

Fax Cover Sheet

To: Anubis Huddleston/ Marlita Lotuaco **From:** Gary S. Vander Boegh

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

Date: 5-14-11

Phone: :

Page ___ Pages including the Cover Sheet

Re: Charles Featherston

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Gary Vander Boegh

From: Gary Vander Boegh
Sent: Saturday, May 14, 2011 3:13 PM
To: 'huddleston.anubis@dol.gov'; 'lotuaco.mariita@dol.gov'; 'OMBUDSMAN'; Denise Brock (ocas@cdc.gov)
Cc: Gwendolyn Stroud (stroud.gwendolyn@oig.dol.gov); Patrick_Foster@mccconnell.senate.gov; 'MARTIE_WILES@MCCONNELL.SENATE.GOV'; 'C. Dean Furman'
Subject: DOL DIRECTOR BIBEALT REQUEST FOR ADDITIONAL CBD CRITERIA FOR CHARLES FEATHERSTON COMPLIANCE WITH STATUTORY CRITERIA'S I, II, & IV PER EEOICPA STATUTES, REGULATIONS AND APA
Attachments: CLINICAL COURSE PER STATUTORY CRITERIA IV.pdf; LUNG ABNORMALITY PER STATUTORY CRITERIA I.pdf; ltr from dol 041511 CES 0053 Charles Featherston ocr (2).pdf; CES0053 Charles Featherston_Dr. Winkler Antibiotics_6-14-00.pdf; CES0053 Charles Featherston_LTR FROM HELEN 8-20-07.pdf; DOL FINDINGS OF FACT 2007.pdf; DOL CBD CHART PM 2-700.pdf

Annubus (CE) and Marlito (Senior CE),

I apologize for the email, but my fax is not working properly and I wanted to make sure you received the information you requested before tomorrow's deadline.

For your information, all CES claimants (especially Ms. Featherston) allow information to be transmitted in electronic format. You have indicated by you are in need of medical information for Mrs. Featherston that reflects the following:

» Chest X-rays indicating of small round areas of opacity distributed throughout all of the lung fields, interstitial lung fibrosis, interstitial or pleural fibrosis, and/or granulomas, ??
(I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities.

GVB Response – Please check with Mr. Bibeault to see if agrees that a lung abnormality before 1993 qualifies under Criteria (I) Characteristic chest radiographic (or computed tomography (CT)) abnormalities. Therefore, please review the information we provided DOL Secretary Hilda Solis, Ms. Leiton, and Mr. Bibeault, and as follows: “he was told that he must begin taking INH medication”...”.

1/ PAGE 6 OF 20 – 1985 MEDICAL REPORT CLAIMANT HAS BRONCHITIS AND BILATERAL PNEUMONIA and the report also indicates,”It is off interest he has had an industrial exposure to multiple toxic chemicals in the past...” Compliance with Criteria (I)

2/ Page 7 of 20 – Acute Respiratory Disease noted 1/16/1963. Compliance with Criteria (I)

3/ Page 9 of 20 – Dr. Steven Markowitz WHPP, “The breathing test abnormality was moderate...We note you have been experiencing phlegm production for the past 50 years...This symptom is consistent with Chronic Bronchitis.” Compliance with Criteria (I) & Criteria (II).

4/ Page 11 of 20 - Chest X-ray on 5-3-82 shows “lungs are hyperaerted suggesting possible pulmonary emphysema. Compliance with Criteria (I) & Criteria (II).

5/ The attached DOL CBD Chart Represents Mrs. Featherston's compliance with Criteria (IV) Clinical course consistent with a chronic respiratory disorder.

Medical evidence in the record establishes that the employee was diagnosed and/or treated for liver enlargement, density/right side of the windpipe, decreased volume of air in lungs, elevated GGT, elevated Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirubin in UA, chronic bronchitis, hypertension, and Duputren's contracture of both hands.

