COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
"A Native American Woman Owned Company"

Fax Cover Sheet

To:	John Vance, Jim Bibeault, Hon. Secretary of Labor Hilda Solis	From:	Gary S. Vander Boegh
Fax:	(202) 693-1465 (904) 357-4704 (202) 693-6111	Date:	12-27-10
Phone:	(270) 450-0850	Pages:	___Pages including the Cover Sheet
Re:	Dave A. Green	CC:	Attention Ms. Leiton

☐ Urgent X For Review ☐ Please Comment X Please Reply ☐ Please Recycle

Comments:

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
"A Native American - Woman Owned Company"

Gary Vander Boegh, Vice President
Commonwealth Environmental Services, LLC
4645 Village Square Drive, St. F
Paducah, Kentucky 42001
Telephone: (270) 450-0850
Facsimile: (270) 450-0858

December 27, 2010

U. S. Department of Labor,
Frances Perkins Building, 200 Constitution Ave., NW
Room S-2018
Washington, DC 20210

Attention: Madam Secretary Hilda Solis & Jim Bibeault

Employee: Dave A. Green
File Number: XXXXX5787
Claimant: Sara R. Green (widow)

Dear Mr. Vance,

As "Authorized Representative" (AR) for claimant Sara R. Green, spouse of deceased Paducah Gaseous Diffusion Plant (PGDP) Dave A. Green, I hereby request an expedited review of this claim. Mrs. Green is currently on Hospice and her daughter informs me that she is bedridden. The family has indicated that they will be contacting Mrs. Green's primary care physician in order to provide end stage terminal status as soon as possible. The family provides that she is in grave medical condition at best. I respectfully request that an expedited process be started today.

I hereby submit medical documentation supporting our claim of Chronic Beryllium Disease (CBD) based on statutory requirements 42 USC § 7384l (13) (B) as follows:

(B) For diagnoses before January 1, 1993, the presence of—
(i) occupational or environmental history, or epidemiologic evidence of beryllium exposure; and
(iii) any three of the following criteria:
(I) Characteristic chest radiographic (or computed tomography (CT))

abnormalities.
(II) Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.
(III) Lung pathology consistent with chronic beryllium disease.
(IV) Clinical course consistent with a chronic respiratory disorder.
(V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

The Department of Labor has further stated, "***For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added.)"***....

(Excerpt)

DOCKET NUMBER: 57973-2005
Decision Date: January 7, 2005

NOTICE OF FINAL DECISION

This is the decision of the Final Adjudication Branch concerning your claim for compensation under Part B of the Energy Employees Occupational Illness Compensation Program Act of 2000, as amended, 42 U.S.C. § 7384 *et seq.* (EEOICPA or the Act). This decision affirms the recommended acceptance issued on November 30, 2004.

STATEMENT OF THE CASE

On May 28, 2004, you filed a claim for survivor benefits, as the widow of **[Employee]**, Form EE-2, under Part B of the EEOICPA. **YOU IDENTIFIED 'BREATHING PROBLEMS" AND CHRONIC BERYLLIUM DISEASE (CBD) AS THE CLAIMED CONDITIONS. (emphasis added)...**

...."Based upon the DOE response that F.H. McGraw held a number of contracts from 1951 to 1954 and the security Q clearance notification, the district concluded that the DOE had a business or contractual arrangement with F.H. McGraw. **THE DISTRICT OFFICE FURTHER CONCLUDED THAT YOUR HUSBAND WORKED WITH F.H. MCGRAW AT THE PADUCAH GASEOUS DIFFUSION PLANT FOR AT LEAST ONE DAY ON DECEMBER 17, 1954 (emphasis added)** based upon the reduction in force notice.[2]...."

....."You submitted a medical report dated February 23, 1991, from Lowell F. Roberts, M.D., which indicates a history of chronic obstructive pulmonary disease (COPD), shortness of breath, and dyspnea. A February 23, 1991 X-ray report, from D.R. Hatfield, M.D., indicates a diagnosis of COPD. A February 25, 1991 CT-scan, from Barry F. Riggs, M.D., indicates abnormal nodular densities of the right lower lobe and a diagnosis of COPD. A February 26, 1991 medical report from M.Y. Jarfar, M.D. indicated that pulmonary function tests showed mild obstructive defects and mild diffusing lung capacity defects. You also submitted an X-ray report dated September 6, 1994, from Robert A. Garneau, M.D., that indicated diagnoses of COPD and Interstitial Fibrosis. A November 27, 1994 medical report from David Saxon, M.D., indicated findings of rales and wheezing. A December 2, 1994 medical report from Dr. Saxon, indicates hypoxemia to the left lower lung. A December 2, 1994 medical report from Lowell F. Roberts,

