

IN THE MATTER OF THE CLAIM OF DOUGLAS F. COPP

ON THE SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

~~STATE OF NEW MEXICO~~

~~COUNTY OF~~

)
) ss.
)

STATE of CALIFORNIA
COUNTY of MARIN

CERTIFICATION OF MEDICAL RECORDS

MICHAEL E. ROSENBAUM M.D.

, being first duly sworn, deposes and states as follows:

1. I am the Custodian of the Medical Records of DOUGLAS 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 pages, constitute true, correct, and complete photocopies of all medical records maintained by MICHAEL E. ROSENBAUM concerning Mr. Copp, as of the date of this certification.

FURTHER AFFIANT SAYETH NAUGHT.

MICHAEL E. ROSENBAUM M.D.

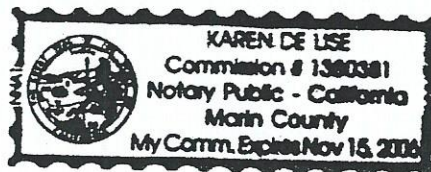
Medical Records Custodian

On July 3, 2003, Michael E. Rosenbaum personally appeared before me and, having been first duly sworn, signed the foregoing instrument.

Notary Public

Karen DeLise

My commission expires: 11-15-06



Michael E. Rosenbaum M.D.

300 Tamal Plaza, suite 120

Corte Madera, CA 94925

415 927-9450

FAX: 415 927-2596

May 28, 2003

Re: **Douglas Copp** DOB: August 3, 1951

Medical Status Report:

Douglas Copp is a 51 year old Caucasian male who first consulted me on February 14, 2003 complaining of a constellation of symptoms that commenced after he participated in a rescue operation at the site of the terrorist attack on the World Trade Center in New York City in September, 2001.

Mr. Copp is the founder and has been the Director of American Rescue Team International since 1985. In that capacity, he has participated in hundreds of dramatic rescue operations all over the World. In spite of the dangers to which he was frequently exposed in his work since 1985, Mr. Copp had no medical complaints and was highly functional just prior to the September eleventh attacks. He was summoned to 'ground zero' on September 12, 2001 and spent the next five days wending his way with five coworkers through six stories of subterranean rubble underneath the collapsed buildings. He did this while fires were still raging above. By his account no-one else was willing or able to perform the subterranean rescue operation at that time. He often worked in the dark with very poor ventilation. He was exposed to a panoply of chemical fumes emanating from the incomplete combustion of tons of electronic equipment, building materials, heating fuels, fixtures and furniture that comprised the two 105 story buildings. These included plastics, vinyl, burning metals and voluminous quantities of soot which were superheated. The chemicals were capable of being inhaled, swallowed or assimilated through the skin. He claimed that he was not provided a protective mask. The subterranean area was flooded and he states, replete with mold and fungus from the damp, dark conditions and from the disintegration of the ducts in the infrastructure of the building.

On September 15 he developed respiratory complaints consisting of shortness of breath, tightness in his chest and a persistent cough. These symptoms persisted after his work at the site ended on September 18, 2001. He notes that he developed a worsening of his dyspnea while back at his residence in New Mexico on September 27.

While working at the site, he had slipped and fell several feet in the dark damaging several lumbar vertebrae with resultant low back pain and parasthesias of the left lower extremity.

He complains of persistent subsequent exhaustion and states that he cannot walk more than forty feet on level ground without needing to stop and rest. He has continual malaise.

His ongoing symptom complex includes:

Allergies and hypersensitivities – chronic sinus congestion, chemical hypersensitivities to even low level chemical exposures.

Ophthalmic – Chronic, severe dry eyes and blurred vision. Possible glaucoma.

Gastrointestinal – Reflux disorder, abdominal bloating.

Genitourinary – polyuria

Mental Status - Often disoriented with intermittent severe impairment of short-term memory and mental tracking ability.
Irritability

Cardiovascular – New onset of hypertension.

Miscellaneous – Fluid retention, very low libido.

Mr. Copp has been treated by Robert Friedman M.D. in Albuquerque who detected heavy metal toxicities involving especially lead, mercury and arsenic. He has received chelation treatments for those toxic metals. He has been evaluated extensively by Timothy Smith M.D. in Berkeley, California. He ordered a mold antibody panel that disclosed high IgG antibodies to two *Alternaria* species, *Epicoccum*, *Geotrichum*

and Pullularia. Blood PCR for Stachybotrys was negative. Immune tests revealed a significant elevation of antinuclear antibody of 1:320, a reduction in natural killer cell activity – 11 (20-50) with no abnormality in anti-myelin antibodies or chemical antibodies to isocyanates, phthalates and formaldehyde. Blood levels of dioxane and PCBs were unremarkable. These tests were performed from blood drawn on October 25, 2001. Dr. Smith has treated him with a comprehensive nutritional supplement program and strict chemical avoidance.