FINDINGS OF FACT

1. On November 19, 2004, the employee filed a claim for benefits under the Act, but passed away prior to the adjudication of his claim.
2. On July 13, 2006, and September 12, 2006, you filed claims for survivor benefits under the Act.
3. The employee was diagnosed and/or treated for the conditions of liver enlargement, density/right side of the windpipe, **decreased volume of air in lungs**, elevated GGT, Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirubin in UA, **chronic bronchitis, hypertension**, and Duputren's contracture of both hands. The records do not support a diagnosis of skin cancer.
4. The employee was employed at Paducah gaseous diffusion plant from February 1, 1952 through March 31, 1981.

CONCLUSIONS

FINDINGS OF FACT

1. On November 19, 2004, the employee filed a claim under the EEOICPA.
CES0053
Page 3 of 1288
2. The employee was a covered employee at the Paducah Gaseous Diffusion Plant (PGDP) in Paducah, KY from February 1, 1952 to March 31, 1983. He was employed by Union Carbide, a recognized DOE contractor.
3. On March 7, 2006, the employee passed away.
4. On July 13, 2006, the claimant filed a claim for survivor's benefits under the EEOICPA as the surviving spouse of the employee.
5. The claimant is the surviving spouse of the employee, as she was married to him at the time of, and for at least one year immediately prior to, his death as supported by the marriage and death certificates.
6. The claimant has not submitted any medical evidence to support a diagnosis of skin cancer as required by the EEOICPA.
7. In order for a survivor claim to be compensable under section Part E of the Act, it must be determined that it is at least as likely as not that exposure to a toxic substance at a Department of Energy facility was a significant factor in aggravating, contributing to, or causing the death of the employee.
8. The death certificate indicated the cause of death was myocardial infarction with hypertension listed as a contributing cause. The DMC indicated that the claimed condition of hypertension did contribute to the employee's death

» Pulmonary Function Tests including the treating physician's interpretation of whether there is restriction or obstruction,

1/ Dr. Steven Markowitz WHPP, "The breathing test abnormality was moderate...We note you have been experiencing phlegm production for the past 50 years...This symptom is consistent with Chronic Bronchitis." Compliance with Criteria (I) & Criteria (II).

» A lung pathology consistent with CBD

» Immunologic tests showing beryllium sensitivity (e.g" skin patch test or beryllium blood test preferred)

(PRE- 1993 CRITERIA)

42 USC § 7384I (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).

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."

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.)*"....

PLEASE CALL ME IF YOU DO NOT AGREE THAT MRS. FEATHERSTON HAS MET HER STATUTORY "BURDEN OF PROOF" FOR CBD PRE-1993 CRITERIA AND IS ENTITLED TO \$400,000 SINCE HER HUSBAND'S ILLNESS CONTRIBUTED TO MR. FEATHERSTON'S DEATH PER THE DOL DISTRICT MEDICAL CONSULTANT AND HIS DEATH CERTIFICATE!

THANKS,

GARY

PS I WILL FAX THE ABOVE DOCUMENTATION WHEN ABLE TO DO SO!

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
 OFFICE OF WORKERS' COMPENSATION PROGRAMS
 DIVISION OF ENERGY EMPLOYEES' COMPENSATION
 400 WEST BAY STREET, ROOM 722
 JACKSONVILLE FL 32202
 PHONE: 1 (904) 357-4705; Toll Free 1 (877) 336-4272



NAME OF EMPLOYEE: Charles E. Featherston (deceased)

NAME OF CLAIMANT: Helen F. Featherston

FILE NUMBER: [REDACTED]

DATE OF ISSUANCE:

MAR 29 2007

NOTICE OF RECOMMENDED DECISION

This is a Recommended Decision of the District Office concerning a claim for survivor's benefits under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The District Office recommends that the claim be denied under Part B and E of the Act.

STATEMENT OF THE CASE

On November 19, 2004, Charles E. Featherston, hereinafter referred to as employee, filed a Request for Review by Physicians Panel (Form 350.2), for benefits under Part D of the EEOICPA. The employee claimed he developed Fibrous Tumors in both hands (removed) as a result of his employment at the Paducah Gaseous Diffusion Plant (PGDP) in Paducah, KY from February 2, 1951 to January 1983. On March 7, 2006, the employee passed away.

