

Fax Cover Sheet

To: Hilda Solis & Mr. Bibeault

From: Gary S. Vander Boegh

Fax: (904) 357-4704
(202) 693-6111

Date: 11-19-10

Phone:

Pages: ___ Pages including the Cover Sheet

Re: Alfred Puckett
xxx-xx-1716

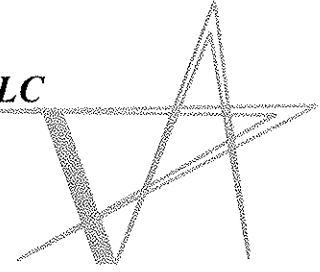
CC: Attention Jim Bibeault and David Miller

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

November 19, 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: Alfred B. Puckett
File Number: XXXXX-1716

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 materials 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>). As "Authorized Representative" (AR) for claimant, Vivian Puckett, wife of the deceased, I hereby respectfully submit the attached "EE-2 form" and "Claimant Attachments (CA-001- CA-004)" that support the claimant's Part B claim for compensation and medical benefits for Chronic Beryllium Disease (CBD). Mr. Puckett's respiratory disease diagnosis prior to January 1, 1993, allows Vivian Puckett to her Energy Employee Occupational Illness Compensation Program (EEOICP) CBD claim evaluated 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.)**"...

Evidence of Alfred B. Puckett Chronic Bronchitis (Lung Abnormality) Diagnosed in 1986 Before January 1, 1993

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>). Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "***To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. 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.***"

(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 compensation in the amount of \$150,000 pursuant to § 7384s of the EEOICPA.

Section 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. (emphasis added)

3. Medical evidence has been submitted establishing a diagnosis of chronic beryllium disease before January 1, 1993.

4. You were married to the employee from March 23, 1940, until his death on October 12, 1999.

Based on these facts, the undersigned makes the following:

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

[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, "**To determine whether to use the Pre or Post 1993 CBD criteria, THE MEDICAL EVIDENCE MUST DEMONSTRATE THAT THE EMPLOYEE WAS EITHER 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)

Alfred B. Puckett's Medical Reports, Radiology Report and Tissue Analysis Report Established Lung Disease and Chronic Obstructive Pulmonary Disease (COPD) Reflecting Compliance With Pre-1993 CBD Criteria

Alfred B. Puckett provides Claimant Attachment (CA) – 001 which is a dispensary record from 1960; CA-002 is a variety of hospital notes and Radiology Reports, along with a letter notifying Mr. Puckett of his results from his medical screening; and CA-003 contains various other medical notes showing his continual medical treatment; CA-004 are pulmonary prescription information; CA-005 is a memo from Peter Turcic dated 08/25/05 in support of the claim for CBD as follows:

1/ CA-001, The dispensary record starts September 29, 1960 and ends on November 17, 1960. The doctor diagnosed him with bronchitis on October 13, 1960.

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

2/ CA-002, These medical records are all post-1993 and shows Mr. Puckett's continual respiratory trouble. On August 11, 2006 Dr. Eickholz placed him on an Ace inhibitor. Dr. Logsdon gave a clinical impression of COPD with emphysema. Mr. Puckett had decreased breath sounds with harsh sounds in the right base. In 1999, Mr. Puckett had a medical screening examination showing the findings of his breathing test to be abnormal.

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

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

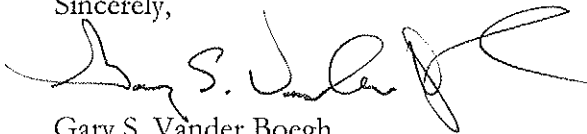
Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I, II.

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

Based on the above medical evidence, Vivian Puckett has met her statutory burden of proof for EEOICPA Part B Compensation in the amount of \$150,000 and EEOICPA Part E compensation based on the whole body impairment established by a physician of her choice Dr. Craig Uejo (not to exceed \$250,000), per the statutory requirements USC § 7384l (13) (B).

