

ORIGINAL

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1416804

RECEIVED

JAN 06 2017

SC Court of Appeals

William F. Poston, Claimant Appellant,

vs.

Randstad North America, Employer and
Indemnity Insurance Co. of N.A., Carrier, ... Respondents.

RECORD ON APPEAL

Stephen J. Wukela
Wukela Law Firm
Attorney for Appellant
PO Box 13057
Florence SC 29504
843-669-5634

Michael E. Patterson, Jr.

Christopher C. Mingledorff
Attorney for Respondents
Moore Ingram Johnson & Steele
885-B Island Park Drive
Charleston SC 29492
843-302-0002

INDEX

ORDERS

Single Commission Order dated January 22, 2016	1
Appellate Panel Decision and Order dated July 6, 2016	24

TESTIMONY

Deposition Transcript of Dr. R. Joseph Healy dated February 16, 2015	41
Deposition Transcript of Dr. Temujin T. Chavez dated March 20, 2015	68
Single Commission Hearing Transcript dated September 29, 2015	118
Appellate Panel Hearing Transcript dated May 16, 2016	184

OTHER

Appellant's Form 58 Brief and APA Submissions dated June 19, 2015	203
Respondents' Form 58 Brief and APA Submissions dated June 26, 2015	374
Respondents' Amended Form 58 Brief and APA Submissions dated July 13, 2015 ..	379

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1416804

William Poston, Employee,

Claimant,

Vs.

Randstad Temp Force, LP d/b/a
Accustaff, et al, Employer, and
Indemnity Insurance Co. Of NA,
Carrier,

Defendants.

HEARING:

Held in Florence, South Carolina, on September 29, 2015

APPEARANCES:

Claimant represented by Stephen J. Wukela, Esquire,
Florence SC

Defendants represented by Christopher C. Mingledorff,
Esquire, Columbia SC

PURPOSE OF HEARING:

To determine issues set forth in Forms 50 and 51 and
any other issues which may have timely come before
the Commission.

DECISION AND ORDER:

By: Melody L. James, Commissioner

FILED:

January 22, 2016

STIPULATIONS

Counsel for the parties stipulated at the hearing to the following:

1. That the purpose of the hearing is to determine issues set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. Notice of the hearing was timely and properly served upon all parties of interest;
3. That the average weekly wage is \$1,083.00 with a corresponding compensation rate of \$722.04 per week;
4. Venue, set in Florence County, is proper.

APA SUBMISSIONS

Under the South Carolina Administrative Procedures Act, the following records were submitted into evidence:

Claimant's Submissions

Thomas Keith Stewart, MD	07/09/14		
Marion Physician Services, LLC	07/16/14	000001-000005	APA No. 1
Carolinas Hospital System-Marion	07/12/14	000006-000028	APA No. 2
Radiology Assoc. Of Marion Co.	07/12/14	000029	APA No. 3
R. Joseph Healy, MD	07/17/14-11/03/14	000030-000050	APA No. 4
Carolinas Hospital System	07/17/14-07/24/14	000051-000068	APA No. 5
Temujin Chavez, MD	07/31/14-10/16/14	000069-000090	APA No. 6
Carolinas Infectious Disease			
LabCorp	09/25/14	000091-000092	APA No. 7
Pee Dee Radiology Group	07/17/14-07/24/14	000093	APA No. 8
Walmart Pharmacy	07/09/14-12/12/14	000094-000095	APA No. 9
Payroll stubs		000096-000101	APA No. 10

Consent Order	02/27/15	000102-000104	APA No. 11
William Poston Deposition	02/16/15		APA No. 12
Dr. R. Joseph Healy Deposition	02/16/15		APA No. 13
Dr. Temujin T. Chavez Deposition	03/20/15		APA No. 14
<u>Defendants' Submissions:</u>			
Deposition Transcript of Claimant, William Poston	02/16/15	1-59	APA No. 1
Deposition Transcript of Dr. Robert Joseph Healy, Jr.	02/16/15	60-86	APA No. 2
Deposition Transcript of Dr. Temujin T. Chavez	03/20/15	87-146	APA No. 3
Expert Report of David A. Duffy	07/10/15	147-159	APA No. 4
CV of David A. Duffy	07/10/15	160-161	APA No. 5

The Claimant objected to the admission of Defendant's APA Numbers 4 and 5, pages 147-161 as well as to the testimony of the Defendant's expert David A. Duffy at trial. (Tr. p. 4, lines 25-p. 6, line 5, p. 22, line 20-p. 23 line 4). In essence, the Claimant argued that the report of Mr. Duffy and his testimony at trial should not be allowed because it was not timely pursuant to Rule 67-612; that, moreover, the Commission's continuance of the hearing scheduled for July 6, 2015 was in error, and that the Defense should be limited to the record before the Commission on July 6, 2015.

