

IN THE MATTER OF THE CLAIM OF DOUGLAS F. COPP
ON THE SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

STATE OF NEW MEXICO)
) ss.
COUNTY OF Bernillo)

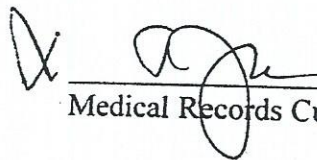
CERTIFICATION OF MEDICAL RECORDS

Tony J. Kreuch, Psy.D., being first duly sworn, deposes and states as follows:

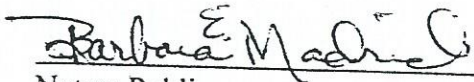
1. I am the Custodian of the Medical Records of Douglas F. Copp.
2. I am providing this certification in response to a properly executed authorization for release of Douglas F. Copp's medical records.

3. The documents and things attached to this certification, numbering 7 pages, constitute true, correct, and complete photocopies of all medical records maintained by _____
Tony J. Kreuch, Psy.D. concerning Mr. Copp, as of the date of this certification.

FURTHER AFFIANT SAYETH NAUGHT.


Medical Records Custodian

On July 28, 2003, Tony J. Kreuch, Psy.D. personally appeared before me and, having been first duly sworn, signed the foregoing instrument.


Notary Public

My commission expires:

June 30, 2007

TONY J. KREUCH, Psy.D., ABPN

Clinical & Forensic Neuropsychology

7000 JEFFERSON N.E. • ALBUQUERQUE, NM 87109

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Diplomate, American Board of Professional Neuropsychology

NEUROPSYCHOLOGICAL EVALUATION

Identifying Information

Name: COPP, Doug
Age: 51 years
DOB: 8/3/51
Date of Evaluation: 4/23/03
Date of Report: 5/7/03

Reason for Referral

Mr. Copp was referred for a neuropsychological evaluation by Timothy Smith, M.D., in order to provide objective information and clarification with respect to current neurocognitive functioning in light of reported cognitive difficulty.

Records Reviewed

The following medical records were reviewed and used in the formulation of the final report:

1. Records of Timothy Smith, M.D. (uncertain initial date of contact to present)
2. Records of Robert Friedman, M.D. (12/26/02 to present)
3. Records of Henry Garcia, M.D. (1/9/02 to present)

History

Mr. Copp is a 51-year old, right hand dominant male, accompanied to the evaluation by his wife. By way of history, Mr. Copp is a rescue worker, founder and executive director of American Rescue Team International, who sustained heavy metal toxicity and chemical exposure during time spent at the 9/11 World Trade Center disaster site. He was at the site on 9/12/01, and there for approximately two weeks engaged in search and rescue operations. His medical difficulties are extensive, and well documented in the available records provided by his treating physicians. He is currently being treated for significant respiratory problems as a result, and has been identified with reactive airway disease and multiple fungal infections, along with hypertension, immune system insufficiency, and fractured lumbar vertebrae (as a result of a fall sustained during the operation) with chronic pain. Please review the extensive medical records for additional history and background regarding his very complex and multifaceted medical profile. In addition to his respiratory distress and related health problems, he is also describing cognitive symptoms, including memory impairment, poor concentration, and difficulty focusing. He reports that, prior to this incident, he was symptom-free and functioning at a very high level as the director of an international rescue team with extensive experience and background at major disaster sites. This report is substantiated by the ancillary documentation provided by Mr. Copp

and referenced in his medical records. He is currently being followed by Timothy Smith, M.D., with diagnoses of World Trade Center Respiratory Systemic Toxicity Syndrome, Hypothyroidism, and Acute Organic Brain Syndrome. Dr. Smith is located in San Francisco, California, and his local treating physicians are Dr. Robert Friedman in Santa Fe and Dr. Henry Garcia in Albuquerque.

Development/Family History: Mr. Copp reports that his father is deceased from the effects of brain cancer and his mother is alive and in good health. She is a retired nurse. He has one half-brother.

Education/School History: He indicates that he has a bachelors degree in philosophy and engineering. No educational records are available for review.

Employment History: He is the founder and executive director of American Rescue Team International. He founded the organization approximately 18 years ago and has worked major disasters in several countries. Prior to founding the organization, he worked for a number of years doing building demolitions. He indicates that he has not returned to work since the World Trade Center disaster. He did attempt involvement in a rescue mission last year while on a trip to Mexico City, but became ill.

