverse fissure slightly prominent. Otherwise essentially negative.
1-12-60	Flattening of diaphragm. NCD
1961	Pulmonary markings accentuated.
9-29-61	Negative
4-16-62	Negative

VITAL CAPACITY

4-17-57	93%
4-8-58	80%
7-1-59	80%
4-16-62	75%

HAMILTON, DON H.
2401 West 157th Street
Gardena, California

DOB: 3-23-08
EOD: 1-19-51

DATE:	X-RAY:
2-26-56	Root markings increased basal lung markings also hazy increased.
11-18-57	Negative
4-24-58	Negative
2-12-60	Definite increased density in both lung fields due to fibrosis.
1960.	There is some pulmonary infiltrate indicative of mild fibrosis, no appreciable changes from last film. There is definite infiltration of the lungs especially in perihilar and basal areas. No appreciable change from last report.
2-21-62	The fine fibrotic changes are unchanged since film of 2-12-60.

VITAL CAPACITY

4-17-57	87%
11-18-57	68%
12-9-58	91%
2-15-62	78%

16230

J. C.
3rd Way
California

-8-11
-22-51

X-RAY

Negative
Moderate hilar shadows
Negative
Negative
Negative
Transverse fissure prominent. Pulmonary markings slightly
accentuated, generalized and particularly in right apical area
No appreciable changes
Negative

VITAL CAPACITY

120%

USER, TROY L.
Sunfield Avenue
Beach 8, California

9-10-56

X-RAY

Negative
Negative
Negative
Negative
Negative
Essentially negative.
No appreciable changes. Basal markings accentuated.
Negative
Negative. No change since 2-8-60.

VITAL CAPACITY

115%
98%
89%

16231

JACOBS, EMANUEL M.
100 E. Arbor
Beach, California

DOB: 5-9-18
EOD: 3-24-52

DATE:	X-RAY:
5-1-51	Negative
5-14-56	No specific changes
11-18-57	Negative
11-9-59	Negative
2-10-60	Negative
1961	No appreciable changes noted.
3-18-61	Negative
5-11-62	No changes, same 2-10-60.

VITAL CAPACITY

5-17-57	79%
2-9-59	99%
2-25-60	94%
5-15-62	71%

JAMISON, WILLIAM L.
8 East Burnett, Apt #2
Long Beach 6, California

DOB: 2-12-15
EOD: 3-15-61

DATE:	X-RAY:
4-18-61	70 mm chest x-ray, well healed GHON complex right lung zone. NCD.

JOHNSON, CLYDE SR.
4410 South San Pedro
Los Angeles 11, California

VITAL CAPACITY

DOB: 5-14-11	2-9-59	91%
EOD: 2-1-51	2-16-62	64%

DATE:	X-RAY
5-18-56	No specific diagnostic findings. Some increase in linear inferior lung markings.
11-21-57	Negative
11-9-58	Negative
5-11-60	Hilar markings accentuated. Transverse fissure slightly prominent. The pulmonary markings accentuated with slight degree of pulmonary fibrosis.
5-15-60	No appreciable changes. Pulmonary markings accentuated in basal area
1961	No appreciable changes from last report
11-18-61	Heart and lungs normal 3-1-62: Normal

16232

G.

Avenue
S, California

-21

-32

X-RAY:

Negative

Essentially negative

Negative

Negative

Negative

Hilar pulmonary markings accentuated.

Markings accentuated in upper left lobe.

Hilar and pulmonary markings accentuated to a greater degree than in previous films.

Negative

No change since our earliest film 2-11-60. Chest is normal.

VITAL CAPACITY:

111%

111%

111%

HOWARD R.

5th Street, Apt #6

Beach 13, California

-15-18

-1-21

X-RAY

No specific diagnostic findings.

Negative

Negative

Transverse fissure prominent. Mild fibrosis in both lower lung fields.

No appreciable changes. Pulmonary markings slightly accentuated.

No appreciable changes

Negative

Negative

VITAL CAPACITY

96%

96%

87%

16233

LANCASTON, ROOSEVELT
1810 West 137th Street
Inglewood, California

DOB: 8-24-24

ECG: 4-28-52

DATE:

X-RAY:

3-26-55

Pleural thickening left costo-phrenic sinus. Hilum thickening calcified deposits especially left which are minimal. Possible calcified nodes, right hilum Mediastinal (under penetrated) No specific diagnostic findings for active disease.

1-22-57

No change as reported 3-26-55.

12-4-57

PA & LAT Chest: Re-exam of chest reveals 4.7 x 2.4 CM calcific density in the right lung field at the hilum. There is a calcific cluster in the left lungs at the inferior pole of the hilum and also a density behind the heart which appears to be calcific aortic nodes. The left costo-phrenic sulci is blunted and the lung fields essentially clear. No appreciable interval changes. Impression: Calcified nodes. NCD.

12-9-58

Negative.

8-13-59

The pulmonary markings not as prominent as in previous films.

2-9-60

Basal markings slightly accentuated.

9-13-60

Negative

3-61

Large calcified nodes in the right hilum. No appreciable change. Also calcified nodes in the left post mediastinum.

9-28-61

Lungs appear unchanged since 3-56. No fibrosis seen in either lung. Old calcified nodes in lung fields unchanged in size or position. Impression: Stable chest 5 years.

1-11-62

Lung fields are clear. No change in the calcification of lungs since earliest films of 1956.

VITAL CAPACITY

1-17-57

109%

5-9-59

105%

1-11-62

91%

16234

FRANK B.

1000 Avenue, Apt A
13, California

1-27-21
1-16-51

X-RAY:

Negative
Negative
Negative
Basal markings slightly accentuated. No appreciable change since last film.
Basal markings accentuated. NCD.
No change since 2-16-60.

VITAL CAPACITY

100%
105%
81%

ROY C.

1000 Avenue
13, California

1-28-69
1-22-35

X-RAY:

Negative
Negative
Negative
Negative
Negative
Essentially negative.
Hilar markings accentuated.
Heart and lungs are unchanged from our earliest film 2-9-60.
There are a few calcified nodes in the left hilar region.
No evidence of fibrosis seen. Impression: Stable chest 18 months.
No change since 2-9-60.

VITAL CAPACITY

89%
104%
94%
85%

16235

MAG LEAN PETER J.
1018 Tulita
Redondo Beach, California

DOB: 2-7-98
EOD: 11-15-54

DATE:	X-RAY:
11-15-56	Negative
11-18-57	Slight increase hilar and linear lung markings, heart not enlarged. Ring calcification aortic knob. Impression: No specific diagnostic disease pulmonary.
1958	Negative
11-18-57	Negative
1958	Re-exam fails to confirm findings of 70 millimeter exam. The heart and lungs and mediastinum are essentially negative for age group.
3-24-58	Negative
10-9-58	Calcified aortic knob.
7-9-59	Negative
2-18-60	Calcified aortic knob left ventricular somewhat enlarged. Lungs essentially negative.
9-13-60	Negative
10-18-60	Negative
1961	Hilar markings prominent and pulmonary markings accentuated.
2-1-62	Review and comparison of films shows normal heart and lungs. No change since 2-8-60.