On July 13, 2006, Helen F. Featherston, hereinafter referred to as claimant, filed a claim seeking survivor's benefits under the EEOICPA, as the surviving spouse of the employee. She claimed that the employee developed liver enlargement, density/right side windpipe, decreased volume of air in lungs, elevated GGT, elevated Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirubin in UA, chronic bronchitis, hypertension and Duputren's contracture (both hands) as the result of his employment at the Department of Energy's Paducah Gaseous Diffusion Plant (PGDP) in Paducah, KY from February 1952 to 1983.

On August 10, 2006, the Department of Energy (DOE) verified the employee worked at the Paducah Gaseous Diffusion Plant (PGDP) in Paducah, KY from February 1, 1952 to March 31, 1983 for Union Carbide, a known DOE contractor.

On September 12, 2006, the claimant submitted a second claim for skin cancer. She submitted a chart note signed by Charles F. Winkler, MD who states that "skin carcinomas will need dermatology follow-up." On September 25, 2006 and November 8, 2006, letters were sent to the claimant requesting medical evidence for the claimed skin cancer. A letter dated November 28, 2006 signed by Charles F. Winkler, MD states that the employee passes away before dermatology could confirm the lesions to be malignant.

In order for a survivor claim to be compensable under section Part E of the Act, not only must the evidence establish that it is at least as likely as not that toxic exposure caused, contributed to, or aggravated a covered illness, but the evidence must also establish that the covered illness caused or contributed to the death of the covered employee. A death certificate, signed by Dr. Charles Winkler, listed the employee's immediate cause of death as myocardial infarction with hypertension listed as a contributing condition.

On November 29, 2006, a copy of the case file along with a statement of accepted facts was sent to the District Medical Consultant to determine whether there was sufficient evidence to establish the claimed condition of skin cancer and whether there was an "at least as likely as not" possibility that exposure to toxins may have caused the employee's claimed conditions of skin cancer, liver enlargement, density/right side windpipe, decreased volume of air in lungs, elevated GGT, elevated Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirub in UA, chronic bronchitis, hypertension and Duputren's contracture (both hands). The District Medical Consultant was also asked if these conditions contributed to, caused, or aggravated his death.

On January 10, 2007, the District Office received a report from District Medical Consultant in which he opined that, "In my opinion with a reasonable medical certainty the available information is insufficient to support that toxic exposures at the DOE facility were a significant factor that caused, contributed to or aggravated his claimed conditions of liver enlargement, density/right side windpipe, decreased volume of air in iungs, elevated GGT, elevated Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirub in UA, chronic bronchitis, hypertension and Duputren's contracture of both hands, and/or possible skin cancer."

He also opined that, "In my opinion with a reasonable medical certainty the claimed condition of hypertension was related to his death, the other claimed conditions were not related to his death, and the information is insufficient to support that any toxic exposures was related to his death. In my opinion with a reasonable medical certainty the available information in the file does not confirm presence of any skin cancers."

The claimant was sent a letter on February 14, 2007, requesting any additional evidence to support toxic exposure caused, contributed to or aggravated the claimed conditions. During a telephone conversation with the claimant on February 15, 2007, the claimant indicated she has no other medical evidence to submit which would show the employee's liver enlargement, density/right side windpipe, decreased volume of air in lungs, elevated GGT, elevated Alk phosphates, elevated AST, decreased platelet count, ketones, glucose and bilirub in UA, chronic bronchitis, hypertension and Duputren's contracture of both hands, was caused, contributed to, or aggravated by toxic exposures at a DOE facility, or that it caused, contributed to, or aggravated his death. The medical evidence is insufficient to establish a diagnosis of skin cancer.

