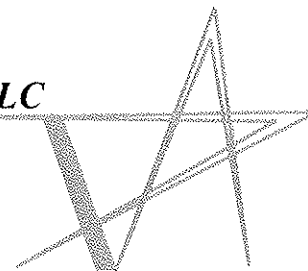


COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Woman Owned Company"



Fax Cover Sheet

Dept of Labor

To: Washington, D.C.
Attn: Hon. Secretary of Labor
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202)-693-6111

Date: 8-20-10

Phone: (270) 450-0850

Pages: 24 Pages including the Cover Sheet

Re: William W [REDACTED]

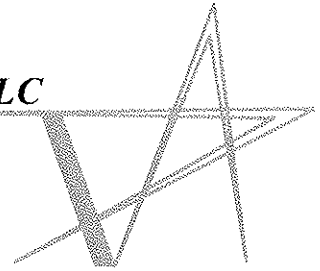
CC:

Urgent For Review Please Comment 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

August 20, 2010

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

Attention: Madam Secretary Hilda Solis

Employee/ Claimant: William W [REDACTED]
File Number: XXX-XX -1060

Dear Ms Solis,

As "Authorized Representative" (AR) for claimant William W [REDACTED], I hereby submit the attached EE-1 form for Chronic Beryllium Disease based on statutory requirements 42 USC § 7384l (13) (2) as follows:

In order to meet the criteria for CBD **before January 1, 1993, you must submit at least three (3) of the following:**

- A characteristic chest radiographic (x-ray) or computed tomography denoting **ABNORMALTIES (emphasis added).**
- **A restrictive or obstructive lung physiology test or diffusion lung capacity defect**
- A lung pathology report consistent with chronic beryllium disease
- **A clinical course report consistent with chronic respiratory disease disorder**
- Immunologic tests showing beryllium sensitivity (skin patch test or beryllium test).

For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added)."....

Evidence of William W█████'s Chronic Obstructive Pulmonary Disease and Emphysema before January 1, 1993

Mr. W█████ provides Claimant Attachment (CA) – 001 that includes medical records provided by Doctors R.A. Davis, Stephen Luigs, Patrick Finney, Michael Kempton, Keith Kelly, John Meyers, and Fred S. Mushkat. The Western Baptist Hospital “X-Ray Report” dated March 29, 2001 CA-001 page 1 of 1, clearly confirms that William W. W█████'s x-ray “denoted a lung **ABNORMALTY**, per the statutory requirements 42 USC § 7384l (13) (2). In addition, Mr. W█████'s medical records clearly confirm he was being treated for COPD and Emphysema (lung abnormalities). Dr. Keith Kelly and Dr. Patrick Finney medical reports (CA-001) confirm Mr. W█████'s clinical treatments and also reflect that his condition is terminal reaching maximum medical improvement.

Request For Expedited CBD Review Due To William W█████'s Terminal Status

On or about July 7, 2010, the DOL Jacksonville District Director designated Mr. W█████ as meeting the requirements EEOICPA BULLETIN NO. 09-05, “Processing Claims for End-Stage Terminally Ill Claimants”, based medical reports received from Dr. Keith Kelly and Dr. Patrick Finney. Mr. W█████'s “terminal condition” has not changed.

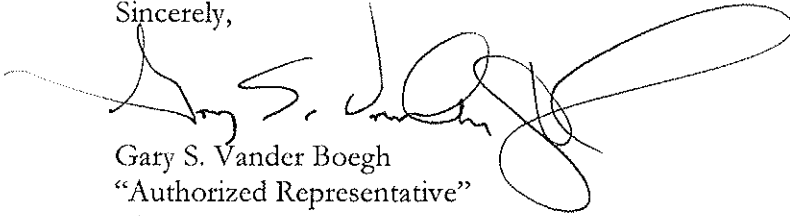
Request For Expedited Approval of Part B, Part E Compensation and Medical Benefits

Per the above medical evidence and the statutory requirements USC § 7384l (13) (2), Mr. William W█████ has established his claim for Part B compensation in the amount of \$150,000 for CBD and Part E compensation based on the maximum whole body impairment of 100% (due to the DOL terminal classification) in the amount \$250,000. More importantly, Mr. W█████ is entitled to medical benefits for his diagnosed illness of Chronic Beryllium Disease, including all consequential illnesses that are related to his CBD (per the OWCP policies and procedures established for all sick nuclear workers per the EEOICPA.