The diagnoses that Dr. Smith entertained include:

- Hypothyroidism
- Allergic Rhinosinusitis
- Reactive Airway Disease Syndrome (RADS)
- Hypersensitivity pneumonitis
- Immunotoxicity
- Asbestosis
- Fracture of lumbar vertebrae

A comprehensive neuropsychology test battery was performed in New Mexico by Dr. Tony Kreuch, PhD in psychology with a thorough report completed on May 7, 2003. Dr. Kreuch stipulated that Mr. Copp expended good effort at dealing with the psychometric tests. His evaluation revealed “measurable cognitive difficulty in the areas of memory acquisition, storage and retrieval” and lower performance in verbal-auditory learning vs. visual-spatial learning. Deficits were detected in attention span, concentration and complex information processing especially in the speed of mental processing. Personality evaluation revealed depression and somatic reactivity. He stated that Mr. Copp’s medical difficulties are extensive and well-documented. He recommended psychotherapy, use of antidepressant medication and cognitive rehabilitation.

I saw Mr. Copp on two occasions and had two additional telephone consultations over a period of three months from 02-14-03 to 05-14-03. In these sessions, I was impressed by how quickly his mind wandered and how difficult it was for him to sustain a trend of thought. “As he tires, he develops a headache and his cognition begins to wane.” (02-13-03). It is of note that he has gained sixty pounds since mid-September, 2001. Largely due to extreme fatigue, back pain and inability to exercise.

Copp

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On 04-10-03 I gave him clinical trials of Celluvisc eyedrops to help with the extreme dry eye condition and recommended that he see an Ophthalmologist. Celluvisc was of some help. The Ophthalmologist by Mr. Copp's verbal report found a slightly elevated eye pressure in both eyes suggestive of glaucoma. He inserted plugs in Mr. Copp's tear ducts to help relieve the xeroophthalmia.

I also prescribed a trial of Provigil to assist with his mental alertness. On May 14, 2003 he stated that Provigil seemed to be really helping but he was much too responsive to take the full prescribed dose of 200 mg a day which caused some agitation and insomnia. He takes about 75 mg a day. This dose seemed to reduce his headache and improve his short-term memory.

I concur with the diagnoses of apparent new onsets of these conditions: Allergic rhinosinusitis, a propensity to sinus infections, Reactive Airway Disease causing bronchial inflammation resulting in asthma, Toxic Encephalopathy, hypertension and depression. In addition, he had a chemical conjunctivitis, xerophthalmia and possible glaucoma and evidence of heavy metal toxicities.

Mr. Copp experienced a massive exposure to chemicals and to molds over an approximate six day period of 09-12-01 to 09-18-01. Although he had conducted numerous dangerous rescue operations all over the world and had attained a position of preeminence in this field over a sixteen year period he felt well, was asymptomatic and functioned well until the six day exposures at the site of the World trade Center attacks in September, 2001. Subsequently, he has suffered a chronic and debilitating constellation of multisystemic complaints that have completely disabled him.

I concur with Dr. Smith that continued rest and strict avoidance of chemical and mold exposures are fundamental to his continued convalescence. The asthma and heavy metal accumulation have been addressed appropriately. His disability has attained a permanent and stationery state.

Sincerely,
Michael E. Rosenbaum M.D.
Michael E. Rosenbaum M.D.

Michael E. Rosenbaum, M.D.
300 Tamal Plaza #120
Corte Madera, CA 94925
(415) 927-9450
Fax: (415) 927-2596

Patient's Name Doug Capps

Claim # _____

NARRATIVE REPORTS

Narrative Reports: These are billed as follows"

- 1st Page or $\frac{3}{4}$ of a page \$100
- 2nd - end of report \$200 per page
- $\frac{3}{4}$ of a page is counted as one page

Review of Medical Records in Preparation for Reports is billed @ \$200 per hour.