In particular, the Claimant argues that he filed the Instant Form 50 on November 11, 2014. By hearing notice of January 22, 2015, the hearing was initially set for March 10, 2015. In anticipation of the hearing, the Claimant took the deposition of the Claimant's treating

neurologist, Dr. Joseph Healy on February 16, 2015. The Defendants sought to take the deposition of Dr. Temujin Chavez, the Claimant's treating infectious disease physician. They had difficulty scheduling the deposition prior to the hearing. On February 25, 2015, the Claimant agreed to a Consent Order continuing the hearing set in March 2015 to allow the Defendants to take the deposition of Dr. Chavez. That Order of Continuance was signed by Commissioner Beck on March 10, 2015 and the case was returned to the general files. On March 20, 2015, the Defendants took Dr. Chavez's deposition, and on April 2, 2015 the Claimant filed a second Form 50. On May 8, 2015, the instant hearing was set before Commissioner Barden for July 6, 2015.

Thereafter on approximately May 26, 2015, Defendant's Counsel contacted Claimant's Counsel asking Claimant to consent to an Order permitting the Defense to perform an inspection at Rock Tenn, the location of the accident. On May 29, 2015 Claimant's Counsel signed consenting to the Order allowing the Defense to perform an inspection at Rock Tenn. The inspection was performed on June 17, 2015. Claimant filed his brief on June 19, 2015 and the Defense filed their brief on June 26, 2015.

Five days before the July 6, 2015 hearing, the Defense requested a second continuance in this case because they were not prepared to submit the report of their inspection. Commissioner Barden granted that Continuance to allow the Defendants to submit the report of their inspection at a rescheduled hearing, over the Claimant's objection.

The hearing was rescheduled before the undersigned and held on September 29, 2015. At the hearing, Claimant argued that the continuance was granted in error by Commissioner Barden and that the Defense should be limited to the record as if the hearing had been conducted on July 6, 2015. That is to say, that the report of Mr. Duffy and his testimony which were not in

evidence on July 6, 2015 should not be allowed into evidence before the Commission at this hearing on September 29, 2015. The undersigned overruled the Claimant's objection and permitted the admission of Defense APA #4 and 5, p. 147-161 as well as the live testimony of Defense expert of David A. Duffy.

STATEMENT OF THE CASE

This is a denied case before the Commission on the Claimant's Form 50.

Claimant alleges that he suffered from cryptococcal meningitis as the result of exposure to airborne dirt particles on the job.

On July 9, 2014, the Claimant, William Poston, was working through temporary service Randstad North America as a heavy equipment operator on a job contracted by SFC Contract Services to install some hard piping on a drain at Rock Tenn plant in Florence South Carolina. (Tr., p. 10, line 13-p. 11, line 7).

For most of June 2014, Claimant worked on the job running an off-road truck moving dirt in preparation for the installation of 60" pipes. (Tr., p. 11, line 23-p. 13, line 1). The pipes were intended to hard pipe a drain that discharged liquid by-product of the Plant's paper-making process. (Tr., p. 10, line 23-p. 12, line 2). The drain led to a 20' deep open canal which, in turn, fed a large aeration pond where, through a natural process, bacteria consumed the liquid waste product. Claimant and his co-workers were charged with draining and excavating the canal, hard piping it, and back-filling with dirt. (Tr., p. 10, line 23-p. 13, line 7). Workers at the site ran track hoes, bulldozers, and other earth moving equipment which generated large amounts of dust and debris in the air. (Id.) Neither the Claimant nor the other workers wore masks or respirators. (Tr. p. 13, lines 5-7).

Beginning the first part of July 2014, Claimant began having severe headaches and fever that would not go away. (Tr., p. 13, lines 12-17). By July 9, 2014, he presented to his family doctor with these complaints; who initially diagnosed bronchitis and prescribed amoxicillin and Tylenol. (APA#1, pp. 000001-000002). However, the problems persisted and he began developing neck pain, dizziness, altered mental status, as well as nausea, paresthesias, photophobia, speech abnormalities, vision changes, vomiting, and weakness. (Tr. p. 14, lines 2-21). He presented at the Marion Hospital Emergency Room on July 12, 2014, they discharged him with an impression of dehydration and acute headache. (APA#2, p. 000006).

