NOVA SCOTIA MEDICAL SERVICES INSURANCE
P.O. BOX 500 HALIFAX, N.S. B3J 2S1

NOVA SCOTIA

for next app.

DR. CHARLES BOUCHER
STRAIT RICHMOND HOSPITAL
RR 1
CLEVELAND NS B0E1J0

July 5, 2012

RE: Request for Exception Status Drug Coverage under the Nova Scotia Pharmacare Programs

Health Card No.: 0011427564
Patient Name: DOUGLAS F COPP
Drug Requested: SANDOZ MONTELUKAST 10MG TAB

This is to confirm that the Nova Scotia Pharmacare Program has reviewed your request to provide coverage for this patient for the drug indicated above.

Please refer to the attached information. Please explain how this patient meets the criteria. Thank you

Responses are based on information provided to our office. If there are any further details that are relevant to this request, please do not hesitate to contact me.

Valerie Fitzgerald
Drug Exception Analyst
Tel: (800) 305-5026
Fax: (902) 468-9402

Physician comments, if applicable:

_____

_____

_____

_____

NOVA SCOTIA MEDICAL SERVICES INSURANCE
P.O. BOX 500 HALIFAX, N.S. B3J 2S1

NOVA SCOTIA

LEUKOTRIENE RECEPTOR ANTAGONISTS *(Montelukast, Zafirlukast)*

- for the treatment of moderate to severe asthma in adults and children who:
  - despite compliance are not adequately controlled with a **moderate or high dose inhaled corticosteroid** and require additional symptom control (e.g., cough, awakening at night, missing activities such as school, work or social activities because of asthma symptoms) **AND**

require increasing amounts of short-acting beta2-agonists, indicative of poor control

Our files show 1 fill of an ICS inhaler. Please advise.

Clinical Progress Note

Dr. J. Gainer, 207 Alexandra Street, Sydney, Nova Scotia, B1S 2E8

Note: This report has been dictated using voice-recognition software. It has not been read and is electronically signed.

Patient: Doug Copp

Date: November 23, 2010

This patient was referred to the office by Dr. Boucher for assessment and treatment of posttraumatic symptoms and related cognitive problems.

His spouse contacted the office to indicate that they do not have sufficient third-party coverage for fees.

I will inform Dr. Boucher of this outcome and suggests that he may consider a referral to the Mental Health Clinic at the Cape Breton Regional Hospital.

J. Gainer, Ph.D., R.Psych.
Clinical Psychologist

CONFIDENTIAL

Dr. J. Gainer & Associates, 207 Alexandra Street, Sydney, Nova Scotia, B1S 2E8 Telephone (902) 539-1235 Fax (902) 539-3306

Copy: Dr. Boucher

Yassar Chakfe, M.D., Inc.
Neurologist

Cape Breton Healthcare Complex

1482 George Street
Sydney, Nova Scotia B1P 1P3
Phone: (902) 567-8566
Fax: (902) 567-3186

September 27, 2010

Ben? Hab.

Dr. Charles Boucher
305 Granville Street
Port Hawkesbury, NS B9A 2M5

Dear Dr. Boucher:

Not 12 GAB

Re: Douglas Finley Copp

DOB: August 3, 1951
MSI#: 0011427564

I had the pleasure of seeing Douglas Copp, a 59-year-old male, for evaluation of possible carpal tunnel syndrome. The patient gives the history of being injured during the 9/11 rescue attempts in New York. He reported that he has multiple toxins in his body more than 35 toxins and that he suffers from nerve problems and memory problems.

The referral was made to assess the patient for possible carpal tunnel syndrome. The patient reported aching in both hands and forearm that is persistent and started immediately after 9/11. He denies tingling sensation in the upper extremities although he related that he had the numbness previously. He also noted that he may drop things from his hands. Symptoms are worse on the left side than the right and reported pain in the wrist as well. He reported occasional neck pain but denies radicular pain.

I reviewed his labs on the Meditech and he had several toxins being checked however the results are unavailable on the Meditech. He has the urine bismuth level borderline elevated at 41 and strontium level normal.

Past Medical History: Cerebral Edema, GERD, Glaucoma.

Past Surgical History: Back, laser eyes.

Medications: Ran-Rabeprazole, Synthroid, Apo-Hydro, Ralivia ER, Xalatan, Azopt, Medical Marijuana, Ester-C, Viaderm KC Cream, Aleve, Tylenol Precise Cream.

Allergies: Penicillin.

Social History: Smokes per week: denies. Spirits per week: occasional. IVDA: denies.

Family History: Brain Tumor (Father).

Neurologic Examination: Tinel's sign was positive at the left wrist. There was no motor or sensory deficit in the upper extremity. The reflexes were normal and symmetric except for left ankle jerk that was absent and plantars were downgoing.

He underwent today NCS/EMG that was normal ruling out left upper extremity focal neuropathy or radiculopathy. There was no evidence of right median neuropathy at the wrist.

Impression: The patient's history is somewhat vague. He is focused on the toxins and claims that he has memory problems when asked about describing his symptoms and when they started. He however was able to give a lot more details about other issues from the past. His EMG did not reveal any evidence of carpal tunnel syndrome on either side. The symptoms could be musculoskeletal and x-rays of the wrists may be warranted but I leave it to your discretion.

If the x-rays would be negative then a trial on using splints may be indicated to see if that will help with his symptoms. Overall, I questioned any secondary gain in this process but I do not have the patient's record from the past and the history is scattered to me.

I have not made any follow-up appointments with the patient at this time however I would be happy to review him again at your request.

Thank you for the referral.

Sincerely,

Yassar Chakfe, MD, MSc., DABPN
Dictated Not Read

This letter was prepared for MSI purpose only. It has not been proofread or verified for a third party or legal proceedings.

Cape Breton Regional Hospital

Electromyography Laboratory
Dr. M. Maharaj, Neurologist
DR. Y. Chakfe, Neurologist

Patient: COPP, DOUGLAS F.
Patient ID: 0011427564
Sex: Male

Height: 5 feet 11 inch
Weight: 230 lbs
Date of Birth: 8/3/1951

Patient Age On Visit Date: 59 Years 1 Months Old
Examining Physician: DR. Y. CHAKFE
Referring Physician: DR. B. BOUCHER
NCS Technologist: T. WALKER R.E.T.

