

**Dr Tony Kreuch**  
**Neuropsychological**  
**Evaluation**

# TONY J. KREUCH, Psy.D., ABPN

*Clinical & Forensic Neuropsychology*

7000 JEFFERSON N.E. • ALBUQUERQUE, NM 87109

CONFIDENTIAL

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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, although there are references in the medical record to his involvement in a rescue mission in Mexico City in May of 2002.

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 (4<sup>th</sup> 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 (39<sup>th</sup> percentile), a Performance IQ of 78 (7<sup>th</sup> percentile), and a Full Scale IQ of 88 (21<sup>st</sup> 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 (75<sup>th</sup> percentile), Perceptual Organization Index = 89 (23<sup>rd</sup> percentile), Working Memory Index = 73 (4<sup>th</sup> percentile), Processing Speed Index = 73 (4<sup>th</sup> 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 (68<sup>th</sup> percentile; grade equivalent = post high school), Spelling: Standard Score = 108 (70<sup>th</sup> percentile; grade equivalent = post high school), Arithmetic: Standard Score = 99 (4<sup>th</sup> 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 principal, 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 reasonable 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.

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.



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Tony J. Kreuch, Psy.D., ABPN, ACPN  
Clinical Neuropsychologist,  
Diplomate American Board of Professional Neuropsychology



**University California  
San Francisco**

**Medical**

**(Spinal Disorders Clinic)**

# UCSF Medical Center

**Orthopaedic Surgery Clinic**  
400 Parnassus Avenue, 3rd Floor  
San Francisco, CA 94143-0332  
tel: 415/353-2808  
fax: 415/353-2249  
www.ucsfhealth.org

University of California  
San Francisco

December 4, 2002

Timothy Smith, MD  
2635 Regent Street  
Berkeley, CA 94704

**RE: DOUGLAS COPP**  
**UC#: 438 77 17-8**

Dear Dr. Smith:

We had the pleasure of meeting with Mr. Copp today here at UCSF Spinal Disorders Clinic for an evaluation.

**HISTORY OF PRESENT ILLNESS:** This is a 51-year-old male with a very interesting and complex history. This patient was the Rescue Chief of the American Rescue Team. He was called to the World Trade Center after September 11, 2001, and arrived on September 12, 2001. At that time, he was sent to six levels below ground zero to investigate for survivors where he recovered the remains of 40 individuals. The patient however at that time not only had lung damage due to inhalation, but there was a chemical sort of fluid also entering the area within which he was working. While investigating, the patient stepped on a slab of cement and slipped on dust twisting and smashing his back against concrete. Since last December, his pain has been increasing. He had an episode where his left leg went "dead." The patient has numbness into his buttocks and posterior leg. The patient has had significant respiratory problems and his back problems have been secondary to this, and it is now that he feels his respiratory problems are getting treated. He is now here for recommendations on his back. The patient was being followed by a neurologist and underwent two spinal procedures, which are unknown to him. His last procedure was two months ago, which involved injections. Since then his left foot has become stronger; however, he has different areas of numbness and some areas of improved sensation. He has a limited walking tolerance of 20 feet mostly limited by shortness of breath and also because of pain, and the sensation of his leg is going to collapse underneath him. Over the past month, he has had what he describes as a charley horse on the plantar surface of his feet bilaterally and over the posterior thighs. The patient has not been able to do a MRI because of metal deposits in his lungs, so he presents with a CT scan. The patient has not had any physical therapy because he feels he is too unhealthy and too short of breath to participate. The patient has had multiple headaches as well as head swellings and unusual reactions to foods, which he did not have prior to September 11, 2001. The patient has had a 50-pound weight gain and feels that he has lost a 1-1/2 inch of height. He has noticed increased urinary frequency, but no difficulty controlling it. The patient has been on prednisone for the lung damage for a year and recently discontinued this. The patient is on six oral steroids and on an herbal anti-inflammatory agent. The patient is unable to stand for greater than five seconds or sit on a stool without back pain. If his back is supported, he can do this unlimitedly.