M.D., indicated diagnoses of shortness of breath, congestive heart failure, dyspnea and cough, and rales in the lung base. An August 13, 1995 X-ray report from Charles Bea, M.D., indicates a diagnoses of bibasilar infiltrates. A December 30, 1996 X-ray report from Sharron Butler, M.D., indicates an increase of lung markings since the September 14, 1992 study. In the March 1, 1998 X-ray report from Dr. Butler diagnoses of "advanced chronic lung changes, mild interstitial prominence diffusely, and patch density of the posterior right lung" are indicated. An August 19, 1998 CT-scan from James D. Van Hoose, indicates diagnoses of pleural thickening and pulmonary calcifications. **AN AUGUST 6, 1999 PULMONARY FUNCTION TEST FROM WILLIAM CULBERSON, M.D. INDICATES A DIAGNOSIS OF MODERATELY SEVERE RESTRICTIVE DISEASE(emphasis added).** An October 12, 1999 discharge summary from Eric B. Scowden, M.D. indicates diagnoses of progressive shortness of breath, congestive heart disease, COPD, and history of right-sided empyema complicating pneumonia necessitating prolonged chest tube drainage with a continued open sinus tract." Based upon these reports the district office concluded that you had CBD prior to January 1, 1993.[3]

On November 30, 2004, the district office issued a recommended decision concluding that your husband was a covered beryllium employee, that he was exposed to beryllium, and that he had symptoms and a clinical history similar to CBD prior to January 1, 1993. They further concluded that you are entitled to 30.316(a) of the EEOICPA implementing regulations provides that, "if the claimant does not file a written statement that objects to the recommended decision and/or requests a hearing within the period of time allotted in 20 C.F.R. § 30.310, or if the claimant waives any objection to all or part of the recommended decision, the Final Adjudication Branch (FAB) will issue a decision accepting the recommendation of the district office, either whole or in part." 20 C.F.R. § 30.316(a). On December 1, 2004, the FAB received your signed waiver of any and all objections to the recommended decision. After considering the evidence of record, your waiver of objection, and the NIOSH report, the FAB hereby makes the following:

FINDINGS OF FACT

1. You filed a claim for benefits under Part B of the EEOICPA on May 28, 2004.

2. YOUR HUSBAND WAS EMPLOYED AT THE PADUCAH GASEOUS DIFFUSION PLANT FOR AT LEAST ONE DAY ON DECEMBER 17, 1954.

....."You submitted a medical rep

(III) Lung pathology consistent with chronic beryllium disease.

(IV) Clinical course consistent with a chronic respiratory disorder.

(V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

The Department of Labor has further stated, "***For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added.)"....***

CONCLUSIONS OF LAW

Section 7384s of the Act provides for the payment of benefits to a covered employee, or his survivor, with an "occupational illness," which is defined in § 7384l(15) of the EEOICPA as "a covered beryllium illness, cancer. . .or chronic silicosis, as the case may be." 42 U.S.C. §§ 7384l(15) and 7384s. 42 U.S.C. § 7384l.

PURSUANT TO § 7384L(13)(B) OF THE EEOICPA, TO ESTABLISH A DIAGNOSIS OF CBD BEFORE JANUARY 1, 1993, THE EMPLOYEE MUST

HAVE HAD "AN OCCUPATIONAL OR ENVIRONMENTAL HISTORY, OR EPIDEMIOLOGIC EVIDENCE OF BERYLLIUM EXPOSURE; AND (III) ANY THREE OF THE FOLLOWING CRITERIA: (I) CHARACTERISTIC CHEST RADIOGRAPHIC (OR COMPUTED TOMOGRAPHY (CT)) ABNORMALITIES. (II) RESTRICTIVE OR OBSTRUCTIVE LUNG PHYSIOLOGY TESTING OR DIFFUSING LUNG CAPACITY DEFECT. (III) LUNG PATHOLOGY CONSISTENT WITH CHRONIC BERYLLIUM DISEASE. (IV) CLINICAL COURSE CONSISTENT WITH A CHRONIC RESPIRATORY DISORDER. (V) IMMUNOLOGIC TESTS SHOWING BERYLLIUM SENSITIVITY (SKIN PATCH TEST OR BERYLLIUM BLOOD TEST PREFERRED)." 42 U.S.C. § 7384L(13)(B). (emphasis added)

The evidence of record establishes that the employee was a covered beryllium employee who had at least three of the five necessary medical criteria to establish pre-1993 CBD under the EEOICPA. Therefore, you have provided sufficient evidence to establish that your husband was diagnosed with pre-1993 CBD, pursuant to § 7384l(13)(B) of the EEOICPA.

The undersigned has reviewed the facts and the district office's November 30, 2004 recommended decision and finds that you are entitled to $150,000 in compensation.