Motor NCS

Nerve / Sites	Rec. Site	Lat ms	Amp mV	Area mVms	Segments	Dist cm	Velocity m/s
L MEDIAN - APB							
Wrist	APB	3.60	9.0	30.3	Wrist - APB	6	
Elbow	APB	8.25	9.0	25.7	Elbow - Wrist	23	49.5
R MEDIAN - APB							
Wrist	APB	3.60	8.6	26.7	Wrist - APB	6	
Elbow	APB	8.05	8.2	26.0	Elbow - Wrist	24	53.9
L ULNAR - ADM							
Wrist	ADM	2.60	10.6	32.8	Wrist - ADM	6	
B.Elbow	ADM	7.00	9.8	30.4	B.Elbow - Wrist	24.5	55.7
A.Elbow	ADM	8.95	9.9	32.7	A.Elbow - B.Elbow	11.5	59.0
R ULNAR - ADM							
Wrist	ADM	2.70	12.3	35.9	Wrist - ADM	6	
B.Elbow	ADM	7.10	11.5	34.9	B.Elbow - Wrist	24.5	55.7
A.Elbow	ADM	9.20	11.3	34.4	A.Elbow - B.Elbow	13	61.9

Sensory NCS

Nerve / Sites	Rec. Site	Onset Lat ms	Peak Lat ms	NP Amp µV	PP Amp µV	Segments	Distance cm	Velocity m/s	Temp °C
L MEDIAN - Dig II Antidr									
Wrist	Dig II	2.55	3.35	22.3	42.5	Wrist - Dig II	13	51.0	32.7
R MEDIAN - Dig II Antidr									
Wrist	Dig II	2.00	3.25	17.7	63.6	Wrist - Dig II	13	65.0	32.9
L MEDIAN - Ulnar - Palmar									
Median Palm	Wrist	1.35	1.95	71.7	85.3	Median Palm - Wrist	8	59.3	
Ulnar Palm	Wrist	1.45	1.90	9.6	25.1	Ulnar Palm - Wrist	8	55.2	
R MEDIAN - Ulnar - Palmar									
Median Palm	Wrist	1.35	1.95	57.4	67.0	Median Palm - Wrist	8	59.3	
Ulnar Palm	Wrist	1.40	1.85	18.1	21.0	Ulnar Palm - Wrist	8	57.1	

Nerve / Sites	Rec. Site	Onset Lat ms	Peak Lat ms	NP Amp µV	PP Amp µV	Segments	Distance cm	Velocity m/s	Temp °C
L ULNAR - Dig V Antidr									
Wrist	Dig V	1.95	2.75	12.3	24.5	Wrist - Dig V	11	56.4	
R ULNAR - Dig V Antidr									
Wrist	Dig V	1.95	2.75	15.9	32.8	Wrist - Dig V	11	56.4	
L RADIAL - Thumb Antidr									
Forearm	Thumb	1.65	2.20	24.6	25.6	Forearm - Thumb	10	60.6	
R RADIAL - Thumb Antidr									
Forearm	Thumb	1.40	1.90	21.1	29.8	Forearm - Thumb	10	71.4	

EMG Summary Table									
	Spontaneous					MUAP			Recruitment
	IA	Fib	PSW	Fasc	Other	Amp	Dur.	Phases	Pattern
L. DELTOID	N	None	None	None	N	N	N	N	N
L. BICEPS	N	None	None	None	N	N	N	N	N
L. TRICEPS	N	None	None	None	N	N	N	N	N
L. PRON TERES	N	None	None	None	N	N	N	N	N
L. FIRST D INTEROSS	N	None	None	None	N	N	N	N	N

Summary of Findings:

1. Normal median and ulnar sensory and motor responses.
2. Normal bilateral superficial radial sensory responses.
3. Needle exam is summarized above.

Conclusion:
This is a normal study.
There is no electrophysiologic evidence of left upper extremity focal neuropathy or radiculopathy.
There is no evidence of right median neuropathy at the wrist.

Yassar Chakfe, MD, MSc, DABPN
Neurologist

CAPITAL HEALTH

PO Box 9000, Halifax, Nova Scotia, B3K 6A3
Health Information Services, Room 1105

HUN# 341467 ACC# 000020465589
HCN# 0011427564
COPP, DOUGLAS, F
563 CHARLOTTE STREET
SYDNEY NS B1P 1E6
DOB: 1951-Aug-03 PHONE: (902)567-1227
PMI: DEPT OF HEALTH

AMBULATORY CARE CLINIC LETTER
Ophthalmology Clinic
Site: Victoria General
5820 University Avenue
Halifax, NS, B3H 1V8

Visit Date: 2010-Aug-26

Dear Monica:

Thank you for asking me to see Douglas and for your updated note on him. I understand his pressures have actually come down and they are around 18 and 19, in right and left eye, respectively. Douglas had several complaints or a long history today of having an attack that caused him to lose memory, and what he describes as a cerebral edema, a couple of months ago. He has actually no ocular complaints today.

His visual acuity was 6/7.5 in both eyes. Intraocular pressures were 16 and 20 mmHg. Slit-lamp examination was unremarkable. He does have large discs, as was mentioned earlier, with cupping of about 0.8 in the right eye and 0.7 in the left eye. We did do a baseline HRT, as you suggested, confirming very large discs, bilaterally. He does have larger cupping in the right, too.

Overall, I am pleased that Douglas appears to have had a good response to SOT in his right eye. I am not convinced that he needs any lower pressure than what he is running right now. He has very mild visual field defects, and the last report I received from you, they seem to be fairly stable. His disc appearance is worse than his disease, just because of the fact that he does have very large discs. I explained all that to him and said it would be better to save laser therapy for the future, in case he shows any sign of progression of the disease, or his pressures go even higher. I therefore am returning him back to your care with the same medications, and for followup monitoring as you see fit.

Regarding whether I believe his glaucoma is caused by poison effects from 9-11, I, in fact, do not think that is probably the case, but of course this could be a possibility. I explained that to Douglas as well.

Thank you for allowing me to participate in his care.

Transc ID#:	9711 / ps
Job ID / Document ID	3713895 / 3121257
Date Dictated:	2010 Aug 26
Date Transcribed:	2010 Aug 30
Date Revised:	2010 Aug 30
Date Printed:	2010 Sep 20

Warmest regards,

This report has been electronically authenticated by Marcelo Nicolela, MD, FRCSC on 09/20/2010 15:09:59.

Marcelo Nicolela, MD, FRCSC
Attending Staff, Dept. of Ophthalmology

Office Tel: 473-3622 Office Fax: 473-2839

Copies:
Charles B. Boucher, NS, Family Doctor
Monica Carrillo, Sydney, NS, Referring Doctor

CAPITAL HEALTH

PO Box 9000, Halifax, Nova Scotia, B3K 6A3
Health Information Services, Room 1105

HUN# **341467** ACC# **000020232203**
HCN# 0011427564
COPP, DOUGLAS, F
563 CHARLOTTE STREET
SYDNEY NS B1P 1E6
DOB: 1951-Aug-03 PHONE: (902)567-1227
PMI: DEPT OF HEALTH

AMBULATORY CARE CLINIC LETTER
Ophthalmology Clinic
Site: Victoria General
5820 University Avenue
Halifax, NS, B3H 1V8

Visit Date: 2010-Jun-10

Dear Monica:

Just a quick followup note on Douglas. Following my letter to you, he came today for a right trabeculoplasty. Treatment was done inferiorly using 59 shots. He tolerated it well. He was asked to use Voltaren drops for 3 days and continue with his glaucoma medications as well. I also asked him to contact your office for a pressure check in a week's time. Please let me know how he responds to that and whether you feel he needs the other half of trabeculoplasty done. I failed to mention that this was done with the SLT machine.

Warmest regards,

This report has been electronically authenticated by Health Information Services on 06/29/2010 19:17:01.

DICTATED BUT NOT READ
If changes are required they will be made and an updated report will be sent. If you require immediate clarification, please contact the attending physician directly.

