

Exhibit 29

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May 6, 2004

Skip Edward Lynch
Barton and Williams, P.A.
3007 Magnolia Street
Pascagoula, MS 39567

Re: James H. Hyatt

D.O.B.: 1/6/27

Dear Attorney Lynch:

The following represents my preliminary report on James H. Hyatt.

My Background and Experience:

I have worked as a medical doctor in the field of occupational and environmental health for more than 25 years. My work in occupational and environmental health has included education, research, clinical work, consulting, and program direction. I have much experience concerning a wide range of workplace hazards, including silica and other dusts, and their adverse health effects. I am Board-certified in Internal Medicine, Preventive Medicine, and Occupational Medicine. I am a physician licensed to practice in the states of Massachusetts and Connecticut. Further details of my background and experience are described in Appendix A.

Methodology:

I reviewed the Plaintiff's Sworn Fact Sheet as well as the attached work history (Exhibit A), list of medical providers and diagnosing physicians (Exhibit B), and medical testing consisting of a B-reading of a chest x-ray (Exhibit C).

In addition, I reviewed the pertinent medical and scientific literature concerning silica exposure and its adverse health effects. I applied the Bradford Hill principles in reviewing this body of literature.

In coming to my opinions in this case concerning this individual, I examined pertinent information and considered alternative diagnoses and causes. I also considered latency.

Case Summary:

Mr. Hyatt was exposed to free crystalline silica from 1943 to 1974 as a laborer for Ingall's in Pascagoula, Mississippi.

A B-reading of a chest x-ray performed on September 10, 2001, by James W. Ballard, M.D., demonstrated interstitial changes in the mid and lower lung zones bilaterally, consisting of small rounded and irregular opacities of size and shape s/t, profusion 1/0. Diaphragmatic pleural plaques were seen bilaterally. Pleural plaques were seen face on bilaterally. Calcified diaphragmatic pleural plaques were seen. Calcified pleural plaques were seen face on, on the right. These parenchymal changes were interpreted as being consistent with asbestosis/mixed-dust disease (asbestosis and silicosis).

Illustrative Pertinent Medical and Scientific Literature:

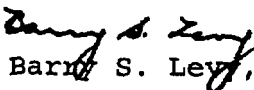
The publications in Appendix B: Silicosis represent illustrative pertinent publications in the peer-reviewed medical and scientific literature concerning silica exposure, which includes, but is not limited to, these publications.

Opinion:

Based on my examination of materials concerning this case, my review of the literature, and my extensive experience in occupational medicine, I believe, to a reasonable degree of medical probability, that James H. Hyatt developed silicosis as a result of his occupational exposure to free crystalline silica at Ingall's from 1943 to 1974.

I reserve the right to modify this report should further pertinent information become available.

Sincerely,


Barry S. Levy, M.D., M.P.H.

SILICA MDL
PLAINTIFF'S SWORN FACT SHEET

Name: Hyatt, James H.

SSN: _____

Street Address: 6124 Wildwood Road

City: Moss Point State: MS

Date of Birth: 1/8/1927 Date of Death (if applicable): N/A

Work History - See attached Exhibit A - Work History

Product Identification - See attached Exhibit A - Work History

I am making a claim for the following injuries (diseases):

Silicosis: 9/10/2001

Known Complicating Diseases and Date Diagnosed::

Lung Cancer: _____ Rheumatoid Arthritis: _____

Scleroderma: _____ Pulmonary Massive Fibrosis: _____

Lupus: _____ Tuberculosis: _____

Kidney Cancer: _____ Enlarged Heart: _____

Fear of Cancer: Other: Fear of other silica related diseases

My medical providers are on the attached Exhibit B or will be provided in a supplemental Disclosure.

My medical testing is listed on attached Exhibit C.

II. Authorizations

I have signed and attached the following authorizations:

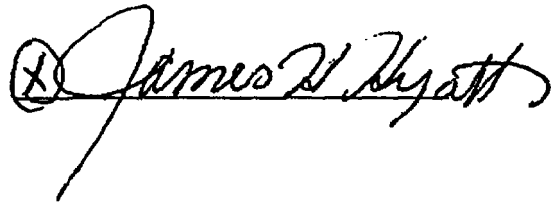
1. Medical Authorization
2. Social Security Earnings History Authorization
3. Employment Authorization
4. IRS Authorization (if I am making a claim for lost wages)
5. Veterans Administration Authorization

5. Veterans Administration Authorization

III. Claims

At this time, I am making the claims stated in Exhibit D.

I declare under penalty of perjury subject to 28 U.S.C. S 1746 that all of the information provided in this Fact Sheet is true and correct to the best of my present memory, knowledge, information and belief, that I have completed the List of Medical Providers and Work History appended hereto (or in a supplement), which are true and correct to the best of my knowledge, information and belief, and that I have provided the authorizations stated in Section II above. I reserve the right to modify or supplement the foregoing information during the discovery process of my case.

A handwritten signature in cursive script, reading "James W. Hyatt". The signature is written in black ink and is positioned to the right of the main text block. The first letter of the first name is capitalized and has a small circle around it.

Hyatt, James, H.

Exposure Work History

Mervin Andrews, Jr et al

(Also list any other activity for which you claim silica exposure)

Employer and Exposure Site	Address	Dates of Exposure	Job Description	Types of Products (List all manufacturers or models you remember)
Ingalls	Pascagoula, MS	1943 - 1974	laborer	Numerous Paper Dust Masks(White), Blasting Equipment, Blasting Sand, Grinders, Sandpaper and others to be discovered

Exhibit B
Medical Providers and Diagnosing Physicians

Please list the Diagnosing Physicians, if any, and medical providers that you can remember seeing during the last 20 years. If you know, please provide the address, city, state and dates of treatment. Also, if you remember having a chest x-ray please check the Chest x-ray box.