VITAL CAPACITY

1-27-57	80%
2-9-59	83%
2-8-60	90%
2-15-62	57%

MARXS, TAFT T.
7001 LaRosa Drive
Tempe City, California

DOB: 10-18-09
EOD: 3-14-55

DATE:	X-RAY:
10-6-53	Negative
3-11-55	Negative
1-14-56	PA Chest: Moderate accentuation of lung markings which suggest slight peribronchial fibrosis. Heart shadow normal. Impression: No active disease or specific diagnostic findings.
11-15-56	Negative
11-18-57	Negative
1-13-58	Negative
11-9-58	Negative
7-9-59	Negative
2-15-60	Negative
7-9-59	Negative

(Continued on page 24)

16236

PT I. (continued from page 23)

Negative

Negative

Bronco vascular markings accentuated, suggestion of small air pocket at extreme end (laterally)

Right side at level on fifth rib anteriorly.

Normal

Normal, no change since 2-15-60.

VITAL CAPACITY

115%

99%

82%

WARREN A.

Circle, Apt #17

ach, California

14-24

13-62

ILIGIBLE PENDING X-RAY READINGS

STEVEN P.

hastnut Avenue

California

-26-25

13-62

X-RAY

Negative

MICK, DONALD B.

eralside Avenue

ach, California

-24-03

-7-31

X-RAY:

Negative

Negative

Negative

Negative

Transverse fissure prominent. Pulmonary markings throughout both lung fields definitely prominent.

Negative

No appreciable changes

Markings not changed since 1960. Very faint fibrotic changes are present.

DATE:

4-17-57

2-9-59

2-15-62

VITAL CAPACITY

105%

93%

70%

16237

MCHESTER, JOY L.
1111 Silva
Wood, California

DOB: 1-3-17
EOD: 9-10-56

DATE: X-RAY

1-1-56 Negative
11-15-56 Negative
11-18-57 Negative
10-11-58 Negative
2-11-60 Hilar and basal markings accentuated
9-13-60 Negative
1961 No appreciable changes. Pulmonary markings and hilum are accentuated.
1-2-62 No change since earlier film 2-11-60

VITAL CAPACITY

4-17-57 120%
2-25-60 114%
2-15-62 109%

MILROY, RAYMOND B.
17826 Jersey Avenue
Pasadena, California

DOB: 5-4-04
EOD: 1-19-51

DATE: X-RAY

1-1-56 No diagnostic findings
11-18-57 Negative
10-9-58 Negative
7-9-59 Negative
1-13-60 Elevated right diaphragm. Transverse fissure prominent.
Otherwise essentially negative.
1961 Hilum markings accentuated. No appreciable changes from last report.
4-16-62 Negative

VITAL CAPACITY

4-8-57 80%
1-3-59 89%
4-16-62 56%

16238

Lane
California

X-RAY

Negative

Inferior lung markings increased revealing some evidence of peribronchial fibrosis. No specific diagnostic findings.

Negative

Negative

Changes in lower lung fields are typical of mild fibrosis.

Basal markings accentuated. No appreciable changes from last film.

No appreciable changes noted.

Very minimal fibrotic changes. No evidence of active disease.

This man has least changes of any film we have reviewed in the recent series.

Negative

VITAL CAPACITY

100%

100%

84%

73%

San Jose Avenue
San Jose, California

18
4-59 & 11-15-60

X-RAY

Negative

Pulmonary markings accentuated in the right middle lobe.

Negative

Comparing with older film there are no appreciable changes.

Negative

Normal

PA Chest: Normal. No change since 2-9-60.

VITAL CAPACITY

81%

16239

MOSES, ARNOLD
3475 Lees Avenue
Long Beach, California

DOB: 9-1-02
EOD: 4-25-60

DATE:	X-RAY
11-17-48	Negative
1-1-49	Chest essentially negative
2-11-52	Negative
12-17-52	Negative
6-28-54	Negative
6-29-55	Essentially negative chest.
7-9-56	Essentially negative chest.
7-27-57	Negative
11-7-57	Negative
2-29-60	Essentially negative
9-13-60	Negative
1961	Left ventricle prominent. Lungs essentially negative
9-28-61	Normal
3-5-62	PA Chest: Normal No change.

VITAL CAPACITY

15-62 49%

NOTES, J. T.
1012 Loma Vista Drive
Long Beach, California

DOB: 12-10-19
EOD: 7-11-62

RATED ELIGIBLE PENDING X-RAY READINGS

NIDEVER, WADE C.
2923 LaReina Avenue
Downey, California

DOB: 1-8-36
EOD: 9-11-56

DATE:	X-RAY	DATE:	VITAL CAPACITY
		4-17-57	1127
9-10-56	Negative		
11-15-56	Negative		
11-18-57	Negative		
12-9-58	Negative		
7-59	Negative		
1-5-60	Pulmonary markings slightly accentuated.		
1-15-60	Negative		
1961	No appreciable changes, pulmonary markings accentuated		
9-12-61	Negative		

16240

ROBERT A.
Albion Street
Kent, California

11-51
11-55

X-RAY:

Negative
Negative
Negative
Negative
Negative
Negative
Broncho-vasc markings accentuated
Negative

VITAL CAPACITY

102%

RED
Kent
California

1-99

X-RAY:

PA Chest: Negative
Prominent pulmonary artery shadow left. Left paratracheal node
calcified. Fibro-calcific density 1/2 cm in L2 and L7 anteriorly.
Negative
Negative
Negative
Negative
Negative
Negative
Negative
Negative

LOYD P.
Tyler Street
California

DATE:
2-25-60

VITAL CAPACITY
84%

2-17
17-59

X-RAY
Negative
Negative
Pulmonary markings accentuated

DATE:
9-28-61
2-11-62

X-RAY
Negative
Negative

16241

RAPP, ROBERT C.

151 Xibano Avenue

Long Beach 3, California

DOB: 10-13-01

EOD: 7-26-54

DATE:

X-RAY

1-18-52

Negative

11-15-56

Negative

11-18-57

Negative

4-24-58

Negative

7-9-59

Negative

2-10-60

Mod. mottling of lung parenchyma bilaterally indicative of involvement of lung with asbestosis.

7-4-60

Diffuse mottling of both lung fields indicating pulmonary parenchymal involvement with asbestosis. No change from previous films..

1961

No changes since last report. This is definite pulmonary infiltration.

3-1-62

PA Chest: There are considerable fibrotic changes in both lung fields. There has been no change since our earliest film 2-10-60. The tiny calcification in the right base seems clear at this examination due to less motion-blurring with hi-speed techniques on a new machine.

VITAL CAPACITY

-17-57

75%

4-3-58

69%

2-9-59

75%

2-8-60

75%

2-15-62

54%

EJGSBY, WALTER C.

12510 Falda Avenue

Torrance, California

DOB: 9-24-17

EOD: 6-7-62

DATE:

X-RAY

6-5-62

Negative

6-6-62

PA Chest: Normal

6-8-62

Negative.

ROPCZYCKI, GERALD M.

6522 Tillamook

Westminster, California

DOB: 10-7-32

EOD: 2-27-53

DATE:

X-RAY

(continued on page 30)

16242

Negative

No definite diagnostic findings. Slight prominent root markings and linear shadows

Negative

Negative

Negative

Transverse fissure prominent, including the basal markings.

No appreciable changes.