Marcelo Nicolela, MD, FRCSC
Attending Staff, Dept. of Ophthalmology

Office Tel: 473-3622 Office Fax: 473-2839

Copies:

Transc ID#:	9035 / lo
Job ID / Document ID	3628393 / 3045116
Date Dictated:	2010 Jun 11
Date Transcribed:	2010 Jun 11
Date Revised:	2010 Jun 11
Date Printed:	2010 Jun 29

Charles B. Boucher, Bathurst, NB, Family Doctor
Monica Carrillo, Sydney, NS

Monica M Carrillo, MD, Inc.

1487 George St.
Sydney, NS B1P 1P2

Phone: (902)539-1044

Ophthalmologist

Date: MAR 22 2010

Dear Dr. Boucher . Please arrange follow-up ASAP

Re: Douglas Copp
DOB: Aug 3 1951 Phone: 567-1227
MSI: 0011 427 564 Address: 563 Charlotte St Sydney NS

The above mentioned patient was seen on consultation on Glaucoma follow-up

Regarding now new complaint "Amaurosis fugax"

History: Sudden visual observation while in bath OV.

Patient well known to you. - Glaucoma on Xalatan gtts OV

	Right eye	Left eye
Visual acuity	20/20 - OU	
IOP	23	20 mmHg
Cornea	Clear OU	
Ant. Segment	Unremarkable OU	
Discs	0.85/0.8	0.8/0.8
Retina	flat. no detachments	

No emboli OV.

Diagnosis Amaurosis fugax.

Treatment Carotid Duplex ordered.

Please provide cardiovascular assessment ASAP including neuro assessment as well. Please see if he may

Comments require ECG - echocardio - holter - neuro - psychiatric assessment

Follow-up _____ (days, weeks, months, year)

Thank you for allowing me to participate in your patients care.

Sincerely,

Monica M Carrillo, MD

Cc: Dr. Snow

This letter was prepared for MSI purpose only. It has not been proofread or verified for a third party or legal proceedings.

FAXED

Dr. MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902) 539-9846
SYDNEY, NOVA SCOTIA, B1P 1P2

March 4, 2010

Dr. M. Nicolela

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, DOB: August 3, 1951, Phone: 567-1227

Dear Marcelo,
I would appreciate your assessment of this 58 year old patient whom I have followed since 2007 for primary open angle glaucoma in both eyes. He was previously treated by Dr. Snow for the same condition. Dr. Snow mentioned that his pressures have never been higher then 30 mm Hg. Douglas gives a history of being in multiple disasters as part of the America rescue team including the world trade center and has been exposed to smoke and various chemicals. He has numerous healthy problems including emphysema, hypothyroidism and recurrent infections. His medications include Novo-Rabeprazole, Synthroid, Ralivia, Apo-Hydro, Viaderm-KC cream. In the last couple of years I have treated his glaucoma with Xalatan QHS OU with some compliance problems. I have already tried Brimonidine with a poor response and Azopt lately which he seems to be intolerant to.

On his last visit his unaided visual acuity was 20/20 in both eyes. Pupils were equal and reactive. Applanation tonometry was 27 and 24 at 1:30 PM. He put his Xalatan in this morning in both eyes. He was presenting with floaters and flashing lights as well. Slit lamp examination revealed clear corneas. Central corneal thickness was 602 OD and 597 OS microns. Anterior chambers were deep and quiet with no signs of pseudoexfoliation. Lenses were clear. Gonioscopy revealed open angles with 1+ pigmentation of the trabecular meshwork. Dilated fundoscopy revealed glaucomatous looking optic nerve heads with a cup/disc ratio of 0.8/0.9 in the right eye and 0.8/0.8 in the left eye. There was thinning in the inferior temporal rims especially in the right eye for almost a notch. The temporal neuroretinal rim looked thin as well. Douglas has various health problems related to his exposure to chemicals and toxins. He feels that glaucoma came as a consequence of these exposures and is requesting a second opinion and more testing to find if any additional treatments will help clarify the etiology of his condition. I find that he would be good candidate for ALT as the next step as I have noticed some slow progression in the glaucoma in the right eye mostly. His last visual field certainly shows some deterioration with superior arcuates scotoma in the right eye which matches the appearance of the disc. He is booked for a follow-up on that test to confirm the findings. I would highly appreciate your comments on this interesting patient.

Sincerely,
Monica Carrillo, MD
Cc Dr. Boucher
This letter was prepared for MSI purposes only. It has not been proofread or verified and as such has not been prepared for third party or legal proceedings.
td

THE WELLNESS CENTRE
402 Granville Street, Port Hawkesbury, NS B9A 2M7
Telephone: (902) 625-3707 Fax: (902) 625-1842
e-mail: bodmanpub@ns.sympatico.ca

March 16, 2009

Paul A. Mussenden, Assistant United States Attorney
USAO-District of Columbia
Civil Division
501 3rd Street, NW
Washington, DC 20530

Dear Mr. Mussenden:

This is to confirm that I am Doug Copp's primary care physician in Nova Scotia, Canada.

Dr. Timothy Smith, Mr. Copp's primary care physician in the United States, has treated Mr. Copp for many medical problems; as a result of his 911 injuries. Dr. Smith submitted a 20 page summation of Mr. Copp's medical condition to the VCF. During March of 2009, Dr. Smith has treated Mr. Copp for poison exiting from his back and hands leaving lesions as a consequence. Dr. Smith is also treating Mr. Copp for memory loss, brain malfunction, immune system depletion, 911 poison in his small intestine, inflammation in Mr. Copp's body, acid reflux disease and many other problems; as a result of 911 poisoning. Dr. Smith informed Mr. Copp that his immune system is making another downturn. Dr. Smith has been made aware and has consulted with Mr. Copp and myself regarding Mr. Copp's other current medical problems.

I am currently treating and consulting with other doctors (when appropriate) Mr. Copp's medical problems which are:

1. Immune system dysfunction - he is easily infected by viruses and bacteria, especially his upper respiratory and GI tract
2. Continuous acid reflux disease - partially help with PPIs
3. Memory loss and brain function disorder - severe when first seen, less now but still present
4. Inability to digest foods - recently on pancreatic enzymes; recurrent abdominal cramps from same

5. Skin lesions on hands, neck and back - recurrent erythematous/pustular lesions which recur and slowly resolve with antibiotics
6. Inability to sleep because of pain and irritation
7. Chronic, diffuse joint pain
8. Chemically induced cerebral edema
9. Respiratory problems, which vary with weather, exposures, humidity and other causes. At time of writing Mr. Copp's lungs have hurt constantly for the last 2 months; his sinuses have been swollen, bleeding and congested. The dry air of winter has also caused Mr. Copp to become out of breath with the slightest effort or movement.
10. Soreness throughout body
11. Easily fatigued
12. Headaches - persistent, moderate-severe frontal headaches
13. Painful eyes, presently being seen by Ophthalmology
14. Left foot numbness from damage to spine at 911

Mr. Copp has had many other MDs and medical specialists. Their many pages of medical testimony and lab tests have universally concluded that Mr. Copp suffered a massive injury at 911.

His severe memory deficit in the months following his toxic exposures resulted in him not remembering previous trivial medical problems. His case is legitimate post 911 illness and he appears to be persecuted for same.