Doctor or other Health care provider	Address	Diagnosis	Date of Diagnosis or Treatment	Chest x-ray
Dr. Mc Broom	Pascagoula, MS	Internal medicine, check ups	1990-1994	NO
Dr. Ross	Moss Point, MS	family doctor, colds,	1995-1999	NO
Dr. Dillard	Hurley, MS	family doctor, general check ups, colds	1999 to present	NO
Dr. Rosenberg	Ocean Springs, MS	physicals and breathing check ups	1999 to present	YES
Dr. James Ballard	Birmingham, AL	silicosis	September 10, 2001	yes
Dr. Barry Levy	Sherborn, MA	silicosis	May 6, 2004	no

Exhibit C

Medical Testing

Please list the medical testing, if any. X-rays, other xerography and PFT results, in Plaintiffs' custody are to be produced. Except Documents that are subject to a claim of counseling expert privilege.

Type of testing	Date of Testing
X-RAY	9/10/2001



James W. Ballard, M.D.

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NIOSH Certified B-Reader

4012 Greystone Drive ● Birmingham, AL 35242
P.O. Box 381088 ● Birmingham, AL 35238

X-RAY EVALUATION

September 10, 2001

Quality Medical Service
P. O. Box 91683
Mobile, AL 36691

Re: Hyatt, James H.

Chest radiograph(s) dated 08/23/01 is reviewed for the presence of and classification of pneumoconiosis (silicosis) according to the ILO 80 classification.

Film quality is grade 1. Inspection of the lung parenchyma demonstrates interstitial changes in the mid and lower lung zones bilaterally, consisting of small and irregular opacities of size and shape s/t, profusion 1/0.

Diaphragmatic pleural plaques are seen bilaterally. Pleural plaques are seen face on bilaterally, extent of 2 bilaterally. Calcified diaphragmatic pleural plaques are seen, extent of 2 bilaterally. Calcified pleural plaque seen face on, on the right, is extent of 2, and extent of 3 on the left. Calcified plaque along the left heart border is extent of 1. Septal (Kerley) lines are noted in the bases. There is an oval density overlying the anterior end of the right third rib. This could represent bone island in the rib; however, parenchymal nodule cannot be excluded from this single study. The heart is of normal size.

CONCLUSION: The above findings are most consistent with asbestosis but would be consistent with mixed-dust disease. Recommend comparison with old films to rule out parenchymal nodule in the right mid lung field.

James W. Ballard, M.D.

James W. Ballard, M.D.

091001.qua [acb/b]

MDL 1553
ANDREWS-001836

Huett, James
WORKER'S Social Security Number

TYPE OF READING

A P

FACILITY IDENTIFICATION

1A. DATE OF X-RAY
 MONTH: 08 DAY: 23 YEAR: 07
 1B. FILM QUALITY If not Grade 1 Give Reason: 2 3 U/R _____
 1C. IS FILM COMPLETELY NEGATIVE? YES Proceed to Section 5 NO Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 2B and 2C NO Proceed to Section 3

2B. SMALL OPACITIES
 a. SHAPE / SIZE
 PRIMARY SECONDARY

p	<input checked="" type="checkbox"/>	p	s
q	i	q	<input checked="" type="checkbox"/>
r	u	r	u

 b. ZONES

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R	L

 c. PROFUSION

0/	00	01
<input checked="" type="checkbox"/> 1/0	<input checked="" type="checkbox"/> 1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

 2C. LARGE OPACITIES
 SIZE A B C
 Proceed to Section 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 3B, 3C and 3D NO Proceed to Section 4

3B. PLEURAL THICKENING
 a. DIAPHRAGM (plaque)
 SITE R L
 b. COSTOPHRENIC ANGLE
 SITE R L

3C. PLEURAL THICKENING... Chest Wall
 a. CIRCUMSCRIBED (plaque)
 SITE R L
 IN PROFILE L WIDTH A B C
 I. EXTENT FACE ON 1 2 3
 II. EXTENT 0 1 3

b. DIFFUSE
 SITE R L
 IN PROFILE L WIDTH A B C
 I. EXTENT FACE ON 0 1 2 3
 II. EXTENT 0 1 2 3

3D. PLEURAL CALCIFICATION
 SITE R L EXTENT 0 1 3
 a. DIAPHRAGM _____ 0 1 3
 b. WALL _____ 0 1 2 3
 c. OTHER SITES _____ 0 1 2 3
 Proceed to Section 4

4A. ANY OTHER ABNORMALITIES? YES COMPLETE 4B and 4C NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/>	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hi	ho	ld	lh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	px	rp	tb
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 (SPECIFY ed.) OD
 Report items which may be of present clinical significance in this section.
 Date Personal Physician notified? MONTH: _____ DAY: _____ YR: _____

4C. OTHER COMMENTS *oval density right mid lungfield. Need compare with old films*

Findings most consistent with asbestosis

SHOULD WORKER SEE PERSONEL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES NO Proceed to Section 5

5. FILM READER'S INITIALS JWB
 PHYSICIAN'S SOCIAL SECURITY NUMBER* _____
 DATE OF READING MONTH: 07 DAY: 10 YR: 07

Complete if social security number is not furnished:
 NAME (LAST—FIRST—MIDDLE) _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.