Negative

Negative. No change since 2-16-60.

VITAL CAPACITY

102%

94%

75%

DNIDAS J.

25th San Pedro Street

Los Angeles 6, California

9-19

6-51

X-RAY

Negative

Negative

Negative

Transverse fissure prominent. Essentially negative.

Negative

No appreciable changes

Negative

No change since 3-7-60.

VITAL CAPACITY

97%

74%

GEORGE F. JR.

254th Street

Los Angeles, California

2-25

7-52

2-26-62 Negative

X-RAY

Examination of chest is essentially negative

PA Chest: Accentuated root, perihilar and basal lung markings especially left where peribronchial infiltrate fibrosis and some reticulation of lung markings present. Fine calcified strippling questionable. Impression: No specific diagnostic findings for pneumoconiosis.

16243

SCHERER, CHARLES R.
1715 West 24th Street
Tombala, California

DOB: 9-17-33
EOD: 9-8-58 and 7-5-51

DATE: X-RAY

3-3-58	Negative
12-9-58	Negative
7-9-59	Negative
2-16-60	Transverse Fissure slightly prominent otherwise essentially negative.
9-13-60	Negative
1961	No appreciable changes
2-28-61	Negative

SHELLEY, ORVETT W.
2008 North Parmelee Avenue
Compton, 4, California

DOB: 9-18-23
EOD: 10-19-53

DATE: X-RAY

10-9-53	Negative
2-15-56	No diagnostic findings.
11-18-57	Negative
4-24-58	Negative
12-9-58	Negative
7-9-59	Negative
2-10-60	Essentially negative
9-12-60	Negative
9-28-61	No change
2-21-62	Normal. No change since 2-10-60.

VITAL CAPACITY

4-17-57	90%
2-9-59	100%
2-25-60	92%
2-15-62	73%

SHORE, TILLMAN H.
260 Nevada Street Apt #8
Long Beach, California

DOB: 10-31-10
EOD: 7-17-52

DATE: X-RAY
7-15-52 Normal
11-15-56 Negative
(continued on page 32)

16244

Negative

Both basilar lung markings are increased. Left costophrenic angle obliterated due to thickened pleura and adhesions. Parenchyma of both lower halves of the lung fields are involved more on the left.

Impression: Early fibrosis of lungs.

Slight change in left base as compared to film of 1 year ago.

Pulmonary and hilar markings accentuated.

Hilar markings accentuated there is some infiltration of the parenchyma in both lower lung fields indicative of moderate asbestosis. No appreciable change from last film.

Lungs unchanged from our film 2-10-60. Only slight fibrostatic changes are seen. Impression: Stable chest one year.

Normal. No change since our earliest film of 2-10-60.

VITAL CAPACITY

84%

70%

80%

82%

44%

ELLIP

rant Avenue
California

X-RAY

Negative

ERICH E.

ailer Park
llow,

h, California

VITAL CAPACITY

-97

2-9-59

93%

-58

2-15-62

74%

X-RAY

Negative

Negative

Negative

Pulmonary markings accentuated

Negative

Thickened transverse fissure vasc markings accentuated.

Question of pneumonitis and atelectasis negative

Negative

PA Chest: The parenchymal markings are slightly increased as was seen in 1960 and 1961. They are slight & have not changed.

16245

ST. JACQUE, JOHN J.

4 American Gold Star Homes
g Beach 10, California

DOB: 3-12-13

EOD: 5-11-61

DATE: X-RAY
1-3-61 Negative

SULLIVAN, DANIEL (NMI)

4181 Green Street
Los Alamitos, California

DOB: 4-7-03

EOD: 4-4-61

DATE: X-RAY:

3-27-61 Negative

9-28-61 Normal

3-6-62 PA Chest: The center is 16/30 with slight prominence
of the left ventricle. The lung fields are clear. Impression:
Minor cardiac enlargement. NCD

15-62 VITAL CAPACITY
52%

TECHAS, WILLIAM A.

11365 East Centralia
Artesia, California

DOB: 7-2-16

EOD: 1-19-51

DATE: X-RAY

1-23-56 Negative

12-19-56 Within normal limits, light hilar shadow.

5-26-58 Lungs clear.

7-9-59 Negative

2-12-60 Transverse fissure prominent otherwise essentially negative.

2-1-61 No appreciable changes in comparison with previous film.

2-21-62 Normal

VITAL CAPACITY

4-17-57 110%

2-11-59 99%

2-15-62 81%

16246

MR. JOHN A.
Baby Lane
California

X-RAY

Negative

Shows scarring in left cardiophrenic angle. There is no evidence of an acute process at this time.

Negative

Negative

Essentially negative

No appreciable changes

Negative

Negative. No change since 2-15-60.

VITAL CAPACITY

110%

94%

75%

JOHN M.
Rio Avenue
California

3-1-62. this is unchanged since our earliest films of 2-12-60.

X-RAY:

4-17-57

64%

1-8-59

55%

2-25-60

50%

2-15-62.

45%

Negative

Negative

Negative

Negative

Negative

There is a plate like atelectasis in right lower lung.

The diaphragms are depressed and flattened. & the costo phrenic sulci are obliterated. Lung parenchyma and heart are essentially negative. Impression: Residual old inflammatory disease.

No change since 12-4-57.

Mild emphysema right costophrenic angle obliterated due to thickened pleura. Basal markings accentuated. Heart normal. Impression: (1) Early fibrosis of the lung. (2) Mild emphysema. Suggest clinical evaluation.

Plural thickening and adhesions right costo phrenic angle.

Hilar and basal markings accentuated. Heart not enlarged.

There is some progression of the pathology as described 12-18-58.

No appreciable change in comparison with previous films.

Hilar markings accentuated. Mild fibrosis of the parenchyma of both lower halves of lung fields.

Basal markings accentuated.

Negative.

PA Chest: The RML region still shows some increased marking.

16247

WHEELER, KENNETH N.
1118 San Anselme
San Diego, California

DOB: 1-3-26
EOD: 11-9-60

DATE:	X-RAY:
11-5-60	Negative
3-18-61	Negative
3-5-62	PA Chest Normal.

VITAL CAPACITY

1-27-62	111%
---------	------

WHEELER, RAYMOND B.
11737 Faculty Avenue
Bullflower, California

DOB: 6-29-06
EOD: 1-22-51

DATE:	X-RAY:
1-18-57	Negative
11-9-59	Negative
1-9-59	Negative
1-6-60	Negative
3-11-60	Negative
3-28-61	Negative
1-12-62	Normal. No change since 2-9-60. A few old calcified scars exist in the right hilum.

VITAL CAPACITY

1-17-57	95%
1-1-58	83%
1-9-59	88%
1-15-62	68%

WILLIAMS, RAYMOND O.
1142 E. 120th Street
Los Angeles, California

DOB: 1-27-19
EOD: 5-8-51

DATE:	X-RAY
7-61	Normal

16248

EXHIBIT J 42-48

PUGET SOUND NAVAL SHIPYARD
Bremerton, Washington

EXHIBIT J-42 DATE _____
WITNESS B. G. Smer
Mary A. Whitney 682-1427

Marine Pipe Covering
and
Insulating

Shop 56

May 1961

PRODDEPTREM P4800 (1)

Revised and
Approved 6-30-66

Colin W. Edwards
Colin W. Edwards
Master Mechanic
Shop 56
(Reviewing Official)

EXHIBIT K DATE _____
WITNESS B. G. Smer
Mary A. Whitney 682-1427

GENERAL SAFETY AND HEALTH PRACTICES

For your personal safety on the job, it is necessary that safety rules be followed at all times. Accidents of an unavoidable nature seldom occur. Most cases are caused by personal carelessness.