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)

Claim for Survivor 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

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) Puckett Alfred B.		2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED] Month Day Year	5. Date of Death [REDACTED] Month Day Year	6. Was an autopsy performed on the employee? <input type="checkbox"/> YES - List Medical Facility: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

Survivor Information (Please Print Clearly)

7. Name (Last, First, Middle Initial) Puckett Vivian A		8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	9. Social Security Number
10. Date of Birth [REDACTED] Month Day Year	11. Your relationship to the deceased employee <input checked="" type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> step-child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other:		

12. Address (Street, Apt. #, P.O. Box) [REDACTED] (City, State, ZIP Code) [REDACTED]	13. Telephone Numbers a. Home: () - b. Other: () -
--	---

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

	15. Date of Diagnosis		
	Month	Day	Year
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)			
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)			
<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

16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. 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
21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? If yes, provide RECA Claim #: [REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Other Potential Survivors

23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee? YES NO

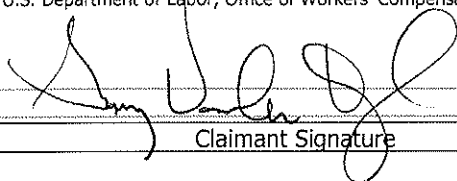
If YES, please provide the following:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.			†	Home: Other:
b.			†	Home: Other:
c.			†	Home: Other:
d.			†	Home: Other:
e.			†	Home: Other:
f.			†	Home: Other:
g.			†	Home: Other:
h.			†	Home: Other:
i.			†	Home: Other:
j.			†	Home: Other:

Survivor 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.

Resource Center Date Stamp



 Claimant Signature

08/29/2010

 Date

DISPENSARY RECORD

Name

Puckett, A.B.

Dept. No.

5048H

Medical No.

2424

Date

9/29/60

Complains of sore throat and cold. began early today.

3:10 p.m.

Emprozil, nasal spray and throat lozenges dispensed to force fluids.

A. Mayer, R.N.

10/10/60

T: 98° Beginning a cold this a.m. sore throat.

12° pm.

Rx: Emprozil cold tab.

Prodyzole lozenges

Syrup of white pine.

R. Wilford, R.N.

10-13-60

Bold about one week. Sore Throat & Coughing

12⁴⁵ pm

Temp 100° Chest X-Ray W.B.C.

Rx Syrup of white Pine - A.P.C. tabs

Chest X ray not unusual -

W.B.C. 1 - not too abnormal -

Exam. of chest reveals some crackles in (L) Bronchial area - pt. feels better -

diag: 1) Bronchitis probably Viral cannot be bacterial type

2) acute Rhinovirus C.F. type + pertussis

to take for 2 days - if no relief pt

should to see family Dr -

4750

St. Mark

11-16-60

Complains of pain over right eyebrow. Believed it is

9:15 A.M.

due to sinus infection. Temp. 99°

Nasal spray and heat pack applied.

Sinital tab ii stat.

Emprozil, nasal spray, A.P.C. dispensed.

Sulu like working.

A. Mayer, R.N.

11-17-60

Complains of sinus headache. (See above

9:46

note. Pt. states headache started again this

morn.) T. 98°

Rx A.P.C.'s ii stat - Bismuthin nasal spray.

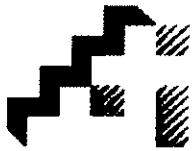
Moist heat to sinus region.

M. Stiles R.N.

OFFICIAL USE ONLY

CES# 0001-AP

CLAIMANT ATTACHMENT 001



LOURDES

1530 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

PATIENT: PUCKETT, A B
ATTENDING: JAMES A. METCALF, MD
MR#: 086230 ACCT# 1245175
LOCATION: 8REH ROOM: 0825
DOB: [REDACTED]
DS:

CONSULTATION REPORT

NAME OF CONSULTANT: James Eickholz, MD

REFERRING PHYSICIAN: METCALF, JAMES A

DATE OF ADMISSION: 08/11/2006

DATE OF CONSULTATION: 08/11/2006

REASON FOR CONSULTATION

Medical management, diabetic management.

ASSESSMENT

Mr. A. B. Puckett is an 80-year-old white gentleman who was admitted to Acute Care at Lourdes Hospital and was found to have some extensive small vessel disease, and Type II diabetes. He was unstable on his feet and was considered a good Rehab candidate, and was subsequently transferred there.

REASON FOR TRANSFER

1. Unstable gait, transient ischemic attack, and cerebrovascular accident; per Dr. Metcalf, start Physical Therapy and Occupational Therapy.
2. Type II diabetes, adjustment of medications, follow blood sugar.
3. Hypertension, congestive heart failure; treat him with Zestril for an Ace inhibitor. Follow fluid status.

Gentleman, we appreciate the opportunity to participate in Mr. A. B. Puckett's care. If I can be of further assistance, please give me a call.