FINDINGS OF FACT

1. On November 19, 2004, the employee filed a claim under the EEOICPA.

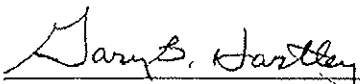
2. The employee was a covered employee at the Paducah Gaseous Diffusion Plant (PGDP) in Paducah, KY from February 1, 1952 to March 31, 1983. He was employed by Union Carbide, a recognized DOE contractor.
3. On March 7, 2006, the employee passed away.
4. On July 13, 2006, the claimant filed a claim for survivor's benefits under the EEOICPA as the surviving spouse of the employee.
5. The claimant is the surviving spouse of the employee, as she was married to him at the time of, and for at least one year immediately prior to, his death as supported by the marriage and death certificates.
6. The claimant has not submitted any medical evidence to support a diagnosis of skin cancer as required by the EEOICPA.
7. In order for a survivor claim to be compensable under section Part E of the Act, it must be determined that it is at least as likely as not that exposure to a toxic substance at a Department of Energy facility was a significant factor in aggravating, contributing to, or causing the death of the employee.
8. The death certificate indicated the cause of death was myocardial infarction with hypertension listed as a contributing cause. The DMC indicated that the claimed condition of hypertension did contribute to the employee's death but was not caused by, contributed to or aggravated by exposure to toxic substances at a DOE facility. No medical evidence was received from the claimant indicating that the employee's illnesses or death was aggravated by, contributed to or caused by the claimed conditions.

CONCLUSIONS OF LAW


The employee is a DOE contractor employee, in accordance with 42 USC § 7384I(11)(B)(i), employed at a DOE facility, as defined in 42 USC § 7384I(12).

The employee's exposure to a toxic substance at a Department of Energy facility was not a significant factor in aggravating, contributing to, or causing the illnesses or death of the employee as outlined under 42 U.S.C. § 7385-3(a)(1)(B).

The employee is not entitled to compensation, lump sum payment of \$150,000.00 or medical benefits as there is not sufficient evidence to establish that he suffers from an "occupational illness" in accordance with 42 U.S.C. §7384I(15) or a "covered illness" pursuant to 42 U.S.C. §7385s(2).



Gary B. Hartley
Claims Examiner



Diane Miller
Senior Claims Examiner

U.S. Department of Labor

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



April 15, 2011

File: XXXXX5294
 Employee: Charles E. Featherston
 Claimant: Helen F. Featherston

Gary Vander Boegh
 4645 Village Square Drive, St. F
 Paducah, KY 42001

RECEIVED
 4-23-11

Dear Mr. Vander Boegh:

This letter is in reference to Helen F. Featherston's new claim for survivor benefits provided through the Energy Employees Occupational Illness Compensation Program Act (the Act or EEOICPA).

Ms. Featherston claimed that her spouse developed chronic beryllium disease (CBD), acute respiratory disease, sinusitis, pneumonia, emphysema, chemical rhinitis, hiatal hernia, sinus infection, and chronic bronchitis as a result of employment at the Paducah Gaseous Diffusion Plant (GDP) in Paducah, KY. On July 24, 2007, the Final Adjudication Branch (FAB) issued a Final Decision Following a Review of the Written Record, Docket Number 10055379-2007, denying the claim for chronic bronchitis.

The employee's employment dates were previously verified at the Paducah GDP from February 1, 1952 to March 31, 1983.

In order to continue processing this claim, we are asking you to submit additional medical information. Please read the following carefully and submit the requested documents:

Medical:

For the claimed conditions of CBD, acute respiratory disease, sinusitis, pneumonia, emphysema, chemical rhinitis, hiatal hernia, and sinus infection we have received the following medical evidence:

- A Dispensary Record dated August 22, 1955 diagnosing the employee with pneumonia.
- An Attending Physician's Statement dated February 17, 1958 and signed by T.T. Brackin, Jr., M.D. stating the employee was treated for "virus pneumonitis" and "sinusitis".
- Attending Physician's Statements dated February 8, 1960 and October 29, 1960 and signed by T.T. Brackin, Jr., M.D. reporting the employee was treated for "sinusitis".
- An Attending Physician's Statement dated March 4, 1963 and signed by T.T. Brackin, Jr., M.D. indicating the employee was treated for "virus pneumonitis".
- An Attending Physician's Statement dated February 1, 1968 and signed by T.T. Brackin, Jr., M.D. informing the employee was treated for "virus pneumonitis" on January 27, 1968.