Your timely response to Mr. W█████'s “Expedited Request” for CBD Part B and E claim for compensation and medical benefits is greatly appreciated, due to his “terminal condition.”

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

Sincerely,

A handwritten signature in black ink, appearing to read "Gary S. Vander Boegh". The signature is fluid and cursive, with a large loop at the end.

Gary S. Vander Boegh
"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Cc. Honorable Secretary of Labor Hilda Solis w/Attachments (202) 693-6111

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

Director OWCP Shelby Hallmark (202) 693-1465

Director DEEOIC Rachel Leiton (202) 693-1465
Director OWCP Shelby Hallmark
FAB Final Adjudication Branch Chief LuAnn Kresley
FAB Assistant Director Thomasyne L. Hill
Claims Examiner - Evey Christian

Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs



Note: Provide all information requested below. Do not write in the shaded areas. OMB Number: 1215-0197
 Expiration Date: 08/31/2010

Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) W [redacted] William W		2. Social Security Number [redacted]-1060	
3. Date of Birth 10 / 09 / 1944 Month Day Year	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Dependents <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Other:	
6. Address (Street, Apt. #, P.O. Box) [redacted] (City, State, ZIP Code) [redacted]		7. Telephone Number(s) a. Home: ([redacted]) [redacted] - [redacted] b. Other: ([redacted]) - [redacted]	

8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)

<input type="checkbox"/> Cancer (List Specific Diagnosis Below)	9. Date of Diagnosis		
	Month	Day	Year
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)	08	16	2010
<input type="checkbox"/> Chronic Silicosis			
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a.			
b.			
c.			

Awards and Other Information

10. Did you work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes, provide RECA Claim #: [redacted]	
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Employee Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

William W [redacted]
 Employee Signature
 08/16/2010
 Date

Resource Center Date Stamp

[Redacted Date Stamp]

NAME: W [REDACTED], William W.
 CHART: 7630068-07
 DOCTOR: T. Davies
 ROOM: 364-1



X-RAY REPORT

ADMITTING PROBLEM/HISTORY:
 headache, vomiting and syncope, COPD, upper abdominal pain

DATE:
 3/29/91

PA AND LATERAL CHEST:

Lung fields do appear to be hyperaerated suggesting obstructive pulmonary disease. There are no acute infiltrates seen. The heart and mediastinum are unremarkable.

IMPRESSION:

Hyperaeration consistent with COPD. No active cardiopulmonary disease is seen.

RAD/032991
 (XRAY REPORT)

WP41.032991.2X

RAD
 R. A. Davis, M.D.

CHART COPY

COMPLAINANT ATTACHMENT 01

PAGE NO. 1 of 1

NAME:
CHART:
ADM. DATE:
ATTENDING:
ROOM NO:

W [redacted], WILLIAM
7630068
06/12/2001
PATRICK C. FINNEY, M.D.

WESTERN BAPTIST HOSPITAL
2501 KENTUCKY AVENUE
PADUCAH, KY 42003

HISTORY AND PHYSICAL

Page 2

MEDICATIONS AT ADMISSION:

1. Phenobarbital 100 milligrams one q.h.s.
2. Lortab 7.5 milligrams p.o. q.i.d.
3. Valium 10 milligrams p.o. t.i.d.

REVIEW OF SYSTEMS: HEENT: Negative except positive headache since he has been on the Levaquin. He does wear glasses and positive for a loss of teeth. GI: Negative except for nausea times ten days while being on the Levaquin. No black tarry stools. CARDIAC: Negative for chest pain, edema, orthopnea and palpitations. Positive for intermittent claudication bilaterally. MUSCULOSKELETAL: Negative except for "feet have been burning for a couple of days and are usually really cold". GENITAL: Right inguinal hernia repair in 1997 by Dr. Grogan. The patient does have a left inguinal hernia which he chooses not to have repaired. ENDOCRINE: Negative. PSYCHOLOGICAL: Positive for a nervous break down in 1997 after his hernia repair.

PHYSICAL EXAMINATION:

GENERAL: No signs of distress. Positive for nervousness. The patient is alert, thin and in fragile health.

VITAL SIGNS: He is afebrile. Blood pressure of 144/82, pulse of 92, respirations of 20, weight of 137, height of 5'11".

SKIN: Intact. No cyanosis, mottling, warm to touch. Good capillary refill. Multiple tattoos noted.

