COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Women Owned Company

Fax Cover Sheet

	To:	U.S. Department of Labor Attn: David Howell	From:	Gary S. Vander Boegh
	Fax:	202-513-6401	Date:	01/03/12
	Phone:		Pages:	Pages including the Cover Sheet
	Re:	Anna K. Vander Boegh	CC:	
		File Number: xxx-xx-0317		
	Urgent	X For Review 🗀 Please Comment	Pleas	se Reply Please Recycle
C	mment	s:		
Ple	ease find	I the attached correspondence.		
2	Jany (e any question, feel free to contact me	e at 270-	-559-1752.

James R. Roush, MD

To Whom It May Concern,

I have been requested by Anna K. Vander Boegh to perform a review of medical records, reports, and employment exposure/ employment history with regards to her exposures at the Oak Ridge and Paducah Gaseous Diffusion Plants (GDP) that caused, contributed to, or aggravated Mrs. Vander Boegh's diagnosed illnesses.

OaK Ridge and PGDP Exposure Background

- The Department of Energy(DOE) listed Anna K. Vander Boegh's employment at the Oak Ridge Gaseous Diffusion Plant in Oak Ridge, Tennessee as beginning in May 16, 1945 and ending on April 9, 1946. A review of the social security records confirm that Mrs. Vander Boegh also had earnings in 2nd and 4th quarters of 1944. The Department of Labor (DOL) & DOE also confirmed Mrs. Vander Boegh's employment at the PGDP Paducah Gaseous Diffusion Plant, a covered DOE facility, from January 10, 1952 to March 20, 1953. (Reference Exhibit No. 2).
- Anna K. Vander Boegh, according to her DOL record file was exposed on at least 3 separate occasions to accidental releases of process gas (UF6) containing uranium isotopes, including beryllium at the K-25 gaseous diffusion plant facility in Oak Ridge, Tennessee. She became ill and experienced pneumonia after the third exposure event and was subsequently hospitalized after these exposures in late 1945. It is noted in a DOE report Mrs. Vander Boegh only returned to work after have having been absent for two months. (Reference Exhibit 1 and pg. 10 of this letter)
- It should be noted that Anna K. Vander Boegh's first born may have experienced radiation poisoning as a result of Mrs. Vander Boegh's exposures that led to the death of her new born daughter.

Medical Reports Supporting Diagnosis of Chronic Beryllium Disease (CBD) and Chronic Heart Failure (CHF)

- On February 23, 1986, Dr. Stephen Luigs diagnosed Anna K. Vander Boegh "she is an <u>acutely</u> ill-appearing white female with paroxysms (uncontrollable coughing), and acute bronchitis."......"Chest: Is clear with slight expiratory wheezing present with some bronchi."...." Diagnosis upon discharge: "acute bronchitis."
- A radiology report from Robert Garneau, MD, Lourdes Hospital dated 3/11/09 notes, "Dense left basilar opacification probably left lower lobe infiltrate or consolidation. Cardiomegaly is noted with vascular prominence probably loss of cardiac reserve.

- Kanchan Koirala, MD notes during a visit on 10/05/10, Mrs. Vander Boegh's exposure to workplace toxic substances, including radiation, heavy metals, and beryllium. He further notes that the claimant complains of breathlessness and attacks of bronchitis with a sensation of smothering when she awakens in the middle of the night. She also indicates she has a non-productive cough. The laboratory reports diagnostic reports confirmed "old granulomatous disease." He further states, the granulomas that I see on her lung fields could be related to her prior beryllium exposures at both GDP. The lung volumes obtained by plethysmography are reported by Dr. Koirala as showing a "mild reduction in vital capacity." Her total lung capacity is 69% of the vital capacity of 89%. Likewise, diffusion capacityis mildly reduced at 66% of predicted. He further confirms her impaired diffusion capacity could be as likely as not causing chronic bronchitis (COPD).
- Lourdes Hospital Radiology Report D. R. Hatfield, M.D., & attending physicians Stephen Luigs, M.D. & Brian Vander Boegh, M.D., dated 12/25/95. Exam presents frontal and lateral views of chest with a patient history of cough and pneumonia. Diagnosis: Left Lower Lobe Pneumonia and cardiomegaly.
- Lourdes Hospital Radiology Report, John C. Burris, M.D., (Referring physician Steven Luigs, M.D dated 1/02/96 confirms "the patient now has an area of subsequential atelectasis in the left lower lobe and is there is diffuse infiltrative disease now in the left lower lobe. Diagnosis: "Interval appearance of diffuse interstitial pneumonia with atelectasis in the left lower lobe, since the film dated 12/30/95."
- Cardiologist Mark Lineberry, M.D., (Referring physician Steven Luigs, M.D.) in report dated 05/13/96 confirm biatrial enlargement doppler evidence of moderate mitral and severe tricuspid insufficiency.
- An echocardiography report produced by Charles Hogancamp, M.D., on 5/13/03 indicates possible ischemic heart disease due to right ventricular overload. "The pulmonary artery systolic pressure is estimated to be approximately 50 to 55 mmHg suggesting significant pulmonary artery hypertension.
- On 4/06/06, Charles Hogancamp, M.D., notes "There are mild sclerotic changes of the aortic valve.
- Mark D. Lineberry, MD., (Patrick Finney, MD referring physician), on 3/10/09 notes "There is bilateral enlargement, mild sclerotic changes of both aortic and mitral valves, severe tricuspid insufficiency with a right ventricular systolic pressure estimated to be 59mmHg. Diagnosis: severe tricuspid and moderate to severe mitral insufficiency.

