

WORKERS' COMPENSATION CLAIM

CLAIM NUMBER 239-36-6812

STATE NORTH CAROLINA

HEARING DATE 10/22/80

JOSEPH W. HOLLAND VS. JOHNS-MANVILLE SALES CORPORATION (THIRD PARTY SUIT)

NAME OF EMPLOYEE	DATE OF ACCIDENT	DESCRIPTIVE INFORMATION PERTAINING TO CASE
Joseph W. Holland	10/22/80 Hearing Date	Letter from L. Johnson dated 05-21-80 regarding this Asbestosis Claim. (Attached letter regarding the ruling of the North Carolina Industrial Commission on the status of health claim. Record of telephone messages taken from 5-30-80 thru 6-6-80. Letter to W. Arnold dated 7-8-80 indicating Mel's response to Wilmington would be to make no response to the attached letter from Hutchins Attorney At Law, dated 6-11-80 since it was not relating to a specific person, etc. (Reference was to a Mesothelioma Claim.) Letter from Loyman Richoux dated 7-24-80 serving as an acknowledgment of Mel's 7-8-80 letter in which he was in agreement with Mel's response. Memo to file dated 11-18-80 from R. E. Moore regarding medical findings. Memo from L. Johnson dated 11-24-80 indicating that final settlement would be determined following two additional appearances before a member of the Medical Advisory Committee to Industrial Commission. A copy of transcript and rulings relating to the North Carolina Industrial Commission hearing was attached. It was noted that a diagnosis of as little as 1% in any level of severity for asbestosis automatically qualifies an individual for 104 weeks compensation. Letter to C. E. Wilson dated 03-11-81 regarding Civil Summons. (Materials relative the subject were attached.)

WORKERS' COMPENSATION CLAIM

CLAIM NUMBER 239-36-6812

STATE NORTH CAROLINA

HEARING

DATE 10/22/80

CONTINUATION FROM PAGE 1

NAME OF EMPLOYEE	DATE OF ACCIDENT	DESCRIPTIVE INFORMATION PERTAINING TO CASE
Joseph W. Holland	10/22/80 Hearing Date	Medical Diagnosis prepared by H. A. Saltzman, M.D. dated 07-29-80. Article entitled "Raybestos Workers Settle Asbestos Claims, Possibly Setting Precedent for Industry" dated 03-16-81 taken from <u>The Wall Street Journal</u>. Letter from L. G. Johnson dated 04-22-81 requesting advise in response to an attached letter from Smith Moore Smith Schell & Hunter, Attorneys & Counsellors At Law. Letter from B. G. Womble to above Attorneys & Counsellors At Law dated 04-28-81. This letter stated the Company's policy in regard to any document request in connection with litigation be complied with only upon presentation of a proper court order. (Cover letter was from L. Johnson dated 04-28-81.) Copy of Subpoena To Produce Document or Object given to B. G. Womble dated 05-19-81. Memo from H. M. Winegard dated 09-01-82 requesting advise in responding to interrogatories that were attached. Article taken from the Wilmington "Morning Star" Newspaper dated May 18, 1983 entitled <u>Asbestos</u>. Letter to Wilmington Works from F. E. Wallace dated September 9, 1983. Attachment consisted of a copy of a Notice which is being filed in the above-captioned matter on behalf of the defendant, Forty-Eight Insulations, Inc.

Form
M-03

N7 7 630

MEDICAL NOTE

Dr. Saltzman

MPDC

7/29/80

The patient is a 50-year-old man who has worked for a number of years for Babcock and Wilcox. In the course of this work, between 1952 and 1970 he was exposed to asbestos fibers. The exposure was perhaps heavier and was associated with the onset of relevant symptomatology between 1965 and 1970. I note that his involvement was associated with boiler manufacturer and testing. The patient has been referred by the Travelers Insurance Co. and the Industrial Commission for a further assessment of this problem and for an appropriate quantitative judgement as to the extent of impairment.

CHIEF COMPLAINT: Asbestosis.

HISTORY: During the past five years the patient has been aware of progressive breathlessness. At this point in time he can walk without dyspnea, at a slow pace, on level ground. Exercise of greater magnitude will induce acute dyspnea. He does not have orthopnea. The patient is bothered by a chronic cough productive of sputum, particularly in the morning. The sputum may be brown or green. He breathes more easily after expectorating sputum in the morning. There is an approximate 30-35 pack year cigarette smoking history. He did terminate cigarette smoking approximately five years ago. The review of systems otherwise was positive for swelling of the hands with physical activity. The past medical history otherwise was positive for the usual childhood illnesses, an appendectomy and tonsillectomy. The family history was positive for hypertension and cardiovascular disease.

Physical examination revealed a well developed white man. Vital signs: weight 200; height 5'8 1/2"; BP 118/82; respirations 16; pulse 74.

Skin: no acute eruptions.

Head, Neck: benign fundi, normal ocular motion, no acute inflammation of mucous membranes, adequate nasal passages, supple neck without masses.