The pipecoverer should be familiar with the General Safety Rules, published by the Shipyard. A few of the more important General Safety Rules, and some of the specific rules pertaining to your job, are listed as follows:

1. Use personal safety equipment provided for your protection.
2. Report any unsafe condition as soon as noted.
3. Never engage in horseplay or practical jokes.
4. Watch where you are going.
5. Heed warning signs.
6. Carry sharp instruments in a sheath.
7. Cut materials away from yourself, never towards you.
8. Do not pull towards your face when twisting wire with your pliers or sewing.
9. Always bend the ends of wire so that they will lie smoothly against the insulation.
10. Secure material and equipment so it cannot be knocked off when working from staging or above other personnel.
11. Do not pile material in passageways or hatchways.
12. Do not spread drop cloths over an opening or uneven surface.
13. Always keep one hand free when carrying material.
14. Handle asbestos and glass materials carefully to avoid their dusts.
15. Goggles must be worn while working with silicate.
16. Power equipment can be extremely dangerous. Use great caution when working with the power knife, sewing machine, stapler, band saw, or sander.
17. Place scrap styrofoam or cork pieces over sharp fastening devices to prevent injury to co-workers during glass board installation.

18. Sprinkle ~~amosite~~ with water whenever possible to keep dust down.
19. See that your chest is X-rayed at least once a year to detect the possibility of silicosis or asbestosis.

INDUSTRIAL DUSTS

Characteristics of the pipe covering and insulating operations in the shipbuilding industries are such that proper personal safety precautions must be adhered to at all times. Each individual pipe coverer and insulator employee is required to check out and use a respirator when working in insulating areas where there is any danger from exposure to harmful insulating dusts. Supervisors should insure that their men are properly protected at all times with proper safety equipment and adequate ventilation. Supervisors are not relieved of responsibility by merely instructing their men to use safety equipment, they are obligated to follow up and insure that protective measures have been implemented for their crew's health and welfare.

Industrial dusts of all forms have long been thought of as a production evil. Sometimes taken quite seriously, and sometimes taken with a grain of salt, or we might add sardonically, with a micron of silicosis!

Proper control of all harmful industrial dusts can be obtained only through the combined efforts of the workers and management working together to minimize exposures to critical dusts and fumes.

The "old timer" or "smart character" may look on humorously as an informed and cooperating worker carefully adjusts his respirator before ripping off reams of amosite or asbestos piping insulation preparatory to a piping alteration. However, it will be the cooperating worker who will have the healthier pair of lungs at the end of the day.

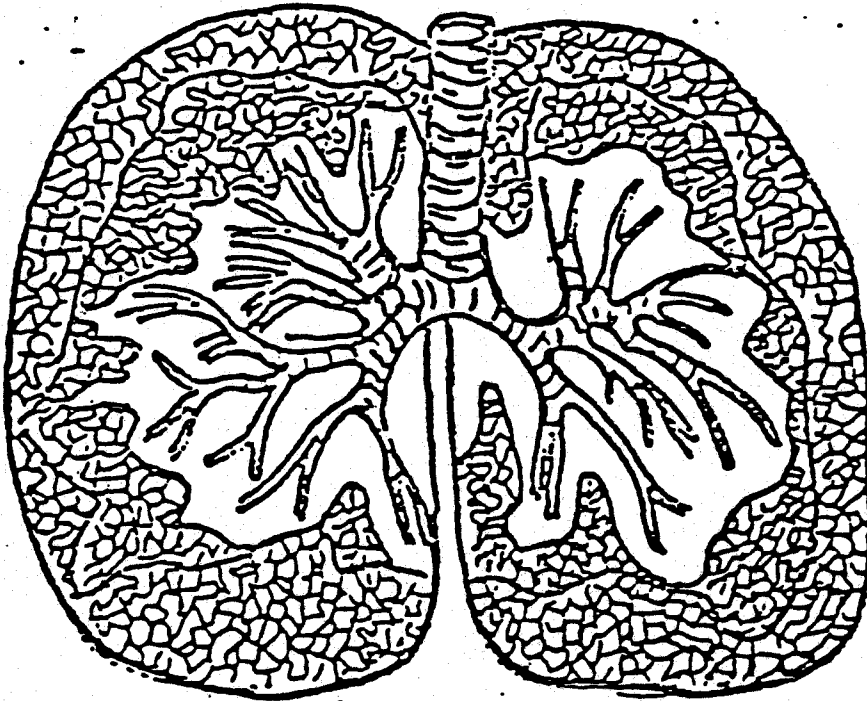
While "Pneumoconiosis" is the technical term applicable for such infections as Miner's Asthma, "Miner's Phthisis," "Grinder's Rot," and many others, "Asbestosis" and "Silicosis" are the two most harmful and common lung infections of the pipe covering and insulating trade.

As of recent years these two diseases or infections had become important enough for the Naval Medical Department to compile a health survey of all pipe covering operations in the construction of Naval vessels. Four shipyards were examined, two private yards, and two Naval shipyards, with the following conclusions or analysis:

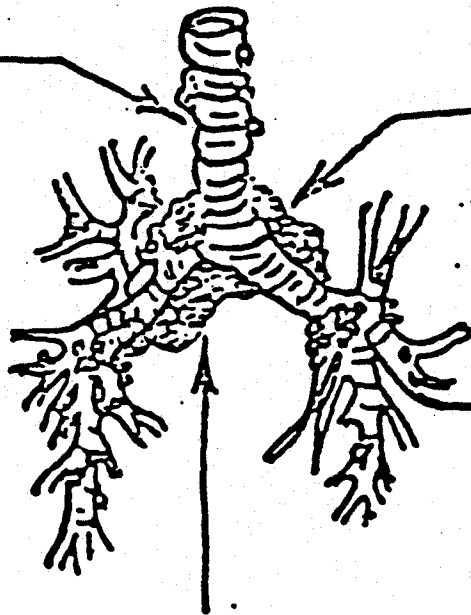
The infectious characteristics of insulating materials, such as diatomaceous earth (a form of amorphous Silica), asbestos dust, glass or rock wool, and Magnesite, are harmful and do damage to the respiratory system when breathed in excessive and constant amounts.

The nature of the pipe covering operations are such that constant exhaust ventilation must be maintained at the rate of 10 to 15 complete air changes per hour in critical areas where insulating materials are being cut by bandsaw, ground, mixed, or molded. All pertinent machines must be equipped with separate exhaust systems.

HUMAN LUNG
CUT AWAY VIEW
SHOWING WIND PIPE.



INFECTED
WIND PIPE
(TRACHER.)



VARIOUS
BRONCHIAL
LYMPH
NODES.

LYMPH NODE DEVELOPEMENTS
FROM BREATHING HARMFUL
INDUSTRIAL DUSTS.