Diagnostic Assessment/ Evaluation

I base my diagnostic assessments and evaluations on my reviews of the DOL record files that includes medical records, reports, pulmonary studies, and including a review of Mrs. Vander Boegh's documentation of her workplace exposures to process gas (UF6 radioactive gas) on at least 3 occasions while working at the Oak Ridge GDP as a chemical operator/ nuclear material sampler), at such time she was exposed to uranium and spent nuclear reactor fuel (i.e plutonium, neptunium, cesium 137, cobalt 60, etc.) which were known to have been received from the Hanford, Washington site and introduced/ fed into the "Cascade" at both the Oak Ridge and PGDP GDP's. Therefore any process gas/ UF6 exposures can be expected to have affected the health and safety of a nuclear worker such as Mrs. Vander Boegh. The accidental releases have been determined to have exposed nuclear workers (such as documented by chemical operator Anna K. Vander Boegh) to the aforementioned radioactive transuranics, toxic chemicals, heavy metals (cadmium, lead, arsenic, etc), including beryllium metal which entered the Cascade from recycled spent nuclear fuels and compressors (i.e. from compressor blades).

After a review of the record file, I affirm and diagnose within a reasonable degree of medical certainty that Mrs. Vander Boegh's exposure to toxic substances at the Oak Ridge and Paducah GDP's "were at least as likely as not" significant factors in causing, contributing to, or aggravating her pneumonia, chronic bronchitis (COPD), cardiomegaly, ischemic heart disease that are consequential illnesses of Chronic Beryllium Disease and Chronic Heart Failure.

James R. Roush, MD

James R. Roush, MD

Date

LOURDES HOSPITAL 1530 LONE OAK ROAD PADUCAH KY, 42003 DEPARTMENT OF RADIOLOGY (502) 444-2177

RADIOLOGY REPORT

MAME: VANDERBOEGH, ANNA K PHYS: FINNEY, PATRICK C MD

DOB: AGE: 85 SEX; F

ACCT: 1533320 LOC: 0704 01 EXAM DATE: 03/11/2009 STATUS: ADM IN

RADIOLOGY NO: 42888 UNIT NO: 013426

EXAMS: 000990796 CHEST 1 VIEW

History: Fever.

Time: 0551 hours. Correlation made to a study dated 3/9/2009.

Cardiomegaly is present. There is dense left basilar opacification with a left lower lobe infiltrate. There is also vascular prominence.

Impression:

- 1. Dense left basilar opacification probably left lower lobe infiltrate or consolidation.
- 2. Cardiomegaly.
- 3. Vascular prominence probably loss of cardiac reserve.