The problems continued to persist and he returned to his family doctor on July 16, 2014 with the same symptoms along with episodes of confusion, by report of his wife. (Tr. p. 15, lines 2-6; APA#1, pp. 000003-000004). Ultimately the employer called the Claimant's wife and told her to come pick him up from work because he was unable to function around heavy equipment. (APA#1, p. 000004). At that point on July 16, 2014, the family doctor referred the Claimant for neurological evaluation by Dr. Joseph Healy. (APA#1, p. 000004).

Dr. Healy saw the Claimant the next day on July 17, 2014, noted his persistent fever, altered mental status, confusion, headache, and indicated "Plan at this point is to obtain an MRI of the head. We'll need lumbar puncture to assess cerebral spinal fluid. Most likely the patient has a viral meningitis." (APA# 4, p. 000032). Dr. Healy admitted the Claimant into Carolinas Hospital System and noted that the MRI of the head showed several small punctate lesions which may have represented cryptococcoma and that his spinal fluid was abnormal, consistent with cryptococcal disease, and antigen was positive for fungal meningitis. (APA#4, p. 000035). At the hospital he consulted with infectious disease doctor, Dr. Temujin Chavez. (APA#4, pp. 000037-000039).

Dr. Chavez noted in his history "Recent employment operating heavy machinery with job beginning 1st week of June driving bull dozers, other trucks at excavation site laying down pipes and irrigation work". (APA# 5, p. 000052). Dr. Chavez assessed cryptococcal meningitis and ordered an extensive course of medication and was ultimately released from Carolinas on July 24, 2014 but was kept out of work by Dr. Healy until September 1, 2014. (APA#13, Dep. Dr. Healy, p. 11, line 11-p. 12, line 9).

In a follow-up of August 4, 2014, Dr. Healy noted "This turns out that with the type of work that he does this is a work-related phenomenon and apparently Worker's Comp has been contacted and has accepted his claim." (APA#4, p. 000041). Dr. Healy also advised the Claimant that resolution of his fungal meningitis would require prolonged treatment and that he should remain out of work.

At the deposition, Dr. Healy testified that individuals who are using heavy equipment, moving and disturbing large amounts of soil are uniquely subject to cryptococcal meningitis infection because the fungus grows in the soil and is inhaled when the soil is disturbed. (APA#13, Dep. Dr. Healy, p. 8, line 8-p. 11, line 10).

Claimant contends that such is precisely what occurred in this case.

At deposition, Dr. Healy opined to a reasonable degree of medical certainty that Claimant contracted fungal meningitis as a result of exposure to disturbed soil on the job. (APA#13; Dep. Dr. Healy, p. 8, line 23- p. 11, line 10.) Dr. Chavez, the Claimant's treating infectious disease physician agreed. (APA#14; Dep. Dr. Chavez, p. 33, line 24- p. 35, line 10).

The Carrier denied that the Claimant's condition was work related. The Defendants offered the report of David A. Duffy in support of their contention that the Claimant did not suffer exposure to *Cryptococcus* on the workplace which was admitted over the Claimant's

objections. (Defendants APA#4). Mr. Duffy's CV was also admitted into evidence and reveals that he earned a Bachelor of Science Degree in Microbiology and a Master of Science Degree in Occupational Health and Toxicology, as well as, a law degree. (Def. APA#5). The report indicates that Mr. Duffy's firm took some 25 soil samples from the work site on June 17, 2015. The report reveals that Mr. Duffy's firm sampled included 3 different areas of the work site. Area 1, approximately 100 feet by 500 feet by 1,000-1,500 feet in size is the primary area in which Mr. Poston was performing work in July 2014. In July 2014, that area contained, according to Mr. Poston's uncontradicted testimony, a drainage ditch that was 20 feet deep, 30-50 feet wide, and 1,000-1,500 feet in length. Mr. Poston testified that the workers removed soil from that drainage ditch and deposited it in Area 2; which is located approximately 100 yards from Area 1, was approximately 100 feet by 100 feet in size, and contained multiple dump truck loads of soil. After removing the soil from Area 1 and depositing it into Area 2, Mr. Poston testified that the workers hard piped the drainage ditch and filled it with soil that was obtained from Area 3. Area 3 is a gravel pit located approximately ¼ mile from Area 1. The report acknowledged that much of the terrain of Area 3 had changed since the work was performed in Area 1. The report indicates that Mr. Duffy's firm obtained 16 soil samples from Area 1, 4 samples from Area 2, and 2 samples from Area 3. Soil collection was performed by using swabs to obtain small amounts of surface soil in each of the samples. The report indicated that:

The soil sampling on this construction site did not show the presence of *C. neoformans*. Twenty five samples were collected. Rain and water, such as flooding, standing water, etc. can adversely affect pigeon guano and removed or retard fungal habitats and growth. If the construction area was wet or flooded or had water run-off, then the likelihood of fungal growth is considerably less. (APA#4).

