

EXHIBIT A

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS
DIVISION OF ENERGY EMPLOYEES' COMPENSATION
400 West Bay Street, Suite 722
JACKSONVILLE FL 32202
PHONE: 1-(877)-336-4272 Toll Free or (904) 357-4705
FAX: (904) 357-4704



March 11, 2009

Employee: William [REDACTED]
Claim File Number: [REDACTED] 6558

William [REDACTED]
[REDACTED]

Dear Mr. Wilson:

This letter is in reference to your claim for Parts B & E benefits provided through the Energy Employees Occupational Illness Compensation Program Act.

You claimed that you developed chronic beryllium disease (CBD), as a result of your employment at the Paducah Gaseous Diffusion Plant in Paducah, Kentucky.

I have reviewed the evidence in file, and find that you previously submitted 2 abnormal beryllium lymphocyte proliferation tests (LPT), **so there is no need to submit another LPT.** There is additional medical evidence, dating from July 26, 2007 to September 6, 2007, with the latest diagnoses of bad basilar pulmonary fibrosis.

An office visit report dated September 15, 2008, from Dr. Keith Kelly lists an impression of beryllium sensitivity and interstitial lung disease very possibly chronic beryllium disease.

This information alone is not sufficient. Please read the following information to submit for the claimed condition CBD for Part B and E.

Under Part B to establish CBD, there are different criteria depending on the date of diagnosis.

If a diagnosis of CBD was made on or after January 1, 1993, you must submit one (1) or more of the following:

- A lung biopsy showing granulomas or a lymphocytic process consistent with chronic beryllium disease
- A computerized axial tomography (CAT) scan showing changes consistent with chronic beryllium disease
- A pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with chronic beryllium disease.

For any test results, your physician must provide an opinion whether the findings are consistent with chronic beryllium disease.

Under Part E to establish a diagnosis of CBD submit:

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EXHIBIT B

CRAWFORD & LUNDBERG X-RAY CLINIC, PSC
KEITH HOWARD CRAWFORD, M.D.
GERSHOM LUNDBERG, M.D.

BROADWAY PROFESSIONAL BLDG.
2421 BROADWAY
PADUCAH, KENTUCKY 42001
TELEPHONE (270) 442-8272-3
FAX (270) 444-0539

RADIOLOGY
X-RAY DIAGNOSIS
BREAST EVALUATION
ULTRASONOGRAPHY
C-T SCANNING
M.R.I. SCANNING
BONE DENSITY EVALUATION

OFFICE HOURS
Mon. thru Fri.
7:30 a.m. - 4:00 p.m.

DATE 08-03-2007

Patient William [REDACTED] DOB: 01-02-1925 Referring Doctor Keith Kelly, M.D.
Examination CT Scan Chest without contrast Age 82 X-ray No. 28541

C-T SCAN REPORT

History or Clinical Problem: Mr. [REDACTED] presents for a follow-up for bilateral lower lobe scarring from beryllium exposure.

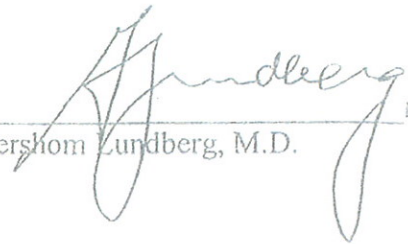
REPORT ON DIAGNOSTIC CONSULTATION

A helical study was performed without intravenous contrast. Comparison is made with an exam dated 06-26-06. There is persistent mild lower lobe scarring, showing some progression from last year. I see no pulmonary mass or pleural fluid and no adenopathy. There are benign right hilar calcifications and mediastinal calcifications. No acute inflammatory infiltrate. The heart is enlarged.

Impression: Mild progression of bibasilar fibrosis since last year. Otherwise no acute pathology in the chest.

GL/cl

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9/6/07


Gershom Lundberg, M.D.



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EXHIBIT C

9/15/08

WILLIAM [REDACTED] 703 KEK

PROBLEMS: 1. Interstitial lung disease, possibly chronic beryllium disease, patient declines biopsy. 2. Movement disorder not otherwise specified.

MEDICATIONS: MVI and Clonazepam.

SUBJECTIVE: He follows up and is doing generally fairly well. He feels like his lung function is declining. He has some dyspnea with exertion. No acute complaints, no fevers, chills, or sweats, no increasing cough or sputum production. He had a CT of the chest at Crawford-Lundberg Clinic prior to this visit.

PHYSICAL EXAMINATION: Ht: 70", Wt: 145, BP: 132/80, Pulse: 60, Respirations: 16, SAT: 98% on RA. HEENT: Sclerae are white extraocular movements are intact. Oral mucosa is moist, naris are patent. Neck - Supple. Chest - Very faint basilar crackles. Cardiac - Regular normal S1 and S2. Abdomen - Soft, nontender, with positive bowel sounds. Extremities - No cyanosis, clubbing, or edema. Gait normal, ambulatory awake and alert.