** REPORT SIGNATURE ON FILE 03/11/2009 (09:40:00) **
Reported By: ROBERT GARNEAU, MD

TECHNOLOGIST: ELIZABETH HAMM

TRANSCRIBED DATE/TIME: 03/11/2009 (0936)

TRANSCRIPTIONIST: 2434RLC

PRINTED DATE/TIME: 03/11/2009 (0937) BATCH NO: 10602

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That during the period from 3-16-445 to A-9-46 he was employed at oakflider. by Union Carbide and Carbon Corporation and/or its subsidiaries in research and development work either under war contracts which said Corporation or its subsidiaries have entered into with the United States of America or under subcontracts subordinate to prime United States Government war contracts which said Corporation or its subsidiaries have entered upon;
That during the above period of employment he was under obligation promptly to report and communicate to the said Corporation or its subsidiaries or to such individuals who might from time to time be designated to receive such reports or communications, any and all inventions which he made during the above period of employment which OFFICIAL USE ONLY lich he has been engaged for the said Corporation or it OFFICIAL USE ONLY contracts or subcontracts;
That, to his best knowledge and belief, there are no such inventions which have not been reported and communicated to said Corporation or its subsidiaries;
That all notebooks and all other records containing any disclosure relating to such work have been turned over to the said Corporation or its subsidiaries.
Charact Jones
Subscribed and sworn to before me this day of april, 1946.
Weedell E. Mytherson
My Commission: Expuss July 11, 1949 My Commission: Expuss July 11, 1949 TED REVIEW DETERMINATION TED REVIEW DETERMINATION TO PROVIEW DESCRIPTION TO PROVIEW DESCRIPTION

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CLAIM DEPARTMENT
THE ÆTNA CASUALTY and SURETY COMPANY

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HARRIMAN, TENNESSEE

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	6. Give accurate description of nature and extent of injury and state your objective findings! Cliest clear. Eyes and threat negative. Alleged Biterial exposure.
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Mr. C. O. Burns, Supervisor Insurance and Compensation Dept. Industrial Selations Suilding

February 5, 1946

Anna B. Jones
Fedical Sc. 23277
Fedge No. FRE-1151
Injury 10-27-25
IF2 Report 11-5-45
Interval Report 1-24-46
Final Report

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Anne 1. Jones was examined today with regard to the in-Jury of October 27, 1965.

The examination revealed that the chest was clear. There was no conjunctivitie, rhinitie, or pharphylic. There was no residual disability due to the alleged saterial exposure.

Jones was returned to regular work on the date of the exposures There was no loss of time.

Very truly yours,

A. G. Hammer, H. B. Supervisor, Madical Dept.

OFFICIAL USC CMAY

MEMO

AVOID ORAL INSTRUCTIONS

Dr. Costello

Re: Anna K. Jones

Accident: 10-27-45

Please submit a Pinal Medical Letter on the above named.

C. O. Burns

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CARBIDE AND CARBOFT CHEMICALS CONFORTION MEDICAL REPORT

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Page 26 of 81

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seems will be recalled and a further report submitted to your affice.

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driginal Signon by . . . Ashmar ... C. Monney, Supervisor, Mudded Loops.

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CES 00:2 CARBIDE AND CARBON CHEMICALS CORPORATION MEDICAL REPORT

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Employer C&CGC Badge No. PKH-I151	121112	Date 10-27-45	Time 210X	р.п.
Address Charlotte, Hal		(Traductor)		
Age 22 Marital	Status: (M.A.W.D.	.)Forenan	Zongri	
Department Sampling	Division	Process	Occupation	Sampler
History (Where was patie	nt at time? What	was he doing? V	What happened?	
States that she w	as in Cell Floor	311-1 about 12LOX	noon taking a s	ample when
she removed the t	the P. G. gas	that was left in	the line dame o	ut to ber
face. Did not no	ice a sweet tast	e in her mouth, n	o gough. Also t	hinks that she
got some of the P.	G. gas on media	l surface, distal	phelanx, left n	iddla finger.
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Pulse 88, R. 2 gnosis: Alleged zateria atment: Finger soaked i	1 exposure. n Cold Masso 4 c. B. C. and	Disposition ((Theck one) Reg.	Work X
Pulse 88, R. 2 gnosis: Alleged materia atment: Finger soaked in X-ray of chest Urine	1 exposure. n Cold its 30 4 c C. B. C. and	Misposition ((Mod. Work Probable time	Check one) Reg; Home	Work X
Pulse 88, R. 2 gnosis: Alleged zateria atment: Finger soaked i X-ray of chest Urine	1 exposure. n Cold Mg30 4 c. C. B. C. and	Misposition ((Mod. Work Probable time	Check one) Reg; Home	Work X Rospi

OFFICIAL USE ONLY

Date: November 13, 1945

T. J. Rathbone

From MEDICAL DEPARTMENT

RE: PHYSICAL RECHECK

Please have Jones, Anna E. Badge No. PKH-1161 yed. No. 23277

report to the Dispunsary at the time shown.