On cross-examination Mr. Duffy testified that he was not a neurologist, or an infectious disease doctor or an M.D. at all, that he was not qualified to offer medical opinions as to diagnosis or causation, and that he did not intend to offer any such opinions. (Tr. p. 37, line 15- p. 38, line 8). Mr. Duffy confirmed, on cross-examination, that *Cryptococcus* is found often in certain bird excrement and when it becomes dry and airborne there is potential for inhalation and resulting *Cryptococcal* infection in humans. (Tr. p. 30, lines 9-22). Mr. Duffy also testified:

Q. ALL RIGHT. FAIR ENOUGH. AND THEREFORE, SOIL THAT BECOMES AIRBORNE BECOMES DUST, PRESENTS A HAZARD FOR INFECTION BY *CRYPTOCOCCUS* FOUND IN THAT SOIL?

A. IT'S ASSUMING THAT WHAT BECOMES AIRBORNE CONTAINS THE SPORES.

Q. TO BEGIN WITH?

A. YES.

Q. RIGHT. RIGHT. OKAY. AND THAT HAZARD OF THAT INFECTION IS UNIQUELY INCIDENT TO THAT SORT OF BECOMING DRY - - THE SPORES BECOMING DRIED AND THEN BECOMING AIRBORNE SUCH THAT THEY CAN BE INHALED?

A. WELL, YES, IT'S THE - - YOU'RE SAYING THAT WHEN THE SOIL BECOMES DRY - - -

Q. YES, SIR.

A. YES.

(Tr. p. 40 line 12-p. 41 line 1).

As to the sampling procedure, Mr. Duffy testified that his firm maintained a rigorous chain of custody from the point of sampling on June 17, 2015 through testing. (Tr. p. 42, line 16- p. 44, line 2). He acknowledged that such a chain of custody was maintained, in part, to confirm that the samples were not corrupted at any point in the process. (Tr. p. 44, lines 21-23). He also acknowledged that he had no record or way of knowing what was going on with that material in the year between Mr. Poston's alleged exposure on July 9, 2014 and the sampling performed on June 17, 2015. He acknowledged that he did not know, during that time, whether the material had been exposed to wind or rain, (Tr. p. 37, lines 15-18), but he did acknowledge

that they did know that the material had been moved, at least once, during the excavation performed by the Claimant and his co-employees. (Tr. p. 47, lines 21-24). In particular, he acknowledged that workers excavated dirt in Area 1, placed the excavated dirt in Area 2, and put fill dirt from Area 3 into Area 1. (Tr. p. 47, line 25- p. 48, line 7). He testified that the fill material was placed into an area that was 20 feet deep, 30-50 feet wide, and 1,000-1,500 feet long. (Tr. p. 48, lines 17-20). However, he testified that he did not know the volume of that area. (Tr. p. 48, lines 21-22). He testified that his firm took 15 samples using Q-tip swabs from the surface of that area only. (Tr. p. 49, lines 15-19). He testified that the underground volume was of no concern to their test. (Tr. p. 51, lines 8-9). He specifically testified "we are not concerned with what is underground." (Tr. p. 50, lines 14-15). He testified:

Q. BUT, MR. DUFFY, THE ENTIRE - - ALL THAT SOIL WAS PLACED IN THAT VOLUME WHILE MR. POSTON WAS PRESENT, RIGHT?

A. ALL THE - - SAY THAT AGAIN.

Q. WELL, THAT WAS FILL DIRT.

A. THAT WAS FILL DIRT.

Q. IT WAS FILLING IN A HOLE THAT WAS 20-FEET DEEP, - - -

A. RIGHT.

Q. - - - 30 TO 50-FEET WIDE, AND 1,000 TO 1,500-FEET LONG?

A. RIGHT.

Q. RIGHT.

A. RIGHT. RIGHT.

Q. AND IS IT, THEREFORE, A FAIR ASSUMPTION THAT THE RELEVANT VOLUME THAT YOU ARE SAMPLING IS THAT VOLUME?

A. VOLUME IS DEPTH AND VOLUME IS NO CONCERN TO US.

IT'S THE SURFACE AREA.

Q. WELL, THAT'S WHAT I'M KIND OF GETTING TO. I MEAN, HOW DO WE KNOW THAT WHAT YOU SAMPLED WAS A STATISTICALLY SIGNIFICANT SAMPLE OF THAT DIRT THAT WENT INTO THAT HOLE?

