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February 2, 2018

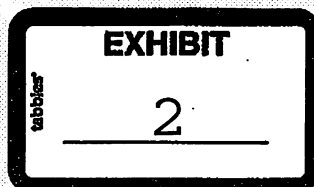
Marla Eskin, Esq.
Rachael Rowe, Esq.
✓ Darcy Watt, Esq.
John Brophy, ARPC

RE: Supplemental letter of facts to trust audit x-rays

Dear Counsel and Mr. John Brophy:

When we all first met in New Orleans at your request in June of 2016, you asked me questions regarding medical exams, letterhead, and pulmonary function testing. At the end of our meeting, I communicated that if at any time the Trust had an issue with my professional work, I asked that you contact me directly and allow me the opportunity to defend my medical work. My exact words to you were, "Please do not paint me with the same brush as any other doctor that has worked in asbestos in the past." I was transparent with you at that first meeting without having any of my own legal representation, and I am equally transparent with you today as I write this letter. I have attached a copy of the email I sent each of you on July 28, 2017 (See Exhibit #1), stating that I was available to meet with you at any time. I did not get a response email from any of you regarding a second face-to-face meeting and you later communicated that a second meeting was not necessary or practical. I recently received your letter dated January 24, 2018, which included software instructions and a thumb drive with copies of x-rays for me to review. While I really do appreciate you honoring my request to defend any of my medical and professional work, I am forced to do it remotely and reduce to writing instead of the much-preferred meeting in person with you and the Trust sponsored B-readers. I can only hope without any assurances that the facts laid out in my letter are taken seriously and passed on to my B-reader colleagues who are reading x-rays for the Trust audits. If the facts of my letter are not communicated to the Trust sponsored B-readers, we will never be on the same page or be able to create an unbiased, fair standard of professionalism that is required for this highly subjective diagnostic radiology issue and is clearly spelled out by the CDC/NIOSH B-reader Code of Ethics (Exhibit #2). The Code of Ethics states: "B-reader shall uphold the standards of professionalism, be honest and objective in all professional interactions. The B-reader shall recognize the limitations of chest radiograph classifications and shall not make clinical diagnoses about pneumoconioses based on chest radiographic classification alone."

Now just some quick background facts regarding your request. The original list of x-rays sent for my review totalled 39 (Exhibit 3), and it includes 9 x-rays for clients of the SBS law firm in Hattiesburg, Mississippi, and 30 x-rays for clients of the EJ Saad law firm in Mobile, Alabama. I have been in the process of trying to obtain the original films from the two law firms. This was delayed because I learned in this process that the EJ Saad law firm had been out of the business of doing asbestos work for over two years. I had managed to obtain 21 of the 39 x-ray copies of the original films and reviewed them. When I was given your thumb drive last week that you sent the SBS law firm, the x-ray total on the thumbdrive is 44 (Exhibit 4), not the same original 39 x-rays. Two workers' x-rays from the original list of 39, were



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omitted with no x-ray corresponding to them on the thumb drive. These workers are Thomas E. Gray and George W. Wilder. There were 7 new worker's x-rays added to the thumb drive, and these were identified for the first time having never been on the previous list. The names of these workers are James Burton, Alexander Campbell, Wiley Catron, Larry Fluty, John Hunter, Roosevelt Moran and Rufus Strong. I have no information on these 7 new workers as to if their x-rays passed or were failed by the Trust Sponsored B-readers (Exhibit 5). These 7 new added x-rays all have isolated bilateral lower lung zone markings, and I will address the significance of this fact later in this letter. I think that of the now 44 total x-rays on your thumb drive that still 9 workers are clients of the SBS law firm and 35 are clients of the EJ Saad law firm which is no longer involved in asbestos work.

The paragraphs below represent my concerns that unquestionably should be communicated to your selection of Trust auditing B-readers.