HEENT: Negative. No lymphadenopathy. Several missing teeth on the upper plate noted. No deformity. Normocephalic. No lid lag. Cornea is clear. Slight nystagmus noted. Extraocular movements intact.

NECK: Trachea is midline. Bucca mucosa was pink.

LUNGS AND THORAX: Symmetrical.

CHEST: O2 per nasal cannula is on. Use of accessory muscles is noted. Rhonchi noted on auscultation with a full expiratory wheeze. No pain on palpation. No jugular venous distention. No murmurs, rubs or bruits noted.

EXTREMITIES: Warm and dry. Pulses were 2+ bilaterally. No edema.

ABDOMEN: No stria. Contour are equal. Positive abdominal pulsation. No costovertebral angle tenderness.

CONTINUED...

HISTORY AND PHYSICAL EXAMINATION
ORIGINAL

COMPLAINANT ATTACHMENT 02

PAGE NO. 1 of 5

NAME: W■■■■, WILLIAM
CHART: 7630068
ADM. DATE: 06/12/2001
ATTENDING: PATRICK C. FINNEY, M.D.
ROOM NO:

WESTERN BAPTIST HOSPITAL
2501 KENTUCKY AVENUE
PADUCAH, KY 42003

HISTORY AND PHYSICAL

Page 3

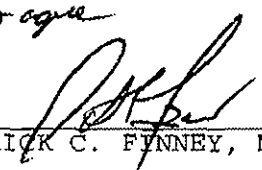
MUSCULOSKELETAL: Positive for equal bilateral motor strength 5/5.
MALE GU AND RECTAL: Deferred.

ASSESSMENT:

1. Chronic obstructive pulmonary disease exacerbation.
2. Increased white blood cell count.
3. Systemic reaction to Levaquin antibiotics.

PLAN:

1. Continue as same. *Neb steroids*
2. Repeat a.m. labs.
3. Discontinue Levaquin and started on IV Zithromax.
4. Continue home meds.

See o/cg

PATRICK C. FINNEY, M.D.

Dictated by: SANDRA JOHNSON, PA-S
PCF/91484
D: 06/12/2001
T: 06/12/2001
34788

HISTORY AND PHYSICAL EXAMINATION
ORIGINAL

COMPLAINANT ATTACHMENT 02
PAGE NO. 2 of 5

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue, Paducah, Kentucky 42001

NAME: W [REDACTED], WILLIAM

DOB: 10/09/44 MR#: 0007630068

AGE: 56Y Pt type: WI

SEX: M AN#:W7630068022

LOC: 5CW-0592-1

CI Date: 06/12/01 0120

Ck-in#: 1314971

MEYER, JOHN L
WBH EMERGENCY DEPT
2501 KENTUCKY AVE.
PADUCAH KY

42003

Chk-in #	Order	Exam
1314971	0001	26312 ER CHEST 1 VIEW PORTABLE Ord Diag: DIFF BREATH

** Portable **

HISTORY:

Difficulty breathing:

PORTABLE CHEST:

No previous studies at Western Baptist Hospital. Lung volumes are moderately large. Mild interstitial prominence diffusely may reflect chronic interstitial disease. There is slight redistribution of the central vessels with cephalization of vessels to the upper lobes. Early CHF may be present. No significant pleural fluid is appreciated.

IMPRESSION:

1. Minimal hyperinflation, probable mild chronic lung change, and possible vascular re-distribution. Correlation with response to therapy or follow-up film would be appropriate.

/READ BY/ SHARRON BUTLER
/Released By/ SHARRON BUTLER

06/12/01 1153
CLA

FINAL

** Portable **

Page 1

COMPLAINANT ATTACHMENT 02

PAGE NO. 305

CES#-0025-BW

NAME: W██████, WILLIAM
CHART: 7630068
DATE OF VISIT: 06/11/2001
ER PHYSICIAN: JOHN MYERS, M.D.
ROOM NO:

WESTERN BAPTIST HOSPITAL
2501 KENTUCKY AVENUE
PADUCAH, KY 42003

EMERGENCY ROOM NOTE

Page 2

He had some blood gas on room air after a nebulized treatment, which revealed a pH of 7.4, O₂ of 53 and CO₂ of 47. The patient had an intravenous started. He was given some intravenous Solu-Medrol. He had a blood culture drawn and sputum cultures. He will be admitted for management.

IMPRESSION:

1. Hypoxia.
2. Acute exacerbation of chronic obstructive pulmonary disease with bronchitis.

JOHN MYERS, M.D.