LAB: Spirometry FEV1 113% predicted, FVC 108% predicted, total lung capacity 108% predicted, residual volume 138% predicted, diffusion capacity 136% predicted, MVV 118% predicted basically normal. Chest CT, high resolution technique shows some diffusely increased interstitial markings without honeycombing. This may be due to chronic beryllium disease.

IMPRESSION: 1. Beryllium sensitization. 2. Interstitial lung disease very possibly chronic beryllium disease.

PLAN: We discussed the results. Based on criteria for after January 1, 1993 he does have a history of abnormal beryllium lymphocyte proliferation test and a computerized V-scan showing changes consistent with chronic beryllium disease. While this is not diagnostic such as a biopsy would be, I think his syndrome fulfills the above criteria per the US Department of Labor Form EE-7 dated April 2005. I offered no other specific intervention currently. He will follow up in 6 months.

[Signature]
Keith E. Kelly, MD

KEK/sdc

COPY: William [REDACTED]

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EXHIBIT D

U.S. Department of Labor

Employment Standards Administration
Office Of Workers' Compensation Programs
Division of Energy Employees' Compensation
400 West Bay Street, Room 722
Jacksonville, FL 32202
Phone: (877) 336-4272 or (904) 357-4705
Fax: (904) 357-4704



January 3, 2008

File Number: [REDACTED]-6558

William [REDACTED]
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED]

I am writing to inform you that we are unable to make a determination on your claim for a permanent impairment rating for the condition of beryllium sensitivity.

But first, I would like to make you aware that our District Medical Consultant (DMC) has indicated that based on the medical evidence you submitted, it supports that you have chronic beryllium disease (CBD). Enclosed is copy of an EE-1, Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act Form for you to fill out and submit to your local resource center. Your nearest resource center is located Paducah, KY. Their toll free number is 1-866-534-0599. Also, please submit any medical documentation that may diagnose you with CBD.

Regarding your beryllium sensitivity, in order to determine whether you have sustained a permanent impairment, the physician must conclude that your accepted condition is well-stabilized and unlikely to improve substantially with or without medical treatment; this is called maximum medical improvement or MMI.

The medical evidence shows your condition has not reached this state; therefore, we cannot determine your impairment rating at this time.

The DMC noted the following in his report:

1. The employee's beryllium sensitivity which was accepted based on blood tests, a positive (abnormal) test result is considered to represent immune reactivity to a material (beryllium). The test also shows immune reactivity to the other antigens used in the test to confirm normal immune responsiveness (phytohemagglutinin - a plant protein, Candida - a fungal protein, concanavalin a plant product or TTX-tetanus toxoid protein, depending on the test).
2. The DMC noted that the term beryllium sensitivity (without diagnoses of CBD) is a test result, not a medical condition. The AMA Guides state that an impairment is "a loss, loss of use or derangement of any body part, organ system, or organ function" and "a medical impairment can develop from an illness or injury."

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Copy to [REDACTED]

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EXHIBIT E

RESPIRATORY DISEASE CLINIC

JEFFREY S. CLARKE, M.D.
STATE LIC. NO. 22854
DEA# AC2098716
WILLIAM H. CULBERTSON, M.D.
STATE LIC. NO. 21273
DEA# AC1315365

1920 BROADWAY
PADUCAH, KENTUCKY 42001
PHONE (270) 442-3647

WILLIAM H. BEDWELL, M.D.
STATE LIC. NO. 19504
DEA# AB9290553
KEITH E. KELLY, M.D.
STATE LIC. NO. 39808
DEA# BK4321547

FOR William [REDACTED] AGE
R ADDRESS 1-2-25 DATE 1/14/88

Mr [REDACTED] pulmonary
condition is relatively to
improve with or without
medical treatment

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DISREGARD UNLESS CHECKED

LABEL CONTENTS ☐

GENERIC EQUIVALENT MAY BE USED ☐

REFILL TIMES

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M.D.

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EXHIBIT F

ENERGY EMPLOYEES
COMPENSATION RESOURCE CENTER

DATE: September 22, 2008
TO: Mr. William [REDACTED]
FROM: Carolyn Hudson, Case Worker *CH*
Energy Employees Compensation Resource Center
Paducah, KY
RE: Returned Documentation

Enclosed is your copy of the documentation that has been forwarded to the Department of Labor. **Please maintain a file of the documentation returned to you, as the Resource Center is unable to store records in our office once receipt of the records has been confirmed by the Department of Labor.**

If I can be of any assistance, or if you have any questions, please do not hesitate to call the toll free number 1-866-534-0599.

Enclosure:

Medical Record from Dr. Keith Kelly's Office
Diagnosis of probably Chronic Beryllium Disease

125 MEMORIAL DRIVE
PADUCAH, KY 42001
Phone: 270-534-0599 and 1-866-534-0599 (toll free) Fax: 270-534-8723
Paducah.center@rrhio.com

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