COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

"A Native American - Woman Owned Company"

Fax Cover Sheet

To:	Dept of Labor Washington, D.C. Attn: Hon. Secretary of Labor Hilda Solis	From:	Gary S. Vander Boegh
Fax:	(202)-693-6111	Date:	8-18-10
Phone:	(270) 450-0850	Pages:	17__Pages including the Cover Sheet
Re:	Stephen D[redacted]	CC:	

☐ Urgent x For Review ☐ Please Comment X Please Reply ☐ Please Recycle

Comments:

Medical Information on File Number: XXX-XX-6053 Stephen D[redacted]

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
"A Native American - Woman Owned Company"

Gary Vander Boegh, Vice President
Commonwealth Environmental Services, LLC
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Paducah, Kentucky 42001
Telephone: (270) 450-0850
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August 18, 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: Stephen D[redacted]
File Number: XXX-XX-6053
CES: 0068

Dear Ms Solis,

As "Authorized Representative" (AR) for claimant Stephen D[redacted], I hereby submit Claimant Attachment (CA) 001, EE-1 form for Chronic Beryllium Disease (CBD) 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 Stephen D[redacted] Chronic Obstructive Pulmonary Disease, Bronchitis, Interstitial Lung Disease, Pulmonary Fibrosis and Bullous Emphysema before January 1, 1993

Mr. D[redacted] provides Claimant Attachment (CA) – 002 that include medical reports and progress notes provided by Dr. William Culberston that indicates on May 14, 1982 a diagnosis of interstitial lung disease with bullous emphysema. On November 18, 1982, Dr. Culbertson diagnoses Mr. D[redacted] with COPD. On May 5, 1983 Dr. Culbertson confirms the presence of "scattered rhonchi." November 2, 1983 Dr. Culbertson reports evidence of **"infiltrate in the right lower lobe and evidence of scarring in the lobes bilaterally.** On March 11, 1985, Dr. Culbertson reports that Mr. D[redacted] has bronchitis and COPD. On September 11, 1985, Mr. D[redacted] is diagnosed with COPD and Rhinitis. On January 11, 2010, Dr. Culbertson diagnoses acute bronchitis with scattered rhonchi. On March 23, 1988, Dr. Culbertson confirmed bronchitis with congestion. Dr. Culbertson on February 2, 1990 indicated the presence of **"rales over the right middle lobe" with pulmonary fibrosis.**

Per the above medical evidence and the statutory requirements 42 USC § 7384l (13) (2), Mr. D[redacted] 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 his current disability in the amount of $250,000. In addition, Mr. D[redacted] is entitled to medical benefits for CBD and all consequential illnesses that were caused by his illness per the OWCP policies and procedures as afforded similar EEOICPA claimants.

Your timely response to Mr. D[redacted] claims for Part B and Part E compensation and medical benefits is appreciated.

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 w/o Attachments (202) 693-1465
Director DEEOIC Rachel Leiton
FAB Final Adjudication Branch Chief LuAnn Kresley

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)	2. Social Security Number
D[redacted] Stephen J	[redacted]-6053

3. Date of Birth	4. Sex	5. Dependents
12 (Month) 09 (Day) 1920 (Year)	☒ Male ☐ Female	☐ Spouse ☐ Children ☐ Other:

6. Address (Street, Apt. #, P.O. Box)	7. Telephone Number(s)
[redacted]	a. Home: ([redacted]) [redacted] - [redacted]
(City, State, ZIP Code) [redacted]	b. Other: ( ) -

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

	9. Date of Diagnosis		
	Month	Day	Year
☐ **Cancer** (List Specific Diagnosis Below)			
a.			
b.			
c.			
☐ **Beryllium Sensitivity**			
☒ **Chronic Beryllium Disease** (CBD)			
☐ **Chronic Silicosis**			
☒ **Other Work-Related Condition(s) due to exposure to toxic substances or radiation** (List Specific Diagnosis Below)			
a. Pulmonary Fibrosis	02	02	1990
b. Acute Bronchitsis	01	13	1986
c. COPD/ Chronic Lung Disease (1-15-92)	11	02	1983

Awards and Other Information

10. Did you work at a location designated as a Special Exposure Cohort (SEC)?	☒ YES ☐ NO
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?	☐ YES ☒ NO
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)	☐ YES ☒ 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)?	☐ YES ☒ 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?	☐ YES ☒ NO
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? **If yes, provide RECA Claim #:**	☐ YES ☒ NO
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?	☐ YES ☒ 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. Departme[redacted] of Workers' Compensation Programs.