**PAST MEDICAL HISTORY:** Prior to September 11, 2001, the patient was healthy, but since then he has had chronic headaches, weight gain, low resistance to infections possibly due to a toxic exposure, and increase in the environmental allergies and allergic reactions to food, as well as high blood pressure and shortness of breath.

**PAST SURGICAL HISTORY:** Two spinal procedures.



**RE: DOUGLAS COPP**

**UC#: 438 77 17-8**

**December 4, 2002**

**Page 2**

**MEDICATIONS:** Albuterol, Intal, Advair, Azmacort, Levothroid, Tiazac, Sporax, cromolyn sodium ophthalmic, and a total of 127 doses of pills, tablets, and powders, and drops per day.

**ALLERGIES:** New onset of food allergies after September 11, 2001, almonds, licorice, Flovent, and another inhalent.

**SOCIAL HISTORY:** The patient quit smoking a half a pack a day 10 years ago. He does not drink alcohol because he was told he could potentially have organ damage secondary to toxic exposure.

**PHYSICAL EXAMINATION:** The patient is a male who has had obvious weight gain. We are able to elicit 5/5 throughout his lower extremities, but this is with pain. He has decreased sensation of his lateral left foot and the dorsum of his left foot. He is negative for pedal edema. He is able to walk with a normal gait and heel and toe walk hesitantly, but with strength.

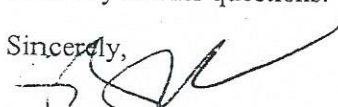
**RADIOGRAPHIC STUDIES:** The patient had a CT scan, which shows mild stenosis at L4-L5, which is degenerative in nature. His x-rays show degenerative changes at L3 and mild decrease in disc space at L4-L5 and L5-S1.

**ASSESSMENT:** Chronic low back pain after injuring.

**PLAN:** This was a previously healthy 51-year-old male who is the chief of the American Rescue Team who was flown in specifically to investigate the World Trade Center after September 11, 2001. We explained to the patient that his findings on the CT scan would be consistent with degenerative changes and it would be unusual for him to present with leg weakness from these changes suddenly after an injury. We therefore would like him to see a neurologist at UCSF to confirm that his leg symptoms are indeed coming from his back versus any other reason for him to be experiencing left lower extremity weakness. The patient states that he has had an EMG in the past and he will need to take that report with him to his neurology appointment. We also will need the report of the CT scan, which the patient believes he has at home. A great deal of time was discussed with the patient that we typically would have the patient participate in physical therapy to treat back pain after an injury. The patient has an extensive treatment to his lungs pending and we feel that perhaps he would benefit greatly from physical therapy after he has had treatment for his lung damage. The patient will gather this information and follow up in our clinic in the spring. If we were to consider surgery on this patient, we would need to have clearance from a pulmonologist.

Thank you very much for allowing us to participate in his care. Please do not hesitate to call should you have any further questions.

Sincerely,

  
Serena S. Hu, M.D.

Associate Professor in Residence

cc: Mr. Douglas Copp  
27 Sumption Road, Sandia Park, NM 87047



University of California  
San Francisco  
UCSF Medical Center  
400 Parnassus Ave., San Francisco, CA 94143-0312  
(415) 476-9000

*Cell: Daylee*

WRITE OR PRINT ALL INFORMATION

Date *11/7/02*

Clinic \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

IMPRINT PATIENT'S UC CARD ABOVE

Allergies \_\_\_\_\_

Insurance Information \_\_\_\_\_

If diagnosis and justification is needed for the third party payors, list on the back of this form.