Further, all layout tables, sewing rooms, (urinating rooms, shop and ship compartments where insulating operations are taking place must be properly ventilated to provide 5 to 10 complete air changes per hour.

"Asbestosis" and "Silicosis" result from breathing relatively long asbestos fibers, 15 to 75 microns in length or $3/1000$ of an inch, complicated or further antagonized by additional particles of diatomaceous earth, and other insulating materials.

An example of the lung structure with its delicate parts has been included to stress the importance of proper safety or health precautions while performing pipe covering and insulating operations.

PIPE AND COPPER SHOP
PUGET SOUND NAVAL SHIPYARD
Bremerton, Washington

EXHIBIT J-43 DATE 8-4-82
WITNESS Bessmer
Mary A. Whitney 682-1427

16 January 1969

MEMORANDUM TO ALL P. C. & I. EMPLOYEES

Subj: Respirators, wearing of

PURPOSE: To insure that all P. C. & I. personnel know the types of respirators available and the requirement of wearing them.

BACKGROUND: Asbestosis and Silicosis are the two most harmful and common lung infections of the pipecovering and insulating trade. In recent years Industry in general and the Navy Medical Department in particular have conducted health studies in the construction of Naval Vessels. These studies have resulted in enlarging our safety precautions. The Industrial Hygenists at Puget Sound Naval Shipyard have made a thorough study of respirators and have given Shop 956 their findings.

1. All P. C. & I. employees will have a respirator with them at all times on their worksite. The three makes best suited for shipboard work are available in Shop 956 Toolroom. They are:

- (a) Safeline Respirator
- (b) Acme "Duo Seal" Dust Respirator
- (c) Dust Poe #66 (with the black rubber facepiece)

These are the only ones authorized for use by P. C. & I. personnel.

2. All P. C. & I. personnel aboard ship handling asbestos or asbestos material shall wear their respirator when working in the vicinity of asbestos installation or ripout, regardless of the general ventilation provided to the work area. Ventilation in a space does not insure that all areas in that space are adequately ventilated.

3. Shop personnel working with asbestos outside the regular P. C. & I. shop will wear a respirator.

4. P. C. & I. supervision will take the necessary steps to be sure that all P. C. & I. personnel are conforming to this directive.

C. W. Edwards
C. W. EDWARDS
Superintendent II, Pipefitter
Shop 956

EXHIBIT 26 DATE 8-4-82
WITNESS h. stanley
DUANE C. STANLEY 682-1427

(735)
6270/2056
17 Mar 1959

MEMORANDUM FOR SUBCOMMITTEE II FILTER

Subj: Airborne asbestos dust; control of

Ref: (a) C.A. Mangold, R.R. Dockett, D.J. Essner, "Asbestos Exposure and Pulmonary X-Ray Changes to Pipe Coverers & Insulators at Puget Sound Naval Shipyard" of Aug 1958
(b) Memo for Group Superintendent, Machinery, Subj: Respiratory Protection for Pipe Coverers & Insulators, Shop 956, of 10 Jan 1959

Encl: (1) Drawing 1 - Downdraft Ventilated Table Design
(2) Drawing 2 - Downdraft Ventilated Table Alternate Design

1. Purpose. To outline change of work methods that will reduce asbestos dust exposures aboard ship.

2. Background. Long term studies (reference (a)) show that certain work practices aboard ship are major contributors to the production of asbestos dust in the breathing zone of Pipe Coverers & Insulators. The high rate of pulmonary abnormalities among insulators requires the reduction of such exposures. Respirators were specified in reference (b) as an immediate control measure to prevent exposures until other methods, such as change of work practice or engineering control, adequately reduce overall exposures.

3. Discussion. A study of asbestos material handling practices aboard ship shows that a change of work practice will confine or limit dust production. Change of work practices is a promising method of reducing asbestos dust concentration in ships' compartments and minimizing exposure to other tradesmen as well. Close material control and change of work practices will reduce the number of costly engineering controls required and will reduce uncontrolled airborne asbestos dust to such low levels that respiratory protection may not be required. This is the ultimate goal.

A number of suggested control methods are listed which show promise. The list is not complete, but may provide a nucleus of ideas.

4. Suggested Control Methods.

a. Installation aboard ship.

(1) Ventilated cutting tables. The design criteria for two types of small cutting tables for use aboard ship have been presented to Mr. Shute and Mr. Sacker (enclosures (1) and (2)). The ventilated cutting tables can be attached to a 3" sucker or an industrial vacuum cleaner, whichever is readily available. When suckers are used the exhaust must be filtered or discharged outside the ship. Minimum air flow requirements will be specified after actual trials. All heavy block cutting should be conducted on such down-draft ventilated tables.

000487

(2) Ventilated work and material control stations.

(a) Deckside. All cutting, sawing, and fitting of asbestos products conducted deckside should be under ventilated conditions. Material control stations could be converted to large ventilated booths, or portable cutting booths could be placed inside the material control station. Either idea is feasible. Both are used in other types of industry to control dust. The minimum face velocity should average 50 fpm across the face of the hood entrance.

(b) Shinboard. Small ventilated booth-type cutting stations, portable by crane or in collapsible sections, could be set up to control dust at pre-cutting and processing stations on lower decks. The minimum face velocity should be 50 fpm and the exhaust should be filtered.

(5) Plastic tarps. Heavy plastic tarps should be placed under all cutting stations or areas where dropping materials cannot be adequately contained to facilitate clean-up.

(6) Plastic waste bags. Excess asbestos materials and scrap should be placed in plastic bags, sealed, and removed from the ship. After the scrap bags leave the ship, the asbestos may be disposed of as ordinary waste. Burlap bags should not be used because they disperse fine asbestos dust.

(5) Encutting. Asbestos material cutting should be conducted under ventilated conditions, preferably in a hood. Cutting is one of the greatest producers of uncontrolled asbestos dust in ships' compartments.

(6) Modular assembly. Whenever possible, modular assembly of asbestos material around piping should be conducted in ventilated stations, hoods, or on open decks when natural ventilation exists.

(7) Wetting down. All asbestos material to be applied to piping should be wet if possible. Thoroughly wetting the asbestos will reduce dust production from one-half to two-thirds the original value produced by dry materials.

(8) Plastic bag mixing. Small quantities of asbestos mud may be mixed with water and kneaded in a plastic bag. This may include dry mixing of two or more materials. The dry handling phase produces high airborne dust levels. This was the subject of a Beneficial Suggestion that Code 730 recommended for approval.

(9) Plastic bag delivery. Small pre-cut parts and dusty asbestos material can be sealed in plastic bags and delivered to the job site. This technique may facilitate material control and identification as well as control dust.

(10) Vacuuming. Ordinary brooms or brushes should not be used for cleaning up scrap or dust containing asbestos, instead portable industrial vacuum cleaners should be. The brooms and brushes disperse considerable quantities of fine asbestos dust which will remain suspended for many hours in compartments where exhaust ventilation is poor.

(11) Containment tents. When extremely dusty situations are encountered, the process can be enclosed in a plastic containment. The containments need not be elaborate, such as required for control of radioactive particles. The tents may either be ventilated or unventilated but where ventilation is required, a sucker or suitable exhaust ventilation source may be attached to the tent to control the dust.