HISTORY OF PRESENT ILLNESS

Mr. A. B. Puckett is an 80-year-old white gentleman who has been followed at the VA Center for several years. He has Type II diabetes. He had recently had unstable gait, a change in his mental status, and he presented to the Emergency Room, where he was diagnosed with a TIA/CVA and was admitted for further delineation of his care. He was evaluated by Dr. Metcalf, who thought he would be a good candidate for Rehab Services. He was subsequently transferred there.

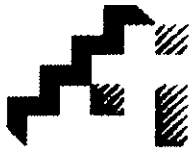
PAST MEDICAL HISTORY

1. History of TIA/CVA.
2. Congestive heart failure.
3. Arteriosclerotic heart disease.
4. Prostate cancer.
5. Type II diabetes.

ALLERGIES: No known drug allergies.

CLAIMANT ATTACHMENT 002

PAGE NO. 1009



LOURDES

1530 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

PATIENT: PUCKETT, A B
ATTENDING: JAMES A. METCALF, MD
MR#: 086230 ACCT# 1245175
LOCATION: 8REH ROOM: 0825
DOB: [REDACTED]
DS: [REDACTED]

DISCHARGE SUMMARY

ADMISSION DATE: 08/11/2006

DISCHARGE DATE: 08/24/2006

I. DISCHARGE DIAGNOSES

1. Small vessel stroke/infarct most likely lacunar - most likely vertebral basilar resulting in unsteady gait and presyncope.
2. History of stroke 1997, with residual but improved left hemiparesis.
3. Diabetes.
4. Prostate cancer, 2001, requiring radiation.
5. Systemic hypertension.
6. Deconditioned state.
7. Surgeries including cataract surgery and cholecystectomy.
8. Lumbar spine L1 compression fracture with estimated loss of vertebral height of 25%, seen only anteriorly.
9. Allergy to Lopressor.
10. Chest x-ray showing old granulomatous disease/cardiomegaly.
11. Incontinence - seen by Dr. Ransler and he put him on Detrol for this. Dr. Ransler will see the patient before he leaves.
12. Mild anemia with hemoglobin 13/hematocrit 38.8.

II. DISCHARGE MEDICATIONS

Avandia 4 milligrams once a day.
Glucotrol 10 milligrams once in the morning.
Glucotrol 5 milligrams once in the morning.
K-Dur 10 mEq once a day.
Detrol LA 4 once a day.
Plavix 75 milligrams once a day.
Lomotil as needed.
Lisinopril 10 milligrams once a day.
Metformin 500 twice a day
Neurontin 100 milligrams three times a day.

LABORATORY TESTING

Most recent CBC shows white count on the 21st of 8.3; hemoglobin 13; hematocrit 38.8; calcium 8.5; glucose 77; creatinine 1.2; BUN 26 today; electrolytes normal today. Urinalysis negative. Free T4 1.2; stool culture negative for C diff.

EXAMINATION

VITAL SIGNS TODAY: Blood pressure 142/78; pulse 72; respiratory rate 16; afebrile.
NECK: Supple.
SKIN: Normal.

CLAIMANT ATTACHMENT 002

PAGE NO. 289

Patient Name: PUCKETT, A B
Attending: Logsdon, John
MRN: 086230 ACCT: 1428518

Doppler arterial exam demonstrates the pedal arteries are patent for the right and left dorsal pedis and right and left posterior tibial pulses, all 4 Doppler pulses are weak and have a monophasic wave sound. The right fourth toe has become completely mummified with black dermal necrosis and the right fifth toe has a similar appearance. The patient has developed an interim change since he was seen and evaluated in the hospital in that the transition zone at the base of these 2 toes has become somewhat moist and there appears to be a scant amount of purulent exudate and the skin just proximal to the transition zone to the necrotic toes is mildly erythematous today.

CLINICAL IMPRESSION

1. Ischemic necrosis of the right fourth and fifth toes with recent change to show signs of moist tissue necrosis and minimal purulent infection at the transition zone of the viable tissue to the dry mummified appearance of the skin over the toes.
2. Critical arterial ischemia of the lower extremities with nonhealing diabetic ulcers of the right fourth and fifth toes.
3. Atherosclerotic peripheral vascular disease with no surgical options for vascular reconstruction.
4. Type 2 diabetes mellitus.
5. Chronic obstructive pulmonary disease with emphysema. ✓
6. Atherosclerotic coronary artery disease.
7. Iron-deficiency anemia.
8. Hyperlipidemia.