A. AND I JUST ANSWERED THAT. BECAUSE THERE IS NO STATISTICAL TEST TO SAY HOW MANY SAMPLES

YOU SHOULD TAKE IN A GIVEN AREA WITHOUT KNOWING THE POPULATION THAT YOU'RE STUDYING. WE HAVE NO IDEA - - IF WE KNOW THERE WERE X NUMBER OF SPORES IN THAT AREA AND WE WERE GOING TO TEST THE CHARACTERISTIC OF THAT SPORE, WE COULD DO A STATISTICAL ANALYSIS.

Q. BUT, MR. DUFFY, YOU JUST TESTIFIED THERE WEREN'T ANY CRYPTOCCAL IN THAT DIRT.

A. AFTER WE GOT THE TEST RESULTS, THAT'S - - THAT'S WHAT THEY TOLD US, CORRECT.

Q. WHAT I UNDERSTAND YOUR TESTIMONY NOW IS, THAT TESTIMONY IS ONLY AS TO THE SURFACE OF THE DIRT. YOU DON'T HAVE ANY OPINION AS TO WHETHER THERE'S CRYPTOCOCCUS UNDER THE SURFACE?

A. NOT CONCERNED UNDER THE SURFACE.

Q. NOT INTERESTED IN KNOWING WHETHER IT'S UNDER THE SURFACE?

A. WELL, THERE - - THE SPORES ARE DISSEMINATED FROM THE SURFACE. THE SPORES DO NOT CLIMB UP AND GO UP THROUGH THE - -

Q. IF IT'S UNDISTURBED, RIGHT?

A. WELL, NO, THEY - - THEY - - THE SPORES, DURING REPRODUCTION, LAND ON THE SURFACE OF THE MATERIAL. THAT'S - - SPORES, WE HAVE SPORES EVERYTHING OF MICROORGANISMS. THEY LAND ON THE SURFACE, AND THEN AS YOU WALK THROUGH, AS YOU DIG OR WHATEVER AND YOU DISTURB THAT SURFACE, THEN YOU HAVE THE OPPORTUNITY OF DISPERSING THOSE SPORES. FROM THREE FEET DOWN - - FROM THREE - - WE WOULDN'T EXPECT TO FIND SPORES FROM THREE FEET - - -

A. MR. DUFFY, - - -

Q. - - - DOWN BECAUSE THAT'S CONTRARY TO THE SETTLEMENT PROCESS.

Q. MY POINT IS THE SURFACE IS THE SURFACE A YEAR LATER. THE DAY MR. POSTON WAS THERE, THAT WAS FILL DIRT THAT WAS GOING IN AND THE SURFACE WAS CHANGING EVERY DAY, RIGHT?

A. THE FILL DIRT WAS CHANGING EVERY DAY, BECAUSE?

Q. IT WAS BEING EXPOSED TO THE AIR AND GOING AND FILLING INTO THE HOLE, RIGHT?

A. OKAY.

Q. IS THAT YES?

A. YES. I'M TRYING TO FOLLOW YOU. THAT'S - - I HAVE TO THINK.

Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT THAT WENT INTO THAT HOLE, WITH THE EXCEPTION THAT THAT'S - - THAT IT IS ON THE VERY SURFACE, CONTAINS ANY CRYPTOCOCCUS?

A. NO, NOT ALL OF THAT DIRT.

Q. YOU CAN'T TELL ME?

A. NO.

Q. YOU'RE NOT OFFERING AN OPINION AS TO THAT TODAY?

A. I'M OFFERING AN OPINION AS TO WHEN WE SAMPLED THAT MATERIAL, WE DID NOT FIND CRYPTOCOCCUS.

Q. ON THE SURFACE?

A. ON THE SURFACE, YES.

Q. BUT YOU DON'T KNOW WHAT'S UNDER THE SURFACE?

A. WE DIDN'T TEST UNDER THE SURFACE, CORRECT.
(Tr. p.50, line 18-p. 53, line 22)

Mr. Duffy was then asked by Claimant's Counsel how he determined that 15 samples in Area 1 were statistically significant. He testified:

Q. AND MY QUESTION IS HOW DID YOU GET TO THE NUMBER OF 15 OR 20, SCIENTIFICALLY?

A. THE - - THE - - THERE'S NO SCIENTIFIC BASIS FOR THAT NUMBER.
(Tr. p. 55, lines 15-18).

Similarly, when asked why he took 4 samples from Area 2, which was 100 feet by 100 feet, he testified:

Q. ALL RIGHT. WHAT WAS THE STATISTICAL SIGNIFICANCE OF THAT SAMPLE?

A. THERE'S NO STATISTICAL ANALYSIS FOR DETERMINING THAT.
(Tr. p. 58, lines 15-18).

Thereafter, the undersigned Commissioner asked "How did you come up with a number that you felt was sufficient?", (Tr. p.63, lines 23-24), to which Mr. Duffy ultimately responded "...SO IT'S NOT BASED ON STATISTICS. IT'S NOT BASED ON A FORMULA. IT'S BASED ON OUR FEELING,...". (Tr. p. 64, lines 22-24).