JM/94884
D: 06/12/2001
T: 06/12/2001
34532

EMERGENCY ROOM NOTE
ORIGINAL

COMPLAINANT ATTACHMENT 02

PAGE NO. 405

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue, Paducah, Kentucky 42001

NAME: W [REDACTED], WILLIAM
DOB: 10/09/44 MR#: 0007630068
AGE: 56Y Pt type: WI
SEX: M AN#:W7630068022

LOC: 5CW-0592-1
CI Date: 06/13/01 1016
Ck-in#: 1315269

FINNEY, PATRICK C
1532 LONE OAK ROAD
SUITE 14
PADUCAH KY 42003

Chk-in #	Order	Exam
1315269	0002	20040 XR CHEST PA AND LATERAL Ord Diag: COPD

HISTORY:
Hypoxia.

CHEST:

There is evidence of moderate COPD. No evidence of failure or pneumonia and no change since yesterday's study.

IMPRESSION:
1. Moderate COPD.

/READ BY/ ROBERT GARNEAU
/Released By/ ROBERT GARNEAU

06/13/01 1243
TLK

FINAL

Page 1

COMPLAINANT ATTACHMENT 02

PAGE NO. 5 of 5

CA-003

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue, Paducah, Kentucky 42001

NAME: W [REDACTED], WILLIAM
DOB: 10/09/44 MR#: 0007630068
AGE: 62Y Pt type: WI
SEX: M AN#:W7630068051

LOC: 4CW-0492-1
CI Date: 09/14/07 0849
Chk-in#: 2311529

KELLY, KEITH E
1920 BROADWAY

PADUCAH KY 42001

Chk-in #	Order	Exam
2311529	0007	20040 XR CHEST PA AND LATERAL
		Ord Diag: PNEU

** Portable **

CHEST, TWO VIEWS:

PA and lateral views of the chest were obtained. Comparison made to 09/11/07 exam.

There is increasing opacification of the right upper lobe. The left lung remains clear. The cardiac silhouette is normal in size. The right upper lobe opacities extend to the region of the hilum limiting evaluation for right hilar adenopathy. There is no left hilar adenopathy. No acute bony abnormalities are noted.

IMPRESSION:

1. Increasing opacification of the right upper lung.

/READ BY/ JENNIFER W BRIEN
 /Released By/ JENNIFER W BRIEN
 Released By Date/Time: 09/15/07 1737
 Transcriptionist: CLA

FINAL

** Portable **

Page 1

COMPLAINANT ATTACHMENT 03

PAGE NO. 1003

WESTERN BAPTIST HOSPITAL - EMERGENCY ROOM NOTE

PATIENT: W [REDACTED], WILLIAM
CHART: 7630068049
DATE OF VISIT: 08/02/2007
ER PHYSICIAN: FRED S MUSHKAT
ROOM NO: 0495

ADDENDUM: This is an addendum to prior dictation #967871.

LABORATORY AND DIAGNOSTIC DATA: His chest CT shows a small right-sided pneumothorax and pleural fluid collection, no other abnormality. His CT of the facial bones shows a minimally displaced nasal fracture, otherwise unremarkable. His CT of the abdomen is unremarkable. CT of the head is negative.

His EKG shows a normal sinus rhythm, ventricular rate of 118, P-R interval of 122 milliseconds, normal ST segments, normal T wave, normal QRS, normal axis, no ventricular rhythm disturbances are noted.

The INR is 0.97. Comprehensive metabolic panel shows a sodium of 134, chloride of 92, glucose of 117, BUN of 26, creatinine 1.6, and is otherwise unremarkable. Amylase is 55. His bedside cardiac panel shows a CPK-MB of 9.3, myoglobin of 246. White count 15,300, hemoglobin 15.9, hematocrit 46.9, platelet count 245,000. The comprehensive metabolic panel shows a sodium of 134, potassium of 4.1, chloride of 92, glucose of 117, BUN of 26, creatinine 1.6. Valproic acid level is less than 1.

X-rays of the chest and cervical spine show arthritic changes. No acute changes noted otherwise.

MEDICAL DECISION MAKING: The patient has a pneumothorax and multiple contusions status post MVA with persistent emesis. The patient will be admitted to Dr. Finney, with whom I have spoken. The patient remains stable and will be followed as an inpatient for further care.