I have read and agree to abide by the above fee policy

Authorized Signature

Date

~~Insurance Company Name~~

Attorney

- COMPREHENSIVE OFF. VISIT
- 4. COMPLEX OFF. VISIT
- 5. PROLONGED PHYSICIAN SRV. 1ST 60 MIN
- 5a. EACH ADD'L 30 MIN

INSULATION

- 1. DETAILED OFF. VISIT
- 2. COMPREHENSIVE OFF. VISIT
- 3. COMPLEX OFF. VISIT

ESTABLISHED PATIENTS

- 1. MINIMAL OFF. VISIT
- 2. FOCUSED OFF. VISIT
- 3. EXPANDED OFF. VISIT
- 4. DETAILED OFF. VISIT
- 5. COMPREHENSIVE OFF. VISIT
- 5. PROLONGED PHYSICIAN SRV. 1ST 60 MIN
- EACH ADD'L 30 MIN
- MISSED APPOINTMENT

ASTHMA	ICD9
ALLERGIC CONJUNCTIVITIS	493.0
ALLERGIC RHINITIS	374.14
ALLERGY-INHALANT POLLEN/OTHER	477.9
ALLERGIC GASTROENTERITIS	477.0/477.8
FOOD ALLERGY - SENSITIVITY	558.9
DRUG ALLERGY	346.2
ENVIRONMENTAL HYPERSENSITIVITY	693.1
RTICARIA/ANGIOEDEMA	995.2
OSINOPHILIA	995.3
IRBIMATE HYPERTROPHY	708.0/995.1
SAL POLYP	288.3
INTUS	478.0
OCUDYDIA	471.0
ERMATITIS	388.30
ERMATITIS	388.71/379.91
	692.9
	691.8

AD VALVE PROLAPSE	414.0
RTENSION-BENIGN	424.01
TENSION-CHRONIC/ORTHOST.	401.1
EPRESSOR SYNCOPÉ-NMH	458.11/0
CHOLESTEROLEMIA/LIPIDEMIA	780.2
DL CHOLESTEROL	272.0/1
	272.5

HYPOIDISM/THYROIDITIS	244/245.2
REGALY	240.9
L CORTICAL INSUFFICIENCY	255.4
LAR HYPOFUNCTION	257.2
HORMONE DEFIC.	253.3
OPATHY-AUTOIMMUNE	258.8
ACRID	278.0/1
MELITUS	250.0
ISEASE	242.0

FTCMATITIS	528.2
ECOGRAPHIC	529.0/1
	530.1
EGI. PAIN, CRAMPS	530.1
ZWEL	787.3/789.0
N	564.1
ONINE/EMCT	564.0
ESTIS	609.2/564.3/306.4
CLITIS UNSPEC.	362.10/11
SE S.I.LL	556.9
CCULT/VERT	555.0/1
TS	792.1/578.1
	455.0
	698.0

PRAMEN/EXCESS	625.3
SCMOTER	626.4/2
	627.2
	625.4
TERSTITIAL	601.0/591.1
UTE/CHRONIC	600/601.0/1
	617.9

- 99203 1. COUNSELING 15 MIN./30/60
- 99204 2. COUNSELING GROUP 30 MIN./60
- 99205
- 99354
- 99355

P - SPECIAL SERVICES

- 1. PSYCHOTHERAPY 25 MIN./50
- 2. EDUCATION - GROUP
- 3. PHONE CONSULT. - SIMPLE/INT/EXT
- 4. HOME VISIT

Q - ALLERGY SERVICES

- 1. PRICK TESTS
- 2. INTRADERMAL - IMMEDIATE
- 3. INTRADERMAL - DELAYED
- 4. END POINT TITRATION
- 5. ANTIGEN DESENSITIZATION - CF VIALS

S - INJECTIONS

- 1. ALLERGY INJECTION - 1 VIAL 2 VIALS
- 2. IM
- 3. IV
- 4. IV INFUSION
- 5. VITAMIN INJECTION IM

INFECTIO:

- CORYZALARYNGITIS
- PHARYNGITIS ACUTE CHRONIC
- COUGH
- SINUSITIS-ACUTE FRONT/MAX
- SINUSITIS-CHRONIC FR/MAX/SPH.
- OTITIS-ACUTE
- BRONCHITIS-SEPTIC, ACUTE/CHRONIC
- PSORIASIS/ W/ARTHRITIS
- CANDIDIASIS-ORAL/VAGINAL
- FUNGUS-SCALP/PEDIS/ONYCHO
- GASTROENTERITIS-VIRAL
- AMOEBIA H.IST./OTHER/GIARDIA
- LYME DISEASE/BABESIA
- HEPATITIS B/C
- CHRONIC MALAISE AND FATIGUE
- CHLAMYDIA/MYCOPLASMA
- HSV-1/2
- ACNE
- HELICOBACTER PYLORI