The decision on the claim that you filed under Part E of the EEOICPA is being deferred until issuance of the Interim Final Regulations.

Washington, DC

Tom Daugherty
Hearing Representative
Final Adjudication Branch

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[1] The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium material were present, according to the Department of Energy Office of Worker Advocacy Facility List (http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm).

[2] Per Chapter 2-100.3h (January 2002) of the Federal (EEOICPA) Procedure Manual, "The OWCP may receive evidence from other sources such as other state and federal agencies" to support a claim under the EEOICPA.

[3] Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, **TREATED FOR, TESTED OR DIAGNOSED WITH A CHRONIC RESPIRATORY DISORDER. (emphasis added)** If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. **ONCE IT IS ESTABLISHED THAT THE EMPLOYEE HAD A CHRONIC RESPIRATORY DISORDER PRIOR TO 1993, THE CE IS NOT LIMITED TO USE OF MEDICAL REPORTS PRIOR TO 1993 TO MEET THE THREE OF FIVE CRITERIA." (emphasis added)**

Dave A. Green's medical reports from Lourdes Hospital along with the plant X-ray examinations Reflect Compliance With Pre-1993 CBD Criteria

1/CA-001: Attached is a copy of Mr. Green's X-ray Examinations done at the plant from 1952 up to 1978. The records show that Mr. Green did have parenchymal and hilar calcifications.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I.

2/CA-002: Medical notes from Lourdes Hospital showing shortness of breath, diminished breath sounds, basilar rales, diminished air volume and wheezing. It also gives diagnoses such as Chronic Obstructive Pulmonary Disease, acute respiratory failure and end stage Chronic Obstructive Pulmonary Disease. At one point Mr. Green was on 100% Oxygen. Mr. Green was prescribed Lasix.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's IV.

3/CA-003: "Memorandum from DEEOICP Director Peter Turic" dated 8/25/05 regarding casual relationship between respiratory disorders and CBD.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I.

Request for Approval of Part B Compensation for Chronic Beryllium Disease (CBD)

Based on the above medical evidence, Sara R. Green has met the statutory and regulatory burden of proof for establishing her entitlement to EEOICPA Part B and E survivorship CBD claim for compensation in the amount of $150,000 and $125,000 respectively.

Please feel free to contact me at 270-559-1752 or 270-450-0850.

Sincerely,

Gary S. Vander Boegh
"Authorized Representative"
Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis by facsimile (202) 693-6111

U.S. Department of Labor
200 Constitution Avenue, NW
Room S-2018
Washington, DC 20210

Malcolm Nelson, EEOICP Ombudsman (by email and facsimile)
David Nolan, Esq. (by email w/attachments)

CARBIDE AND CARBON CHEMICALS COMPANY

PADUCAH, KENTUCKY

X-RAY EXAMINATIONS

Medical No. 1813 Name Green, Dave Alen BD [redacted]

Date	Reading
9/19/52	X-ray of the chest - code #1 Impression: Normal chest. X-ray of the right wrist is normal. HSG:GLS
2/2/53	X-ray of the lumbar spine reveals a minimal amount of osteoarthritis involving L_4 and L_3. HSG:LBS
	X-ray of the lumbar spine reveals a minimal osteoarthritis involving L 3, L_4 and L_5. HSG:LBS
12/23/57 Periodic	PA of the chest - this is a normal chest. GRN.mlp
7/21/58	AP & lateral of the lumbar spine - there is a minimal arthritic spurring of the vertebra. ANW.mlp
1-21-60 Periodic	PA of the chest - this is a normal chest. There are some calcified areas in the left mid-lung field, which have been present on previous film. ANW.mlp
11/17/64 Per.	X-ray of the chest - shows no change since the last film. RHP.mlp

CARBIDE AND CARBON CHEMICALS COMPANY

PADUCAH, KENTUCKY

X-RAY EXAMINATIONS

Medical No. 1813 Name Green, Dave Alen

Date	Reading
1/12/65	X-ray of the chest - this is a normal chest. RHR.mlp
11/5/68	X-ray of the chest - shows the same parenchymal and hilar calcifications as well as some ectasia of the aorta. No active lung disease is seen. RHR.mlp
12/21/70 Per.	X-ray of the chest - shows no change since the last film. RHR.mlp
2/10/72	X-ray of the chest - shows no change since the last film. RHR.mlp
3-2-78 Per.	Chest: PA and Lateral views of the chest show no change since the previous chest examination and no evidence of active parenchymal disease. WFC:ejw

PRIVACY ACT INFORMATION

CLAIMANT ATTACHMENT 001

PAGE NO. 282

LOURDES HOSPITAL
PROGRESS RECORD

No. 612130-6

Green, David Dr. Jackson WARD Bed

ADMITTED: 12-9-75 DISCHARGED: 12-18-75

60 year old white male admitted to the hospital through the emergency room with the complaint of nosebleed. See admitting history and physical for further details.