Sincerely,

Dr. Charles B Boucher, BSc, MD

CBB/kjb

cc Timothy Butler (tlbpc@aol.com)
Gary Richardson (girichardson@richarddsonlawfirmpc.com)
Doug Copp (amerrescue@aol.com)

MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902)539-9846
SYDNEY, NOVA SCOTIA B1P 1P2

March 8, 2009

Dr. S. Sivakumar

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, DOB: August 3, 1951, Phone: 567-1227

Dear Saras,

I would appreciate your assessment of this pleasant 56 year old patient. I have followed Douglas since 2007 for open angle glaucoma and on treatment with Xalatan QHS OU. He use to be Dr. Snow's patient. He has been presenting with recurrent episodes of flashing lights and floaters bothering mostly his right eye. His past medical history is relevant with respiratory problems, recurrent infections and he states that his immune system is compromised since he was involved in the rescue team of 9/11 terrorist attack. Amongst his medications he is on Suprax, Synthroid, Advair, Aspirin and Lithium.

On examination today unaided visual acuity was 20/20 in both eyes. Slit lamp examination revealed dry eyes, blepharitis and rosacea. Anterior chambers were deep and quiet. Fundoscopy revealed glaucomatous looking optic nerve heads with a cup/disc ratio of 0.85/0.8 OD and inferior thinning and 0.8/0.8 in the left eye. Posterior vitreous detachment was observed in both eyes especially in the left eye along with floaters. I found some areas of white without pressure however I couldn't find any retinal holes. Since Douglas has presenting with these recurrent episodes I would appreciate your assessment and comments of this pleasant patient.

Sincerely,

Monica Carrillo, MD
Cc Dr. Boucher
This letter was prepared for MSI purposes only, It has not been proofread or verified and as such has not been prepared for third party or legal proceedings.
TD

March 4, 2009

Dr Boucher;

I spoke with your patient Doug Copp today, and discussed a TTG lab test and pancreatic enzyme trial. He will be in touch with you to discuss the requisition and prescription of these. If you have any questions don't hesitate to give me a call.

Shelley LeBlanc PDt.

Thank You;

Shelley LeBlanc, P.Dt
Dietitian
Strait Regional Hospital
(902) 625-3100
shelley.leblanc@gasha.nshealth.ca

cc: SRH chart

DATE: 11/02/09 @ 0854
USER: LEBLANS

MAIN
List Patient Notes

Patient: COPP,DOUGLAS FINDLEY
Account #: LA0035435/08
Unit #: SR00043482

Age/Sex: 57 M
Location: SR.NUTRCLT
Room/Bed:
Attending: LEBLANC,SHELLEY PDt
Admitted:
Status: REG CLI

	Date	Time	By		Care Prov Type
Occurred:	10/02/09	1500	SL	Shelley LeBlanc	PDt
Recorded:	11/02/09	0854	SL	Shelley LeBlanc	PDt

Category: Professional Dietitian

PHONE CALL WITH PT TODAY TO DISCUSS INTAKE OF CHO. PT FOLLOWED ADVICE FROM PREVIOUS CALL TO TAKE OLIVE OIL BEFORE EATING CHO'S, PT ATE FRENCH FRIES, AND STATED THAT HE HAD NO INTENSE SYMPTOMS WITH THIS CHO INTAKE.
RESEARCH ON THE DIGESTIVE SYSTEM AND THE DIGESTION OF CHO BROUGHT WRITER TO 2 POSSIBLE THEORIES ON THE INTAKE OF CHO IN PT'S SITUATION. 1- PT'S CHO INTAKE IS MOSTLY OF LOW GI, HIGH FIBRE FOODS; PT MAY BE HAVING TOO MUCH FIBRE FOR WHAT HIS BODY CAN HANDLE, AND CAUSING AN INCREASED AMT OF GAS, DIARRHEA, AND BLOATING WHEN FOOD REACHES THE LARGE COLON. 2- THE ENZYMES THAT ARE NECESSARY TO BREAK DOWN THE CHO'S MAY A) BE RESISTANT TO FUNCTION PROPERLY B) MAY NOT HAVE SUFFICIENT AMT OF ENZYMES; C) MAY NOT HAVE ENZYMES AT ALL. THESE ARE POSSIBLE THEORIES AT THIS POINT, AND PT BELIEVES THAT THE PROBLEM LIES WITH THE ENZYMES, AS THEY HAVE NEVER BEEN CHECKED, AND HIS DIGESTIVE SYSTEM HAS NOT BEEN INVESTIGATED. PT STATED THAT WHEN HE EATS CHO'S; THE FIRST SYMPTOM WILL HAPPEN ABOUT 4-5 HOURS LATER AND IT WILL BE UPSET STOMACH, THEN ++GAS WILL OCCUR WITH BLOATING; AND DIARRHEA.
SUGGEST TO PT TO REDUCE THE AMT OF HIGH FIBRE FOODS AND TO TRY FOODS THAT ARE HIGHER GI THAN LOWER GI. PROVIDED SUGGESTIONS ON DIFFERENT TYPES OF POTATOES TO TRY AS WELL; SOME THAT ARE LESS STARCHY THAN OTHERS. ALSO REQUESTING PERMISSION TO SPEAK WITH INTERNAL MEDICINE GI SPECIALIST FROM SMRH, TO DISCUSS PT'S SITUATION AND WHAT TESTS CAN BE AVAILABLE TO HIM FOR FURTHER INVESTIGATION.
PT PROVIDED WRITER WITH WIFE'S EMAIL; TO COMMUNICATE BROCHURES AND TO COMPLETE RELEASE OF INFORMATION FORM FOR PT TO FAX BACK.
WILL CONTINUE TO FOLLOW UP WITH PT VIA PHONE AT THIS TIME.

Note Type	Description	Date	Time	Add
No Link		10/02/09	1500	

Patient: COPP,DOUGLAS FINDLEY
Account #: LA0034712/08
Unit #: SR00043482

Age/Sex: 57 M
Location: SR.NUTRCLT
Room/Bed:

Attending: LEBLANC,SHELLEY PDt
Admitted:
Status: REG CLI

	Date	Time	By		Care Prov Type
Occurred:	06/02/09	0840	SL	Shelley LeBlanc	PDt
Recorded:	06/02/09	0846	SL	Shelley LeBlanc	PDt

Category: Professional Dietitian

PT CALLED TODAY TO DISCUSS CHO DIET. PT CONTINUES TO HAVE PROBLEMS DIGESTING CHO IN DIET, ESPECIALLY POTATOES, PASTA, BREADS, BUT PT STATES HE IS ABLE TO DIGEST RICE IN SMALL AMOUNTS. SYMPTOMS THAT PT EXPERIENCES WITH INTAKE OF CHO ARE AS FOLLOWS: SEVERE CRAMPING, DIARRHEA, GAS, BLOATING. PT STATES THAT THE PAIN IS INTOLERABLE WHEN THIS HAPPENS.
PT HAS BEEN STRICT OVER THE PAST YEAR AND A HALF, TRYING CHO ONLY IN SMALL AMOUNTS WEEKLY OVER THE PAST MONTH.
PT SPOKE WITH HIS DR. IN CALIFORNIA WHO EXPLAINED THAT THE CHO THAT THIS PT IS EATING, IS OVERWHELMING THE GOOD BACTERIA IN HIS INTESTINES, CAUSING THE SYMPTOMS HE IS EXPERIENCING.
PT WANTS TO KNOW IF THERE'S ANY WAY TO INCREASE THE GOOD BACTERIA IN HIS INTESTINES, AND WHAT IS GOING ON IN HIS INTESTINES; THE METABOLISM OF THE CHO AND WHY THIS PAIN COULD BE OCCURRING. WILL FOLLOW UP WITH PT NEXT WEEK BY TELEPHONE TO DISCUSS THIS.