1.	2.	3.	4.	5.	6.
Rx #	Medication	Strength	Quantity	Refill	Diagnosis
<i>112</i>	<i>ADVAIR</i>	<i>250/125</i>	<i>3</i>	<i>3</i>	<i>ASTHMA</i>
<i>113</i>	<i>PRENITIN</i>	<i>100</i>	<i>1</i>	<i>0</i>	<i>GERD</i>
<i>114</i>	<i>PRENITIN</i>	<i>600</i>	<i>25</i>	<i>0</i>	<i>GERD</i>

Prescriber's Signature: *[Signature]*

Print, Stamp or Type Name: *[Name]*

CA License No.: *3969132*

DEA No.: *BE3969132*

License Classification: *[Blank]*

Beeper: \_\_\_\_\_

Print, Stamp or Type Name: \_\_\_\_\_

CA License No.: \_\_\_\_\_

DEA No.: \_\_\_\_\_

License Classification: \_\_\_\_\_



**Dr William Rae**

**Environmental Health  
Center**

**Dallas, Texas.**

FROM: TIMOTHY J. SMITH MD

FROM: North Texas Imaging Center

FAX NO.: 1-214-459-8854

Oct. 14 2003 04:58PM PT



# Environmental Health Center — Dallas

2346 Malvern Hill Lane, Suite 820, Dallas, Texas 75231 • Telephone - (214) 368-4132 - FAX: (214) 691-8432  
e-mail: info@ehc24.com • Worldwide Web site: www.ehcf.com

William J. Rea, M.D.  
F.A.C.S., F.A.A.E.N.  
F.A.C.R., F.A.C.P.M.,  
F.A.S.A., F.R.S.M.

Board Certified in  
Thoracic and Cardiovascular Surgery  
abdominal and General Surgery  
Endovascular Medicine

Wm. Marcus Spurlink, M.D.  
Family Practice

Bryan J. Penney, Ph.D.  
Environmental Science

Bernd Gramma, Ph.D.  
Immunology  
Microbiology

Carolyn Corman, M.A.  
Health Education

Ron Chermak, Ph.D., CCM  
Nutrition

October 14, 2003

Kip Purcell, Attorney-at-Law  
Rodey, Dickason, Sloan, Akin & Robb, P.A.  
Counselors and Attorneys at Law  
201 Third Street NW, Suite 220  
Albuquerque, NM 87102

Dear Mr. Purcell:

I have reviewed Dr. Tim Smith's evaluation of Mr. Douglas Copp. This review included extensive data regarding the history and physical as well as laboratory exam. It is my opinion that Dr. Smith's evaluation is correct and that Mr. Copp needs a meticulous treatment program at our clinic. It appears that Mr. Copp is slowly deteriorating and, as Dr. Smith has intimated, may die without prompt treatment. The costs that Dr. Smith has indicated appear to be appropriate and within the range of normality.

If I can be of further assistance, please do not hesitate to call me.

Sincerely,

  
William J. Rea, M.D.

WJR/em



**Misc Medical  
Correspondence**

**DR Vojdani  
Beverley Hills, California.**

Doug —

It was great talking with you! I  
applaud you for being a real American  
hero!!! I really get that your frustrated  
& angry & rightfully so.

My husband, Tony & I own a health  
food store. There is nothing that compares  
with Ambrotore & the results people get  
with this product. I'm seeing you  
stronger & stronger every day with these  
products with a big smile on your face.

Monday I was on the phone &  
sending letters to get this rolling.  
Tony and I are sending you these product  
from our store. We will continue until  
Manna Relief comes in or until you  
have the money to purchase them. How  
does that sound?



We may initially need to talk every  
 if you start experiencing the detoxing.  
 Don't ~~forget~~ <sup>get excited</sup>. Detox is GOOD!!! Many  
 times people <sup>immediately</sup> feel more energy, more  
 alert & not as stressed out. Gradually  
 you'll see your symptoms start  
 disappearing. The body is amazing  
 it really is created to heal itself. Of  
 course you have to give it the nutrients  
 its missing.

Give me a call ASAP when you  
 get the box. We will go over the  
 products together and how much to  
 take.