Movember 15, 1945

It is necessary that the employee bring this notice with him and present it to the clark in the Dispensary Office. Visits should be made during the employee's regular 8 AM to 4 PM shift.

A.G. Kammer, M.D. Medical Director.

M-951

OFFICIAL USE ONLY

OUTCIME OBLICION

Mr. C. O. Burns, Supervisor Insurance & Compensation Dept.

August 10, 1945

Anna Kathleen Jones
Badge No.#PAH 1181
Medical No.#EZE77,
Pete of Accident 7/4/45

Dear Mr. Burns:

This patient was last seen on 7/12/45, at which time an exemination of the throat, chest and eyes were negative. She was discharged and there was no permanent disability.

Yours truly,

Martin Costello, M. D. Asst. Supervisor, Med. Dept.

KC/es

CES 0012

CARBIDE AND CARBON CHEMICALS CORPORATION OAK RIDGE, TENNESSEE

DISPENSARY RECORD

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Form No

STANDARD FO' I FOR

CES 0012

SURGEON'S REPORT

Complete and send immediately to
CLAIM DEPARTMENT
THE ÆTNA CASUALTY and SURETY COMPANY

P. O. BOX 267 HARRIMAN, TENNESSEE

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Number	Carriors
For:	Emplayer:
Carrier's File	No
	spaces above not to be filled in by Employer)

<u> </u>	ESTRICIED ESTRICIED	
The Patient	1. Name of Injured Person: ARMA BALLAGEM JURES AND SEC. AND SEC. Address: No. and St. 120 SELLIMING. City or Town Date Militage Tellis Name and Address of Employer: Child Falls SER Fall Call Nickley Tellis	State Seattle
The Accident	4. Date of accident: 7/4/45 Hour 3130 FM. Date disability began 2500 5. State in patient's own words where and how accident occurred \$5.6500 2500 WAY IN 2012 WHOTH A PROSTRING LIVE BY OKA SHIP STORMEN HOUSE AND DESCRIPTION OF THE PROSTRING HOUSE STORMEN AND ADDRESS OF THE STATE OF THE CLICKING CONTROL OF THE CLICKING	iglik 505 -4 .
	Conservation of nature and extent of injury and state your objective findings:	Annual Control of the
he Jury	7. Will the injury result in (a) Permanent defect? 180 If so, what? (b) Facial or head disfigurement? 180 [Premanent disability each as here of white or puts of supers facial or head disfigurement, etc., make he assured by make the report.] B. Is accident above referred to the only cause of patient's condition. 20 NOT; from the contribution is applicable of later that he is report little accidents.	d on Chart on reverse side of g earness (CDC)
	9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular eyetem or any or not due to this accident? 10. Has patient any physical impairment due to previous accident or disease? 15. Give particulars:	les disabling condition
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	19. Wete X-Rays taken? By whom? (Name and Address)	When?
	15 X-Ray diagnosis: 16 Was patient treated by anyone clse? By whom? (Name and Address) 17. Was patient hospitalized? Name and address of hospital: 18. Date of admission to hospital: 19 Is further treatment needed? For how long?	When?
nhility	20. Patient was able to resume regular work on:	gyggy chaid aidd a yr add Color (1994) fefn dei Ardelei (1994)
	21. Patient was able to resume light work ons	
	REMARKS: (Give any information of value not included above).	
**************************************	I am a duly licensed physicism is the property of Paris. I was graduated from Medical School In Paris (September 1974) Date of this report (September 1974) This report must be signed personally by shyrician. Address:	73. 1925
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LABORATORY EXAMINATION Plant

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OFFICIAL USE ONLY

CARBIDE AND CARBON CHEMICALS CORPORATION OAK RIDGE, TENNESSEE

SUPPLEMENTARY QUESTIONS ON HEALTH

- 2. Do you think that you are now pregnant? ho
- On what day did your last menstrual flow begin? 5/15/4;

I affirm the above statements are true. I agree that in the event I suspect I am pregnant I will report to my personal physician and I will further agree that if and when I am sure I am pregnant I will report to the medical department of the plant for a discussion of the problem.