Note Type	Description	Date	Time	Add
No Link		06/02/09	0840	

December 5, 2008

Dr Boucher;

Thank you for referring Doug Copp to the Nutrition Clinic. There is an area of interest here to be researched on my behalf, but will be attending pt's needs and goals in doing this.

Thank You;

Shelley LeBlanc PDt

Shelley LeBlanc, P.Dt
Dietitian
Strait Regional Hospital
(902) 625-3100
shelley.leblanc@gasha.nshealth.ca

Patient: COPP,DOUGLAS FINDLEY
Account #: LA0027964/08
Unit #: SR00043482

Age/Sex: 57 M
Location: SR.NUTRCL
Room/Bed:
Attending: LEBLANC,SHELLEY PDt
Admitted:
Status: REG CLI

	Date	Time	By		Care Prov Type
Occurred:	28/11/08	1431	SL	Shelley LeBlanc	PDt
Recorded:	05/12/08	1450	SL	Shelley LeBlanc	PDt

Category: Professional Dietitian

MET WITH PT TODAY RE: REACTION TO CARBOHYDRATES; REQUIRING SUGGESTIONS FOR INCREASED INTAKE. NUTRITIONAL ASSESSMENT NOT COMPLETED TODAY; PT CAME IN TO EXPLAIN HIS STORY, AND GOALS TO WHAT HE WAS LOOKING FOR FROM WRITER.
PT HX INCLUDES POISONING, AND INCREASED TOXINS IN THE BODY FROM EPISODE OF SEPTEMBER 11-2001 IN THE UNITED STATES. PT IS CHIEF OF AMERICAN RESCUE TEAM INTERNATIONAL AND WAS UNDER THE WTC WHEN IT COLLAPSED, EXPOSING HIM TO MANY POISONS/TOXINS FROM THE RUBBLE. SEVEN YEARS LATER, PT STATES THE TOXINS ARE AFFECTING HIS DIGESTIVE SYSTEM AND MOSTLY CHO'S.
PT STATES THAT HE CANNOT DIGEST BREAD, PASTA, BUNS, POTATOES, FRENCH FRIES WITHOUT AGONY. SYMPTOMS INCLUDE STOMACH CRAMPS, GAS THAT DOESN'T STOP, DIARRHEA, AND PT STATES THAT IT'S LIKE STOMACH IS BOILING WITH RAZOR BLADES.
PT STATES THAT HE CAN EAT RICE IN SMALL AMOUNTS, AND THAT MINOR SYMPTOMS OCCUR BUT IS TOLERABLE. PT HAS BEEN FOLLOWED BY DOCTORS AROUND THE WORLD RE: HIS TOXINS, AND DR. IN STATES CONSIDERS THEORY OF THIS TO BE THAT THERE ARE CERTAIN TOXINS THRIVING ON CHO; BUT PT BELIEVES TOXINS ARE CLUSTERING IN SMALL INTESTINE AREA AFFECTING DIGESTIVE SYSTEM.
PT GOALS FOR WRITER ARE TO FIND OUT INFORMATION ON HOW TO AVOID/ELIMINATE TOXINS IN SMALL INTESTINES, AND TO START EATING CHO. PT STATES HE HAS TRIED GLUTEN FREE PRODUCTS, AND HAS HAD SIMILAR REACTIONS.
PT IS TRAVELLING FROM SYDNEY THEREFORE WILL COINCIDE PHYSICIAN APPT'S WITH PDT APPTS, BUT WRITER WILL MOSTLY COMMUNICATE VIA PHONE WITH PT.
GOAL AT THIS TIME IS TO FIND MORE INFORMATION ON WHAT IS CAUSING THIS REACTION; AND WAYS THAT IT CAN BE PREVENTED OR IMPROVED TO COINCIDE WITH PT'S GOALS. WILL FOLLOW UP WITH PT BY PHONE WITH INFORMATION OR SUGGESTIONS.

Note Type	Description	Date	Time	Add
No Link		28/11/08	1431	

MONICA M. CARRILLO, MD INC
OPHTHALMOLOGIST

REGIONAL MEDICAL CENTER
1487 GEORGE STREET, SUITE 2

TEL: (902) 539-1044
FAX: (902) 539-9846
SYDNEY, NOVA SCOTIA, B1P 1P2

October 10, 2007

Dr. B. Boucher
Fax: 625-1842

RE: Douglas Copp, 563 Charlotte Street, Sydney, Nova Scotia
HCN: 0011 427 564, Phone: 567-1227, DOB: August 3, 1951

Dear Dr. Boucher,

Thank you for referring this pleasant 55 year old patient. I understand that Douglas has been presenting with a blurred vision and has been previously followed for glaucoma and presently on treatment with Timolol QHS OU. He states that he routinely sees Dr. Snow. He wanted a second opinion to see if he really has glaucoma. He is concerned about sore dry eyes and blurred vision which appears periodically. He states that he was involved in a rescue team of the world trade center terrorist attack and therefore he was subject to poisoning due to a significant amount of toxics released. His glaucoma was diagnosed years ago. He states that his intraocular pressure has never been higher then 30. He has numerous medical problems including respiratory problems, recurrent infection and states that his immune system is compromised. His medications include a long list of Western prescription medicines, naturopathic medicine and chemical compounds as well Chinese herbs. I am sure you are quite familiar with this list. He is also on Synthroid, Suprax, Loperamide, Aspirin and Lithium.

On examination today unaided visual acuity was 20/20 in the right eye and 20/25 in the left eye. Applanation tonometry was 20 mm Hg in the right eye and 21 mm Hg in the left eye at 3:00 PM. Central corneal thickness measured 602 and 597 in the right and left eye respectively. He has a mild hyperopia. Slit lamp examination revealed clear corneas. Anterior chambers were deep and quiet. There was no evidence of pseudoexfoliation or pigment dispersion. Lenses were clear. Gonioscopy revealed open angles with 1+ pigmentation of the trabecular meshwork. Fundoscopy revealed glaucomatous looking optic nerve heads with cup/disc ratio of .8/.9 in the right eye and .8/.8 in the left eye. There was a thinning of the inferior temporal rim in the right optic nerve head. Maculae were within normal limits. Retinal periphery was within normal limits. Retinal periphery was within normal limits.

In summary, I feel that Douglas is likely to have primary open angle glaucoma especially in the right eye. On examination I also found some signs of dry eyes. Douglas is presently concerned about having side effects from the Timolol drops that he is presently using. I explained the diagnosis, prognosis and the nature of his condition. I offered him to switch from Timolol to Xalatan QHS OU. I have widely explained the side effects and the risks and benefits of this therapy. Douglas is keen on starting his therapy with Xalatan as soon as possible.

On his next visit here on June 27, 2007 I noticed that his pressures remained at 20 mm Hg in both eyes. He was booked for a visual field test which was initially unreliable due to a high false negatives rate. However the visual fields were repeated on July 24, 2007. There were some changes in the visual fields suggestive of glaucoma especially in the right eye.