Mannatech products are distributed  
 through network marketing. I hope that  
 doesn't offend you. When I heard about  
 them it didn't matter, I was desperate.

When you feel confident in me & like  
the products I would like to sign you  
up at no expense to you. I'll leave  
that up to you when you feel comfortable.  
Here's the protocol from Dr. Reg McDaniel.

- 
- |                        |               |
|------------------------|---------------|
| 1 teaspoon Ambrotose   | 4 x's a day   |
| 1/3 teaspoon Phyt Aloe | 4 x's a day   |
| 1 Sport                | 4 x's a day   |
| 1 Catalyst             | 4 x's a day   |
| 1 Immuno Start         | 3-4 x's a day |
- 

- Manna Cleanse - Take
- 2 immediately when rising w/ 12-16 oz water
  - 2 ~~at~~ Before Bed on empty stomach w/ 12-16 oz water



When you phone me I'll explain 4  
how you can put your powdered product  
in food & make it totally non-  
painful.

This might sound crazy could  
you send me a few pictures. I  
think you are going to see some  
amazing changes and I would like  
to have that documented.

The key will be working together  
& getting you on the product & on  
~~enough~~ enough products. So I  
look forward to becoming your  
new friend & look forward to

celebrating your new found health.  
You are in our prayers & I will hold only  
good thoughts for you.

Filled with joyful Expectations!!!  
Katie

**Subj: Fw: From Aspen Nutritionist Elaine Finesilver**  
**Date: 12/6/2002 11:30 Mountain Standard Time**  
**From:**  
**To:**  
*Sent from the Internet*

Doug:

As I have not heard back from you about, I assume that you did not get my message. Kwan forwarded me some of the information you sent him about your health. I understand the severe devastation that your body suffered from your toxic exposure to 9/11. It is a very tricky and complicated process to repair your body because of the level of toxic material that is compromising your liver's ability to detox. I would need for you to send me the test results of the heavy metals and any other blood work that you have. You can fax them to me if the copies are dark and clear or better yet, xerox the reports and mail them to me:

Elaine Finesilver  
 c/o Alpine Health Clinic  
 100 Elk Run Dr. Suite 202 Basalt, Co 81621

I am going out of town Dec. 9 thru the 18 for a conference in Monterey.

I am very interested in your case and in getting you well. Indeed the true heroes are you and the countless others who sacrificed everything to go to the rescue of our national tragedy. I am willing to take the time to help you. I have a huge network of experts in this field, and perhaps I can get some volunteer charity support, since our own corrupted system has again put greed before integrity.

If you get this email before Monday, you can send back or call me at 970-948-6880 cell phone

Sincerely,

Elaine Finesilver

-----Original Message-----

**From:** Finesilver Nutrition <>  
**To:** <>  
**Date:** Thursday, December 05, 2002 4:48 PM  
**Subject:** Re: From Aspen Nutritionist Elaine Finesilver

Dear Doug:

Would you be available to have a phone consultation sometime during the day tomorrow on Friday?  
 Would 1:00 pm work for you? My office phone no. is 970-927-9718.

Elaine Finesilver

-----Original Message-----

**From:** <>  
**To:** <>  
**Date:** Tuesday, November 26, 2002 4:52 PM  
**Subject:** Re: From Aspen Nutritionist Elaine Finesilver

In a message dated 11/26/2002 14:55 Mountain Standard Time, writes:

**Subj: From Aspen Nutritionist Elaine Finesilver**  
**Date: 11/26/2002 14:55 Mountain Standard Time**  
**From:**  
**To:**  
*Sent from the Internet*

Dear Doug:



I have been in Denver for the last week working, and plan to leave for Seattle for Thanksgiving tomorrow. I will be back in my office on Monday the 2nd. My assistant told me that you called. I am aware of your problem, through what Kwan has told me and from reading your symptoms over the internet. Perhaps I may be able to help you. You have considerable damage to your immune system and this has caused most of your neurological, brain related symptoms and digestive problems.