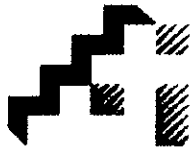
TREATMENT PLAN

The patient was recommended to have elective amputation of the 2 necrotic toes with recent change of moist necrosis and minimal purulent infection at the transition zone of necrosis. His operative procedure was set up to be done on an outpatient basis at Lourdes on 04/16/2008. He will continue to use Panafil dressings with soap and water, cleaning twice daily and we will plan to treat the amputation wound on the right distal foot as an open amputation and use KCI wound VAC for wound dressings after the open amputation procedure. He was given a prescription today to begin treatment with Trental 400 mg p.o. t.i.d. He will return for a scheduled followup on 04/24/2008.

John Thomas Logsdon, MD

D: 07/12/2008 15:48:00 T: 07/14/2008 12:48:00
Voice Record ID: 489504
CC:

CLAIMANT ATTACHMENT 002
PAGE NO. 309



LOURDES

1530 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

PATIENT: PUCKETT, A B
ATTENDING: JAMES EICKHOLZ, MD
MR#: 086230 ACCT# 1445668
LOCATION: 7E1 ROOM: 0708
DOB: [REDACTED]
DS:

4. Aggrenox 200/25 twice daily.
5. Bactroban ointment.
6. Glucotrol before meals and bedtime.
7. Lasix one half tablet once daily.
8. Neurontin 100 mg three times daily.
9. Xanax 0.5 p.r.n.
10. Zocor 20 mg once daily.
11. Lisinopril 10 mg once daily.
12. Potassium 10 mEq once daily.

ALLERGIES

Grapefruit.

REVIEW OF SYSTEMS

Prior to this spell he had been getting along fairly well. He was in the hospital a couple weeks ago after his AKA but did not qualify for TCU nor rehab. He went home with Home Health.

HEENT: Denies visual disturbances. He does have high pitched hearing loss and some difficulty swallowing.

CARDIOVASCULAR: Denied chest pain or palpitations.

PULMONARY: He has had the cough and the difficulty swallowing. Denies any sputum production.

GI: History of reflux controlled with PPI. Denies diarrhea or bright red blood per rectum.

GU: Denies dysuria or hematuria.

HEMATOLOGIC: No new rashes or lesions.

EXTREMITY: He is status post AKA.

PSYCH: Anxious about being readmitted to the hospital.

PHYSICAL EXAMINATION

VITAL SIGNS: Temperature 98.4, heart rate 110, respirations 24, blood pressure 80/68. Oxygen saturation 93% after two liters were applied.

IN GENERAL: The patient is an elderly, chronically ill appearing 81-year-old white male.

HEENT: Normocephalic and atraumatic. Pupils are reactive. Oropharynx is dry. Mucous membranes are erythematous in the posterior aspect.

NECK: Supple. Trachea is midline. No jugular venous distention. No carotid bruits. No masses.

CARDIOVASCULAR: Reveals normal S1 and S2 with no murmurs, lifts or gallops.

CHEST: Decreased breath sounds. Harsh sounds in the right base.

ABDOMEN: Soft, flat and benign.

GU/RECTAL: Declined.

EXTREMITIES: Without significant cyanosis. Decreased pulses are noted. He is status post AKA on the right.

NEUROLOGIC: He is awake and oriented to name only.

LABORATORY

CLAIMANT ATTACHMENT 002

PAGE NO. 489



LOURDES

1630 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

PATIENT: PUCKETT, A B
ATTENDING: JAMES EICKHOLZ, MD
MR#: 086230 ACCT# 1422288
LOCATION: 4E1 ROOM: 0408
DOB: [REDACTED]
DS:

DISCHARGE SUMMARY

ADMISSION DATE: 03/21/2008

DISCHARGE DATE: 03/31/2008

CHIEF COMPLAINT

1. Respiratory distress.
2. Pulmonary edema.
3. Peripheral edema.

SUMMARY OF HISTORY OF PRESENT ILLNESS

This is an 81-year-old patient followed by the VA and was sent from the VA Clinic on the date of admission to the emergency room with +4 bilateral pedal edema. The patient stated that his lungs were full with some shortness of breath. No fever or chills reported. No diarrhea. He has had increasing swelling of the bilateral lower extremities over the past couple of weeks. He presented to the emergency room with his wife and admitted for management of such.