SIGNED from 1: Janes

DATE 3/17/45

WCX-110

Out-Vigit Report
Namo Anna Rigarios 910 No. FXH-1161
Complete Address 120 Baltinger and 2277
Sech 3 Tel. No.
Person Calling
Length of Absence
Reason for Absence
Past Absentee Record
Date Visited Employee
Findings Fire a Blokes anna was very ill Sister Counce.
trak her home to Ky clo late letter of expects
to return 9-9-45-
Attending Physician
Person Making Visit + 10 mas H. Darling R. M.
Date 9-8-45 920 Q.M
M-85

VEFICIAL DOCUMEN

CARBIDE AND CARBON CHEMICALS CORPORATION OAK RIDGE, TENMESSEE X-RAY EYAMINATIONS

Medical No.	Name	Reading
Med. No. 23277 5-18-45	Jones, Anna Kathleen	Routine Pre-employment Chest X-Ray Film:
		P. A. view of the chest - normal PEJ/es
7-11-45		P. A. view of the chest - normal. PEJ/EN
8-31-45		P. A. OFFICIAL USE ONLY reals localized prononpneumonia on the left with the suggestion of cavitation at the level of the fourth enterior rib. PEJ/es
		Re-examine in one week.
10-26-45		P. A. view of the chest reveals
· ·		area involvement on the left is cleared. PEJ /lt
4~9~46		P. A. view of the chest reveals thickened pleura, left lower lung field. PEJ/1t

8

ACCIDENT REPORT

NOTICE. All or a portion of this document may be illegible. This scanned image represents the avost accurate representation of the docume nossible.

According to the control of the cont	accurate representation of the docum
EMPLOYDE'S NAME JONES! ARMS KSTELNET	BADGE NUMBER PER-1161 AGE ROSEN & RACE B.
OCCUPATION Sampler DEPARTMEN	NY Line Reserter AREA Process
DATE OF ACCIDENT 7-4-45 TIME 618	P.M.Paul PLACE 808-4
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DESCRIPTION OF ACCIDENT	to drow the next sample,
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CAUSE OF ACCIDENT. Process gas line was houte	OFFICIAL USE ONLY
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the second se	A CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR AND ADMINISTRATION OF THE CONTRACTOR ADMINIST
WHAT HAS BEEN DONE TO PREVENT A RECURRENCE?	en e
This problem is in the home	is of the Instrument Department.
and the second s	1 29 1-
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YPE OF IKIURY	
ART OF BODY AFFECTED TOPOGS	· · · · · · · · · · · · · · · · · · ·
OLG EMPLOYEE RETURN TO WORK ON NEXT REGULAR SHIFT?	Yes.
Date 7~16~45	W37lesfrom
Date Cracketter	Poreman
This Report to be submitted for all Accidents regard	less of extent of Injury and for all Occupational Discases.

WCX-103-3

THIS COPY FOR FOREMAN

2564

CES 0012

JONES, Anne Kathleen

PEH-1161 HE r

Sampler

Process

7-4-48

6:30

P.V

Foremen: Zangre-

Patient states that she was working in bldg. 305-4 lest Wednesday, and a recording line broke while workmen were repairing it, the material gas except into the station and she was exposed while sitting at her dask. Then she was exposed again on 7-8-45. Since that time she has been bothered with headaches, a sere threat and cough.

ولات الما

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R Skift 9-7 7-OFFICIAL USE ONLY

material gas exposure throat

INVESTIGATION Return to wor NECESSARY

ANNE K. gones - PKH. 1161 0850012	
Production SAFETY INSPECTOR'S INVESTIGAT	104
300 H 1945	
DESCRIPTION OF ACCIPENT Dry Just of the a	love engloyee
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were working on one of the	- milion marity
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3	Enty Co general 2640 3 AB
AND AND AND LABORATOR	
GORSS ANNE KATHLEEN CES 0912 PRI-1161 7-4-45 6:30 F.M. SAFETY INSPECTOR'S INVESTIGATION	NOTICE: All or a contion of thes
7-4-45 6:30 F.M. SAFETT INSTRUCTION'S INVESTIGATION	document may be filegible. This standed image represents the most
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ESCRIPTION OF ACCIDENT On July 4, the above smoloved was attring	pasible.
in bldg. 805-4. There were some instrument men workin an one.	
out on the P. G. some of the P. G. Sures got loose in the atm	usubere. The employee thid
she inheled some of the fumer. The semicyen was nitting about	12 ft. free the manifold.
The station was not inclosed.	And the state of the second se
	the state of the s
	ner egy a appropriation of the second
	and the second s
EMARKS No Lest Time	
This case betweened on July 4, but the Haronsary report did n	ot come in until July 18,
and we received the report on July 13.	
34TE G-14-4g	1621 <u>14</u> 8
	2646 508