Stephen J. K[redacted]
Employee Signature

08/16/2010
Date

Resource Center Date Stamp

Form EE-1
April 2005

COMPLAINANT ATTACHMENT 1

PAGE NO. 1 of 1

PROGRESS NOTES
STEPHEN D[redacted] 11012WHC
12/01/98

SUBJECTIVE: He has been stable since his last visit. He does have lots of problems with sinus type drainage and congestion, but otherwise has done relatively well. He has a HX of sleep apnea syndrome and he also has had sick sinus syndrome and has a pacemaker. He has mild hypertension as well.

OBJECTIVE: WEIGHT: 244
BLOOD PRESSURE: 160/84
PULSE: 72

HEENT: No palpable adenopathy, JVD, or carotid bruits. Nasal stuffiness.
CHEST: Diminished breath sounds with some scattered rhonchi.
CARDIAC: Pacer pack in the right upper quadrant of his chest. No murmurs or gallops.
ABDOMEN: Soft. No masses are palpated.
EXTREMITIES: No clubbing, cyanosis, or edema. He does have continued evidence of fungal infection of the fingernails bilaterally.
NEUROLOGICAL: No focal deficits.
LAB DATA: A CXR was not performed in the office today.
ASSESSMENT: HX of sleep apnea syndrome chronic bronchitis, mild hypertension, sick sinus syndrome, and has a pacemaker in place.
PLAN: 1. Nasonex two sniffs to each nostril at HS PRN. I gave him samples of Flonase today. 2. Continue all other medications the same. Return to see me in six months.

William H. Culbertson, M.D.

WHC/rlt

COMPLAINANT ATTACHMENT 2
PAGE NO. 1 of 13

PROGRESS NOTES
STEPHEN D[redacted]
JUNE 2, 1998 **11012**

SUBJECTIVE: He has been relatively stable since his last visit. He continues to have problems with congestion at times. He also has hypertension which has been well-controlled by medical therapy. He takes Lanoxin. He has a pace maker. He has a history of sleep apnea but his symptoms related to sleep apnea have been fairly well controlled.
OBJECTIVE: WT, 251. BP, 130/88. Pulse, 84.
HEAD/NECK: Reveals no palpable adenopathy or JVD. He does have some nasal obstruction especially on the left.
CHEST: Reveals slightly diminished breath sounds. No wheezes or rhonchi.
CARDIAC: Reveals a pacer pack which involves the right upper chest. He has no murmurs or gallops. The PMI is non-displaced.
ABDOMEN: Is soft. No masses are palpated. No organomegaly.

EXTREMITIES: Are stable. He does have continued evidence of fungal infection of the fingernails bilaterally but this has stabilized somewhat.
ASSESSMENT: History of sleep apnea syndrome, chronic bronchitis, mild hypertension, sick sinus syndrome with a pace maker in place.
PLAN: 1. Continue all medications the same. No change in therapy. 2. Return to see me in six months, sooner if symptoms warrant. He does need antibiotics periodically to help with control of infections.

WHC: cef

FLU VACCINE
Date 10-26-98

COMPLAINANT ATTACHMENT 2
PAGE NO. 2 of 13

02/03/98

STEPHEN D[redacted] 11012WHC

SUBJECTIVE: He has been fairly stable since his last visit. He does have sleep apnea. He has COPD. He has cardiac disease and has a pacemaker. He has had problems with hypertension.

OBJECTIVE: WT 250. BP 150/100. Pulse 48. His only medication is Lanoxin. He does have a pacemaker in place.