I, nonetheless, followed your instructions using the Radiant software program to identify lung markings that I considered to be related to possible occupational lung disease at the 1/0 profusion level. I even marked up the 9 chest x-rays of the 9 workers that were "passed" by the Trust sponsored B-reads who agreed with my 1/0 profusion level. I have enclosed for your reference the CDC/NIOSH Study Syllabus (Exhibit #6) which is our B-reader textbook. I want to quote from page 27 and 28, a statement that describes what you are requesting me to do. At the bottom of page 27 and top of page 28, it states: "It has been stated that when the profusion of pneumoconiosis opacities is minimal, there are few situations in diagnostic radiology in which the differentiation of the normal from the abnormal is more difficult. The availability of a 12-point scale of profusion for both small rounded and small irregular opacities may appear to indicate that profusion levels are easily distinguished and quantified. Such is not the case; however, particularly at the lower end of the scale where profusion levels of 0/1 and 1/0 must be differentiated. As a result, inconsistencies occur, and multiple readings may be necessary to resolve differences even among experienced B-readers. The bottom of page 27 and top of page 28 of the enclosed CDC/NIOSH Study Syllabus are highlighted for your reference. I also want to point out and refer you to the CDC/NIOSH Study Syllabus on page 29, the comments in regard to Study Chest X-ray #41, which states as follows: "This quadrant was originally selected as an example of R opacities occurring with a profusion of 0/1. Most subsequent reviewers, however, agree that it is better classified as profusion 1/0. It has been included to emphasize that judgments of profusion are subjective and at this level of profusion is difficult even for experts. The quadrant is probably best regarded as an example of a "boundary film" representing a profusion between a 0/1 and a 1/0.

Next, I want to make you aware that 50% or approximately 22 of the 44 selected chest x-rays on your thumb drive are marked with only bilateral lower lung zone involvement of potential disease at the 1/0 profusion level. This number of 22 x-rays have bilateral lower lung zone markings only, and this total of 22 was reached after you added the 7 new x-rays mentioned earlier in this letter. This is a much higher percentage of location of involvement on x-rays of the workers than what I see in my medical practice. I would estimate that less than 10% of the x-rays I read at the 1/0 profusion level involve just the bilateral lower lung zones and the overwhelming majority, or approximately 90% of the remaining 1/0 profusion level x-rays involve both the bilateral middle and bilateral lower lung zones. Your selection of half the 44 x-rays having involvement of only the bilateral lower lung zones which is 2 lung zones versus the more common 4 lung zones which includes the bilateral middle and lower lung zones makes what you are trying to accomplish with your audit exponentially more difficult. You are comparing the B-reader's subjective findings of subtle disease in only 2 areas of the entire chest x-ray instead of 4 areas.

Now I want to summarize the 44 Trust selected chest x-rays after my review. Nine chest x-rays passed audit at the 1/0 profusion level. These are 9 workers who were diagnosed with a 1/0 profusion by me on

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the original x-ray and the Trust sponsored B-reader agreed with my assessment of a 1/0 profusion. These names include:

1. Eddie Abrom
2. Abrom Andrews
3. Marshall Callard
4. Jerrold Cummings
5. Randall D. Jasper
6. Alvin H. Keeler
7. William Mount
8. Joseph Orange
9. Leon Parks

Next, I have learned recently that there are an additional 9 workers who have had new chest x-rays shot and interpreted by a third and independent B-reader. The results of these new x-rays and third independent B-reader opinions are summarized in the columns below. These include the following workers in this category from your list of 44.

	Dr. Durham	Third Independent B-Reader	Trust Audit B-Reader
1. Gary M. Blasius	Profusion 1/1	Profusion 1/2	0/0
2. Floyd Clarington	Profusion 1/0	Profusion 1/0	0/0
3. Donald Dixon	Bilateral pleural plaques	Bilateral pleural plaques	No pleural plaques
4. James Hale	Profusion 1/0	Profusion 1/0	0/0
5. Willic Hardiman, Jr.	Profusion 1/0	Profusion 1/0	0/0
6. Willic M. Jones, Sr.	Profusion 1/0	Profusion 1/0	0/0
7. Deanna Rawlings	Profusion 1/0	Profusion 1/0	0/0
8. Sam M. Roberts, Jr.	Profusion 1/0	Profusion 0/1	0/0
9. Arthur Thomas, Jr.	Profusion 1/0	Profusion 1/0	0/0

As previously stated, 7 of the total 44 x-rays are new cases that were included on the thumb drive this week, I do not know the passed/failed status since you have included both examples on the prior list. These 7 names were mentioned earlier in this letter, and I will not repeat them. That leaves 19 x-rays that apparently the Trust sponsored B-reader's opinion disagreed with me at the 1/0 profusion. The accepted guidelines for contested proceedings per the CDC/NIOSH Rules and Guidelines (Exhibit #7) are as follows: "In the event of radiographic classification contested proceedings to avoid any implication of bias, it is necessary for attainment of reliable radiographic classification a minimum of 2 independent classifications by B-readers selected with a third required if a certain level of

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disagreement is encountered." This guideline has been followed with 9 of the 30 x-rays from your original list of 39 already .

