

Exhibit 19

GEORGE MARTINDALE, M.D.

"On the basis of the medical history review, which is inclusive of a significant occupational exposure to silica dust, physical exam and the chest radiograph, the diagnosis of silicosis is established within a reasonable degree of medical certainty".

GEORGE H. MARTINDALE, M.D.
Certified - American Board of Toxicology
Member - American College of Toxicology

615 Spruce
Muskogee, AL 36681

(204) 344-0239

DATE: 2-15-02

RE: PARKER, R. E.

The medical records, work history, physical exam, and chest radiograph were reviewed.

CHEST:

There are increased peribronchovascular opacities throughout all the lung zones consistent with

ILO classification sp, 1/0. The cardiac silhouette and mediastinal contours are

unremarkable.

IMPRESSION:

On the basis of the medical history review, which is inclusive of a significant occupational exposure to silica dust, physical exam and the chest radiograph, the diagnosis of silicosis is established within a reasonable degree of medical certainty.

George H. Martindale, M.D.

George H. Martindale, M.D.

GHM/mms

Date film read: 2-10-02

MCL 1553
PRINCE-080715

ANDREW HARRON, D.O.

"On the basis of this client's history of occupational exposure to silica, and my reading of the client's chest x-ray showing findings consistent with silicosis, within a reasonable degree of medical certainty, Hosea Spencer has silicosis.

Since silica exposure is associated with an increased incidence of [identical list of diseases] this person should be examined frequently by his physician for a possible early detection and treatment of these processes".

Dr. Andrew W. Harron, D.O.
1517 34th Court
Kerens, WI 53144
(608) 553-1036

Monday, October 14, 2002
O'Quinn, Laminack & Pirila
440 Louisiana Ave.
Houston, TX 77002

RE: Hosea Spencer
SSN:
DOB: 02/12/37

I certify that on 09/11/02 I examined the above client in Greenville, MS.

The work history provided to me indicates that the client had an occupational exposure to silica from 1958-1960, while working for Thomas & Hayward in Greenville, MS as a laborer and sandblasting unit; from 1960-1961 and from 1979-1982, while working for Chicago/NEHA/American Box Manufacturing in Greenville, MS painting tanks, sandblasting, and working with furnace and from 1959-1964, while working for Oranville Mill in Greenville, MS cleaning wood that had used. The client's chest x-ray reveals an enlarged heart and the possibility of tumor on the left, for which the client was advised to see his doctor. The client complains of shortness of breath. My physical exam reveals there is no clubbing of the fingers. There is no ankle edema. There are no abnormal breath sounds. The client reports having been diagnosed with silicosis in 1999. The client denies having tuberculosis. The client has no other known medical conditions.

On the basis of this client's history of occupational exposure to silica and my reading of the client's chest x-ray showing findings consistent with silicosis, within a reasonable degree of medical certainty, Hosea Spencer has silicosis.

Since silica exposure is associated with an increased incidence of certain pulmonary, progressive pulmonary fibrosis, spontaneous pneumothorax, autoimmune connective tissue diseases such as scleroderma, rheumatoid arthritis, systemic lupus erythematosus and others, tuberculosis, renal complications and lung cancer, this person should be examined frequently by his physician for possible early detection and treatment of these processes.

Pulmonary Function: See attached

Signature: 
Andrew W. Harron, D.O. Date: 10/14/02

AWH/msh

RAY HARRON, M.D.

“On the basis of the client’s history of occupational exposure to silica, and my B-reading of the client’s chest x-ray revealing findings consistent with silicosis, within a reasonable degree of medical certainty, Buck M. Rutherford has silicosis.

Since silica exposure is associated with an increased incidence of [identical list of diseases] this person should be examined frequently by his physician for possible early detection and treatment of these processes”.

RAY A. HARRON, M.D.
Diplomate American Board of Radiology
Diplomate American Board of Nuclear Medicine

327 The Ave. Bld #17
Arlington, VA 22201
(404) 935-1354

7 North Pacific
Arlington, VA 22204
(404) 935-1354

RE: Buck M. Rutherford
SSN: [REDACTED]
DOB: 11/09/37

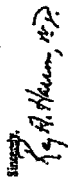
Identify that on 02/15/82 I examined the above client in Columbia, MS.

The work history provided to me reveals that the above client had an occupational exposure to silica from 1941-1959 while working at Lockheed Aircraft Manufacturing, ALAS used technician. This individual complains of shortness of breath when walking fast. My physical exam reveals there is no clubbing or cyanosis of the fingers. The client has a history of smoking cigarettes and having had a urinary tract infection. The client denies having tuberculosis. The times of having these symptoms are as follows:

On the basis of this client's history of occupational exposure to silica, and my B-reading of the client's chest x-ray revealing findings consistent with silicosis, within a reasonable degree of medical certainty, Buck M. Rutherford has silicosis.

Since silica exposure is associated with an increased incidence of the following progressive pulmonary fibrosis, spontaneous pneumothorax, accelerated atherosclerotic disease, and other diseases, such as osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus and others, tuberculosis, renal complications and lung cancer, this person should be examined frequently by his physician for possible early detection and treatment of these processes.

Yours, - Facilitator - See attached

Sincerely,

Ray A. Harron, M.D.

RAU:trah

WALTER OAKS, M.D.

“On the basis of the medical history, which is inclusive of a significant occupational exposure to silica dust, physical exam and the chest radiograph, the diagnosis of silicosis is established within a reasonable degree of medical certainty”.



W. Allen Oaks, M.D.
111 Piedmont Drive, East
Mobile, Alabama 36688

NIOSH Certified B-Reader

X-RAY EVALUATION

March 21, 2002

Re: Davis, Eugene L.

Chest radiograph(s) dated 02/15/02 are examined for the presence of, and classification of pneumoconiosis according to the ILO (1980) classification.

Film quality is grade 1. Inspection of the lung parenchyma reveals interstitial changes in all six lung zones consisting of small irregular and rounded opacities of size and shape sp, projection 1/0.

There is no pleural plaque or pleural calcification. Pleural thickening is seen in the minor fissure. No parenchymal infarct is seen. The heart is of normal size. There is no evidence of emphysema.

CONCLUSION: On the basis of the medical history, which is inclusive of a significant occupational exposure to silica dust, physical exam and the chest radiograph, the diagnosis of silicosis is established within a reasonable degree of medical certainty.

W. Allen Oaks, M.D.

W. Allen Oaks, M.D.

33402.Lml/lab/6

MDL 1553
PRINCE-060664