Claimant is back at work but continues to treat with Dr. Healy and Dr. Chavez with a prolonged course of medication in an attempt to abate the disease.

Claimant contends that he is entitled to temporary total compensation for the period of July 9, 2014 through September 1, 2014 and that he is entitled to medical treatment as the result of his infection, including that provided by his family doctor, Carolinas Hospital System, Marion Hospital, Dr. Healy, Dr. Chavez, as well as, Walmart Pharmacy, Labcorp, and Pee Dee Radiology Group.

FINDINGS OF FACT

1. The parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, with William Poston being the Claimant, Randstad Temp Force, LP d/b/a Accustaff being the Employer, and Indemnity Insurance Company of North America being the Carrier.

2. The Claimant has an average weekly wage of \$1,083.00 with a corresponding compensation rate of \$722.04.

This finding is based on the parties' stipulation. (Tr. p. 4).

3. I find that the Claimant suffers from an occupational disease, i.e. cryptococcal meningitis affecting the whole body system, and, in particular, the brain and spine.

This finding is based on the above set out medical records and testimony.

In particular, Dr. Joseph Healy, the Claimant's treating neurologist and Dr. Temujin Chavez, the Claimant's treating infectious disease physician, testified that the Claimant suffered from cryptococcal meningitis as the result of his exposure to airborne soil particles containing

Cryptococcus produced as a result of the dirt moving operations of his job. (See Dep. Healy, p. 8, line 23-p. 11, line 10; Dep. Dr. Chavez, p. 33, line 10-p. 35, line 10).

Moreover, Mr. Duffy, upon whose testimony the Defense relies, is not a physician and offered no opinion as to medical diagnosis or causation, nor would he be qualified to do so. (Tr. p. 38, lines 5-8). Instead, the Defense relies upon Mr. Duffy's soil tests which did not reveal any Cryptococcus spores. I find Mr. Duffy's testimony unpersuasive.

First, Mr. Duffy acknowledges that the soil in question was subject to wind and rain and he has no knowledge of condition of material for year between the date of accident and the test. (Tr. p. 43, line 23-p. 47, line 18). Further, Mr. Duffy acknowledged that his firm only sampled the surface of the soil. (Tr. p. 49, lines 15-17).

In fact, even though the soil tested in Area 1, the area in which the canal was excavated and hard piped, was fill dirt transported from Area 3 and dumped into the hole 20 feet deep, 30-50 feet wide and 1,000-1,500 feet long, Mr. Duffy was very explicit that he was only interested in testing the surface and "not concerned with what's underground." (Tr. p. 50, lines 14-15).

When confronted with the fact that the Claimant was exposed to the entire volume of fill dirt as it was dumped into the excavated canal, Mr. Duffy testified:

Q. BUT, MR. DUFFY, THE ENTIRE - - ALL THAT SOIL WAS PLACED IN THAT VOLUME WHILE MR. POSTON WAS PRESENT, RIGHT?

A. ALL THE - - SAY THAT AGAIN.

Q. WELL, THAT WAS FILL DIRT.

A. THAT WAS FILL DIRT.

Q. IT WAS FILLING IN A HOLE THAT WAS 20-FEET DEEP, - - -

A. RIGHT.

Q. - - - 30 TO 50-FEET WIDE, AND 1,000 TO 1,500-FEET LONG?

A. RIGHT.

Q. RIGHT.

A. RIGHT. RIGHT.

- Q. AND IS IT, THEREFORE, A FAIR ASSUMPTION THAT THE RELEVANT VOLUME THAT YOU ARE SAMPLING IS THAT VOLUME?
- A. VOLUME IS DEPTH AND VOLUME IS NO CONCERN TO US.
IT'S THE SURFACE AREA.
- Q. WELL, THAT'S WHAT I'M KIND OF GETTING TO. I MEAN, HOW DO WE KNOW THAT WHAT YOU SAMPLED WAS A STATISTICALLY SIGNIFICANT SAMPLE OF THAT DIRT THAT WENT INTO THAT HOLE?
- A. AND I JUST ANSWERED THAT. BECAUSE THERE IS NO STATISTICAL TEST TO SAY HOW MANY SAMPLES YOU SHOULD TAKE IN A GIVEN AREA WITHOUT KNOWING THE POPULATION THAT YOU'RE STUDYING. WE HAVE NO IDEA - - IF WE KNOW THERE WERE X NUMBER OF SPORES IN THAT AREA AND WE WERE GOING TO TEST THE CHARACTERISTIC OF THAT SPORE, WE COULD DO A STATISTICAL ANALYSIS.
- Q. BUT, MR. DUFFY, YOU JUST TESTIFIED THERE WEREN'T ANY CRYPTOCCAL IN THAT DIRT.
- A. AFTER WE GOT THE TEST RESULTS, THAT'S - - THAT'S WHAT THEY TOLD US, CORRECT.
- Q. WHAT I UNDERSTAND YOUR TESTIMONY NOW IS, THAT TESTIMONY IS ONLY AS TO THE SURFACE OF THE DIRT. YOU DON'T HAVE ANY OPINION AS TO WHETHER THERE'S CRYPTOCOCCUS UNDER THE SURFACE?
- A. NOT CONCERNED UNDER THE SURFACE.
- Q. NOT INTERESTED IN KNOWING WHETHER IT'S UNDER THE SURFACE?
- A. WELL, THERE - - THE SPORES ARE DISSEMINATED FROM THE SURFACE. THE SPORES DO NOT CLIMB UP AND GO UP THROUGH THE - -
- Q. IF IT'S UNDISTURBED, RIGHT?
- A. WELL, NO, THEY - - THEY - - THE SPORES, DURING REPRODUCTION, LAND ON THE SURFACE OF THE MATERIAL. THAT'S - - SPORES, WE HAVE SPORES EVERYTHING OF MICROORGANISMS. THEY LAND ON THE SURFACE, AND THEN AS YOU WALK THROUGH, AS YOU DIG OR WHATEVER AND YOU DISTURB THAT SURFACE, THEN YOU HAVE THE OPPORTUNITY OF DISPERSING THOSE SPORES. FROM THREE FEET DOWN - - FROM THREE - - WE

- WOULDN'T EXPECT TO FIND SPORES FROM
THREE FEET ---
- A. MR. DUFFY, ---
- Q. --- DOWN BECAUSE THAT'S CONTRARY TO THE
SETTLEMENT PROCESS.
- Q. MY POINT IS THE SURFACE IS THE SURFACE A
YEAR LATER. THE DAY MR. POSTON WAS THERE,
THAT WAS FILL DIRT THAT WAS GOING IN AND
THE SURFACE WAS CHANGING EVERY DAY,
RIGHT?
- A. THE FILL DIRT WAS CHANGING EVERY DAY,
BECAUSE?
- Q. IT WAS BEING EXPOSED TO THE AIR AND GOING
AND FILLING INTO THE HOLE, RIGHT?
- A. OKAY.
- Q. IS THAT YES?
- A. YES. I'M TRYING TO FOLLOW YOU. THAT'S -- I
HAVE TO THINK.
- Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT
THAT WENT INTO THAT HOLE, WITH THE
EXCEPTION THAT THAT'S -- THAT IT IS ON THE
VERY SURFACE, CONTAINS ANY
CRYPTOCOCCUS?
- A. NO, NOT ALL OF THAT DIRT.
- Q. YOU CAN'T TELL ME?
- A. NO.
- Q. YOU'RE NOT OFFERING AN OPINION AS TO THAT
TODAY?
- A. I'M OFFERING AN OPINION AS TO WHEN WE
SAMPLED THAT MATERIAL, WE DID NOT FIND
CRYPTOCOCCUS.
- Q. ON THE SURFACE?
- A. ON THE SURFACE, YES.
- Q. BUT YOU DON'T KNOW WHAT'S UNDER THE
SURFACE?
- A. WE DIDN'T TEST UNDER THE SURFACE, CORRECT.
(Tr. p.50, line 18-p. 53, line 22)

Thus, the reliability of Mr. Duffy's test is undermined by the fact that he made no effort
to test the soil under the surface that the Claimant was exposed to as it filled into the hole in the
Claimant's presence. As he admitted:

- Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT
THAT WENT INTO THAT HOLE, WITH THE

EXCEPTION THAT THAT'S - - THAT IT IS ON THE
VERY SURFACE, CONTAINS ANY
CRYPTOCOCCUS?

A. NO, NOT ALL OF THAT DIRT.

Q. YOU CAN'T TELL ME?

A. NO.

(Tr. p. 53, lines 9-15).

Finally, Mr. Duffy admitted that, even as to his tests on the surface, he could offer no scientific basis establishing that the number of samples he took were statistically significant or representative of the surface area tested. (Tr., p. 55, lines 15-18, p. 58, lines 15-18). Indeed, when questioned by the undersigned he testified:

BY COMMISSIONER JAMES:

HOW DID YOU COME UP WITH A NUMBER THAT YOU
FELT WAS SUFFICIENT?