HEENT: No palpable adenopathy. He does have some evidence of nasal obstruction and rhinorrhea.

CHEST: Diminished breath sounds. The lungs are otherwise clear.

CARDIAC: no murmurs.

ABDOMEN: Soft. No masses are palpated.

EXTREMITIES: No clubbing or edema. He does continue to have evidence of a fungal infection of his fingernails, although this has improved somewhat since his last visit.

ASSESSMENT: Sleep apnea syndrome. Chronic bronchitis. Mild hypertension. HX of sick sinus syndrome with a pacemaker in place. He also has chronic rhinitis.

PLAN: I gave him samples of Nasonex 2 sniffs to use at HS. I also told him to check his BP frequently and if his BP remains elevated, he may need to start on medications. He is to return to see me in four months. No other change in therapy. Continue his Lanoxin the same.

WHC/rlt

COMPLAINANT ATTACHMENT 2

PAGE NO. 38 13

[redacted] 00068 Stephen
X FLU VACCINE
Date 10/7/97

10/07/97
STEPHEN D[redacted] 11012WHC
SUBJECTIVE: He has been relatively stable since his last visit. He does have problems with congestion periodically.
OBJECTIVE: WT 248. BP 146/92. His pulmonary status appears to be fairly stable today. He has kept his pulmonary situation under pretty good control. He had a CXR on his last visit which showed that the pneumonia has resolved.
ASSESSMENT: Stable COPD and sleep apnea. He also has a HX of hypertension.
PLAN: Continue medications the same. We did give him an influenza vaccination today. Return in four months.
WHC/rlt

COMPLAINANT ATTACHMENT 2
PAGE NO. 4 of 3

PROGRESS NOTES
STEPHEN D[redacted]
OCTOBER 22, 1996 **11012 WHC**

SUBJECTIVE: He has been having problems with cough and congestion and some sputum production.
OBJECTIVE: WT, 246. BP, 150/90. He did have redness of the posterior pharynx and the uvula. His chest was fairly clear however.
ASSESSMENT: Acute bronchitis and pharyngitis.
PLAN: I gave him samples of Ceftin 250 mg bid x 10 days. He is to continue his other medications the same. I also gave him Claritin D to take for sinus congestion. Return in several months. I also told him to return for a flu shot after he has finished the antibiotics.

C

12/20/96 **11012WHC**
STEPHEN D[redacted]

SUBJECTIVE: He has been fairly stable though having some sinus congestion at times.
OBJECTIVE: WT 245. BP 124/78.
ASSESSMENT: He does have sinobronchial syndrome with congestion. He has just completed a course of Ceftin.
PLAN: I gave him samples of Suprax 400 mg to take qd x10 days.
WHC/rlt

WHC

03/21/97 **11012WHC**
STEPHEN D[redacted]

SUBJECTIVE: He has been having problems with sinus congestion, drainage, and congestion with cough productive of mucoid sputum.
OBJECTIVE: WT 252. BP 132/86. His naries were congested bilaterally consistent with acute rhinitis. His chest was reasonably clear. I did do a CXR because he has not had one in some time and because of his sinobronchial type symptoms. CXR shows evidence of some scarring especially in the RLL. He may have a superimposed pneumonia.
ASSESSMENT: Sinobronchial syndrome with possible RLL pneumonia.
PLAN: Return to see me in several months for a follow-up CXR. I did give him Floxin to take for 10 days and an Atrovent nose spray to take because of the rhinorrhea.
WHC/rlt

6-30-97
No Show mailed 6-24-97 JP

07/07/97 11012WHC
STEPHEN D[redacted]

SUBJECTIVE: He has improved since his last visit. He still states that he has SOB at times. He has taken antibiotics recently because of RLL pneumonia.
OBJECTIVE: WT 249. BP 150/90. Pulse 76.
ASSESSMENT: Resolved pneumonia in the RLL. I did do a CXR today confirming that the pneumonia had improved.
PLAN: He is to return to see me in three months.
WHC/rlt