SUMMARY OF HOSPITAL COURSE

The patient had a normal B-type natriuretic peptide. His examination revealed necrotic 4th toe of the right foot. He has known peripheral vascular disease with a history of previous stroke, history of systemic hypertension, chronic deconditioned state, and respiratory disease as well. Dr. Hiltz and Dr. Logsdon were consulted. Social services was consulted. Dr. Hiltz did not feel he was appropriate for invasive intervention. The case was discussed at length, thus aggressive medical management with antibiotics and wound care was initiated.

DISCHARGE INSTRUCTIONS

1. Outpatient daily wound care.
2. Outpatient daily IV antibiotics in the form of Rocephin as blood cultures indicated.

DISCHARGE DIAGNOSES

1. Peripheral edema and cellulitis with necrotic 4th toe of the right foot.
2. Peripheral artery disease.

DISCHARGE MEDICATIONS

1. Rocephin 1 gram IV for an additional 5 days.
2. Continuation of his many medications; Vitamin D, Aggrenox, AmLactin, Glucotrol, K-Dur, Neurontin, Precose, and Zocor.
3. His Zestril was decreased to 5 mg daily.

CLAIMANT ATTACHMENT *md*

PAGE NO. *589*

LOURDES HOSPITAL
1530 LONE OAK ROAD
PADUCAH KY, 42003

DEPARTMENT OF
RADIOLOGY
(502) 444-2177

RADIOLOGY REPORT

NAME: PUCKETT, A B
PHYS: BRAZZELL, JOHN W MD
DOB: [REDACTED] AGE: 81 SEX: M
ACCT: 1422288 LOC: 0408 01
EXAM DATE: 03/21/2008 STATUS: REG ER
RADIOLOGY NO: 07921
UNIT NO: 086230

EXAMS: 000900338 CHEST 1 VIEW

Clinical History: Shortness of breath.

CXR: Single AP view of the chest is obtained. Comparison is made to the 08/09/06 exam.

There is similar elevation of the right hemidiaphragm. Granulomatous calcifications are unchanged. Linear densities of the left lung base may represent scarring. There is no focal pneumonia or signs of edema. The cardiomediastinal contours are unremarkable. Calcified right paratracheal lymph nodes are noted. No pleural effusion or pneumothorax is evident. There no acute bone abnormalities.

Impression:

1. Chronic changes of the lungs. No acute process identified.

** REPORT SIGNATURE ON FILE 03/21/2008 (14:07:00) **

Reported By: BRIEN, JENNIFER

CC: BRAZZELL, JOHN W MD

TECHNOLOGIST: JENNIFER MAYBERRY R.T. (R)
TRANSCRIBED DATE/TIME: 03/21/2008 (1409)
TRANSCRIPTIONIST: 2312JLG
PRINTED DATE/TIME: 03/21/2008 (1410) BATCH NO: 10247

Medical records copy

PAGE 1

CLAIMANT ATTACHMENT 002

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LOURDES HOSPITAL
1530 LONE OAK ROAD
PADUCAH KY, 42003

DEPARTMENT OF
RADIOLOGY
(502) 444-2177

RADIOLOGY REPORT

NAME: PUCKETT, A B
PHYS: BRAZZELL, JOHN W MD
DOB: [REDACTED] AGE: 81 SEX: M
ACCT: 1445668 LOC: ER
EXAM DATE: 06/04/2008 STATUS: REG ER
RADIOLOGY NO: 07921
UNIT NO: 086230

EXAMS: 000919160 PORTABLE 1 VIEW CHEST

Clinical History: Shortness breath.

CXR: AP view of the chest is obtained and compared to the 5/8/2008 exam.

The lungs remain hypoventilated. There is similar elevation of the right hemidiaphragm. Linear densities in the lung bases may represent atelectasis or scarring. There is no acute pulmonary consolidation. There are calcified paratracheal and right hilar lymph nodes. There is a calcified granuloma of the right upper lobe.

There are old healed right-sided rib fractures.

Impression: Chronic changes of the chest. No acute process identified.