Now I want to point out another fact which I only learned as I marked the 44 selected x-rays you sent me from 2012 and 2014 on the thumb drive. The 9 x-rays that were "passed" by the unnamed Trust sponsored B-readers having the same opinion of a 1/0 profusion as I did and agreed with my findings, all of these x-rays had uniform profusion of opacities in the designated lung zones. The 30 or so x-rays that the Trust sponsored B-readers disagreed with my 1/0 profusion opinion all had focal localized areas of abnormal lung markings. When this occurs, I refer to the CDC/NIOSH sponsored Study Syllabus on page 11 (Exhibit 8). The highlighted area states: "If small opacities are not uniformly distributed throughout a lung zone, one must estimate what the profusion would be if they were uniformly distributed." This extrapolation principle with the opacities in the lung zones was not applied by the Trust sponsored B-readers in the 1/0 profusion x-rays that failed and thus may have incorrectly resulted in their opinions being different and inconsistent with mine on many of this subset of 19 x-rays.

I would like to make another observation I learned only after reviewing the 44 selected x-rays that were sent to me. I have found that of the total 44 selected x-rays, I was the qualified doctor who performed the causation required medical exam for the diagnosis of asbestosis on only 9, or 20%, of the total 44 selected workers. I then just picked the 9 workers that I was involved directly with the causation exam and reviewed their ages and possible work history exposure. These are as follows:

1. Vandel Dashcr, a 65-year-old who worked at Gilman Paper Mill in St. Mary's, Georgia, from 1974 to 2000.
2. Willie Hardiman, a 60-year-old who worked at Ingalls Shipbuilding Facility in Pascagoula, Mississippi, as a sandblaster and painter.
3. Willie Jones, a 63-year-old who worked at Gillman Paper Mill from 1974 to 1986.
4. Reginald Mizell, a 66-year-old who worked at Gillman Paper Mill in St. Mary's, Georgia, from 1975 to 1990.
5. Diana Rawlings, a 64-year-old female who worked inside the Cherokee Cannery from 1971 to 1972, then at the Bibb Textile Mill in Macon, Georgia, from 1974 to 1975, and then at the J.P. Stevens Textile Mill in Milledgeville, Georgia, from 1980 to 1984.
6. Swinton Richardson, a 69-year-old who worked from 1969 to 2004, at the Union Camp Paper Mill in Savannah, Georgia.
7. Samuel Roberts, III, a 66-year-old who worked at the Brunswick Pump and Paper Mill in Brunswick, Georgia, from 1966 to 1978.
8. Johnny E. Thomas, a 70-year-old who worked from 1965 to 1970, and then again from 1975 to 1996, at the Central State Hospital in Milledgeville, Georgia.
9. Rudolph Yawn, a 64-year-old who worked from 1973 to 2009, at the American Cyanamid Plant in Savannah, Georgia.

Let me be very clear, I did NOT have these work histories available to me at the time I read the original x-rays in 2012 and 2013. I obviously looked this information up on the cases you selected, and there were only 9 that I was the examining physician and the B-reader, so I have selected these. Here are the facts for you to know and consider. I was not the qualified doctor doing the causation required medical exam on 80% of the 44 selected x-rays; however, on 9 of these that have been named above, I interviewed, examined, read the chest x-ray as a B-reader, and reviewed the pulmonary function test. Each of these 9 workers have extensive work histories with exposure to asbestos materials at what I have now learned are approved asbestos-containing worksites. I also have learned through this process that 4

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of these 9 workers that I saw have had a new chest x-ray performed and a third independent B-reader's opinion rendered on an ILO, and all 3 have returned back in agreement with my opinion of a 1/0 profusion and one returned with a 0/1 profusion (see table of results on page 3). I refer you to a CDC/NIOSH article [Kahn et al. 2013] (Exhibit #9) that states: "Asbestosis develops in around 50% of adults with occupational asbestos exposure." If you inquire to the two law firms involved with these selected cases, SBS and E.J. Saad law firms, I am confident that you will find that I am a very conservative B-reader. I have never read any group of workers' x-rays at anywhere close to the proven positive rate in the Kahn medical article.

I was not the qualified doctor performing the causation medical exams on 80% or 35 of the 44 cases of the workers you selected for me to review from 2012 and 2014. I refer you to the CDC/NIOSH guidelines in regard to causation diagnosis for pneumoconiosis. (Exhibit #7) "As in other settings, it is important to remember that chest radiographic findings alone are insufficient for the diagnosis of pneumoconiosis. Other data such as the medical and occupational history, the physical examination, additional types of chest imaging, various laboratory tests, and biopsy results should also be considered as available."