LABORATORY DATA: SMA 12 showed a slightly elevated SGOT and uric acid, otherwise, entirely normal. Urinalysis 3 to 4 WBC, otherwise normal. Hemoglobin 15.5, hematocrit 45.0, WBC, 9,600, 84 polys, 16 lymphs. Glucose 229, BUN 32, VDRL nonreactive. Repeat fasting glucose was in the range of 160 and 150 on successive occasions. Repeat CBC's continued to show the hemoglobin in the range of 14 to 15. The WBC's went up to 21,000, however, they subsequently decreased to around 14,000. A hypertensive IVP was normal. Chest x-ray showed left ventricular enlargement, but otherwise normal.

HOSPITAL COURSE: He had a ballon catheter inserted in the left nostril in the emergency room which controlled the bleeding for the first 24 to 48 hours in the hospital, however, he subsequently began bleeding again posteriorly and it was also thought that he was bleeding from the right side in addition. He was seen in consultation by Dr. Hosbach, and a bilateral posterior and anterior nasal packs were inserted. This controlled his bleeding and the packs were left in place for about three days and subsequently removed There was no further bleedingafter removal of the packs. His blood pressure was treated with Hydrodiuril, 50 mg. daily and there was good control of his blood pressure, and in fact, it came down to around the range of 100 systolic, up to 110 systolic, and the Hydrodiuril was with held for the last two to three days in the hospital and the blood pressure remained within the range of 110 to 120 systolic over 82 diastolic. He was also treated with Vibramycin and Tussorinade. He was treated for relaxation with Valium. He improved remarkably on this treatment regimen and was discharged home to be seen in the office in approximately 1 week for further followup on his hyperglycemic state and hypertensive state. He is to stay off work until seen at that time for further re-evaluation. He is being discharged home on only a 1500 calorie 2 gm. sodium diet.

FINAL DIAGNOSIS: (1) Epistaxis.
(2) Hypertension.
(3) Diabetes mellitus.
(4) Exogenous obesity.

WILLIAM E. JACKSON, M. D.

D: 12-1-75
T: 12-10-75
MT/ror

CLAIMANT ATTACHMENT 002
PAGE NO. 18 13

LOURDES HOSPITAL, INC.
PHYSICAL EXAMINATION
and
HISTORY

[redacted]

Name (Last Name, First Name)	Attending Physician	Room No.	Hosp. No.
GREEN, MR. DAVID A.	W. E. JACKSON, M. D.	522	2130

Information should be recorded on all positive and also relevant negative findings regarding present complaint; present illness, past family and social histories; and inventory by systems.

12-9-75

PRESENT ILLNESS:

This 60 year old, white male is admitted to the hospital through the Emergency Room with the complaint of nose bleeds. He was seen in the Emergency Room by Dr. Hall and a balloon catheter was inserted in the left nostril for occlusion of the bleeding site. He has had no difficulty with nose bleeds previously and has not been noted to be hypertensive, however, blood pressure in the Emergency Room was found to be severely elevated at 230/140.

PAST HISTORY:

He has been in good health all of his life and this is his first hospitalization. There is no history of diabetes or known heart disease or rheumatic fever or diphtheria. He has no known allergies. He has been on no medications.

REVIEW OF SYSTEMS:

CNS: He states that he used to have headaches occasionally but he has not had this for several years, otherwise, entirely negative.

Cardiorespiratory: He has some shortness of breath when he exerts himself more than usual or if he is climbing a long flight of steps. he states that he works at Carbide and if he is closing a valve it takes quite sometime or if he is climbing a long flight of steps, he does get short of breath. He has no orthopnea or paroxysmal nocturnal dyspnea. He has some cough, according to his history, but he minimizes this and states he spits up only a minimal amount of whitish sputum. He has had no hemoptysis. He denies chest pain.

GI: he has some constipation, however, this is not a problem and he has never had any evidence of blood in the stool, otherwise, entirely negative.

GU: Negative.

Musculoskeletal: He states he used to have some pain in the left shoulder however this has subsided over the past three or four years and he denies any other joint pain or swelling.

FAMILY HISTORY:

His mother had heart trouble and also had a stroke, otherwise, negative.

SOCIAL HISTORY:

He is married. He smokes one pack of cigarettes per day. He works at Carbide as an operator. He denies alcohol ingestion.

PHYSICAL EXAMINATION:

Vital Signs: Blood pressure-230/140. Pulse-144 and regular. Respirations-18.

General: The patient is a well developed, well nourished, markedly obese, 60 year old, white male who is awake, alert, oriented and in no distress.

Eyes: Pupils are equal and reactive to light. There is no scleral icterus.