COMPLAINANT ATTACHMENT 2
PAGE NO. 58 13

PROGRESS NOTES
STEPHEN D[redacted]
04/19/96 **11012WHC**

SUBJECTIVE: He has been having some paresthesias involving the right arm, otherwise he has been fairly stable.
OBJECTIVE: WT 252. BP 160/90. His chest is clear today, but because of the paresthesias involving the arm, I arranged for him to have a CXR. He is also to have a noninvasive studies of the right arm to check nerve conductions. His CXR shows no evidence of infiltrates or masses.
ASSESSMENT: Right arm paresthesias. Rule out ulner compression syndrome or brachial compression syndrome.
PLAN: Noninvasive nerve conduction studies at WBH. Other measures will depend on the results of that study.

C

April 26,1996

Called patient to tell him study shows some disc problems in neck and this could be pinch nerve. Also carpal tunnel on R. believe it would be best to see a Neurosurgeon of his choice because he may needs a MRI of Neck. The patient said that he wants to wait until he"can get things worked out in his schedule" No referral made at this time.

C

July 18, 1996 11012

Floxin 400 mg bid x 10 days for chest congestion and sinus infection. Revco SS.

07/19/96 **11012WHC**

SUBJECTIVE: He has had a pacemaker inserted recently and postoperatively was started on Capoten. He has had problems with persistent cough and congestion since then.
OBJECTIVE: WT 246. BP 120/80.
ASSESSMENT: He does have chronic lung disease with congestion. He also has a cardiomyopathy. He cannot tolerate Capoten.
PLAN: Stop the Capoten. He is to notify Dr. Roberts. I did give him antibiotics to take for 10 days and told him to call if symptoms persisted.

cc: Lowell Roberts, M.D. mailed 7-26-96 (ree)

COMPLAINANT ATTACHMENT 2

PAGE NO. 68 13

PROGRESS NOTES 11012
STEPHEN D[redacted]
FEBRUARY 3, 1995

Subjective: He has been having some vague left sided chest pain at times. He did have a CXR in December at WBH which was normal. He is concerned because his sister has been found to have a large cancer in the lung.
Objective: BP 150/84. Pulse, 68. WT 254. I did offer a CT Scan if needed but he wanted to try Toradol first.
Plan: I gave him a script for Toradol 10 mg tid and I told him that if he continued to have the left sided chest wall pain that we could arrange a CT Scan. His CXR does appear to be normal to me but it was obtained in December.

04/07/95 11012WHC

SUBJECTIVE: He has been having some mild congestion at times, but otherwise has been stable.
OBJECTIVE: WT 254. BP 140/80. Pulse 68. His pulmonary exam is stable. He is having less sleep apnea symptoms. The chest wall pain that he had on his last visit is cleared.
PLAN: Return in 4 months.

[redacted] Stephe [redacted] Stephen
PULSOX PULSOX
DATE 8.18.95 DATE 8.18.95
08/18/95 SA02 96% SA02 91% 11012WHC
Pre POST

SUBJECTIVE: He has been fairly stable. He does state that he has some dyspnea on exertion at times. He also has been having costochondritis type chestwall pain.
OBJECTIVE: WT 249. BP 126/70.
ASSESSMENT: Costochondritis. Chronic bronchitis.
PLAN: We did do a Pulsox at rest and exercise today. He is to return in several months for a FS. I gave him a return appointment to see me in 4 months.

FLU VACCINE
Date 11-2-95

12/15/95 11012WHC

SUBJECTIVE: He has been having problems with nasal congestion at times. He also has palpitations at times related to his pacemaker. He has had some near syncopal episodes periodically.
OBJECTIVE: WT 251. BP 162/90. His cardiopulmonary status is stable. He does have a pacemaker which appears to be functioning properly.
PLAN: I gave him Nasarel 2 sniffs bid to use as needed for nasal stuffiness because he does have sinobronchial syndrome with sleep apnea. He is to return in several months.