FINAL DIAGNOSES:

1. Pneumothorax status post motor vehicle accident.
2. History of chronic obstructive pulmonary disease.
3. History of seizures.
4. History of ulcers.
5. History of knee surgery.
6. History of ankle surgery.
7. History of finger surgery.
8. History of hernia repair.

CRITICAL CARE TIME: Total critical care time on this patient with potentially life-threatening pneumothorax in a patient with advanced chronic obstructive pulmonary disease which could be a significant factor in causing respiratory failure is 37 minutes.

INTRAVENOUS FLUID THERAPY: Because of the persistent emesis and the risk of hypotension and volume depletion, I ordered a liter of normal saline and then 100 mL/hour. This was done under my direct supervision beginning at 2340 hours and continuing at the time of this dictation, 0514 hours. Color is good. Turgor is good. He looks more comfortable and feels better. He is producing

COMPLAINANT ATTACHMENT 03
PAGE NO. 2 of 3

WESTERN BAPTIST HOSPITAL - DISCHARGE SUMMARY

PATIENT: W [REDACTED], WILLIAM
CHART: 7630068049
ATTENDING: FINNEY, PATRICK C
PHYSICIAN: PATRICK C FINNEY
ADM. DATE: 08/02/2007
DIS. DATE: 08/06/2007

REASON FOR ADMISSION:

1. Motor vehicle accident (MVA).
2. Chronic obstructive pulmonary disease (COPD).
3. Pneumothorax.
4. Hematemesis.
5. The pneumothorax and hematemesis secondary to nosebleed.
6. Esophagitis versus esophageal hematoma.
7. History of seizure disorder secondary to noncompliance with medications.

HISTORY OF PRESENT ILLNESS: The patient presented to Baptist Hospital ER approximately 2 days prior to admission post MVA, a rollover. He blacked out while trying to give himself a breathing treatment, rolled it over in a ditch with airbags, refused medical treatment at the time, then presented to the ER with headache, nosebleed, nausea, vomiting, vomiting blood, severe pain. For further details please see admitting history and physical.

CONSULTING PHYSICIANS: On this hospitalization:

1. Dr. Keung Ung for Thoracic Surgery.
2. Dr. Gary Bodnarchuk for Gastroenterology.

HOSPITAL COURSE: Thoracic Surgery decided to treat the pneumothorax conservatively with a followup chest x-ray on the next day and then esophagram for monitoring as opposed to insertion of a chest tube. Gastroenterology decided that instrumentation of the esophagus would not be a wise decision at this point secondary to the recent trauma that the patient had been undergoing secondary to the MVA. The course of the hospitalization, he was admitted to our medical service. He had some hypotension on admission with aggressive rehydration and evaluation, reevaluation on the next day. He had some respiratory distress. We were able to keep him on the floor, however, and his respiratory status improved with steroids, and antibiotics, and respiratory treatments. Hemodynamically he remained stable and the pneumothorax became no worse, and he had no further bleeding or vomiting from the GI tract. He became very adamant about being discharged, and he had no further worsening of his symptoms and vital signs were stable, and he was ready to be discharged. They felt that his esophageal thickening needed to be investigated, however, not at this time. An outpatient endoscopy should be evaluated but at a 2 week interval status post discharge. So on this day, 08/06/2007, he is ready for discharge.

LABORATORY: At time of discharge, his CBC white count is 11.56, hemoglobin is 13.6, hematocrit is 41.5, MCV is 96.7. PT is 10.4, INR is 0.97. The CMP essentially normal, glucose slightly elevated. Depakote was nontherapeutic. The followup chest x-ray taken on 08/04/2007, revealed a stable x-ray with no infiltrates or effusion and no pneumothorax and the esophagram diffuse thickening in the esophagus wall corresponding to the appearance of the CAT scan earlier in the day, no other evidence of esophagitis or malignancy, a small amount of reflux. Small-to-moderate hiatal hernia.

DISCHARGE MEDICATIONS: At time of discharge:

COMPLAINANT ATTACHMENT 03

PAGE NO. 303
CES# 6029-BW



LOURDES
PADUCAH, KENTUCKY

W [redacted], WILLIAM W
073121 65 M W DOB: 10/09/44
1717734 06/29/10
ADM IN Room: 0428-01-
FINNEY, PATRICK C MD

let 3



PROGRESS RECORD

USE OF FOLLOWING ABBREVIATIONS AND SYMBOLS ARE UNACCEPTABLE

Q.D./q.d.	Q.O.D./q.o.d.	IU	U/u	MSO ₄	Lack of leading zero (.5)
° (hour symbol)	TIW/tiw	µg	MgSO ₄	MS	Trailing zero after decimal point (3.0)

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instruction to Patient

2/cello Paul
 still very whiny today but mental
 status a little better
 @ P/C K
 Exam N/A
 Admin neck supple
 chest ausc & perc - clear lungs -
 hands/feet normal. Skin clear.
 Anabel Acet.