Neck: Supple. No masses, venous distension or thyroid enlargement.

Chest: Symmetrical.

(CONTINUED)

Signature of Physician

CLAIMANT ATTACHMENT 002

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MRN

LOUISDES HOSPITAL, INC.
PHYSICAL EXAMINATION
and
HISTORY

[redacted]

ly Name / First Name	Attending Physician	Room No.	Hosp. No.
GREEN, MR. DAVID A.	W. E. JACKSON, M. D.		

Information should be recorded on all positive and also relevant negative findings regarding present complaint; present illness; past family and social histories; and inventory by systems.

(Page 2 continued)

Lungs: The breath sounds are diminished in intensity, bilaterally, to a moderate degree, otherwise, there are no rales, rhonchi or wheezing.

Heart: No clinical cardiomegaly. No thrill is palpable. S1 and S2 are normal. There is no S3 or S4. There is a Grade II to III/VI, blowing, systolic murmur, best heard at the apex and radiates toward the midaxillary line. There is also a Grade I-II/VI systolic ejection type of murmur best heard at the upper right sternal border. There are no diastolic murmurs, rubs, opening snaps or other abnormal sounds noted. Rate is 144, regular sinus rhythm.

Abdomen: Obese, soft and no organomegaly, masses or tenderness. Bowel sounds are normal.

Extremities: No clubbing, deformity or edema.

Nodes: None.

Pulses: Carotid, femoral, dorsalis pedis are three plus, equal and no bruits. Posterior tibial is not palpable in either foot.

Neurological; exam is grossly within normal limits.

ADMITTING IMPRESSION:

1. Epistaxix, possibly secondary to #2.
2. Hypertension, severe
3. Exogenous obesity, severe

D: 12-14-75
T: 12-15-75 cmt

CLAIMANT ATTACHMENT 002
PAGE NO. 38 13

W. E. JACKSON, M.D.
Signature of Physician
W. E. JACKSON, M. D.

LOURDES HOSPITAL, INC.

CONSULTATION RECORD

Hosp. No. 6121306

Date 12-11-75

Name GREEN, DAVID A. Room or Ward No. 522 Bed ____ Doctor WILLIAM E. JACKSON, M. D.

[redacted]

Consulting Service or Physician WILLIAM HOSBACH, M. D.

Report requested regarding

Signature of attending physician

REPORT

Findings This 60 year old male was admitted to the hospital on 12-9-75. I was requested by Dr. William Jackson to insert nasal packs in this patient who is bleeding from hypertension. He was taken to the Emergency Room where posterior packs were inserted without difficulty. He tolerated the procedure well.

###

D: 12-11-75

T: 12-11-75 cmt

Diagnosis

Recommendations

WILLIAM HOSBACH, M. D.

CLAIMANT ATTACHMENT 002

PAGE NO. 48-13

LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0703
DOB: [redacted]

HISTORY AND PHYSICAL

DATE OF ADMISSION: 04/20/95

CHIEF COMPLAINT: Constipation.

HISTORY OF PRESENT ILLNESS: Dave Alen Green is a 79-year-old white male who came to the Emergency Room last evening and was admitted to my service. He tells a rather strange story that he feels constipated on his right side after he eats a big meal. This involves his right chest and the right side of his abdomen. This makes him somewhat short of breath. Apparently he can also feel a slow heart beat. For these reasons, he was admitted to my service with Digitalis toxicity with a level of 2.03.

PAST MEDICAL HISTORY: Significant for a recent carotid endarterectomy on the left on April 10, 1995. He was released from the hospital on April 16, 1995. He also has a history of suspected ischemic heart disease with chronic angina and aortic stenosis. He has chronic renal insufficiency and a history of hypertension. He does have a history of paroxysmal atrial fibrillation and has taken Lanoxin for quite some time. He has a history of chronic giardiasis.

SOCIAL HISTORY: He is married and is retired.

PHYSICAL EXAMINATION:
GENERAL: Reveals a pleasant, elderly, white male in no distress.
VITAL SIGNS: Blood pressure 150/60, heart rate 42 and regular.
HEENT: Unremarkable.
NECK: Unremarkable.
LUNGS: Decreased breath sounds, otherwise clear.
HEART: Regular rhythm. Grade 3/6 systolic ejection murmur at the right upper sternal border.
ABDOMEN: No tenderness, masses, or organomegaly.
EXTREMITIES: Peripheral pulses are decreased. There is no edema.

IMPRESSION:
1. SIGNIFICANT BRADYCARDIA DUE TO SICK SINUS SYNDROME AND MILD DIGITALIS TOXICITY.
2. AORTIC STENOSIS.
3. SUSPECTED CORONARY ARTERY DISEASE.
4. STATUS POST RECENT LEFT CAROTID ENDARTERECTOMY.