COMPLAINANT ATTACHMENT 2
PAGE NO. 7813

PROGRESS NOTES
STEPHEN D[redacted]
OCTOBER 22, 1993 11012WHC

SUBJECTIVE: He has been fairly stable. He does have some sinus type congestion at times.
OBJECTIVE: WT 246. BP 120/80. Pulse 68. His cardiopulmonary exam is stable.
PLAN: He has already had his flu shot. He is to return in four months.

2-17-94
Wymox 500 TID x10 days. SuperX 55.

FEBRUARY 22, 1994 11012WHC

SUBJECTIVE: He has been having problems with cough and congestion and has worsened over the past few weeks.
OBJECTIVE: WT 248. BP 120/80. CXR was obtained and shows no evidence of active infiltrates. I gave him Vancenase AQ 2 sniffs bid to use and I also gave him Floxin 400 to take for 7 days.

MAY 27, 1994 11012WHC

SUBJECTIVE: He continues to have problems with congestion and cough productive of mucoid sputum at times.
OBJECTIVE: WT 255. BP 140/90. Pulse 78.
ASSESSMENT: Chronic bronchitis with exacerbation.
Plan: I gave him a refillable script for Floxin to take prn infection.

SEPTEMBER 30, 1994 11012WHC

SUBJECTIVE: He has been fairly stable from a standpoint of his lung disease.
OBJECTIVE: WT 250. BP 112/72. He does have COPD which appears to be stable.
PLAN: We gave him a FS today. He is to continue Floxin PRN infection.

COMPLAINANT ATTACHMENT 2
PAGE NO. 8 & 13

PROGRESS NOTES
Stephen D[redacted] CES0068
September 5, 1991 11012

Subjective: He has developed a rash on his foot otherwise he has been stable.
Objective: Wt 248. BP 128/78. Pule 80. He does have a fungal appearing rash on his foot and his chest is stable.
Plan: Flu shot today. Nizoral cream for the rash.

October 16, 1991

Ceclor 250 mg tid x 10 days for congestion. Walmart Ss.

C

January 15, 1992 11012

Subjective: He has been having some problems with sinobronchial symptoms at times otherwise he has been stable.
Objective: Wt 250; BP 160/80; Pulse 84.
Assessment: Stable chronic lung disease.
Plan: I gave him Ceclor to take for 10 days to help clear any infection that might be present.

C

April 17, 1992 11012

Subjective: He has been fairly stable though he has had some sinobronchial symptoms recently.
Objective: WT 253; BP 128/98; Pulse 60.
Assessment: Sinobronchial syndrome.
Plan: He is to take Biaxin x 10 days.

C

January 22, 1993 11012WHC

Subjective: He continues to have sleep apnea type symptoms despite previous nasal surgery.
Objective: WT 246; BP 140/80; Pulse 80. He is to have an OP sleep study because of persistent symptoms. No change otherwise.

1/28/93 - Ceclor 250 mg TID X 10 d C Duper X SS

JULY 23, 1993 11012WHC

SUBJECTIVE: He has been fairly stable though he still has SOB with minimal exertion and cough productive of mucoid sputum.
OBJECTIVE: WT 246. BP 112/68. I did schedule him to return for a fasting Profile, because he has not had laboratory studies in some time. He had a CXR today that shows hyperinflation but no evidence of active infiltrates. He has been coughing up some secretions however.
ASSESSMENT: COPD with superimposed infection and sleep apnea syndrome.
PLAN: No change in therapy. Return in 3 months for a flu shot.

C

COMPLAINANT ATTACHMENT 2
PAGE NO. 98 13

PROGRESS NOTES
Stephen D[redacted] CES0068
June 22, 1990 11012

Subjective: He has been having some mild bronchitis at times. He also has had some nasal stuffiness.
Objective: Wt. 240. BP 118/70.
Plan: Vancenase AQ solution for his nasal stuffiness. I also gave him Organidin elixir. Return in several months.

10/19/90
Appt. NoShow

October 26, 1990 11012

Subjective: He has improved since his last visit.
Objective: Wt. 237. BP 138/60. Pulse 66. He has had minimal sleep apnea symptoms.
Plan: Flu shot today.