(12) Cutting cloth. Asbestos material should not be ripped or broken. Otherwise, high concentrations of asbestos dust are produced in the insulator's breathing zone. All materials should be cut with scissors, knife, or electric cutting tool such as used at the shop ventilated cutting tables.

(13) Asbestos material should not be shaken, thrown, or unnecessarily handled.

b. Ripout. Ripout probably produces the highest overall asbestos dust exposure to insulators and nearby workmen aboard ship. The following control suggestions are re-emphasized because they will greatly reduce dust production during rip-out.

(1) Plastic drop-cloths. Large plastic drop-cloths should be placed under the ripout of asbestos aboard ship to prevent dust and debris from falling to lower levels. When such debris falls on the deck and to lower levels, considerable quantities of fine airborne asbestos fibers are dispersed. Ropes may be tied to the corners of the cloth, which is then suspended closely beneath the ripout location to catch falling debris.

(2) Wetting. Techniques should be developed to thoroughly wet asbestos material to be ripped out. Wetting reduces the airborne dust substantially but the hard covering on asbestos insulation makes wetting difficult. Perhaps the impervious shell could be pierced with a probe from which water may be injected from a pressure hose. To our knowledge, this idea has never been tried.

6268/2356
17 Mar 1969

(3) Plastic waste bag. Large plastic waste bags should be made available for scrap. They should be sealed and removed from the compartment when filled.

(4) Ventilated containment tents. Large plastic ventilated containment tents could be used to contain ripout locations. The local exhaust ventilation could be attached directly to the tent, thus controlling the spread of airborne asbestos dust.

5. Recommendations.

a. The change of work practice ideas presented above should be reviewed and those acceptable to Shop 956 initiated in the required day to day work practices. A trial period is recommended for each specific recommendation so that improvements and innovations can be incorporated in final designs and techniques, especially the ventilated cutting tables.

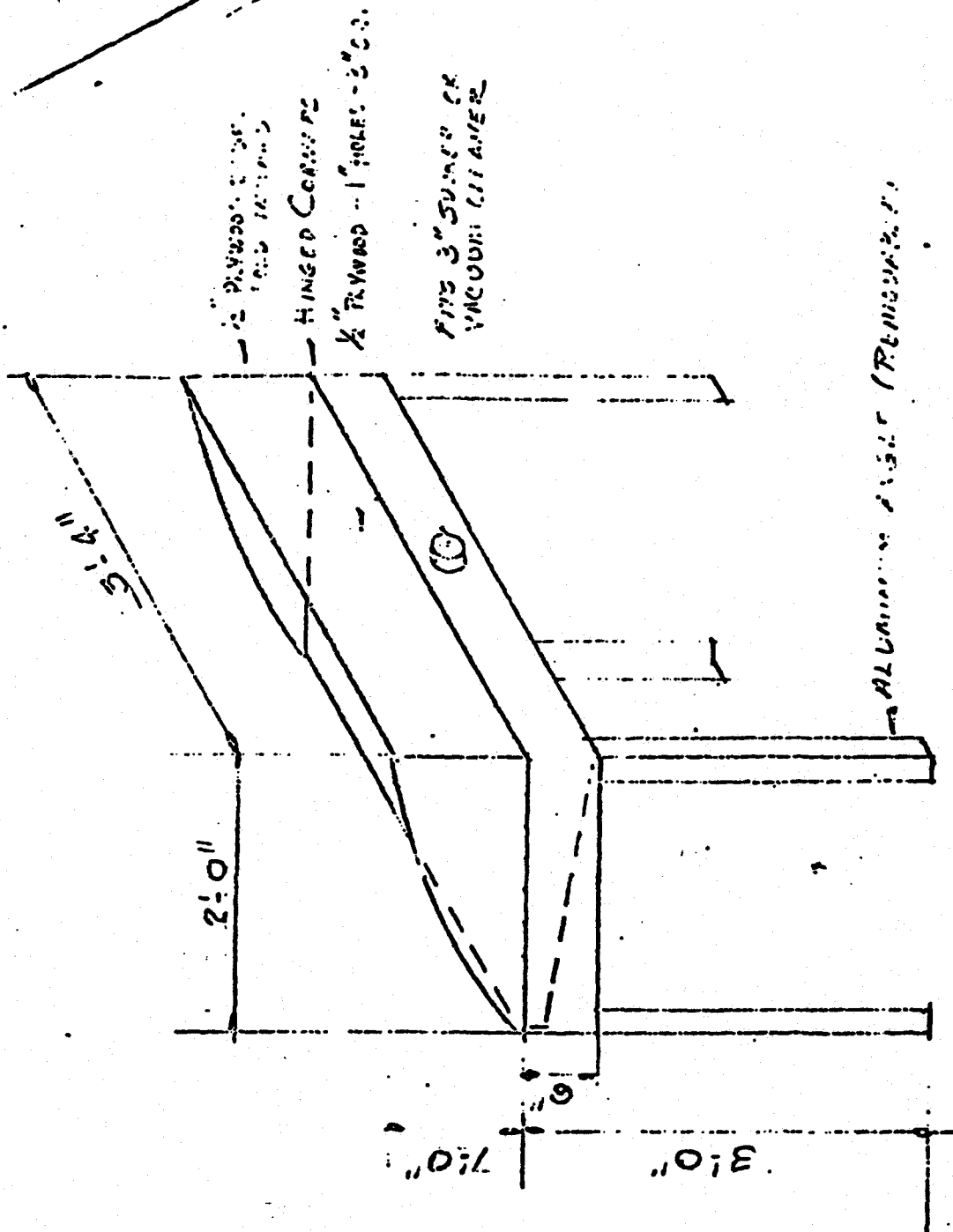
b. Code 730 would gladly participate in brainstorming sessions with Shop 956 PCLI supervisors to uncover other acceptable change of work methods which will reduce asbestos dust production.

c. Code 363 should review change of work practices for methods improvement.

6. Code 730 appreciates the cooperation extended by Mr. Shute and Mr. Sacker.

D. J. BESSMER
Head, Industrial Hygiene Division
Medical Department

Copy to:
Superintendent I, Shop 941
Group Superintendent, Machinery ←
Code 363



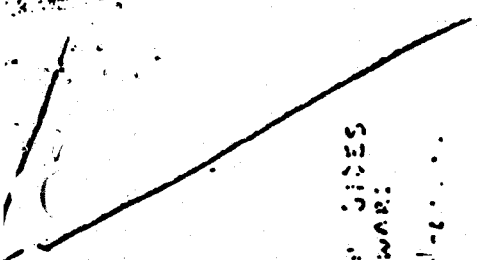
PORTABLE VENTILATION CUPPING TABLE

FOR FULL DESCRIPTION OF THIS TABLE

Enclosure (1)

000491

10



100

1

MT-PWHD-010569

(730)
6260/703
6 May 1969

From: Commander, Puget Sound Naval Shipyard
To: Officer in Charge, Naval Ship Engineering Center
Philadelphia Division

Subj: Shipyard Practices in Combatting Hazards Attending Use of Insulating Materials; information concerning

Ref: (a) NAVSECPHILADIV Project FA-287
(b) NAVSECPHILADIV ltr 6764:NA:lal 9390(FA-237) Ser 674, of 23 Apr 1969
Subj: Shipyard Practices in Combatting the Hazards Attending Use of Insulating Materials; request for information concerning

1. As requested by reference (b), the following information is submitted for use in reference (a):

a. Question: What insulating materials are presently being used for piping and boiler insulation and what rationale is being used for considering non-asbestos containing substitutes?