CHARLES FEATHERSTON
PADUCAH CHART NOTE
June 14, 2000
PAGE 3

PLAN

1. See him again in six months.
2. Continue medications as outlined.
3. Refill Ampicillin 1 b.i.d. p.r.n. with three refills #30.

Charles F. Winkler, M.D., F.A.C.P.

CFW/sdg

August 20, 2007

U. S. Department of Labor, DEEOIC

Attn: Final Adjudication Branch

400 West Bay Street, Room 63 B

Jacksonville, Florida 32202

File Number: [REDACTED]

Employee: Charles E. Featherston

Badge # 1232

Dear Ladies & Gentlemen:

I respectfully request a reconsideration of your decision to deny my claim for compensation under Part E of the Employee Occupational Illness Compensation Act. The denial letter of July 24, 2007 did not address Hypertension or Heart Disease, as listed on his death certificate. I have provided the medical records linking his exposure to the toxic chemicals.

When I filed Part E on July 14, 2006, I was informed the claim was for illnesses caused by toxic exposure, not Beryllium Disease, Chronic Beryllium, Chronic Silicosis or Beryllium Sensitivity and Cancer. I was told it was for work related conditions due to a wide array of illnesses due to exposure to toxic substances or radiation.

I have provided you with proof without a doubt, that his exposure to toxic chemicals at the Paducah Plant for 31 years was the major cause of all his health problems. The physicians on this committee have the knowledge of the effects of the chemicals that were used at the Paducah Plant and they know the damage they do to every organ of the body. I have provided you with documented links to what toxic chemicals do to the blood, kidney, heart, lung and other parts of the respiratory system, which lead to the cause of hypertension and cardiovascular disease. But it is apparent that you have not reviewed any of the documentation that I have attached with each and every communication that I have sent to you or this claim would have been adjudicated. So, once again, as a Department of Energy employee for some 31 years, who took and signed an oath of secrecy, (which I have in my possession) Charles was exposed to but not limited to all the chemicals listed:

- Beryllium
- Lead
- Cadmium
- Trichloroethylene
- Trichlorethane
- Chlorinated Solvents (TCE)

- Uranium Hexafluoride
- Mercury
- Nickel
- Copper

Beryllium: Causes enlargement of the liver, spleen, right heart and eventually heart failure. Beryllium disease can develop as late as decades after a person was exposed (some 40 years). Once a person has been exposed to beryllium, there is lifelong risk of developing the disease. In severe cases, heart failure due to increased pulmonary resistance is caused from chronic exposure. The liver is frequently subject to injury induced by chemicals because of its role as the body's principal site of metabolism. Necrosis or liver cell death is a common effect to acute exposure to chemicals. Men with high levels of GGT are at 68 percent greater risk of **dying from cardiovascular disease**, than one with lower level. Beyond its role as an indicator of liver function GGT is likely to predict cardiovascular disease, it is also an indicator of general damage to the arteries. Charles' level of GGT was 686 with the normal range being 3.0 to 5.0. Inhalation of Beryllium may cause lung damage and possibly death from heart failure. Even though the testing for Beryllium exposure was not deemed necessary until later years, I feel that Charles suffered medical illnesses due to his exposure at the plant located in Paducah, Kentucky. He showed all the chronic symptoms of Beryllium exposure.