January 14, 1991 11012

Subjective: He has been bronchial symptoms with cough and congestion.
Objective: WT 239. BP 140/80. Pulse 80. He does have scattered rhonchi, diminished breath sounds.
Plan: Take Ceclor x 10 days.

January 23, 1991 11012

Subjective: He has increasing congestion recently.
Objective: WT 241. BP 138/70. Pulse 72. He has diminished breath sounds and scattered rhonchi.
Plan: DepoMedrol 80 mg IM. Vibramycin 10 days.

2-19-91 NO Show

April 18, 1991 11012

Subjective: He is improved since his last visit.
Objective: WT 243. BP 130/80. Pulse 72. He has diminished breath sounds due to his COPD which is stable.
Plan: Return in 4 months.

April 29, 1991 11012

Subjective: He has been having problems with sore throat.
Objective: WT 242. BP 160/82. Pulse 68. His chest is clear. He does have red tonsils, however.
Plan: He is to take Ceclor x 10 days.

COMPLAINANT ATTACHMENT 2
PAGE NO. 10 of 13

March 23, 1988

Subjective: He has done well. He is to have septaplasty next week. He has been having some mild congestion.
Objective: Wt. 238. BP 140/80. Pulse 68.
Assessment: Bronchitis.
Plan: Trial of Atrovent 2 puffs qid.

April 21, 1988

Subjective: He has done well since discharge. He has much less sleep apnea type symptoms.
Objective: WT. 235. BP 110/66. Pulse 64.
Assessment: Improvement post nasal septal surgery with improvement in sleep apnea syndrome.
Plan: Return in two months.

July 21, 1988

Subjective: He has done better with his sleep apnea since surgery.
Objective: WT. 238. BP 110/70. Pulse 72. He is stable today. He has no complaints.
Plan: Return in three months.

November 17, 1988 11012

Subjective: He has done well since last visit without complaints. He is having much less sleep apnea symptoms.
Objective: WT. 234. BP 128/80. Pulse 76.
Assessment: STable sleep apnea syndrome.
Plan: return in three months.

March 15, 1989 11012

Subjective: He has been stable with minimal sleep apnea symptoms.
Objective: Wt. 239. BP 128/70. Pulse 80. Chest is relatively stable today.
Plan: Return in six months.

September 13, 1989 11012

Subjective: He has been relatively stable with bronchial troubles at times. His sleep apnea is well controlled.
Objective: Wt. 237. BP 130/84. Pulse 96.
Assessment: Bronchitis, controlled.
Plan: Return in 3 months.

February 2, 1990 11012

Subjective: He has been having right sided pleuritic chest pain otherwise he has been relatively stable.
Objective: WT. 245. BP 142/78. Pulse 72. He does have some rales over the right middle lobe. CXR was obtained showing no evidence of infiltrates. The pacer is in place. He does have some mild pulmonary fibrosis.
Plan: Keflex x 10 days.

COMPLAINANT ATTACHMENT 2
PAGE NO. 118 13

September 11, 1985

Subjective: He has had no change in his congestion although he has had some head congestion.
Objective: Wt. 213. BP 110/70. Pulse 60.
Assessment: COPD with rhinitis.
Plan: Seldane as needed for nasal congestion and return in three months.

January 13, 1986

Subjective: He has done well except that he has had an infection over the past week.
Objective: Wt. 218. BP 124/68. Pulse 64.
Assessment: Acute bronchitis. He has scattered rhonchi.
Plan: Take a round of Ampicillin.

July 10, 1986

Subjective: He is having some problems with hemorrhoids and also has been having continued problems with psoriasis of the hands.
Objective: Wt. 222. BP 132/60. Pulse 62. He does have rather severe psoriasis of the hands. Rectal exam is deferred.
Plan: Referred to surgeon for procto and consideration of hemorrhoidectomy.

March 25, 1987

Subjective: He has been having some problems with the severe eczema of his fingers.
Objective: Wt. 229. BP 120/68. Pulse 72. His chest is relatively stable.
Assessment: Severe eczema
Plan: refer to Dr. McMillan. Rectal exam revealed external ehmorrhoids that are well healed otherwise no change.