I will not insult you by discussing the well-accepted and documented principle of Reader Variability because I know you all are intelligent and are aware of it (Exhibit 10). I also will not get into the fact that approximately 7 of the selected 44 x-rays you chose were post-processed which exaggerates the pulmonary blood vessels in the lungs of the older workers and can mimic asbestos opacities radiographically.

There are presently 176 B-readers currently in the United States of America, and I happen to be sole and only one that is a resident of my state of Mississippi. If you remember at our meeting in New Orleans in June of 2016, I told you that becoming a Board Certified Internal Medicine Doctor was not a "big deal" but that I was very proud to have achieved being a NIOSH Certified B-Reader. The truth is that I have been now CDC/NIOSH Certified as a B-reader 2 times by this government agency. I was certified first on October 1, 2011 and was re-certified as a competent B-reader for October 1, 2015. I would never do anything to jeopardize this very difficult to obtain certification status. Sadly, the number of B-readers is continuing to decline steadily and has for each year that I have been a certified B-reader. I read the B-reader Code of Ethics when I first started preparing for my first test in 2011. I have included for your reference the B-reader Code of Ethics already in this letter. Needless to say, I take the Code seriously and can unequivocally state that I have lived and conducted my work to these very standards.

I have no problem with any knowledgeable physician auditing or questioning my professional work or opinions; however, I have to require that there is fairness and integrity in this process in accordance with the CDC/NIOSH guidelines. This is a highly specialized area of medicine, and due to the subjectivity and the documented difficulty for the various B-reader's opinions between the difference of a 0/0, 0/1, and a 1/0 profusion, there will be different opinions on a certain percentage regarding minimal profusion levels among B-readers always present. There will never be perfect correlation among B-readers in general. The very nature of this work will always have some inconsistency among B-readers. Again, you were shown that even the experts that monitor the B-reader test could not agree on the profusion level of 0/1 or 1/0 on study x-ray #41, that I previously pointed out from the CDC/NIOSH Syllabus.

I have timely returned your thumb drive with the requested markings without delay and would hope that your judgment and evaluation of my work will also be returned in a timely manner also.

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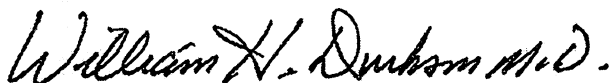
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In closing this very serious letter, I want to make a personal statement to each of you as counsel for the Trust, ARPC, and to each and every Trust sponsored B-reader involved in critiquing my medical work with patients diagnosed with occupational lung disease. My following statement represents the way I conduct my standards for B-reads, and you can quote me on this: **"I would never inform an elderly worker that they have a known carcinogen permanently lodged inside their lungs and cause all the subsequent worry and heartache to that individual regarding his/her health if I did not genuinely believe that they had an abnormal chest x-ray. I stand by my opinions and realize the obligation that goes with diagnosing pulmonary asbestosis at this subtle disease level at a 1/0 profusion."**

This letter serves as an addendum to the Trust requested thumb drive x-ray markings with Radiant Software. This letter is provided for both the named counsel, Mr. Brophy at ARPC, and the Trust auditing team of B-readers involved with these specific 44 workers with occupational asbestos exposure.

If you have any additional questions, please feel free to contact me directly, and I will make myself available to you.

Respectfully,



William H. Durham, M.D.
Internal Medicine

WHD/wz933nj

D: 02/02/2018 T: 02/05/2018 Job ID: 7379953

cc: Anthony Sakalarios, Esq.
Sara Schock, Esq.

Dr. Durham's Letter Exhibits

1. Copy of email from Dr. William H. Durham to Marla Eskin and Rachael Rowe sent July 28, 2017
2. CDC/NIOSH B-Reader Code of Ethics
3. Original list of 39 clients for x-ray review
4. List of the 44 workers with x-rays on thumb drive
5. Original list of 39 clients for x-ray review with the 7 new clients listed (handwritten from thumb drive review)
6. CDC/NIOSH Study Syllabus, pages 27, 28, and 29
7. CDC/NIOSH: Radiographic Classification: Contested Proceedings
8. CDC/NIOSH Study Syllabus, page 11
9. CDC/NIOSH Article [Kahn et al. 2013]
10. B-Reader Quantity Assurance Medical Article

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