CLAIMANT ATTACHMENT 002
PAGE NO. 5813

LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0703
DOB: [redacted]

HISTORY AND PHYSICAL

5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE.
6. HYPERTENSION.
7. CHRONIC RENAL INSUFFICIENCY.
8. CHRONIC GIARDIASIS.

PLAN: Admit and monitor in CCU. Withhold Digitalis. If his heart rate does not increase, consider pacemaker. Also consider coronary arteriograms at some point.

C David Hogancamp

CHARLES DAVID HOGANCAMP, MD

HOGAN/2434RLD D: 04/21/95 T: 04/21/95

CLAIMANT ATTACHMENT 002
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LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0703
DOB: [redacted]

CONSULTATION REPORT

NAME OF CONSULTANT: ERIC B. SCOWDEN, MD

REFERRING PHYSICIAN: CHARLES DAVID HOGANCAMP, MD

DATE OF CONSULTATION: 4/21/95

PROBLEM:
1. RENAL INSUFFICIENCY.
2. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE.
   A. ANTERIOR MYOCARDIAL INFARCTION ON EKG.
   B. FIRST DEGREE AV BLOCK.
   C. HISTORY OF PAROXYSMAL ATRIAL FIBRILLATION.
   D. SINUS BRADYCARDIA.
3. HYPERTENSION.
4. HISTORY OF GIARDIASIS.
5. POSSIBLE SIGNIFICANT AORTIC STENOSIS.

HISTORY: Mr. Green is a 79-year-old gentleman whom I follow in the office for chronic renal insufficiency due to hypertension. He was recently hospitalized here and underwent a left carotid endarterectomy for about a 99% lesion in conjunction with complete occlusion of his right carotid system. He developed a modest increase in his serum creatinine following the exposure to contrast media. Baseline was about 2.5 to 2.8 mg/dcl with serum creatinine rising to a high of 3.8 mg/dcl. He returns primarily complaining of GI symptoms. He feels that when he eats, that solid food does not pass through his intestinal tract and his abdomen blows up and makes him feel uncomfortable. Thus, he has primarily subsisted on a liquid diet and in conjunction with this has had diarrhea. He denies having any significant shortness of breath. Denies any faints or dizziness.

OBJECTIVE: Blood pressure 140/60. Heart rate 48/minute.
CHEST: Lungs clear. Breath sounds decreased diffusely.
CARDIAC; Slow ventricular rate. First and second heart tones normal. Grade 2/6 systolic murmur, left sternal border and apex.
ABDOMEN: Unremarkable.
EXTREMITIES: No edema.
His calcium was 8.3. Phosphorous 4.9. Creatinine 3.4. BUN 62. Electrolytes showed a potassium of 5.4.

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LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0703
DOB: [redacted]

CONSULTATION REPORT

ASSESSMENT:
1. RENAL FUNCTION, ACTUALLY SLIGHTLY IMPROVED RELATIVE TO PRIOR HOSPITALIZATION. HAS A MEDICATION INDUCED BRADYCARDIA.

PLAN:
1. Hold Lasix and K-Dur for now in addition to withholding Normodyne and Digoxin.
2. Slow hydration.

Eric B. Scowden

ERIC B. SCOWDEN, MD

SCOWDEN/1488SS D: 04/21/95 T: 04/21/95

CLAIMANT ATTACHMENT 002
PAGE NO. 8 of 13

LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: 7E1 0710 2
DOB: [redacted]

CONSULTATION REPORT

NAME OF CONSULTANT: DARRELL FORT, MD
REFERRING PHYSICIAN: CHARLES DAVID HOGANCAMP, MD

DATE OF CONSULTATION: 4/24/95

HISTORY OF PRESENT ILLNESS: Patient is a 79-year-old gentleman admitted with Digoxin toxicity. I have been asked to see him because of the nausea and "constipation". He feels like "something is blocking him between his stomach and colon."

PAST MEDICAL HISTORY: He has been in a very fragile state for some time. We saw him and did an upper and lower endoscopy on him. Colonoscopy was to the cecum. He was found to have antral gastritis, giardiasis and more recently C. Difficile toxin colitis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Stable.
LUNGS: Clear.
CARDIAC: Normal sinus rhythm.
ABDOMEN: soft and nontender at this time.
EARS: Quite serum filled.

IMPRESSION:
1. RENAL INSUFFICIENCY.
2. RECENT CAROTID SURGERY.
3. DIGOXIN TOXICITY, RESOLVING.
4. CONSTIPATION.

PLAN: Will increase his laxative. Upper GI and small bowel follow through have been ordered. He has had an upper and lower scope so I do not plan on repeating that. I will check his stools for giardiasis and C. Difficile toxins since he has had a history of giardia.

I will follow with you. Thank you for the consultation.