July 17, 1987

Subjective: He has had no pulmonary symptoms, he continues to have problems with eczema.
Objective: Wt. 227. BP 130/76. Pulse 64. Chest has diminished breath sounds. The remainder of exam is unchanged.
Plan: return in six months.

January 4, 1988

Subjective: He has been stable, though he has had some problems with sleep apnea and also had to have a pacer inserted recently.
Objective: On exam he does have nasal congestion. Wt., 235; BP, 160/84; pulse, 68.
Assessment: Nasal congestion. Sleep Apnea.
Plan: A trial of Vivactil 10 mg qhs in addition to Provera 20 mg qhs. Return in 3-4 weeks. If symptoms persist, he will need ENT evaluation for possible septoplasty.

February 8, 1988

Subjective: He has done well since discharged from the hospital.
Objective: Wt. 235. BP 142/68. Pulse 72. He need to have nasal septum repaired to see if it will relieve sleep apnea syndrome.
Assessment: sleep apnea syndrome.
Plan: Repair nasal septum, return in several months.

COMPLAINANT ATTACHMENT 2
PAGE NO. 12 of 13

PROGRESS NOTES
Stephen D[redacted]

CES0068

May 14, 1982

Subjective: The patient continues to have problems with what appears to be psoriasis involving the distal parts of the upper extremities.
Objective: Weight 214½. B/P-120/68. Pulse 56 and regular. Lungs are clear, cardiac is unremarkable for murmur or gallop. He continues to take Isordil, Inderal, Crystodigin, Theo-Dur and _____.
Assessment: Psoriasis, CHF, interstitial lung disease with bullous emphysema.
Plan: (1) Continue all current meds except for Clomid. (2) Referral to Memphis for treatment with PUVA. (3) Return in 6 months.

November 18, 1982

Subjective: The patient is doing well and has no complaints.
Objective: Weight 209. B/P-124/74. Pulse 60. Lungs are clear.
Assessment: CHF, COPD, and Psoriasis.
Plan: Continue same meds and return in 6 months.

May 5, 1983

Subjective: The patient continues to have psoriasis of the fingers, but otherwise has done well.
Objective: Weight 225. B/P-110/66. Pulse 52. He has some scattered rhonchi and persistent psoriasis of his hands.
Assessment: COPD & psoriasis.
Plan: Meclomen-50 mgm BID on a trial basis. Patient will return in 6 months.

November 2, 1983

Subjective: The patient's been coughing up mucoid sputum for the past several days.
Objective: Weight 222½. B/P-110/68. Pulse 56. He has prolongation of expiration, otherwise his lungs are clear. Chest X-ray showed a very small infiltrate in the right lower lobe and evidence of scarring in the lower lobes bilaterally.
Assessment: COPD.
Paln: Return in 3 months, at which time a follow-up chest X-ray will be obtained. Ampicillin-500 QID.

February 8, 1984

Subjective: The patient is here for a follow-up chest X-ray. His psoriasis improved remarkedly with Ampicillin.
Objective: Chest X-ray shows no change from previous studies. Weight 228. Psoriasis of the hands is unchanged.
Assessment: Psoriasis.
Plan: Continue Ampicillin for secondary infection. Return in 2 months.

September 10, 1984

Subjective: He has had no problems other than some weight gain.
Objective: Wt. 225. BP 130/72. Pulse 64. Chest is stable. Extremities also stable.
Assessment: Psoriasis and COPD.
Plan: Continue Theo-Dur and return in six months.

March 11, 1985

Subjective: He has done well although he has had recent bronchitis for which he took Ampicillin.
Objective: Wt. 220½. BP 90/56. Pulse 52. Chest has evidence of COPD but no mass lesions on chest X ray.
Assessment: COPD.
Plan: Continue Theo-Dur and return in three months.

COMPLAINANT ATTACHMENT 2
PAGE NO. 138 13

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"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: 8-18-10

Phone: (270) 450-0850

Pages: 17__Pages including the Cover Sheet

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