It will be easier to speak to you from my office next week to get more information from you. I was just in Santa Fe working with some of my clients and plan to be back there after the first of the new year. I do have a homeopathic remedy to send to you if you will forward your address, at least to get started.

Sincerely, Elaine Finesilver

Thanks, Elaine:

I look forward to meeting with you in Santa Fe. My mailing address is below.

**Doug Copp**  
**Rescue Chief // Disaster Manager**  
**American Rescue Team International**  
PO Box 534  
Sandia Park, NM, 87047  
Phone: 1-505-281-7977  
fax: 1-505-281-7877  
amerrescue@aol.com  
<http://www.amerrescue.org>

"The world's most experienced rescue, disaster mitigation and disaster management organization with members in 55 countries."

Doug Copp: Dipl Praktikant ENG (Germany), BA HON PHIL (Canada), Distinction Honorifica (Universidad Nacional-Peru), Fire Capt. Station #4, CBP, Lima, (Peru), AKUT ( Turkey), RCFR (Russia), KERO (Kenya), CIBS (Portugal), RAC (Taiwan), MRC (Mexico), HTN (Bulgaria). QSDRT (BRASIL), Bjelovar Fire Dept.(Croatia), UCP(Italy), BOER (Argentina)

**Subj: Re: From Aspen Nutritionist Elaine Finesilver**  
**Date: 1/3/2003 11:56 Mountain Standard Time**  
**From: efnaspen@rof.net**  
**To: AmerRescue@aol.com**  
*Sent from the Internet (Details)*

Dear Doug:

I am planning a trip to Santa Fe the last 2 weeks of January 03. will you be there? Perhaps we could meet in person and see what our possibilities are for healing? Let me know.  
Sincerely, Elaine Finesilver

-----Original Message-----

**From:** AmerRescue@aol.com <AmerRescue@aol.com>  
**To:** efnaspen@rof.net <efnaspen@rof.net>; AmerRescue@aol.com <AmerRescue@aol.com>  
**Date:** Tuesday, November 26, 2002 4:52 PM  
**Subject:** Re: From Aspen Nutritionist Elaine Finesilver

In a message dated 11/26/2002 14:55 Mountain Standard Time, efnaspen@rof.net writes:

**Subj: From Aspen Nutritionist Elaine Finesilver**  
**Date: 11/26/2002 14:55 Mountain Standard Time**  
**From: efnaspen@rof.net**  
**To: AmerRescue@aol.com**  
*Sent from the Internet*

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From The Office Of -

## Elaine Finesilver Nutrition

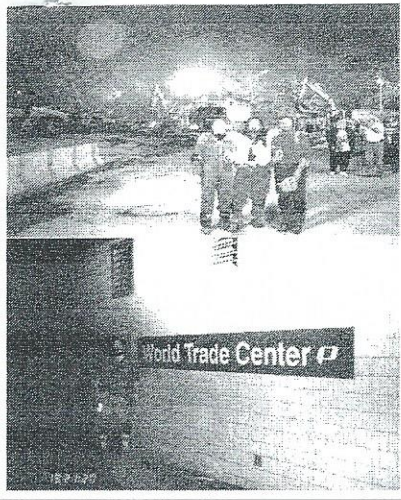
Alpine Health Clinic

Intestamine -

1 scoop - 2 x a day in water  
with whey -  
Thorne - whey -

Sea Cure 2 - 3 x / day -

Folic acid - 1/4 teaspoon at night -

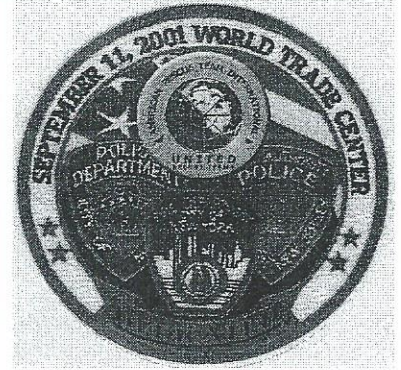


# American Rescue Team International (ARTI)

[www.amerrescue.org](http://www.amerrescue.org)  
501 ( C ) 3, non profit, All Volunteer  
Organization

"The world's most experienced rescue, disaster mitigation and disaster management organization with members in 55 countries." June 2002.