Lead and Cadmium: Causes adverse effects on the cardiovascular system (which is heart and blood vessels). Exposure to cardiovascular toxicants can contribute to a variety of diseases, including elevated blood pressure (hypertension), abnormal heart beat, decreased blood flow to the heart and anemia. High doses of lead appear to have effects on the kidneys. Lead interferes with the body's ability to make hemoglobin, the filling for red blood cells. It does these inhibiting two processes necessary to make heme, the part of hemoglobin that feeds oxygen to cells. Depending on the ingested level of lead and time span over which lead is absorbed, the resultant anemia can cause rapid heartbeat, shortness of breath, kidney, and liver functions that depend on the same processes of those to make heme. Cardiovascular diseases can have many causes and risk factors. Lead exposure may contribute to the onset and development of the disease. Several studies show elevations of blood pressure in those who have been exposed to lead. Additionally, cardiovascular disease seems to be exacerbated by kidney diseases in a way that makes the two conditions difficult to separate from lead poisonings. One study found that adults exposed to lead had a significantly higher risk of hypertension some 50 years later.

Trichloroethylene and Trichlorethane: exposure to them in the work place has been associated with electrocardiographic changes and heart muscular injury. Breathing large amounts of trichloroethylene may cause impaired heart function. Breathing it for long periods may cause nerve, kidney and liver damage.

Chlorinated Solvents (Carbon Tetrachloride, TCE, TCA and others): health effects of exposure to these substances can cause lung, liver, kidney and central nervous system damage, cancer and impaired heart function.

Mercury: inhaled exposure to high levels over a short time can cause tightness in the chest, increase in blood pressure and increased heart rate. Also, if Mercury is ingested at high levels it also causes kidney damage, with symptoms of rapid heart rate and increased blood pressure. Metallic Mercury or methyl mercury that enters the body can convert to inorganic mercury and result in kidney damage. High doses of mercury in a short time are the most dangerous. Evidence suggests that the effects worsen with age, even after the exposure stops.

Nickel: exposure is linked to heart attacks and kidney dysfunction.

Copper: exposure is linked to elevated cholesterol, anemia, and fractures of the bones, heart attacks, hypertension, kidney, liver dysfunctions and osteoporosis.

The workers at the Atomic Energy Corporation were not told about contaminants remains spattered over hundreds of acres of buildings and grounds until at least 1990 and some contend they were never told. This is some forty years after Charles started working at the plant. That was thirty years of exposure working at the plant unaware of the toxic chemical exposure around him during his employment for the DOE. Since then the DOE has revealed other chemicals such as Beryllium, etc. that they were unknowingly exposed to.

I have documentation supporting Charles' exposure to toxic chemicals in the buildings he worked in starting in 1952 until his retirement in 1983. I also have the medical documentation linking him to chemical exposure in those buildings. I feel that this adequately supports my claim.

Building C400 and C410:

12/01/1952

Charles was assisting the necessary operation to stop a processed gas leak. His left nostril was burning and he smelled fumes and was coughing. The diagnosis was Processed Gas Inhalation, (Uranium Hexafluoride) by Doctor H. S. Gardner, Plant Physician.

1/30/1953

Charles was operating a crane when a processed gas was released. He got a "big whiff" of the processed gas where he smelled and tasted it. The diagnosis was processed gas inhalation (Uranium Hexafluoride) by Nurse N. Sims.

3/18/1953

Charles was disconnecting a cylinder and the valve broke loose and escaping processed gas hit his arm. The diagnosis was possible H.F. burns 1st degree, right arm by Joyce Morehead, R.N.

6/1/1955

Charles was cleaning up an acid solution with a mop. Diagnosis was small flap of skin burned with nitric acid by Dr. Noss.

Building C331

6/19/1973

Charles was cleaning flanges and fumes from the system irritated his eyes, nose and throat. Diagnosis was first-degree chemical burns to the bridge of his nose and neck with eye irritation and burn by H. E. Housman, R. N. It was noted on this incident that Charles was wearing company issue safety equipment. This medical documentation makes apparently obvious this safety equipment was inadequate to protect those workers from any toxic chemical exposure.