Page 48 of 61

Mr. C. S. Burns, Supervisor Insurance and Compensation Dept. Industrial Helations Building

Fobruary 5, 1946

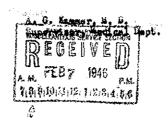
Anna &. Jones Medical No. 23277 Sadge No. Fall-1151 Injury 10-27-45 572 Report 11-5-45 Interval Report 1-24-46 Final Report

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The examination revealed that the chest was clear. There nes no conjunctivitie, rhinitie, or pharyngitie. There was no residual disability due to the alleged material exposure.

Junes was returned to regular work on the date of the exposures There was no loss of time.

Very truly yours,



Ask in

Anchesures 5

hr. C. C. Birms, Supersion Incurance and Compountion Dept. Industrial Selations Endiding

Jenuary 21, 1946

Anna K. Jones PKH-1151
Radical No. 23277
Injury 10-27-45
272 Report 11-5-45
Interval Report

Dest Grei

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don possible.

YOUR WILLOW

seen hore, with regard to the

OFFICIAL USE ONLY

Yery thuly yours,

4. 0. Lammar, S. D. Supervisor, Medical Dept.

ACR/hts

Enclosures 5

PHYSICAL CODE	ACCIDENT REPORT	document may be idegible. This scanned integer represents the most accurate representation of the document possible.
	thleen BADGE NUMBER	HH-1161 AGE 22 SEXES RACE .
OCCUPATION. Sampler	DEPARTMENT Line Record	der Section ARRA Process
DATE OF ACCIDENT 10-27-45	TIME 12100 P.W. ↑ M	PLACE 311-1 Cell Floor
100b1	operator was taking a special le surge and waste unit under not familiarnamely, liquid w sure. Upon recoving sample to se line blew out causing the i	conditions with which she waste material under high the, some product remaining
gyrunn ya mini maaran ee gann oo in an aharan qaasaa ka ahaa a		
		MECHTANIOUS SERVICE SECTION E G E I V E D A. M. NOV 7 1945 P.M. 7(8(0)10)11/13/11/2,6(4)6/6
The continue of the state of th	OFFICIAL USE O	
CAUSE OF ACCIDENT TAKING SE	umples under unfamilier condit	
WHAT HAS BEEN DONE TO PREVENT A RE	CURRENCE: Instruction of conditions and enforcing th	operators to acquaint them e use of gas masks prescribed
for these	operations.	
TYPE OF INJURY Alloged meteri	al exposure 2	
part of body appected. Chest DID EMPLOYEE RETURN TO WORK OR NE	KT RECULAR SHIFT? YOU	
Date. November 6, 1	945	Your And Occupational Diseases.

THIS COPY FOR SAFETY DEPARTMENT

WCX-103-1

CES 0012

Jours, som sammen Sampler

33-04-23

Baseltag

12100

Foregan: Zangri

Forezan: Zengri

States that she has in Cell Floor 31-1 about 12:00 noon taking a smaple when she removed the tube the P.G. gas that was left in the line case out in her face. Bid not notice a sweet tasts in her south, no cough. Also thinks that she get some of the P.G. gas on medial surfece, distal plaienx, left addle finger. Was not wearing a mask or gloves. Was about 8° from Point the gas escaped.

30 7 07

NOHEE. After a person of the decement may be dispute. Prince cannot image represent the most use more operated attended to the control of the decement possible.

Brog Vier Senger some Tather.

Alleged saterial exposure

This employer was about from work 11/8/45 at

Had agained operation last week don't kno when she will return 11-9-45 (36mm)

On the date written below, the Departmental Supervisor has been notified by letter of the non-receipt within the prescribed time limit of the Foreman's accident Report required by the Accident Reporting Procedure.