I saw Douglas the last time on October 9, 2007. He went through emergency concerned about having photopsias, blurriness, floaters across the visual fields in the right eye. He stated that he didn't put his Xalatan drops in last night.

On examination visual acuity remained the same. Applanation tonometry was 28 mm Hg in the right eye and 26 mm Hg in the left eye. This maybe the result of missing his drops last night. Slit lamp examination was unremarkable. Dilated fundoscopy failed to find evidence of retinal detachments, holes or tears. However I noticed posterior vitreous detachment with a big floater in the right eye and small vitreous floaters in the left eye. I asked Douglas to report immediately any worsening or retinal detachment symptoms such as visual field decrease, increasing in the flashing lights and floaters or any visual loss. I asked him to report immediately through emergency or this office. Douglas is concerned that the symptoms may correspond to a neurological disorder. I think that he should have a neurological assessment and I would like to leave that up to your capable hands since he feels these toxics may be affecting his brain and giving him brain edema. In the meantime I have booked a follow-up appointment in one month's time here. I appreciate being involved in your patient's care.

Sincerely

I'll discuss with Doug next App

Monica Carrillo, MD
This letter was prepared for MSI purposes only. It ha
been prepared for third party or legal proceedings.
td

Doug Copp

Diovol OTC

Lawtons 564-8200

Dr. Ben Boucher, MD
305 Unit 1 Granville Street
Port Hawkesbury, NS B9A 2M5
Telephone: (902) 625-3707 Fax: (902) 625-1842

APR 30 2007

DATE: May 2 TIME: 2-3:30 pm walk in

TO: Dr. Carrillo

Patient Name:	Doug Copp
Health Card No.:	0011-427-564
DOB:	Aug 03, 1951
Address:	Sydney, NS
Patient Telephone:	567-1227 or 595-2468

55 yo man with vision very blurred; painful eyes; dry eyes; exposure to chemicals/toxic metals in 2001; was dx'd c̄ Glaucoma, on Timolol with aggravates condition, Please see (treat

- greater dizziness
+ headaches

Dr. Ben Boucher

Dr. Ben Boucher, MD
305 Unit 1 Granville Street
Port Hawkesbury, NS B9A 2M5
Telephone: (902) 625-3707 Fax: (902) 625-1842

MAY 30 2007

DATE: **TIME:**

TO: Dr. Levindowsky

Patient Name:	Doug Copp
Health Card No.:	0011-427-564
DOB:	Aug 03, 1951
Address:	Sydney, NS
Patient Telephone:	567-1227 or 595-2468

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Dr. Ben Boucher

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305 Unit 1 Granville Street
Port Hawkesbury, NS B9A 2M5
Telephone: (902) 625-3707 Fax: (902) 625-1842

APR 13 2007

DATE: **TIME:**

TO: Dr. Christine Mayer

Patient Name:	Doug Copp
Health Card No.:	0011-427-564
DOB:	Aug 03, 1951
Address:	Sydney, NS
Patient Telephone:	567-1227 or 595-2468

55 yo man with vision very blurred; painful eyes; dry eyes; exposure to chemicals/toxic metals in 2001; was dx'd c Glaucoma, on Timolol with aggravates condition, Please see/treat

- Greater dizzyness + headaches

Dr. Ben Boucher

THE WELLNESS CENTRE

305 Unit 1 Granville Street, Port Hawkesbury, NS B9A 2M5 Canada
Tel: 902-625-3707 ~ Fax 902-625-1842 ~ E-Mail: bodmanpub@ns.sympatico.ca

Dr. C. B. Boucher M.D.

March 27, 2007

RE: Doug Copp

To Whom It May Concern

I am Doug Copp's primary treating physician in Canada. I have been treating Doug since October 2, 2003, and coordinate his care with his primary treating physician in the U.S.A., Dr. Timothy Smith. Doug regularly visits my office for screenings and treatment for 9/11 Syndrome and related conditions owing to his exposure to toxins at the Ground Zero site in New York City in the immediate aftermath of the terrorist attack.

I have carefully reviewed Dr. Smith's letter describing Doug's inability to travel, dated March 27, 2007, and agree with it in its entirety. In sum, it is medically inadvisable for Doug to attempt to travel. Any attempt at travel would be at considerable risk, as described by Dr. Smith.

Sincerely,

C. Benjamin Boucher, M.D.

Dr. Ben Boucher

From: <AmerRescue@aol.com>
To: <bodmanpub@ns.sympatico.ca>; <AmerRescue@aol.com>
Sent: Wednesday, February 07, 2007 10:22 AM
Subject: Re: Dr Ben and Dr Tim from doug

In a message dated 2/7/2007 10:11:56 A.M. Atlantic Standard Time, bodmanpub@ns.sympatico.ca writes:

> Doug,
>
> So great to hear you've had such a mental breakthrough. Can the genius of old be back again?
> Please try to stop ruminating & or fearing a cancer. May be a review of further immune enhancement should be undertaken. You,Tim and I should be able to put together some ideas.
> Take care
> Ben

Dear Ben:

Thanks a million. When should I come and see you next?

doug

Cape Breton District
HEALTH AUTHORITY
Making Healthier Choices Together

Cape Breton Regional Hospital
1482 George Street
Sydney, Nova Scotia
B1P 1P3

Jan 9/07

Dear Dr Boucher:

Attached is a list of medications that I understand Doug Capp is on as of Dec 20/06. I have seen him in the office on Jan 9/07 - He is quite concerned about the medical complications of using the EDTA. I understand he plans to see you on Thurs Jan 11/07.

I am facing you two things:

① the letter Doug typed up for this office visit - outlining his medical / psychiatric concerns since starting EDTA JAN 1 - JAN 7. He tells me he stopped 2 days ago because he felt so unwell.

② The list of medications - I am unclear if Doug faxed this on his own, or is this list from your office. If it is yours, could I please have a dose of the lithium that he is taking. He tells me there are some medications not on this list that he later remembered.

At this point in time, I am a little leary of prescribing medication to Doug given the # of meds he is on, as well as not knowing what other meds/dosages he takes. I'd be happy at any time to discuss future medication options with you, but for now I will continue to provide Doug w monthly supportive / individual counselling sessions. Please phone 567-8092 or fax 567-7905 a response to the medication question per our records.

Sincerely,

Jeanne Lebbers MD FRCPC

Medical Log
Doug Copp

Jan 3, 2007,

I have had difficulty sleeping at night; since, Jan1, 2007. I am itchy all night. My right hand is breaking out into lesions and white scab. I expect his is due to toxins entering my blood stream as a result of taking EDTA.

Jan 4.

My right hand is cracking open. Before, it was always my left hand which reacted first and strongest.

Slept till 3 pm. Very tired, the drugs make me have low energy.

Jan 5.

Couldn't sleep. Itchy. Got up at 3 pm.

Diarrhea 12 times today. It is green and black in color and looks more than just sickly. It looks creepy and worrisome. Toxic looking.

Blisters and boils are breaking out on the palm of my left hand.

I have put hand creme on my right hand, a dozen times, today, to soften the hard skin which is now continuing to split open.