Darrell Fort M.D.

DARRELL FORT, MD

FORT/1488SS D: 04/24/95 T: 04/24/95

CLAIMANT ATTACHMENT 002
PAGE NO. 98 13

LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
• A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0739
DOB: [redacted]

HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/11/95

CHIEF COMPLAINT: Shortness of breath.

HISTORY OF PRESENT ILLNESS: Mr. Green is a 79-year-old white male with a history of chronic obstructive pulmonary disease and aortic stenosis, and suspected angina pectoris, who has been having increasing shortness of breath over the past several days. This morning he was extremely short of breath. He came to the emergency room where he was seen and admitted. His PAO2 was 44 with a PCO2 of 30 on admission. Hemoglobin 8.8 with a hematocrit of 25.5.

PAST MEDICAL HISTORY: Well outlined in the old chart. He was most recently in the hospital in April of this year with Digitalis toxicity with sinus bradycardia. He has a history of chronic renal failure, critical aortic stenosis. He has declined to have invasive cardiac studies in the past. He has had a left carotid endarterectomy in the past. He has a history of giardiasis, hypertension, and end stage COPD.

PHYSICAL EXAMINATION:
GENERAL: A pleasant elderly white male in no distress.
VITAL SIGNS: BP 144/66, heart rate 82.
HEENT: Unremarkable.
NECK: Mild jugular venous distention.
LUNGS: Decreased breath sounds and a few basilar rales.
HEART: Regular rhythm, grade 3/6 systolic ejection murmur of the left sternal border.
EXTREMITIES: 3+ pretibial edema. Foot pulses are intact. There is some cyanosis, particularly in the nail beds of the left foot.

IMPRESSION:
1. Congestive heart failure due to ischemic heart disease and aortic stenosis.
2. Chronic renal failure.
3. Hypertension.
4. End stage chronic obstructive pulmonary disease.
5. Peripheral vascular disease.
6. Anemia.

CLAIMANT ATTACHMENT 002
10 8 13

LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
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PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP,
MR#: 069593
LOCATION: CCU 0739
DOB: [redacted]

CONSULTATION REPORT

NAME OF CONSULTANT: PAUL D'AMICO, MD

REFERRING PHYSICIAN: CHARLES DAVID HOGANCAMP, MD

DATE OF CONSULTATION: 07/12/95

REASON FOR CONSULTATION: Renal failure.

Mr. Green is a 79-year-old with a history of vascular disease including carotid endarterectomy and probable coronary artery disease. He has probable significant aortic stenosis and a history of chronic renal insufficiency. He was admitted from home with shortness of breath and congestive heart failure. Echocardiogram performed on 07/11 shows an aortic stenosis with a peak gradient of 36 mm. He also had moderate mitral regurgitation and moderate to severe aortic regurgitation. LV function appeared normal. He was hospitalized in April with chest pain and evidence for aortic stenosis. He refused cardiac catheterization. At that time his creatinine was 2.5 to 3.0 and he was seen by Dr. Scowden who thought the etiology of his renal failure was hypertension. Mr. Green also has gout and has been taking Colchicine and Ketoprofen.

PHYSICAL EXAMINATION: He is a chronically ill-appearing elderly man. He is currently on 100% O2. His blood pressure is 138/70, pulse 78. He is afebrile.
HEENT: No jugular venous distention.
LUNGS: Diminished air volume and some expiratory wheezing. No rales, but moving small air volumes.
CARDIAC: Regular without S3 or S4. He has a 2/6 systolic murmur at the base which radiates to the carotids. He has a scar consistent with carotid endarterectomy.
ABDOMEN: Soft, nontender. Soft periumbilical vs. iliac bruits. Distal pulses show radial to be 2+ bilaterally. His dorsal pedal pulse is 2+ on the right and not palpable on the left. He has two cyanotic appearing toes on the left foot, with the great toe and first.

EKG shows sinus rhythm. He has evidence for LVH and an old anterior infarct. Borderline 1st degree AV block.

LABORATORY DATA: Blood gas on admission, on 50%, was 64/36/7.40. Hemoglobin was 8.8. Subsequently he has received one unit of packed red cells, and follow-up hemoglobin is pending. Urinalysis shows 30 protein

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LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0739
DOB: 01/18/16

CONSULTATION REPORT

and no blood or white cells. Chem-7 at admission showed a BUN of 66 and a creatinine of 5.7; sodium 134, potassium 5.3, chloride 100, bicarb 22. This morning BUN is 70 and creatinine 5.8. Potassium is 5.0 and bicarb is at 28. His sats are 100% on 100% face mask. Chest x-ray and repeat blood gas are pending. Chest x-ray from the ER reportedly shows evidence for congestive heart failure.