In the early 1950's my husband was exposed to the toxic metals beryllium used in the secret machining of Nuclear weapon parts. Beryllium disease causes enlargement of the liver, spleen and right heart. Beryllium disease can develop as late as decades after exposed. I content that his exposure to beryllium and all other toxic chemicals used at the Paducah Plant was as likely as not a contributing factor to his hypertension and cardiovascular disease, which ultimately lead to a heart attack and his death.

It is apparent the committee has a standard predetermined decision about workers requesting compensation of their claims. It does not seem to matter how much documentation that has been provided, the answer is a preprinted form letter being sent out to the employees or their families. The money has been exhausted by paying claims to ineligible people working on construction for short periods of time and not to 31 year working veteran employees in the Paducah plant.

I am asking U. S. Representative Ed Whitfield, Energy Secretary Samuel Bodman and Senator Mitch McConnell to intervene on my behalf. I feel I am not getting a fair decision from the Department of Energy. This program was for toxic exposure for a wide array of illnesses caused from these chemicals. My husband was there from the start up of the Paducah Plant and worked in the toxic metals used in making the secret nuclear weapon parts. He was exposed, with little or no safety equipment, to the most dangerous chemicals in the plant. How can you say his body was not affected by 31 years of this kind of toxic exposure?

Do you dare try to deny that he worked for the Department of Energy for the years of 1952 – 1983?

Do you dare try to deny that he worked in these chemicals for some 31 years?

Can you prove to me that his exposure to these chemicals for some 31 years did not cause all of his illnesses and his death?


Can you prove that all safety procedures were in place in the early 1950's?

The answer to all of these questions is NO.

Department of Energy has released only a little bit of information. I know full well if all the information about the Department of Energy Plant in Paducah was released, every employee would be due compensation. In the start up in the early 1950's the workers had no idea what they were working in. The over all health conditions of the workers were compromised because of the unsafe conditions and inadequate safety equipment. This has been proven by the number of compensated claims you have paid out since the program was initiated.

I respectfully request you adjudicate my claim.

Sincerely,



Helen Featherston

DISPENSARY RECORD

Name C. E. Leatherstone Dept. No. 5760-4 Medical No. 1232

Date 9/16/63 Temp. 99
8:55 A.M. hrs Productive cough and pain in chest for 24
hrs EMT: Injection of nose and
throat.
Chest, LF: cool, discomfort
① chest anteriorly on deep
breathing intermittently.
Heart, The
Imp: Acute respiratory disease
Imp: (on) - check 5 pm
physician
 (Foreman notified)
R. W. Guler

Date 9/23/63 Temp. 98
7:40 A.M. (off five work days due to U.R.D.) ✓
Still coughing, productive. He feels fine working.
Almatossin expectorant
Bufferin tablets
(R. W.)
H. E. HOUSMAN, R.N.

Date 10-17-63
10³⁰ A.M. Requests Bufferin for headache.
Dispensed same.
M. Stiles, R.N.

Date 3/6/64
12 noon Head Aching
Rx. Bufferin tablets as requested
H. E. HOUSMAN, R.N.

Date 1/29/64
1:20 P.M. Headache
Rx. Bufferin tab. as requested.
H. E. HOUSMAN, R.N.

Med

ATTENDING PHYSICIAN'S STATEMENT

Patient's name C. E. Featherston Age 34

Nature of sickness or injury (Describe complications, if any) Sinusitis, acute

Did this sickness or injury arise out of patient's employment? Yes..... No. **xx**
If "Yes," explain.....

Nature of surgical or obstetrical procedure, if any (Describe fully).....

Date performed 19.....

Give dates of treatments:
Office Sept. 16, 17, 19.....
Home
Hospital

The patient has been continuously disabled (unable to work) from Sept. 13, 1963 through Sept. 23 1963
If still disabled, when should patient be able to return to work? Sept. 23, 1963 19.....

Remarks :

Date 9-21-63 19.....

Signed /s/ T. T. Brackin, Jr., MD
(Attending Physician)

Address Bardwell, Ky.