Answer: Sectional fibrous glass, blanket fibrous glass, foam plastic, and foam glass materials are being used in place of asbestos to a large extent. However, it has been impossible to substitute for sectional asbestos or block asbestos for high-temperature piping insulation. For insulation on piping above 125° in engineering spaces, magnesia compounded with asbestos fibers as a binder is used together with asbestos cloth covering. Boilers and turbines are generally insulated with fibrous glass covered with asbestos cloth where not subject to abuse. If subject to abuse, magnesia blocks compounded with asbestos fibers is used, and covered with asbestos cloth. The latter situation occurs about 70% of the time, the former about 30%. Cold and hot fresh water piping is insulated with fibrous glass, snap-on type, covered with asbestos cloth. Foam plastic insulation (MIL-P-15280) is being considered for all cold surface piping in lieu of glass. This should not require asbestos cloth covering except portions subject to abuse. Steam heating piping is insulated with 1" thick snap-on glass (Spec. MIL-I-22) and asbestos cloth. The primary rationale being used for considering non-asbestos containing substitutes is preservation of the health of exposed workers.

b. Question: What areas other than piping and boilers are being insulated with asbestos? Are adequate alternate materials available for these applications?

Answer: Asbestos materials are also used for insulating such equipment as O₂-N₂ Plants, steam catapult accumulators, heat generating propulsion components aboard submarines, portable covers of hot fittings, turbines, evaporators, steam drums, etc. In some cases, alternate materials may be suitable but are not authorized nor approved.

EXHIBIT 33 DATE

WITNESS

DIANE C. STANLEY

EXHIBIT 44

WITNESS

Mary A. Whitney

DATE

682-1427

6 May 1969

c. Question: What safety precautions are being observed during the fabrication, installation and rip-out of insulating materials?

Answer: Respiratory protection in the form of dust respirators is mandatory for personnel working with asbestos. Wherever practicable, local exhaust ventilation is used. Vacuum cleaners are used for cleanup. Waste asbestos is packaged in plastic bags. An aggressive program of worker education and change of work practices is under way. Fabrication work in the shop takes place in ventilated enclosures.

d. Question: What appropriate written instructions are available concerning shop and ship practices for insulation workers?

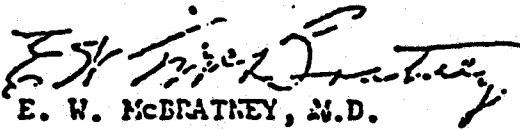
Answer: A Safety Manual, which is issued to each employee, contains a brief reference to the use of respiratory protection when working with asbestos. The shop has issued several memoranda requiring the wearing of respiratory protection. The Work Practices Manual for Pipe Coverers and Insulators contains a section on the hazards of asbestos and the required precautions for its use. This manual is presently obsolete and is being rewritten. A copy of this manual was forwarded earlier to NAVSEC, Washington, D.C., Code 6101C. No further copies are available.

e. Question: What is the incidence of respiratory problems encountered by personnel engaged in the fabrication, installation and rip-out of insulating materials?

Answer: An epidemiological study conducted at this Shipyard over a period of two and one-half years shows that pipe coverers and insulators have an incidence of 21% positive respiratory findings on chest X-rays compared to 3.5% for boilermakers, and about 1% for all other trades. These positive chest X-ray findings are not necessarily diagnosed as asbestosis.

f. Question: What recommendations for preventing the bioeffects of asbestos dust and fibers on exposed insulation workers can be made?

Answer: Substitution of materials of lesser toxicity and changes in work practices appear to be the most satisfactory solution. Interim measures require the use of respiratory protection and exhaust ventilation.


E. W. McBRATNEY, M.D.
Medical Director
By direction

IN REPLY REFER TO
BUMED-732-SHB:snp
10 December 1969

Mr. J. J. Bessmer
Head, Industrial Hygiene Division (Code 730)
Puget Sound Naval Shipyard
Bremerton, Washington 98314.

J-46
WITNESS BESSMER
Mary A. Whitney 682-1427

Dear Dan:

I want to send you my special thanks for the eleven photographs of the asbestos control measures. They are now on grand display in the lobby of Building 7 of the Bureau of Medicine and Surgery.

Last week, while on a visit to the Pearl Harbor Naval Shipyard, I discussed your excellent asbestos control program with the Commanding Officer, Captain Barnhardt. I suggested that a member of the Industrial Hygiene Division and a member of the lagging shop visit your shipyard for the purposes of observing shop and shipboard control measures.

In the event that the Navy Industrial Hygiene Association offers speakers on various aspects of Navy Industrial Hygiene, I think it would be well that Carl Mangold deliver a paper regarding asbestos control measures at Detroit in 1970.

Thanks for the photographs, and advise if I may retain them.

Sincerely,

S. H. Barbo

S. H. BARBOO
LCDR, MSC, USN
Head, Industrial Hygiene and
Safety Branch

Copy to:
Alex Munton, PONS

EXHIBIT 22 DATE 8-4-82
WITNESS DIANE C. STANLEY
682-1427

From: INDUSTRIAL HYGIENE DIVISION, Code 730, Ext. 729-9596
To: Group Superintendent, Machinery

Ref: (a) NAVSHIPYDEREMINST 6260.6
(b) NAVSHIPYDBREMINST 10330.3C

EXHIBIT J-47 DATE 4/28/67
WITNESS BESSMER
Mary A. Whitney 682-1427

1. In accordance with references (a) and (b), the hazardous material described below is cleared for purchase and use only as indicated. Code 730 may be contacted for further information.

- a. Material name: #301 CEMENT
- b. Manufacturer: Johns-Manville
- c. Your identification: _____ Date: 4-28-67
- d. Material to be used for: lagging cement
- e. Method of use: Hand mixing and application
- f. Location of use: Shop 956
- g. Label all containers with Label Number 3 TOXIC (S&A 9987)
- h. Contains Asbestos, the primary hazardous ingredient which should be written on the label. Include this information on future orders for this material in accordance with reference (b).
- i. Recommended substitutes of lesser toxicity, greater economy, better efficiency:
FSN _____ Name _____

HAZARDS

Type of Hazard

- ☐ Fire and explosion hazard
☒ Contact hazard
☒ Inhalation hazard
☒ Hazard if swallowed
☐ Radiation hazard
☐ Hazardous when decomposed by:
 ☐ Heat ☐ Light ☐ Chemicals

Degree of Hazard

- | | | |
|---------------------------------|--|--|
| ☐ slight | ☐ moderate | ☐ severe |
| ☐ slight | ☒ moderate | ☐ severe |
| ☐ slight | ☐ moderate | ☒ severe |
| ☐ slight | ☒ moderate | ☐ severe |
| ☐ slight | ☐ moderate | ☐ severe |
| ☐ slight | ☐ moderate | ☐ severe |

PRECAUTIONS

- ☒ Use local exhaust ventilation (dust)
 ☒ confined or poorly vent'd spaces only
☒ Use respiratory protection (dust)
 ☒ confined or poorly vent'd spaces only
☒ Avoid skin contact
☒ Do not swallow
☐ Keep away from:
 ☐ Fire ☐ Heat ☐ Light

- ☐ Keep away from: ☐ Organic Mat'l
 ☐ Alkalies ☐ Acids
☐ Minimize time of exposure
☐ Keep safe distance away
☐ Use proper shielding
☐ Medical clearance of exposed personnel required

NOTE:

- () Composition data requested from manufacturer. A revised Evaluation notice will be forwarded, if necessary.
(x) Revised Evaluation notice.