IMPRESSION AND PLAN:
1. ACUTE RENAL FAILURE, ON CHRONIC RENAL INSUFFICIENCY. HE HAS NO CURRENT INDICATION FOR ACUTE DIALYSIS. WE NEED TO DISCUSS THIS POSSIBILITY WITH HIS FAMILY IF THIS WOULD BE DESIRABLE. HE HAS MULTIPLE OTHER MEDICAL PROBLEMS. WILL CONTINUE WITH DIURETICS AND POTASSIUM REMOVAL WITH KAYEXALATE. WE NEED TO SEE IF THERE IS A THROMBUS OR OCCLUSION OF HIS LEFT LEG, AND HAVE ORDERED ARTERIAL STUDIES THIS A.M. HOLD FURTHER NEPHROTOXINS SUCH AS COLCHICINE AND NONSTEROIDALS. BREATHING TREATMENTS WITH PROVENTIL. CHECK A RENAL PERFUSION SCAN AND ULTRASOUND. URINE FOR EOSINOPHILS FOR NEPHRITIS.

PAUL D'AMICO, MD

D'AMICOPAL/HGW2557 D: 07/12/95 T: 07/12/95

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LOURDES HOSPITAL
1530 Lone Oak Road • Paducah, KY 42003
• A Member of Mercy Health System

PATIENT: GREEN,DAVE ALEN
ATTENDING: CHARLES DAVID HOGANCAMP, MD
MR#: 069593
LOCATION: CCU 0739
DOB: [redacted]

CONSULTATION REPORT

NAME OF CONSULTANT: MICHAEL JONES, MD

REFERRING PHYSICIAN: CHARLES DAVID HOGANCAMP, MD

DATE OF CONSULTATION: 07/14/95

Mr. Green is a 79-year-old gentleman who I have performed previous left carotid endarterectomy on in April of 1995. He was admitted at this time for congestive heart failure and acute respiratory failure. Also with chronic renal failure. He was noted to have cyanosis of the toes and I was asked to see the patient in consultation. The patient complains of some pain in his feet but says today it is much better than it has been. He has undergone noninvasive studies which show excellent ankle brachial indices on the right at 0.98 and on the left 0.84. On examination he had good strong femoral pulses, popliteal pulses. I could not feel his dorsalis pedis or posterior tibialis at this time in either lower extremity. There is no edema noted in the lower extremities, no acute changes. There is some cyanosis of the left second and third toes. The right side appeared to be normal at this time.

At this time I feel that some of the cyanosis is probably on the basis of his congestive heart failure and respiratory problems not necessarily secondary to his vascular system since he has excellent indices. I agree with anticoagulation to have the patient on at this time. If he has progression of his foot problem then we may have to do an arteriogram on him to elucidate the arterial system. At this point hopefully we can treat him conservatively.

Thank you very much for this consultation.

MICHAEL JONES, MD

JONES/FAM1205 D: 07/14/95 T: 07/14/95

CLAIMANT ATTACHMENT 002
PAGE NO. 13 of 13

Judy Vander Boegh

From: "Saved by Windows Internet Explorer 7"
Sent: Wednesday, November 25, 2009 8:02 AM
Subject: Chapter 2-1000 Exhibit 1

Memorandum from DEEOIC Medical Director
Regarding Causal Relationship Between
Established CBD and Other Respiratory Disorders

Memorandum

Date: 08/25/2005

To: Peter Turcic, Director of DEEOIC, Department of Labor

From: Sylvie I Cohen, MD, MPH

RE: Chronic Pulmonary Diseases

This memo is to address the rationale between the accepted medical condition under part B of the program for Chronic Beryllium Disease (CBD) and its contribution and aggravation of other chronic pulmonary diseases

CBD is considered to be a disease that is involved with the destruction of viable pulmonary tissue that normally aides an individual in the process of gas exchange and blood oxygenation.

There are other chronic pulmonary diseases that are involved with lung tissue destruction or replacement that for the purpose of this memo we shall call "Other Chronic Pulmonary Diseases." Diseases that should be considered as members of this set are: asbestosis, silicosis, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and pulmonary fibrosis

Since both CBD and Other Chronic Pulmonary Diseases share in the destruction and or replacement of viable lung tissue, it can be concluded that the presence of CBD contributed or aggravated one of the illnesses named in the list of Other Chronic Pulmonary Diseases which led to an individual's death

CLAIMANT ATTACHMENT 003

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To:	John Vance, Jim Bibeault, Hon. Secretary of Labor Hilda Solis	From:	Gary S. Vander Boegh
Fax:	(202) 693-1465 (904) 357-4704 (202) 693-6111	Date:	12-27-10
Phone:	(270) 450-0850	Pages:	___Pages including the Cover Sheet
Re:	Dave A. Green	CC:	Attention Ms. Leiton

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