It is becoming painful to use my hands.

I want to ask Dr Boucher if a skin sample can be taken and chemically analyzed to determine the poisons and heavy metals which are exiting through my lesions.

Jan 6, 2007.

Tossed and turned till 7 am scratching. Simply couldn't get out of bed till 3 pm. Tried very hard but I was deadly tired.

My vision is blurred and I am acting clumsily (dropping things, bumping into things)

My face is breaking out into red whelts from poison coming out thru my skin.

Jan 7, 2007.

I have a taste of metal. In my mouth.

Jan 8, 2007.

Feelings of paranoia, short term memory loss. Keep forgetting. Vision blurred. I have a strong taste of metal in my mouth.

Vision blurred. I destroyed my computer hard drive. I hooked up power with out making pin connections. This follows my deletion of 3,400 essential emails.

Paulina says that I should decrease the dosage because she can see dramatic changes in my 'mind'. She says that I cannot focus. I keep forgetting. I keep making mistakes. She says that I am overwhelmed and confused. She doesn't trust me to drive to the Doctor's appointment alone.

I can't remember my attorney's phone number. I have called it hundreds of times, before.

Dr. Libbus -

List of Daily Medications & Supplements

Name: Doug Copp DOB: Aug/03/51

Date: December 20, 2006

Apo-Acetozalamide 250 mg 1x/day
Synthroid 0.05 mg 1x/day
Prilosec 1x/day
Albuterol PRN
Advair PRN
Lithium
EDTA
DMSA

Niacin 100 mg 1x/day
Blueberry 500 mg
Magnesium 120 mg
Ginko Biloba 60 mg
Saw Palmetto 160 mg
Mastica 500 mg
Milk Thistle 200 mg
Biochelate 100 ml 10-15 drops
Ester C 1000 mg
Grape Seed 100 mg
Calcium Magnesium 333/167 mg
Omega 3-6-9 1200 mg
Apple Cider Vinegar 500 mg
Flax Seed Oil 1000 mg
CO-Q10 30 mg
Acidophilus
Echinacea
Choline Bitartrate
L-Gluthathione
Phosphatedylserine
Vitamin A
B-Complex
B-6
Lipoic Acid
Multi-Vitamin, Multi-mineral
Astragalus
DHEA
Panax Ginseng

Medical Log
Doug Copp

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I can't remember my attorney's phone number. I have called it hundreds of times, before.

Jan 10, 2007

I have been feeling a sharp pain on the right side of the abdominal area for many weeks now. It feels swollen.

CAPE BRETON
HEALTHCARE
COMPLEX

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Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266

Date	
DS DD 28/11/06 DT 04/12/06	Doug Copp was invited into the office for this scheduled appointment on Tuesday, November 28th. I have had the opportunity of gathering collateral information from Dr. Ben Boucher several weeks ago and more recently Dr. Tim Smith. He was his physician in California. Today in the office Doug was provided an opportunity for supportive and individual counselling. We took the time to become updated on recent happenings including the lawsuit and the legal difficulties that he is currently struggling with. He is reporting being pleased with his lawyers and he is enjoying that they are keeping close contact and are working hard on this very important case which he is expecting to be successful at. If they are successful, he is anticipating a great deal of money coming back from damages that he believes this Mr. Lang has inflicted upon him. In the office today, though, we tried to focus more on his own individual mental health needs. Clearly he admits there has been stress that he has been under and it has impacted on his relationship with his wife. He reported today that he is worried about her and he believes she is drinking too much, but he also admits himself that he uses alcohol to cope with the difficulties. Here in the office we tried to create a role for Mental Health and how Mental Health may be able to help him after the legal issues get under somewhat better control. He acknowledged the fact that he needs to keep his defenses up and needs to be prepared to fight. His physical health, he is happy to say, has been improved somewhat and he is actually feeling like there is more capacity for him to walk and have more energy. He sees Dr. Boucher every couple of weeks, but it really is his finances that limit him in order to get all the toxins out of his system. He is hopeful that once this court case gets settled he will be able to pay for his treatments and that can help improve his physical health. From an emotional point of view, he seems to be coping quite well trying to identify what his current mental health needs now are. He is able to state that he needs to keep himself together in order to fight off this guy who he really feels has been threatening both his livelihood as well as his life. He at times believes he has been followed by this man and believes this man is so powerful that he could actually get himself killed. This does worry him at times but again he was appropriately worried about that. Again in the office we tried to re-enforce the fact that over time he will need to address his own emotional and mental health needs. He has continued to be bothered by what other people say and think about him. On mental status examination, he does present as a man who looks brighter than he did on the last two visits. He seems certainly more physically able today. He engaged very well in the interview process. He tends to speak loudly and in great length and detail about some of his past experiences in the rescue field. His thought form, though, was organized.

Audit Checked: Yes [ ] No [ ]

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Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266

Date	
DS DD 28/11/06 DT 04/12/06	His thought content was around the difficulties that Mr. Lang has created in his life. His mood, though, was reported as being pretty good and his affect was euthymic. There was no evidence of suicidal ideation or homicidal ideation. There was no evidence of perceptual disturbances elicited. His insight was pretty good. He recognized that he would need the help of the Mental Health Clinic to piece himself back together after such a stressful ordeal. Judgement was reasonable, too. He is doing his best to cope with life at this point in time. Cognition was not tested, but there was no obvious concerns of note based on interviewing with him for over an hour in the office today. **IMPRESSION:** Mr. Doug Copp probably still ~~needs~~ meets criteria for an adjustment disorder with depressed mood. The mood right now is reasonable, but that reflects his improvement both from a physicial point of view as well as feeling glad about how the court case is proceeding with Mr. Lang. From a mental health point of view, I think it is probably best to provide supportive psychotherapy for this gentleman right now. I don't feel he is at a place where he can engage fully in insight oriented psychotherapy. Although I do believe he is a good candidate for this, it probably is best to wait until after the legal issues are settled so that he won't have to worry about having defenses removed that he feels he needs to keep in place in order to battle the legal case and move it forward. **RECOMMENDATION:** At this point in time, I would still like to get a list of all the medications he is on. He does not remember them, he states today, and also does not have a list on him, but maybe we will get in touch with Dr. Boucher and try to get a list of all the medications that he does take. Despite my asking, I still have not been able to get a list of the medications even on the third visit with Mr. Copp today. Secondly, I think we will continue to provide supportive therapy for this man. He does not need any medications from me at this point in time, but he does value and appreciate the support he does receive here from the clinic in the form of coming in and talking about his mental health. He would like to continue with that and in the longer term, once the court case is settled, I think he would be a candidate for regularly scheduled psychotherapy appointments but this will be addressed as time goes by.