Psychological/Psychiatric History: Mr. Copp denies any history of prior contact with mental health professionals. He indicates that he experienced symptoms similar to posttraumatic stress after he worked on his first disaster, but was not treated.

Drug/Alcohol History: Denied.

Current Family/Living Situation: He is residing with his spouse of ten years. He has one daughter from a prior marriage, with sporadic contact. His marriage relationship has declined since September of 2001. He reports that they have been unable to have sexual relations because of his health problems.

Medical History: As reported previously. The primary focus for the current evaluation is that of identification of potential cognitive impairments and decline as related to toxic exposure following his time at the World Trade Center disaster site. Of note is the fact that he is on multiple medications and has been participating in chelation therapy, oxygenation, and antioxidant treatment, in addition to facet injections for his back pain.

Current Medication(s): Mr. Copp is on an extensive regimen of medications and supplements, directed by Dr. Smith. Please refer to the addendum at the end of the report for this list.

Previous Testing: Mr. Copp has not undergone any previous neuropsychological or psychological evaluations.

Test Observations/Mental Status Examination

Mr. Copp presents as an alert, cooperative, and fully oriented adult male appearing his stated age. He is dressed casually and appropriately, with fair grooming and moderately unkempt appearance. He walks slowly with a stiff gait. Speech is even, well modulated, and fluent.

He communicates in a disorganized and moderately tangential fashion, embellishing answers and providing much extraneous and unsolicited detail. He is in moderate psychological distress. Mood is frustrated and irritable and affect is moderately labile. Thought processes are scattered and unfocused, with poor topic maintenance. There is no evidence on mental status, however, to suggest the presence of psychotic process in thinking. His sleep pattern is described as adequate at present. Regarding appetite, this has fluctuated. He indicates that, following the 9/11 incident, he gained over 50 pounds but has lost over 30 pounds in recent weeks. His current level of energy is low. He denies suicidal ideation. Ability to control impulses appears to be adequate. Ability to relate is basically adequate. His spouse provides ancillary information regarding his current day-to-day functioning, relating that he is forgetful, that he is often fatigued, and that he has great difficulty focusing. During formal test administration, Mr. Copp put forth reasonable effort and was motivated to perform optimally at all time. Two measures specifically designed to assess for effort and motivation in formal testing situations were administered to Mr. Copp, the Test of Memory Malingering and the Twenty-One Item Test. The results from both of these instruments indicate that Mr. Copp put forth good effort and was attempting to perform his best on measures of cognitive functioning. Fatigue was clearly an issue for him and he did require breaks. The current results appear to accurately represent his functioning in the areas evaluated.

Sources of Information

1. Wechsler Adult Intelligence Scale-III
 2. Wide Range Achievement Test-III
 3. Rey Complex Figure Test and Recognition Trial
 4. California Verbal Learning Test
 5. Controlled Oral Word Association Test
 6. Wisconsin Card Sorting Test
 7. Paced Auditory Serial Addition Test
 8. Boston Naming Test
 9. Test of Memory Malingering
 10. Twenty-One Item Test
 11. Category Test
 12. Tactual Performance Test
 13. Seashore Rhythm Test
 14. Speech-Sounds Perception Test
 15. Finger Tapping Test
 16. Trail-Making Test, Parts A and B
 17. Grip Strength Test
 18. Reitan Indiana Aphasia Screening Test
 19. Reitan-Klove Sensory-Perceptual Examination
 20. Name Writing Test
 21. Tactile Form Recognition Test
 22. Minnesota Multiphasic Personality Inventory-II
 23. Neuropsychological History Questionnaire
 24. Oklahoma Premorbid Intellectual Estimate-III
- Review of available medical records, referenced previously
Clinical Interview with Mr. Copp

Discussion of Results

Attention/Concentration: Mr. Copp is displaying prominent impairments of attention, concentration, and complex processing, and this is a consistent finding on all related measures included in the evaluation. He obtained a WAIS-III Working Memory Index score of 73 (4th percentile). On an auditory span task, he was only able to recall five digits forward and three backward successfully, and on a letter-number sequencing task within the same group subtests, a measure that requires the reordering of numbers and letters following auditory presentation, he was only able to consistently reorder a set of two to one letter and one number. He also performs moderately below expectancy on the Seashore Rhythm Test from the Halstead Reitan Battery (T = 34), and could not complete the Paced Auditory Serial Addition Test.