Head email: [amerrescue@aol.com](mailto:amerrescue@aol.com)  
Office Voice: 1-505-281-7977, fax: 281-7977



**FAXED**

Attn: Dr Vojdani: 1-310-657-1053, Jan 23<sup>rd</sup>.

Thank you very much for all your help. Please read below about my upcoming documentary. I would like to interview you, in it. I expect the show to broadcast to 50 million people or more.

*On Sunday night, Jan 26 th, on the Travel Channel will air 'The World's Deadliest Earthquakes'. This will air worldwide and will be the 30<sup>th</sup> time that it has rebroadcast worldwide. In this show I save the life of a little girl trapped under 9 floors of rubble for 3 days and save a new born infant from a collapsed maternity ward. I hope you can watch this program, in Beverley Hills. It will give you an idea of the program we will be making in which you will be a prominent reason for my recovery.*

***For your info:***

I am back on TV, next Sunday night: *'World's Deadliest Earthquakes'*. I save a little girl trapped under 9 floors of rubble and a new born baby, from a collapsed maternity ward.

Yesterday, I was emailed that I appeared in the TV program : *'Exposed'* in the Philippines, last week.

The TV Programs *'Rescue, The Untold Story'*, follows me to 5 major disasters, around the world. It has aired throughout Europe and will be airing in the USA soon and the program *'Future Storm'* features 5 interviews with me and footage of the team saving some orphans from a smashed orphanage, in Peru. This, also, has aired in Europe and will release in the USA soon.

The program that airs next Sunday on the Travel Channel has been rebroadcast on multiple networks throughout the world many times. It was the highest audience share program, in the history of the Learning Channel when it aired on that network.

I am currently making my 9th major feature :

**ARTI Video Productions**



## **Announcement of a Broadcast Length Documentary Film Known**

**as:**

### ***'Disaster Aftermath: Rescuing the Rescuer'***

This documentary will be the 9th financially successful documentary featuring myself, the most experienced rescue person, in the world. I am known to be, a bankable commodity with network programming.

My work during the 100+ major disasters and 894 collapsed buildings, I have crawled into, to save lives, has resulted in my appearance on 800+ TV broadcasts, throughout the world.

This documentary is probably my last.

Below Ground Zero, at the World Trade Center, almost killed me. The summary of my medical problems is 16 pages long. The fumes from the fires 3 levels Below Ground Zero toxified my body with hundreds of heavy metals and poisons. This has damaged my eyes and all my internal organs. The 'hot plastic' burned the linings of my lungs. 'World Trade Center Restricted Airway Syndrome' makes my bronchial passages spasm - It is like breathing through a straw. In the flooded, collapsed subways, 6 levels Below Ground Zero, the air was fouled with fungus spores as we splashed around in sewage and toxic water filled with drained sewage pipes, air conditioning coolants and worse. My lungs are now populated with 10 different types of fungus colonies.

Compounding my health problems, was my fall from a slab amongst a maze of dangling pipes and wires. This fractured my spine and left me partially paralyzed.

This film follows my greatest challenge, my greatest rescue: saving myself, my struggle to survive and heal. The film will contain some of the hundreds of hours of my privately owned footage of major disasters. Come with me before my injuries as I rescue a little girl trapped under 9 floors of concrete for 3 days, saving a new born baby from a collapsed maternity ward and finally, as I go deep down, Below Ground Zero, into the 'Darkest Place on Earth'. We will exclude the horrifying video of some of the 40 victims that I am responsible for recovering, at the WTC, but you will look in awe, as I am the first to go and clear this dangerous and hellish place.