AP Sims - bit
 low bronchospasm later
 CP Feat

Signature

Date

Time

substance abuse - intermittent relapsing -
 Recs cont help for as is - helping
 & continued treatment
 See order [signature]

RECEIVED
Paducah Resource Center

JUL 07 2010

Transmitted to DOL:DO
copy KA

Signature

Date

Time



LOURDES
PADUCAH, KENTUCKY

W [REDACTED], WILLIAM W
073121 65 M W DOB: 10/09/44
1717734 06/29/10
ADM IN Room: 0428-01
FINNEY, PATRICK C MD



PROGRESS RECORD

USE OF FOLLOWING ABBREVIATIONS AND SYMBOLS ARE UNACCEPTABLE

Q.D./q.d.	Q.O.D./q.o.d.	IU	U/u	MSO ₄	Lack of leading zero (.5)
° (hour symbol)	TIW/tiw	µg	MgSO ₄	MS	Trailing zero after decimal point (3.0)

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instruction to Patient

6/5/10 Speech Note: Pt request downgrade of diet consistency to puree. Pt noted to be tolerating puree @ noon meal, 5 difficulty or outward s/s of aspiration. Discussed diet A @ pt, pt's family + nursing.

Marley Anon MS, CofJ-SEP

7/5/10 [Signature] Alex: Agitated & Angry
had to be brought back to room per security
* I think Ativan ok.

US Tmax 97.1 112 20 15/152

W/S Sun

ADN: 577 / NY IND / BSA

~~Alcohol PDZAE~~ (3) Amst likely 20 Atia
(4) Globus sensation
Severe Anxiety

W/O key Librium (6) GON doses depends on
DIC Ativan - Transfer of floor - 2^o conflict

610 008 05-06-09

PROGRESS RECORD

COMPLAINANT ATTACHMENT 64

Terminal Claimant

Expedite Processing

Note: Staple this to the front of the case file jacket. Spindle a second copy on top of the case file contents. The only document that can be placed on top of the spindled terminal flag is the authorized representative/address sheet. See bulletin (or Circular) 08-23.

Terminal Claimant

COMPLAINANT ATTACHMENT 05

PAGE NO. 1 of 2

Date

MEMORANDUM FOR: FILE

FROM: District Director

SUBJECT: Expedited Case for Terminally Ill
Claimant

RE: Claimant Name and File Number

In accordance with Bulletin 09-XX, this case requires expedited handling because the claimant has been determined to be terminally ill.

This determination is supported by:

- Medical Report: Dated:
- Telephone Call Dated:
- Email Communication Dated:
- Letter Dated:
- OTHER (see attached)

A copy of the supporting documentation is attached to this memorandum.

The "TL" Code has been entered into ECMS-B and/or ECMS-E (as appropriate) with an effective date equal to the date of this memo.

COMPLAINANT ATTACHMENT 05

PAGE NO. 2 of 2



W [redacted], WILLIAM W
073121 65 M W DOB: 10/09/44
1717734 06/29/10
ADM IN Room: 0428-01
FINNEY, PATRICK C MD



613

PROGRESS RECORD

USE OF FOLLOWING ABBREVIATIONS AND SYMBOLS ARE UNACCEPTABLE

Q.D./q.d.	Q.O.D./q.o.d.	IU	U/u	MSO ₄	Lack of leading zero (.5)
° (hour symbol)	TIW/tiw	µg	MgSO ₄	MS	Trailing zero after decimal point (3.0)

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instruction to Patient

7/7/10
0905

phs
more wheezing & cough plus an
acute leukopenia today
SPTI SOB @ Rest.

"I want crazy after that medicine"
Bran NAD

SPTI - LA M6 p99 + 96.7
non mechanical

chest wheezing LA M6 p99

Signature _____ Date _____ Time _____

phs 7/7/10
SPTI SOB @ Rest
acute leukopenia

leukopenia
App ~~comp~~ AE
enzymatic, metabolic

Very faint
cont steroids - hopefully can get by E
oral prednisone.