ATTENDING PHYSICIAN'S STATEMENT

Patient's name C. E. Featherston Age 36

Nature of sickness or injury (Describe complications, if any) Virus pneumonitis

Did this sickness or injury arise out of patient's employment? Yes No
If "Yes," explain.....

Nature of surgical or obstetrical procedure, if any (Describe fully).....

Date performed.....19.....

Give dates of treatments:
Office.....September 27, 1965.....
Home.....
Hospital.....

The patient has been continuously disabled (unable to work) from.....9-24-65.....19..... through.....10-4-65.....19.....
If still disabled, when should patient be able to return to work?.....10-4-65.....19.....

Remarks:.....

Date.....10-2-65.....19.....

Signed.....T. J. Brackin, Jr., M.D......
(Attending Physician)

Address.....Bardwell, Kentucky.....

Phone.....628-5452.....



1969

ATTENDING PHYSICIAN'S STATEMENT

5760 H 1232

Patient's name Charles E. Featherston Age _____

Nature of illness or injury (Describe complications, if any) Acute Pancreatitis

Did this sickness or injury arise out of patient's employment? Yes No
If "yes," explain _____

Nature of surgical or obstetrical procedure, if any (Describe fully) _____

Date performed _____ 19 _____

Give dates of treatments:
Office 3-7, 3-8, 3-10, 3-12, 3-14
Home _____
Hospital _____

The patient has been continuously disabled (unable to work) from 3-7-69 19 _____ through Indefinite 19 _____
still disabled, when should patient be able to return to work? by 3-31-69 19 _____

Remarks: _____

Date 3-15 19 69

Signed [Signature]
(Attending Physician)

Address [Address]

Phone 628-5452

PURCHASE CANCER GROUP, P.S.C.
CANCER THERAPY CENTER

RADIOLOGY REPORT

NAME: Charles Featherstone ACCT#: 8415 DR. ORDERING: WINKLER
DOB: [REDACTED] DATE: 10/12/94

EXAM TYPE: PA and left lateral chest.

HISTORY: Mr. Featherstone has a long history of smoking with no significant medical work up since 1985.

EXAM DESCRIPTION: PA and left lateral chest was performed in a routine fashion. Bony structures are intact. Trachea is central. Cardiac silhouette is not enlarged. Lateral chest film shows osteophytes and syndesmophytes of the thoracic spine. Costophrenic angles are sharp. There is no active disease in the lung fields. Scattered granulomas noted. Questionable azygous lobe on the right. ~~Scattered pleural reaction in the right apex noted.~~

IMPRESSION AND FINDINGS: (1) Essentially normal chest for age.
(2) Some chronic changes in the apex.

CHARLES F. WINKLER, M.D., F.A.C.P. W

CFW/kmn

DEPARTMENT OF RADIOLOGY
502-444-2177

RADIOLOGY REPORT

NAME: FEATHERSTON, CHARLES
PHYS: KLAUBURG, KURT
DOB: [REDACTED] AGE: 66 SEX: M
ACCT: 0332245 LOCATION: 0830 01
EXAM DATE: 12/10/95 STATUS: INP
RADIOLOGY NO:
UNIT NO: 134789

EXAMS: CHEST PA/LATERAL

HISTORY: ATYPICAL PSYCHOSIS

CHEST, TWO VIEWS: Frontal and lateral views of the chest are obtained. There is bibasilar discoid atelectasis. I have no prior film for comparison. Heart size is normal.

IMPRESSION:

- 1) BILATERAL BASILAR DISCOID ATELECTASIS.

D. R. HATFIELD, M.D.

D. R. Hatfield, M.D.

CC: KLAUBURG, KURT

TRANSCRIBED DATE/TIME: 12/11/95 (0819)

TRANSCRIPTIONIST: KAL2314

PRINTED DATE/TIME: 12/11/95 (0834) BATCH NO: 4341

PAGE 1

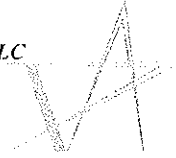
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RADIOLOGY

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