> Claude L. Stewart Claude L. Stewart

Section Chief Safety Department

CLS:rj

WHAT HAS BEEN DONE TO PREVENT A RECU		stors to sequelat them s of gas muchs proceribed
for these o	perselione.	1 000 p. 10 000 000 000 000 000 000 000 000 000
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TYPE OF INJURY. Alleged material	STANCE.	15
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DID EMPLOYEE RETURN TO WORK ON NEXT	The state of the s	The contraction of the contraction with the contraction of the contrac
Date Date	de la seconda de la companya del companya de la companya del companya de la compa	L. A. Wassarkeyleren
This Report to be submitted for	or all Accidents regardless of extent of Injury an	for all Occupational Diseases.
WCX-103-J	THIS COPY FOR FOREMAN	87% ৬ %)

KANCHAN KOIRALA, MD,

BOARD CERTIFIED IN PULMONARY AND CRITICAL CARE MEDICINE

Kanchan Koirala, M.D.
Board Certified in Pulmonary and Critical Care Medicine
Physician Specialists of Murray
Murray Calloway County Hospital
300 South 8th Street, Suite 380 West
Murray, Kentucky 42071
(270) 762-1539

PATIENT:

VANDERBOEGH, ANN

DATE OF VISIT:

10/05/2010

DATE OF BIRTH:

Patrick Finney, M.D.

PRIMARY PHYSICIAN:

CHIEF COMPLAINT:

This is an 87-year-old female with chronic bronchitis.

HISTORY OF PRESENT ILLNESS:

The patient is a pleasant 87-year-old lady who has suffered from a chronic cough for most of her adult life. She has a history of being exposed to radiation, namely processed gas, in 1945. I do not have exact details of the composition of the gas, but to my knowledge, it included heavy metals like arsenic, cadmium, and also radioactive uranium isotopes. I do have a copy of that report. The exposure was on July 8, 1945. At that time, she had been bothered with headaches, a sore throat and a cough. Since that time she has always had episodes of coughing off and on for all these years. She had a second exposure to this gas as well. The patient had serial x-rays done from May 1945 to the last one being April 1946. The x-ray reports were all read as being normal except for the one on August 31, 1945, which shows localized bronchial pneumonia on the left side with suggestion of cavitation at the level of the fourth anterior rib. The last x-ray report from 04/09/1946 shows thickened pleura of the left lower lung field. On further questioning, the patient denies any hemoptysis. She does have some breathlessness on exertion. She admits having episodes of respiration distress that awaken her during the night. She admits orthopnea.

PAST MEDICAL HISTORY:

- 1. Back problems.
- 2. Chronic bronchitis.
- 3. Kidney problems.
- 4. Atrial fibrillation. This also appears to be chronic and the patient tells me that she has been on chronic anticoagulation for as long as she can remember.
- 5. Hypokalemia.
- 6. Hypertension.

Her primary care physician is Dr. Patrick Finney in Paducah. She is newly established with him.

PAST SURGICAL HISTORY:

- 1. Appendectomy.
- 2. Tionsillectomy,

PATIENT:

VANDERBOEGH, ANN

10/05/2010

DATE OF VISIT: DATE OF BIRTH

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CURRENT MEDICATIONS:

- 1. Aspirin 80 mg.
- 2. Amitriptyline 25 mg.
- 3. Warfarin 4 mg.
- 4. Amlodipine 5 mg.
- 5. Furosemide 20 mg.
- 6. Potassium 10 mEq.
- 7. Omeprazole 20 mg.
- 8. Lortab as needed.

ALLERIGIES:

No known drug allergies.

FAMILY HISTORY:

Both parents are deceased, father from cardiac arrest, mother breast cancer.

SOCIAIL HISTORY:

The patient was born in Kentucky. She has lived most of her adult life in western Kentucky. She worked at the Oak Ridge facility in Tennessee in 1945 to 1946 where she was exposed to various uranium isotopes, as well as various heavy metals. I do not have the details of the exposures at this point, but she tells me that she does have an extensive file documenting the exposures. She later moved to the energy plant in Paducah where she was exposed to beryllium. She has had some beryllium testing and from what I can make out, she probably has beryllium sensitivity, but no evidence of chronic beryllium lung disease.

EXPOSURE HISTORY:

The patient's son tells me that his mother had developed anemia following the exposure to the gas. Again, the details are not known. Apparently it was a reversible cause and may have been from radiation sickness or exposure to one of the heavy metals. The 1945 medical reports confirmed the anemia.

IMMUNIZATION STATUS:

The patient received the flu vaccination in 2009. She has not received the pneumonia or shingles vaccinations.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Denies any fever or chills. Denies any recent change in weight. Denies night

INTEGUMENT: Denies rash, ulcers or lesions.

HEENT: Denies dry eyes. Denies double vision. The patient complains of dizziness and

lightheadedness.