D. J. BESSMER

000386

DATE 6 April 1967

STATEMENT OF PROBLEM

To evaluate hazards of brass dust in ships' propeller sanding and polishing operations.

LOCATION Shop 31, Bldg. 431, ground floor, Bench Section

ORIGIN OF INVESTIGATION

Calls from Metal Trades representative, and Mr. Gianotti

DATE INVESTIGATION STARTED

6 April 1967

DATE INVESTIGATION COMPLETED

DATE RECOMMENDATIONS CARRIED OUT

FINAL DISPOSITION

INSTRUCTIONS (See reverse side and additional sheets if required. Include all laboratory and field data, calculations, observations, methods used, references, etc.)

Machinists working in the vicinity of propeller sanding operations complain of excessive dust causing concern, discomfort, foul tasting cigarettes. Preliminary investigation showed propeller sanding taking place in a temporarily screened area in the Bench Section Shop 31, ground floor. Air driven disc sanders were used. The air exhaust contributes to a visible wide dispersion of brass dust. Sanders were wearing dust respirators and eye protection. A visual inspection of the surrounding areas indicates wide dispersion of the brass dust up to 40-50 feet distant from the sanding operation. As an interim measure, it was recommended that the work continue (on the basis that any injury would take ~~more~~ a considerable exposure over a period of time to develop), complainants wear dust respirators, electric sanders be used, preferably with a dust collector attachment. Mr. Gianotti and Mr. Wortman were contacted. Mr. Wortman will recommend removal of the operation to the outside. However, there are restrictions on storing propellers in industrial atmospheres in unheated spaces. It apparently cause "dezincification" with cracking. Under such conditions, the props must be coated with preservative, after a specified number of days. Suggest dust samples be taken with appropriate recommendations.

EXHIBIT

J-48

DATE

WITNESS

Bessmer

Mary A. Whitney

682-1427

1000735

SIGNATURE

D. J. Bessmer



RECEIVED

PANowinski:jf

Washington, D.C. 20530

DEC 19 1983

~~610-2~~ 803-3

BECKER & CHAMEIDES

December 16, 1983

Telephone: (202) 724-8246

Steven B. Chameides, Esquire
1819 H Street, N.W.
Washington, D.C. 20006

Dear Steve:

While in St. Petersburg for Johns-Manville's deposition of Frank V. Connolly, Jim Green and Rodger Wilson advised me that Johns-Manville desired to take the deposition of Daniel J. Bessmer. On October 3, Bob Andre, counsel for Manville Corporation in Seattle, Washington, telephoned Assistant United States Attorney, Christopher L. Pickrell, to advise that Johns-Manville intended to notice a two-day videotape deposition of Mr. Bessmer sometime in November in Seattle. Mr. Andre asked if the Government would voluntarily produce Mr. Bessmer in lieu of requiring Johns-Manville to subpoena him.

Mr. Bessmer was employed from 1942 to 1972 as an Industrial Hygienist and as a health physicist at several Navy installations. He is now 67 years of age and retired. He has previously given three long and repetitive depositions in the asbestos litigation. Without his agreement, he has been listed by other asbestos industry defendants as a "non-medical expert witness" in state and federal court actions wherein his proffered testimony has been characterized as follows:

Industrial Hygienist at Puget Sound Naval Shipyard (PSNS); with knowledge of the U.S. Government's awareness of potential health hazards associated with the use of asbestos-containing insulation products at Government shipyards; with knowledge of work-place conditions at PSNS; with knowledge of health studies conducted at PSNS relative to asbestos exposure; and with knowledge of the PSNS program to control asbestos exposure.

December 16, 1983

In May 1983, a motion for a protective order was filed on behalf of Mr. Bessmer and others in consolidated asbestos litigation pending in the United States District Court for the Western District of Washington.

Mr. Bessmer had been subpoenaed to appear at his third deposition in those actions and had requested representation pursuant to 28 C.F.R. § 50.15. This motion requested an order permitting one further deposition of Mr. Bessmer to preserve his deposition by videotape recording and to protect him from further annoyance, embarrassment, oppression and undue burden or expense. In support of Mr. Bessmer's application, it was represented to the court that:

[S]uccessive asbestos litigation depositions already have become an annoying and burdensome disruption of his retirement, and future court appearances may aggravate a medical condition which he has developed.

This and related applications for identical relief on behalf of others similarly situated resulted in identical orders made by the United States District Courts at Seattle and Tacoma and the Washington State Superior Courts for King and Kitsap Counties, prohibiting further depositions of Mr. Bessmer "in this jurisdiction by any party, except upon prior application and order of the Court of the Special Master for good cause shown." Mr. Andre has conceded notice of these applications and orders for Mr. Bessmer's "final" deposition.

In light of these circumstances, I personally met with Mr. Bessmer at his home in Bremerton on December 6. His heart condition is currently under control. At my request, he has agreed to a deposition in this case on condition that it be limited to four hours. He would very much prefer that it be deferred until March, after the rainy season. He will not voluntarily testify to any opinions in his fields of training and experience.

I suggest that before March, we meet here at a mutually convenient time to review the three-cassette videotape recording of Mr. Bessmer's two-day deposition on May 31-June 1, 1983, to evaluate how further examination of Mr. Bessmer may be limited by stipulation or otherwise. In this regard, however, you should know that as long as Mr. Bessmer is available to testify, the Government will oppose any effort in this suit to use his prior testimony from other proceedings.

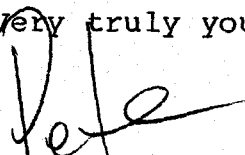
Steven B. Chameides, Esq. - 3 -

December 16, 1983

I look forward to hearing from you about this matter.

Thank you.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Peter", written over the typed name.

PETER A. NOWINSKI
Special Litigation Counsel
Torts Branch, Civil Division

12-4604-5

BECKER & CHAMEIDES

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SUITE 2334

NEW YORK, NEW YORK 10004

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RECEIVED

DEC 22 1983

LEGAL DEPARTMENT

December 19, 1983

Robert D. Batson, Esq.
Rodger Wilson, Esq.
Johns-Manville Corporation
Legal Department
Post Office Box 5723
Denver, Colorado 80123

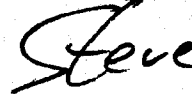
Bessmer Deposition
Our Reference: 803-2

Dear Bob and Rodger:

Enclosed for your information is a copy of a letter from Peter Nowinski, together with my preliminary reply. Obviously, Nowinski is very nervous about this point. Let's discuss how to proceed, particularly in response to Nowinski's point that he would oppose the use the Bessmer's prior testimony.

With best regards,

Sincerely,



Steven B. Chameides

/pdf
Enclosures
cc: H. Marsh/with enclosures

MT-PWHD-010578