

Testimony of

# Dr. Theodore Rodman

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Statement of Dr. Theodore Rodman given before the United States Senate Committee on the Judiciary on February 2, 2005.

I am a 77 year old pulmonary physician who retired about four years ago.

After about fifty years of practice, teaching, and research, I ended my career as a professor of medicine at Temple University Medical School.

I began my medical career at the University of Pennsylvania Medical School and was on its faculty for a number of years.

Early in my career, I developed an interest in occupationally related lung diseases.

In the following half century, I examined and participated in the care of hundreds of such patients.

I reviewed x-ray studies on thousands of such patients.

By virtue of its industrial base, the Delaware Valley, with its shipyards, power plants, oil refineries, and manufacturing facilities, has had no shortage of patients with occupationally related lung diseases.

The commonest exposure by far was to asbestos in shipyard and construction industry workers.

We also saw many who had been exposed to silica, primarily those who worked in mines, quarries, tunnels, and foundries.

Of the hundreds whom I examined, I can remember only one or two who gave a clear-cut history of significant occupational exposure to both asbestos and silica - not surprising considering the disparity in occupations in which asbestos and silica exposure commonly occur.

Among the thousands of chest x-rays which I reviewed in asbestos and silica exposed individuals, I cannot remember a single chest x-ray which showed clear-cut findings of both asbestos exposure and silica exposure.

During the decades of the seventies, eighties, and nineties, in connection with the asbestos litigation, I evaluated a large number of litigants.

Not one of them had medical records suggesting a history of significant silica exposure.

I found evidence of asbestos related changes in many.

I found no evidence of silica related changes in any.

I found no evidence in the reports of any physician - whether retained by the plaintiff or the defendants - that concluded that the patient had silica related changes.

On the basis of this personal experience, I have concluded that both asbestos and silica related changes and disease are common but rarely occur in the same patient.

The medical literature and textbooks with which I am familiar are consistent with my conclusion.

In contrast, when we took care of the anthracite coal miners, combined occupational lung disease was seen commonly in the same patient.

These miners were exposed to both coal dust, producing coal workers pneumoconiosis (black lung) and silica (from drilling into stone) producing silicosis.

The changes of both occupational lung diseases were readily apparent.

This combination was and still is known as mixed dust pneumoconiosis.

It is seen rarely in patients with asbestos related disease because they are rarely exposed to silica.

\*Comments on illustrations\*

In conclusion, my experience in the asbestos litigation in the Philadelphia area has created in me the impression that the plaintiffs' attorneys had assembled a small collection of medical experts who were willing to perceive on chest x-rays and testify that asbestos changes were present when in fact none were.

This impression was recently supported by a carefully controlled research study done at Johns Hopkins Medical School in which review of these x-rays by a panel of impartial expert pulmonary radiologists confirmed the absence of asbestos related changes in the vast majority of these x-rays.

I have been told that there has been a dramatic increase in the United States in the number of silica injury lawsuits. Many initiated on behalf of plaintiffs who had previously received monetary awards for asbestos related injuries.

Based upon my experience that asbestos related disease and silicosis very uncommonly occur in the same individual and based upon my observations in the asbestos litigation in the Philadelphia area, I strongly recommend that medical evaluation for litigation purposes of such litigants should be done by an impartial group of physicians free of any vested monetary interest in finding silicosis present or absent.

This medical evaluation should include a careful review of all available prior medical records and x-rays.