RESPIRATORY: The patient complains of breathlessness. She also has a predominantly nonproductive cough. She has what she describes as attacks of bronchitis. She does snore and indicates that she wakes up in the middle of the night with sensation of smothering. She denies coughing up blood.

LYMPHATICS: Denies lymph node enlargement. HEMATOLOGY: Denies bruising or bleeding.

CARDIOVASCULAR: Denies chest pain or palpitations. Denies heart attack.

GASTROINTESTINAL: Denies nausea or vomiting.

MUSCULOSKELETAL: The patient has back pains and also swelling of the ankles.

GENITOURINARY: The patient complains of intermittent episodes of dysuria. Denies hematuria.

Deniesigenital discharge,

NEUROLOGIC: The patient denies difficulty with ambulation. Denies numbness. Denies difficulty

PSYCHIATRIC: Denies feeling anxlous or depressed.

PHYSICAL EXAMINATION:

VITAL \$IGNS: Weight 185 pounds. Height 5 feet 9 inches. Blood pressure 160/95. Heart rate 63. Temperature 98F. Oxygenation 99% resting on room air.

HEENT: Pupils round reacting to light. External ocular muscles intact. Oral cavity Mallampati grade I. Normal tympanic membranes. No external auditory canal. Normal nasal mucosa. The nasal septum is not deviated.

NECK: Supple. No jugular venous distention. No audible carotid bruits.

CHEST: Good air entry bilaterally. No audible crackles. No audible wheezing.

CARDICVASCULAR: The first and second heart sounds are irregular in timing and intensity. A soft systolic murmur is audible.

ABDOMIEN: Soft, nondistended, nontender.

EXTREMITIES: No clubbing, cyanosis or edema.

NEUROLOGIC: The patient is oriented to time, place and person. Galt and coordination preserved. Motor strength preserved.

GENITOURINARY/RECTAL: Deferred.

LABORATORY AND DIAGNOSTIC DATA:

There is evidence of some old granulomatous disease. Otherwise, the chest x-ray is normal. Pulmonary function tests reveal spirometry to be normal. Lung volumes obtained via plethysmography show a mild reduction in her vital capacity. Her total lung capacity is 69% predicted and her vital capacity is 89% predicted. Likewise, her diffusion capacity is mildly reduced. It is 66% predicted.

PATIENT:

VANDERBOEGH, ANN

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ASSESSMENT:

This is an 87-year-old female with:

- 1. Chronic bronchitis. The patient is a nonsmoker. This chronic bronchitis is as likely as not to have been related to her occupational exposures.
- 2. History of exposure to various radioactive isotopes, as well as to various heavy metals. I do not have the exact details.
- 3. Mild reduction in diffusion capacity. This may be related to her underlying lung disease or it could be from her chronic atrial fibrillation with some degree of congestive heart failure or it could be from anemia.
- 4. History of hypersensitivity to beryllium. I do not have the beryllium sensitivity test results during this visit.

PLAN:

- 1. The patient does have impaired diffusion capacity, which could be as likely as not from her underlying chronic occupational exposures and chronic bronchitis. This could also be from her underlying chronic atrial fibrillation. My plan is to review her exposure history more thoroughly, as well as review her beryllium hypersensitivity reports. The granulomas that I see on her lung fields could be related to her prior beryllium exposure.
- 2. I will see the patient back in eight weeks' time when she is able to provide me with her more details about her past medical history.

Kanchan Koirala, M.D.

KK/bdb

DD: 10/05/2010 DT: 10/06/2010 JOB: \3793

Clinical Course Related to Chronic Respiratory Disorder & Treatment

DAVIS DRUG, INC. 250 LONE OAK ROAD PADUCAH, KY 42001-4494 270-443-1442

Patient Information Leaflet

ANNA K. VANDERBOEGH

RX NUMBER: 07282610

DIRECTIONS: INHALE 2 PUFFS BY MOUTH

DRUG DISP : DULERA 200 MCG/5 MCG INHA

INTO LUNGS TWICE A DAY.

QTY DISP : 13

PHARMACIST: M.W.DAVIS NH, M.W.DA

DOCTOR

: FINNEY, P

ALLERGIES : NO KNOWN ALLERGIES

RESULT

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Fax:	202-513-6401	Date: 01/03	3/12
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Re:	Anna K. Vander Boegh File Number: xxx-xx-0317	CC:	

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Comments:

Please find the attached correspondence.

If you have any question, feel free to contact me at 270-559-1752.

Gary Vander Boegh

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