** REPORT SIGNATURE ON FILE 06/04/2008 (17:22:00) **

Reported By: BRIEN, JENNIFER

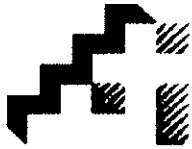
CC: BRAZZELL, JOHN W MD
EICKHOLZ, JAMES MD

TECHNOLOGIST: APRIL SKINNER R.T. (R)
TRANSCRIBED DATE/TIME: 06/04/2008 (1725)
TRANSCRIPTIONIST: 6891PJS
PRINTED DATE/TIME: 06/04/2008 (1726) BATCH NO: 10322

Medical records copy

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PAGE NO. 789

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LOURDES

1530 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

PATIENT: PUCKETT, A B
ATTENDING: JAMES EICKHOLZ, MD
MR#: 086230 ACCT# 1445668
LOCATION: 7E1 ROOM: 0708
DOB: [REDACTED]
DS: [REDACTED]

PT 13, INR 1.1, PTT unremarkable. The urinalysis, dark yellow, it seems to be concentrated. BMP 15, white count 16.0, hemoglobin and hematocrit 11.7 and 36 with normal differential. Creatinine is 2.7 with BUN of 49. Chest x-ray shows questionable aspiration pneumoniae.

ASSESSMENT

1. Pneumonia, questionable aspiration.
2. Status post above the knee amputation.
3. Severe peripheral vascular disease.
4. Severe arteriosclerotic heart disease.
5. ~~Chronic obstructive pulmonary disease with emphysema.~~
6. Iron deficiency anemia.
7. Type 2 diabetes.

PLAN

1. Admit to hospital.
2. Place on broad spectrum IV antibiotics.
3. Get Speech to evaluate for possible aspiration.
4. Pulmonary toilet with nebulizers.

After a long conference with the family upon admission he is DNR. This will be continued in the hospital.

James Eickholz, MD

jne/ecb D: 06/05/2008 07:39:05 T:06/05/2008 13:47:01
Voice Record ID: 479975
Last Modified on 06/05/2008 13:47:01 by ecb

CC:

CLAIMANT ATTACHMENT 002
PAGE NO. 889

Signed: JAMES EICKHOLZ, MD
06/09/2008 08:27 CDT

History & Physical - Page 3/3

LOURDES * Confidential*

PUCKETT, A B,

ACCT#, 1445668, MRN, 086230

Job 3662 (07/23/2008 09:54) - Page 212 Doc# 35

Worker Health Protection Program at DOE Gaseous Diffusion Plants



PACE
P.O. Box 1475
Nashville, TN 37202

Robert Wages, Principal Investigator

Sylvia Kieding, Project Coordinator

Phone #: (303) 759-2604

Center for the Biology of Natural Systems
Queens College
Flushing, NY 11367

Steven Markowitz, MD
Project Director
Board-Certified in Occupational and Internal Medicine

**Participants' toll free phone #:
1-888-241-1199**

January 12, 2000

Alfred Puckett

Dear Mr. Puckett,

We are writing to notify you of the results of your medical screening examination that you had on October 19th at the Prime Care Center at West Park Village. This medical screening examination consisted of a physical exam, a breathing test (spirogram), a chest x-ray, a hearing test (audiogram) and laboratory tests of blood and urine. These tests were done to evaluate whether you may have developed certain medical conditions as a result of your work at the Paducah Gaseous Diffusion Plant. Please note that this evaluation is not intended to serve as a comprehensive assessment of your overall health. We hope that a summary of the results of these various tests and recommendations for further evaluation (when appropriate) will be helpful to you.

Physical Exam

Your physical exam showed decreased breath sounds and the examining physician noted that you are overweight.

Chest X-ray

Your chest x-ray showed no acute lung disease. The B reading, which is a special interpretation to note the presence of work-related dust diseases of the lungs, showed no evidence of dust-related abnormality. Evidence of an elevated right diaphragm was noted.

Breathing Test


Your breathing test was abnormal. It showed a severe decrease in the volume of air in your lungs. The airflow through your lungs was normal.

Hearing Test

Your hearing test was abnormal. At normal speech tones, it showed a severe hearing loss in both ears. At higher pitched tones, it showed a severe hearing loss in both ears.

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

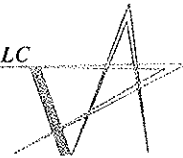
PAGE NO. 1 of 1

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To: Hilda Solis & Mr. Bibeault	From: Gary S. Vander Boegh
Fax: (904) 357-4704 (202) 693-6111	Date: 11-19-10
Phone:	Pages: ___ Pages including the Cover Sheet
Re: Alfred Puckett xxx-xx-1716	CC: Attention Jim Bibeault and David Miller

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

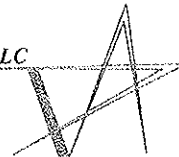
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RESULT	OK

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(202) 693-6111

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xxx-xx-1716

CC: Attention Jim Bibault and David Miller

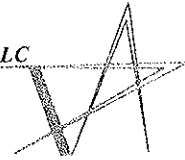
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