Audit Checked: Yes [ ] No [ ]

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Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266

Date	
DS DD 28/11/06 DT 04/12/06	We will continue to follow Doug and support him at this stage in his life. He is pleased with that. We should see him back in the clinic here between January and February. He has been given a card and has been asked to call the office to arrange an appointment on a mutually agreeable time. He will wait until the new year, though, to book that appointment. Y. Libbus, MD, FRCPC, Psychiatrist Sydney Mental Health Clinic cc Dr. Ben Boucher /pb

Audit Checked: Yes [ ] No [ ]

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COMPLEX

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Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266-5

Date	
DS 28/09/06 **DD 28/09/06** **DT 23/10/06**	Mr. Douglas Copp is a 55-year old married man who lives in the Louisbourg area. He has been referred to the Sydney Mental Health Clinic by his family physician, Dr. Ben Boucher. In the referral notes, it reports that this man has worked as a rescuer at the World Trade Centre and has been ill with toxicity since then and "please see and assess regarding his depression, anger, etc." and subsequent to same, plus other personal attacks. The patient was provided a first psychiatric assessment with Dr. Libbus on September 7th, 2006 and another visit in the office was arranged and the patient was seen on September 28th. This note was also prepared with the collateral information provided from his family doctor, Dr. Boucher. **Identifying Data**: Mr. Douglas Copp is 55-year old and currently not able to work as a rescuer where he was self employed in a business that he managed himself. He is married to his third partner who works as a chemical engineer and part time lecturer at Cape Breton University. He has been divorced on two occasions. He has one daughter who is currently 28 years old. **History of Presenting Illness**: Mr. Copp has no prior psychiatric contact. He has been involved in working in various rescue missions throughout his 20 year career in rescue operations. He reported to have been very happy with this lifestyle leading a very unique life. He reported in the office that he had gone into over 100 disasters, many deaths he had witnessed but also he had rescued several people from various situations including earthquakes and in countries all over the world. He reported that he has actually been featured on the Discovery Channel. He was involved as well in the rescue operations with the Swiss Air Disaster several years ago. He seemed to have been coping quite well with all of this up until he was involved with the September 11th, World Trade Centre rescue operations. He reported at that time to have been exposed for five days to a lot of toxicities and secondary to that he had struggled with medical health issues. He has to today still be under the care with Dr. Boucher and a Dr. Tim Smith in California and he reports that his finances are so depleted that he is not able to afford the medical treatment that he does need for the poisons that he does have in his system. He reports that he has been improving from a medical point of view but has been very ill physically and was actually expected to die several years ago. He goes on to report that while he was struggling with his physical situation, he believes that a man by the name of Mr. Lang, who is regarded as an influential, wealthy man who is the publisher of his own newspaper, has taken a dislike to Doug and has gone on to slander his name and created a number of

Audit Checked: Yes [ ] No [ ]

CAPE BRETON
HEALTHCARE
COMPLEX

[ ] CBRF [ ] GBHF [ ] NHVF [ ] NWCF

Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266-5

Date	
DS 28/09/06 DD 28/09/06 DT 23/10/06	difficulties for him over the last few years. This has resulted in Doug feeling both professionally threatened, being told that he was a fraud for example, as well as feeling physically threatened because he believes that this man is so powerful that he may have the ability to threaten his life. So this has been an extremely stressful situation for Mr. Copp and it has resulted in him feeling very angry and very stressed out and simply having not a chance to deal with life in general. He reports that he has just been coping and trying to fight off the perceived attacks by this man. He is reporting his mood to have suffered. He reports to have been sad, depressed, losing the joy for life. He reports that his sleep is okay but his appetite is poor. He doesn't have feelings of hopelessness, worthlessness or guilt and his concentration is usually pretty good and much improved from the cognitive impairment he has experienced over the past several years. From an anxiety point of view, he definitely is reporting feeling stressed given the current situation he is finding himself struggling against. He does have vivid images of past traumatic exposures that he has witnessed, but he was not able to give the full picture today of a man who's been struggling with Post Traumatic Stress Disorder. **Medical History**: He reports that he is on a number of medical medications, numbering over 20, including Lithium. He was not able to supply the list of these medications at this point in time but said there are numerous medications. He reports to be struggling with many symptoms and conditions including, he reports, hypothyroidism, cerebral edema, acid reflux disease. He reports that he requires IV injections several times per week in order to help detoxify his system. He admits to taking alcohol on a regular basis. His drink tends to be vodka and he averages about two 40's a week when he was pressed to give a number. He admits to taking some drugs but he believes that they are for medicinal purposes. He actually describes himself as an anti-drug person and he takes the prescribed marijuana which is prescribed by his physician, Dr. Boucher. He reports that he uses that minimally, he eats it and he also uses Oxycontin for the pain control. **Family of Origin** was discussed in the office today. This man has been born to a father who he regards in high esteem but who passed away when he was only at the age of two. He reported to me today that his father was an electric engineer who graduated from MIT at the young age of 19 and he reported that this man was quite brilliant. He regards his mother, however, as a person who he was only able to live with for the first year of his life and regards her as not very helpful to providing nurture or support for him in his life. He reports that essentially he believes he was on his own, I think both physically and emotionally, at the age

Audit Checked: Yes [ ] No [ ]

CAPE BRETON
HEALTHCARE
COMPLEX

[ ] CBRF [ ] GBHF [ ] NHVF [ ] NWCF

Mental Health Services
CUMULATIVE THERAPEUTIC RECORD

Name: Douglas Copp
Case Number: 289266-5

Date	
DS 28/09/06 DD 28/09/06 DT 23/10/06	of nine years, he recalls that time in his life when he realized that no one cared about him except himself. He recalls having a very good relationship with a grandfatherly person, I do not believe who was biologically related to him, and he accredits this man for providing a lot of structure and support for him in his life. Prior to that, he reported to have been extremely depressed, feeling tormented and I believe abused as a youngster trying to care for himself in his early years. He tended to live around the Halifax area growing up, I believe, in Nova Scotia but attended high school at Queen Elizabeth High School and eventually completing some courses at Dalhousie University. He describes himself as a spiritual man. He is denying that there is any known family history of mental health problems. He is denying any history of suicides in his family. On **Mental Status Examination**, Mr. Doug Copp is a 55-year old man who looks slightly younger than his stated age. He is a bearded man with dark brown hair and some greying in his beard and hair. He has a solid frame. He is able to walk independently, however, it is noticeable that he does get short of breath just with walking down the hall. He is able to sit comfortably throughout the interview sessions, maintaining good eye contact. His speech is clear but he is quite verbose and he goes into great detail about some of his past experiences. His thought form is for the most part organized but at times he can be very circumstantial and need some ~~health~~ help with providing direct answers to some questions. His mood is reported as being stressed and his affect is appropriate to the situation that he talks about. He is denying any perceptual disturbances. He certainly is preoccupied with Mr. Lang and definitely feels threatened by him. It is difficult to assess whether this is of a delusional quality or whether there is a reason to fear this man but certainly he is preoccupied with the power that this Mr. Lang has had over his life for the past two years. There is a grandiose element to this man's presentation but again it's difficult to sort out today if this is actually of delusional quality without full collateral history on this. He is denying current suicidal or homicidal ideation. Insight is good. Judgement is good and cognition was not tested. **Impression**: Mr. Douglas Copp was seen over two visits in the Sydney Mental Health Clinic, the first on September 7th and the second on September 28th. In the interim of the first visit, the patient was pleased to provide some good information in that he is feeling less pressure and less threat from Mr. Lang. He does have several lawyers who are helping him to combat the threat that this man poses to him in his life. Collateral was obtained from Dr. Ben Boucher and it appears that Mr. Doug Copp seems to be truthful in providing the information about himself. He has been involved in many rescue operations, he has world famous recognition

Audit Checked: Yes [ ] No [ ]