Memory Functioning: Mr. Copp's performance on the California Verbal Learning Test, a serial word list learning task consisting of 16 words for 4 semantic categories, he displays deficits of list acquisition, retrieval, and storage, with scores on all measures of acquisition, recall, and recognition well below expectancy. Results from the Rey Complex Figure Test and Recognition Trial, a core measure of visuospatial memory, provides for a similar pattern of impaired acquisition and retrieval, but with performance somewhat better overall, suggestive of relatively stronger visual memory. His performance on the memory portion on the Tactual Performance Test is below expectancy, with five of ten figures identified.

Intellectual Functioning: Mr. Copp obtained a Verbal IQ of 96 (39th percentile), a Performance IQ of 78 (7th percentile), and a Full Scale IQ of 88 (21st percentile) on the Wechsler Adult Intelligence Scale-III, however, this score pattern is not likely reflective of his actual intellectual functioning, due to the influences of deficits of working memory, attention, and concentration, and speed of processing on overall performance. He obtained the following index scores: Verbal Comprehension Index = 110 (75th percentile), Perceptual Organization Index = 89 (23rd percentile), Working Memory Index = 73 (4th percentile), Processing Speed Index = 73 (4th percentile). The most valid indicator of Mr. Copp's actual intellectual functional level is that of the Verbal Comprehension Index, a measure that provides for relatively pure verbal skill, in that there are no timing requirements on any of the three subtests involved on the index. His Verbal Comprehension score of 110 is very consistent with the estimate of premorbid intellectual functioning computed, the Oklahoma Premorbid Intellectual Assessment-III, a measure that utilizes a combination of current WAIS-III subtest performance and demographic variables to predict premorbid functioning. His OPIE-III IQ estimate is 108.

Academic Functioning: Mr. Copp obtained the following scores on the Wide Range Achievement Test-III, a screening instrument of core academic functioning: Reading Recognition: Standard Score = 107 (68th percentile; grade equivalent = post high school), Spelling: Standard Score = 108 (70th percentile; grade equivalent = post high school), Arithmetic: Standard Score = 99 (47th percentile; grade equivalent = high school). No decline in academic skills is suggested, based upon the current evaluation, with findings consistent with and similar to his reported educational background.

Language Functioning: Mr. Copp's performance on various measures of expressive and receptive language is all at expectancy, and there is no evidence to support the presence of dysfluency or language processing problems. He does perform in a range of mild to moderate impairment on a controlled word fluency task, a test of verbal fluency in which words beginning

with a specific target letter of the alphabet or semantic category are generated, however, there are no perseverative errors and this pattern appears to be more related to speed of processing deficits than a core language dysfunction.

Motor Functioning: Mr. Copp's performance on the Finger Tapping Test from the Halstead Reitan Battery, a bilateral measure of rapid finger oscillation, is slow bilaterally with performance significantly below expectancy for both dominant and nondominant hand performance. His performance on the Hand Dynamometer Test, a measure of grasp strength, is also lower than expectancy.

Sensory-Perceptual Functioning: Mr. Copp's performance on the Sensory-Perceptual Examination is within normal limits, indicative of no identified difficulties of basic auditory-visual or tactile processing.

Executive Functioning and Mental Control: Mr. Copp's performance on various measures of higher order "executive" functioning and mental control is consistently below expectancy. His performance on the Trail-Making Test, Parts A and B, a test of visual scanning speed, visual attention, and mental control, in which the individual is instructed to either connect a series of numbers in sequence (Part A) or a series of numbers and letters in alternating sequence (Part B) is moderately below expectancy for both parts of the task. His performance on the Category Test from Halstead Reitan Battery, a test of abstraction and conceptualization that requires the individual to solve a problem based on an underlying principle, reveals 104 errors (T = 24) and error pattern that places him within a range of significant impairment. His performance on the Wisconsin Card Sorting Test, an additional higher order measure of hypothesis testing, abstract reasoning, and ability to shift and maintain cognitive set, is also below expectancy with only three categories successfully completed and a lower than expected percentage of conceptual level responding.