IMMUNOLOGY:

- C.V.I.
- IgG DEFICIENCY/WITH HIGH IgM
- IgA/IgM DEFICIENCY
- IMMUNE DYSREGULATION-T CELL
- AUTOIMMUNE DISEASE NOS
- IMMUNE COMPLEX VASCULITIS
- LUPUS/SCLERODERMA/SJOGRENS
- LYMPHADENITIS-CHRONIC

NEUROLOGY:

- SEIZURE-GRAND MAL/PETIT
- SEIZURE-PARTIAL COMPLEX
- MIGRAINE-CLASSICAL/COMMON/CLUSTER
- HEADACHE-TENSION
- FACIAL PAIN
- INSOMNIA/HYPERSOMNIA -FUNCT.
- INSOMNIA/HYPERSOMNIA -ORG.
- SLEEP APNEA
- DISTURBANCE OF SMELL/TASTE
- PARASTHESIA, DYSESTHESIA
- TOXIC ENCEPHALOPATHY
- NEUROPATHY-ALCOHOL/DRUGS/TOXIN
- INFECTION-COLLAGEN/DIABETES
- TRIGEMINAL NEURALGIA

MUSCULO-SKELETAL:

- TENDINITIS
- SPRAINS-STRAINS -HAND/WRIST
- CERVICAL LUMBAR
- HIP ANKLE
- CARPAL TUNNEL -MEDIAN/RAD.ULN.
- INTERVERTEBRAL DISC DISORDER
- CERVICALGIA-UPPER LOWER BACK
- EPICONDYLITIS-MEDIAL/LATERAL
- SCIATICA
- FIBROMYALGIA

BALANCE NAME *Michael E. Rosenbaum*
 THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE.

R - PROCEDURES

- 1. SPIROMETRY/ WITH INHALER
- 2. CELL-MEDIATED IMMUNITY-SKIN
- 3. BIOFEEDBACK - OTHER
- 4. BIOFEEDBACK - EMG
- 5. THERAPEUTIC EXERCISE
- 6. MYOFASCIAL RELEASE
- 7. MASSAGE
- 8. ACUPUNCTURE
- 9. ELECTROACUPUNCTURE
- 10. TRIGGER POINT - 3 OR MORE
- 11.
- 12.

T - MISCELLANEOUS

- 1. MED REP & REC. REVIEW
- COPY PT. REC.
- 2. MEDICAL TESTIMONY
- 3. SPECIMEN - SHIPPING & HANDLING
- 4. MEDICATIONS/SUPPLIES
- 5. EDUCATION SUPPLIES
- 6. DISABILITY EXAM
- 7. ALLERGY TRAY SYRINGES
- 8. VENIPUNCTURE

MUSCULO-SKELETAL (CONT.)

- JOINT-PAIN/SWELLING
- OSTEOARTHRITIS/RHEUMATOID
- OSTEOPOROSIS
- TRAJ-PAIN

TOXICITY:

- TOXICOLOGY ABNORMALITY
- LEAD/MERCURY/CAESIUM
- CHLORINATED HYDROCARBONS
- ORGANOPHOSPHATES

METABOLISM:

- LOW IRON-BLOOD LOSS/MALNUT.
- ANEMIA-IRON DEFIC.
- VITAMIN DEFICIENCY -
- MINERAL DEFICIENCY - NOS
- SODIUM/POTASSIUM DEFICIENCY
- CALCIUM/MAGNESIUM
- PHOSPHATE CHLORIDE
- AMINO ACIDS-BCAA/SUREA
- AMINO ACIDS-AROMAT/SULFUR
- DEHYDRATION
- FLUID RETENTION-GENERAL/LOCAL
- PORPHYRIN DISORDER

PSYCHIATRY:

- BIPOLAR-MANIC/DEPRESSIVE
- ANXIETY UNSPEC/PANIC
- NEUROTIC DEPRESS CN-DYSTHYMIA
- OBSESSIVE-COMPULSIVE
- EATING DISORDER/BULIMIA
- POST TRAUMATIC STRESS DISORDER
- A.D.D.-WITHOUT/WITH HYPERACTIVITY

COAGULATION:

- HYPERCOAGULOPATHY
- DEFICIENT COAGULATION FACTOR(S)
- HEPARIN MONITORING

OTHER

TAX ID #75-2972983

MICHAEL E. ROSENBAUM, M.D., INC.

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(415) 927-9450

PHYSICIAN SIGNATURE

WEEKS _____ MONTHS _____