Thorax: symmetrical, adequate excursions. Normal resonance. Persistent inspiratory subcrepitant (velcro) rales at both bases.

Cardiovascular: regular rhythm, no murmurs. No edema. Intact peripheral pulses.

Breasts: no masses.

Abdomen: no masses.

External genitalia: normal to inspection and palpation.

Rectal: good sphincter tone, normal sized prostate gland. Chemical test of stool negative for occult blood.

Extremities: no gross deformity

Neurologic: intact.

Assessment:

- 1) asbestosis.
- 2) history of cigarette abuse - *chronic bronchitis*
- 3) increased body weight
- 4) swelling of hands-cause not clear.

Recommended management:

- 1) data base to be expanded with complete blood count, urinalysis, 14 blood chemistries, ECG, chest x-ray, pulmonary function tests, cardiorespiratory stress test and a

N7 7 630

Dr. Saltzman

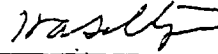
MPDC

7/29/80

cytologic examination of a fresh a.m. sputum.

I will review the results of these tests and prepare an appropriate assessment with a quantitative estimate of impairment.

2) my office will write to Mr. Misenheimer and request that previous x-rays be forwarded for comparison. An information release form has been signed.



Herbert A. Saltzman, M. D.

HAS/cm

D: 7/29/80

T: 7/29/80

cc: Patient

Travelers Insurance Co.

Urine: yellow and clear in appearance; pH 5.0; specific gravity 1.024; neg. protein; neg. sugar; rare WBC; neg. RBC; rare epithelial cells; neg. bacteria; neg. casts; neg. ketone bodies; neg. benzidine; bilirubin 1+; Ictotest neg.

CBC: hemoglobin 15.3 gms.%; hematocrit 45.5%; RBC 5.54; WBC 7,500; 61 neutrophils; 30 lymphs; 9 monocytes; 1+ microcytosis; adequate number of platelets. MCV 80; MCHC 33.8.

Chem 2: sugar 125; BUN 20

Chem 12: total protein 7.3; albumin 4.1; calcium 9.1; phosphorus 2.9; cholesterol 189; uric acid 7.5; creatinine 1.0; total bilirubin 0.7; alkaline phosphatase 128; LDH 216; SGOT 29.

EKG: normal sinus rhythm, rate 61; normal ECG; no comparison will be performed because no valid previous ECGs were found.

Chest x-ray: PA and lateral views of the chest show a slight interstitial component in the right lower lung field laterally and a moderate interstitial component in the left lower lung field. No definite alveolar process can be seen. Localized areas of pleural thickening are seen in both chest cavities. This is much more marked on the left than on the right. The heart and mediastinum are within normal limits. The findings as noted on these films would be consistent with clinical impression of asbestosis.

Sputum: Cellular changes consistent with squamous metaplasia.

Form
M-03

N7 7 630

ADDENDUM

Dr. Saltzman

MPDC

8/12/80

The test results are now available for review. The history of exposure, physical findings of subcrepitant basal inspiratory rales, the pulmonary function tests and chest x-ray picture all provide strong support for the diagnosis of asbestosis. Pulmonary function tests (attached) reveal moderate restriction and mild obstruction. ^{THE} Cardiorespiratory stress test revealed a maximum oxygen uptake less than predicted normal (70% of predicted value). This calculation is based on body weight. Recalculation of appropriate parameters, based on an ideal body weight, revealed an oxygen uptake in the normal range (87%). At his maximum effort, however, the patient was limited by impaired ventilation and gas exchange; his minute ventilation was 84% of the maximal voluntary ventilation and under the same conditions of maximal work a drop in arterial blood oxygen tension occurred (mild). Baseline resting arterial blood gases were 92 and 40 mmHg respectively for PaO2 and PaCO2 (normal). At the maximal level of exercise the PaO2 was 83 and PaCO2 was 38 mmHg.

The functional capability of the patient, as described by him, and the objective test results place him at the interface between Class II and Class III AMA impairment (respiratory). I interpret his whole body impairment to be approximately 40%. This impairment is attributed to asbestosis.

The level of airway obstruction detected on testing is mild and could reflect either the effects of asbestosis or of chronic bronchitis incurred from cigarette smoking. There is no evidence of ^{THE} the latter contributes to any substantial degree to overall impairment at this time.

The increased body weight is an aggravating factor, reducing the patient's overall level of functional capability significantly.

Recommendations:

1) this patient will need long term medical follow-up and supervision. His best health interest would be served by weight reduction to an approximate ideal level of less than 160 pounds. The past history of cigarette smoking and asbestosis exposure place him in the increased risk group in terms of malignant illness. Chest x-rays and medical check-ups should be performed at six month intervals..


Herbert A. Saltzman, M. D.

HAS/cm

D: 8/12/80

T: 8/12/80

cc: Patient

Travelers Insurance Co.