EW can't

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JUL 07 2010

Signature _____ Date _____ Time Transmitted to DOL-DO

COMPLAINANT ATTACHMENT
Kc 06



LOURDES
PADUCAH, KENTUCKY.

W [REDACTED], WILLIAM W
073121 65 M W DOB: 10/09/44
1717734 06/29/10
ADM IN Room: 0739-01
FINNEY, PATRICK C MD



PROGRESS RECORD

USE OF FOLLOWING ABBREVIATIONS AND SYMBOLS ARE UNACCEPTABLE

Q.D./q.d. Q.O.D./q.o.d. IU U/u MSO₄ Lack of leading zero (.5)
° (hour symbol) TIW/tiw µg MgSO₄ MS Trailing zero after decimal point (3.0)

Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instruction to Patient

7/4/10 ENT (84930)

1045 O/D dysphagia. Reports this has been present for the last 4-5 months. Reports GER w/ a globus sensation.

981, 104, 28, 144/88

Neck supple, + adenopathy.

Esophogram - hiatal hernia

Thyroid US - WNL

A: Dysphagia

GER / Globus Sensation

P: Will proceed w/ CT scan of neck

Signature

Date

Time

Dr. Simon / M. Jones

7/4/10 Aggravated everything. Discussed plans w/ wife.

Vs Tmax 96.9 114/92 88

CV: RLLS12

abd: soft / NT / H/O / BS @ / Distended

lung: @ wheeze

periph: @ edema PR @

① APO COPD acute exacerbation

② Globus sensation

③ Nausea - cholelithiasis

awaiting CT neck results. cont same

Dr. Finney / M. Jones

Signature

Date

Time

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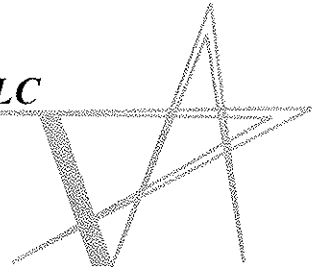
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COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"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

July 4, 2010

U. S. Department of Labor, DEEOIC
 Division of Energy Employees Compensation
 Final Adjudication Branch
 P.O. Box 77918
 Washington, DC 20013-7918

Attention: Rachel Leiton

Employee: William W. W█████
 File Number: XXX-XX-1060
 Docket Number: 10074278-2009

Dear Ms Leiton,

At approximately 10:00 am today, I talked with Mrs. Dorothy W█████ On Friday July 2, 2010, at approximately 7:00 am CST, I received a phone call from Commonwealth Environmental Services claimant Mr. William W█████. I learning from talking with Mr. W█████ that he had been admitted into Lourdes Hospital with his condition listed as "fair." As we talked, I became concerned because he could not breath and gasped for breath constantly. He indicated to me that Lourdes personal had indicated that his condition was worsening since his heart failure was directly linked to his "Chronic Obstructive Pulmonary Disease." I indicated to him that I would take action to notify the Director of EEOICPA due to his "terminal condition."

After sending out the appropriate email notifications (Reference email sent the attention of Director Rachel Leiton at 7:36 AM, on 7/02/10 CST) EEOICPA Bulletin No. 09-05 oe(.."Notification may come from resource centers (RCs), congressional offices, **authorized representatives, family members**, or medical providers. Upon receipt of information concerning the end stage of the claimant's illness, the District Director (DD) or Assistant District Director (ADD), or FAB Manager (depending upon where the file is located) must be notified immediately.".... At approximately 9:00 AM, I telephoned representatives at the Paducah Resource Center (PRC) and left a message for Ms. Katherine Fuller to return my call. Since my cell phone reception was poor in Lourdes hospital, I returned the call to Ms. Fuller. At that time, Ms. Fuller indicated to me that the District Offices had initiated the "Expedited Process." Ms. Fuller further indicated

COMPLAINANT ATTACHMENT 07

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Jacksonville District Office Claims Examiner Barbara Armstrong had requested that I provide a "Terminal Condition" letter from the medical doctor attending Mr. W■■■■. I requested that Ms. Fuller to contact the CE and ask Ms. Armstrong to provide a letter confirming her request for the terminal letter. However, within a few minutes Ms. Fuller returned the call and indicated that, "according to Ms. Armstrong, a letter was not required ONLY a statement from Mrs. Dorothy W■■■■ of her husband's terminal medical condition reported to her by the attending physicians. After assisting Mrs. W■■■■ with the request from Ms. Armstrong, I later contacted Ms. Fuller and learned that the CE, Ms. Armstrong, required additional updated medical records from the hospital and would be in contact with a "District Medical Consultant." I returned to the hospital to assist Mrs. W■■■■ in obtaining the "CE requested medical records." At approximately 3:00 pm CST, I returned to the PRC and the staff immediately assisted me in transmitting the requested medical records to the CE, in Jacksonville, FL.