Personality and Behavioral Functioning: In order to evaluate current personality and emotional functioning, Mr. Copp was administered the Minnesota Multiphasic Personality Inventory-II, a comprehensive and objective self-report measure. Results from the validity scales portion of the instrument indicate that Mr. Copp approached the test in a consistent fashion, however, the validity configuration does suggest a slightly non-acquiescent profile. In general, however, the clinical profile appears valid for formal interpretation. Results from the clinical scales portion of the instrument reveal scale elevations on scales 1, 2, 3, 7, and 8. Individuals with similar MMPI-II configurations typically present with an array of somatic and psychological complaints. These individuals frequently show signs of depression, with associated fatigue and neurovegetative dysfunction. Low energy level, anhedonia, and low self-confidence are also frequently identified, in addition to a series of somatic complaints often identified in individuals with depressive disorders. Psychological turmoil is also often present in these individuals, and they frequently report problems with concentration and memory, in addition to reporting feelings of inadequacy and inferiority. A prominent focus on health concerns is also identified.

Summary and Interpretation

In conclusion, Mr. Copp is a 51-year old right hand dominant male, referred for a neuropsychological evaluation by his primary physician due to concerns raised regarding cognitive dysfunction since his involvement in the World Trade Center disaster of 9/11/2001.


His health problems since the incident are extensive and well documented, and the primary focus of concern for the current evaluation is that of the extent to which Mr. Copp is experiencing cognitive dysfunction related to toxic exposure from this incident. Results from the current evaluation reveal measurable cognitive difficulty in the areas of memory acquisition, storage and retrieval, with a performance pattern suggestive of somewhat lower performance overall on measures of verbal-auditory learning as compared to visuospatial learning, poor performance on measures of attention, concentration, and complex information processing, performance lower than expectancy on measures of speed of processing, and difficulties on measures of higher order executive functioning as related to abstraction, conceptualization, and ability to establish and maintain cognitive set. His basic cognitive and intellectual functioning appears to be at the high end of average, with performance on a formal intellectual battery significantly influenced by deficits of working memory and processing speed. A premorbid estimate of intellectual functioning is consistent with one intellectual index score that emphasizes verbal skill and de-emphasizes attentional processes or speed. No decline of academic or language functioning is identified on the current evaluation and basic sensory-perceptual skills are also at expectancy, although motor functioning is also impaired, with performance on measures of motor speed and integrity below expectancy bilaterally.

As part of this evaluation, the complete Halstead Reitan Neuropsychological Battery was administered to Mr. Copp. This battery includes a number of tests and index scores sensitive to cerebral impairment. His obtained Halstead Average Impairment Rating of 2.36 (T = 20) places Mr. Copp within a range of significant impairment, supportive of the presence of prominent neuropsychological difficulty. Results from the personality portion of the evaluation reveals findings that are consistent with the presence of depression, somatic reactivity, current psychological distress, and poor coping ability. Individuals with chronic medical conditions frequently produce similar MMPI-II profiles, and an emphasis on and focus on somatic complaints is often a prominent aspect of the overall clinical picture. In summary, the current results support, to a reasonably degree of neuropsychological probability, the presence of moderate neuropsychological dysfunction, most likely related to toxic exposure within a previously high functioning individual. Affected areas include attention, concentration, processing speed, working memory, and acquisition, storage, and retrieval, in addition to executive conceptualization and flexibility of cognition. While psychological variables are present and likely influential, primarily as related to depression, it is unlikely that psychological variables fully account for the neurocognitive deficits seen on the current evaluation. From a diagnostic perspective, Mr. Copp's presentation is most consistent with a cognitive disorder and coexisting depression with stress, as related to his medical condition, along with related personality changes.

Treatment and intervention for his combination of cognitive difficulty and psychological dysfunction is clearly indicated. Mr. Copp should be considered for treatment for depression, including pharmacological management and individual counseling. He also should be considered for a course of cognitive rehabilitation to assist him with developing compensatory strategies to improve attention, efficiency of cognition, memory, and executive functioning. Referrals to a psychiatrist, psychotherapist, and speech-language pathologist for these interventions is recommended.

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Thank you for referring this most interesting gentleman for an evaluation. I hope that the current evaluation is helpful in planning for his future care. Please feel to contact me directly if you have any questions.



Tony J. Kreuch, Psy.D., ABPN, ACPN

Clinical Neuropsychologist,

Diplomate American Board of Professional Neuropsychology