The program will feature the brilliant, cutting-edge Doctors: Aristo Vojdani, Tim Smith and Robert Friedman, as they apply medical techniques and products which will not be known to the General Public until 20 years into the future. The documentary will be 'up close and personal', realistic, filled with 'heart stopping action', suspense, and will open the eyes of the public to the 'natural process' of time delay between Scientific Discovery and General Use. It is hoped that the seriously ill viewer will be able to 'jump ahead' with medical treatment by reducing the time for new advances in medicine to become available to them. Hopefully they can use my example to save their own life.

This documentary will, as the previous documentaries, be expected to air in 100 countries

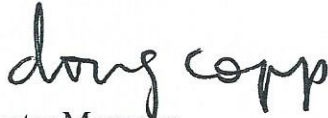
and also be sold to other networks around the world. We hope to repeat the success of *Earth's Fury Earthquakes* and *The World's Deadliest Earthquakes* which won ratings awards for 'audience share', in the USA and were rebroadcast on networks, throughout the world. I was the major feature segment in these highly profitable films.

Starting Date: February 2003

Completion Date: Summer 2003.

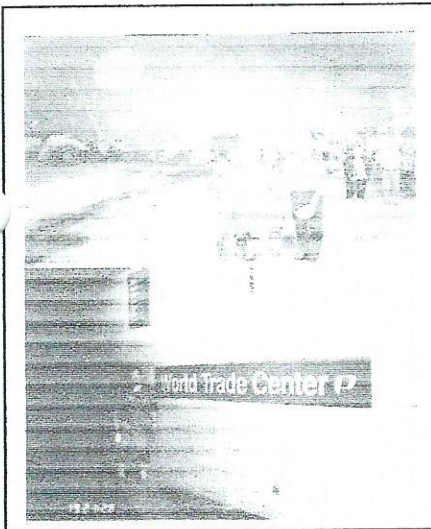
Would you like to appear in this program. It is being produced with the primary objective of exposing the General Public to medical treatment that 'works'.

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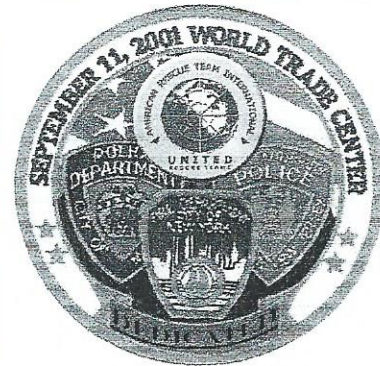




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Office Voice: 1-505-281-7977

November 27, 2002.

Attention Dr Aristo Vojbani PhD:

Dear Dr. Vojbani:

Dr Tim Smith has informed me of your kindness and generosity, in helping me. I want to express my deep and sincere gratitude for your help.

In addition to the toxicological problems and symptoms, my spine is fractured and I am partially paralyzed. The World Trade Center was the 894 Th pile of rubble I have crawled into at more than 100 major disasters, as an unpaid volunteer.

I am waiting for compensation from the Sept 11<sup>th</sup> fund to have an operation on my spine and continue my medical treatment. The fact that I have donated most of my income to the team over the last 17 years has left me on the financial edge.

The plain fact of the matter is that I am bankrupt until I get money from the Sept 11<sup>th</sup> fund and have not been able to get any compensation from any source; since, my injuries. Tim is delaying his fee until I get compensation but for the most part I have gone without medical treatment.

It may interest you to know that ARTI has 300 members who are Moslem and at the World Trade Center we had 48 members from 8 countries. We had Christians, Jews and Moslems working together to save lives. It has always been my goal for ARTI to represent the wide breadth of peoples of our world who share the same heart.

I am used to helping not being helped, this is a new scenario for me. I can't thank you enough, for your help, generosity and kindness.

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