In accordance with EEOICPA Bulletin No. 09-05, paragraph number 4;

"Priority handling for terminally ill claimants requires that the entire adjudication process be expedited. Everyone involved with the case should do everything within their power to make sure the case progresses as quickly as possible. Whenever the file changes hands, the person receiving the file should be notified, verbally or in writing, of the claimant's terminal status. The supervisor or DD/ADD should facilitate the expedited adjudication of the claim by requesting priority processing from any other agencies involved, such as the Department of Energy (DOE), the Department of Justice (DOJ), and the National Institute for Occupational Safety and Health (NIOSH)."

In accordance with the "Remand Letter" issued by Director Ms. Leiton on June 21, 2010, Mr. W■■■■'s exposure to toxic chemicals listed on the Paducah Gaseous Diffusion Plant (PGDP) Site Exposure Matrices (TCE, heavy metals, Tc-99, welding fumes) clearly indicates a "causal link" to Mr. W■■■■'s diagnosed conditions of COPD, Chronic Bronchitis, Tachycardia, Central Nervous System rash, jaundice, dysarthria, tremors, blurred vision, diplopia, apnea and decrease in respiratory rate. EEOICPA Bulletin No. 09-05 does not allow the CE to request an opinion of a District Medical Opinion (DMC) especially since Mr. W■■■■ has already met his burden of proof by providing his evidence of PGDP employment and since the NIOSH/ DOL has previously established a "CAUSAL LINK" per the PGDP SEM for Mr. W■■■■'s diagnosed illnesses. Further delay in this expedited claims process by the DOL with regard to Mr. W■■■■'s Part B and E claim will most probably lead to his death prior to receiving his entitlements in accordance with the EEOIC PA, in addition to being in violation of the Administrative Procedures Act.

EEOICPA Bulletin No. 09-05

.. "The Division of Energy Employees Occupational Illness Compensation (DEEOIC) strives to process claims fairly and expeditiously for all claimants. However, claimants who are end-stage terminally ill must have priority processing. It is imperative they have our compassionate and swift response to all

COMPLAINANT ATTACHMENT 07

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matters regarding their claims. DEEOIC currently has an informal process to expedite the processing of decisions and payments to claimants in these situations. These procedures need to be formalized, and we must be able to track these cases to ensure they are processed in a timely manner.”.

Your “timely and expeditious” processing of Mr. W [REDACTED]’s Part B and E claims per EEOICPA Bulletin No. 09-05 are again requested prior to his death per this facsimile.

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 w/Attachments (202) 693-6111
U.S. Department of Labor
200 Constitution Avenue, NW
Room S-2018
Washington, DC 20210

Director OWCP Shelby Hallmark
FAB Final Adjudication Branch Chief LuAnn Kresley
FAB Assistant Director Thomasyne L. Hill

COMPLAINANT ATTACHMENT 07
PAGE NO. 3 383

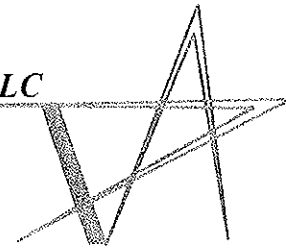
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COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Woman Owned Company"



Fax Cover Sheet

Dept of Labor

To: Washington, D.C.
Attn: Hon. Secretary of Labor
Hilda Solis

From: Gary S. Vander Boegh

Fax: (202)-693-6111

Date: 8-20-10

Phone: (270) 450-0850

Pages: 24 Pages including the Cover Sheet

Re: William W [REDACTED]

CC:

Urgent For Review Please Comment Please Reply Please Recycle

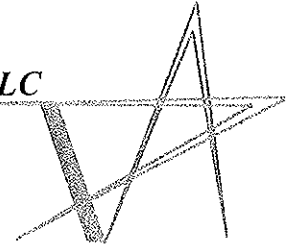
Comments:

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