... SO IT'S NOT BASED ON STATISTICS. IT'S NOT BASED
ON A FORMULA. IT'S BASED ON OUR FEELINGS,
(Tr. p. 63, lines 23-24, ... Tr. p. 64, lines 22-24).

4. I find that Claimant's occupational disease, i.e. cryptococcal meningitis, arose out of and in the course and scope of his employment and that it was the direct result of his continuous exposure to airborne dirt particles in the course of his job as an earth moving equipment operator.

This finding is based on the above set out medical records and testimony. In particular, Dr. Healy testified:

Q. Okay. And that's a, that's a fair approach, too, Doctor, and I will tell you that in the law of Workers' Compensation in addition to injury by accident where we can identify a precise exclusive cause, there is also such another thing call "occupational disease," and in the law of Workers' Compensation, an occupational disease involves diseases that are distinctively associated with particular types of employment and particular types of employment activities. Now, occupational disease asks whether the hazards which the Claimant was exposed are access to those incident to other types of ordinary employment.

Whether they were especially incident to this type of work and whether that continuous exposure to those job conditions most probably caused the Claimant's condition. Given that kind of recitation in a nutshell of the law of occupational disease, do you have an opinion to a reasonable degree of medical certainty as to whether cryptococcal meningitis is the type of disease that is distinctively associates with employment involving moving large quantities of soil?

A. Yes.

Q. Okay. And that is your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. Okay. And, again, do you have an opinion as to whether that hazard distinctively associated with earth-moving activities is an hazard that is in excess of the other type of hazards that would normally be involved in normal employment?

A. Yes.

Q. Okay. And I think I've understood then that your opinion also is that his disease was a product of the continuous exposure to those job conditions?

A. Correct.

(Dep. Dr. Healy, p. 10, line 1-p. 11, line 10). (Emphasis added).

5. I find that the Claimant's occupational disease, i.e. cryptococcal meningitis, is due to hazardous exposure to airborne dirt particles, and the Cryptococcus contained therein, in excess of those hazards that are ordinarily incident to employment.

This finding is based on the above set out records and testimony, including that of Dr. Healy, who testified:

Q. Okay. And, again, do you have an opinion as to whether that hazard distinctively associated with earth-moving activities is an hazard that is in excess of the other type of hazards that would normally be involved in normal employment?

A. Yes.

(Dr. Healy, p. 11, lines 1-6).

6. I find that the Claimant's occupational disease, i.e. cryptococcal meningitis, was peculiar to the occupation and employment in which Claimant was engaged.

This finding is based on the above set out medical records and testimony.

In particular, as Dr. Healy testified, cryptococcal meningitis is distinctively associated with employment involving moving large quantities of soil. (Dep. Dr. Healy, p. 10, lines 16-25).

7. I find that the hazard causing Claimant's occupational disease, i.e. cryptococcal meningitis, is one recognized as peculiar to the particular occupation and employment in which the Claimant was engaged.

This finding is based upon the above set out medical records and testimony.

8. I find that Claimant's occupational disease, i.e. cryptococcal meningitis, was a direct result of the Claimant's continuous exposure to the normal working conditions of his particular occupation and employment as a heavy equipment operator which involved, almost exclusively, the moving of large quantities of soil.

This testimony is based upon the above set out medical records and testimony.

9. I find that pursuant to §42-15-20, §42-15-40, Bailey v. Covil Corp., 354 S.E.2d 35 (S.C. 1997), and Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992), the Employer received notice of the Claimant's occupational disease within ninety (90) days of the date Claimant was disabled and could discover with reasonable diligence that his condition was compensable.

This finding is based upon the Defendant's Form 51 admissions.

10. I find that under §42-15-60, Defendants are responsible for all medical treatment rendered to Claimant including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group

from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

This finding is based on the medical records and the above set out testimony.

11. I find Claimant has not reached maximum medical improvement.

This finding is based upon the parties Stipulation that there is no evidence that the Claimant has reached M.M.I. (Tr. p. 7, lines 22-24).

12. I find that Claimant was totally disabled and entitled to benefits pursuant to §42-9-10 for the 8 week period beginning July 9, 2014, through September 1, 2014 in the weekly amount of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

This finding is based on the above set out medical records and testimony, in particular the testimony of Dr. Joseph Healy who restricted the Claimant from work due to his condition for said period. (Dep. Healy, p. 11, line 11-p. 12, line 9).

RULINGS OF LAW

Accordingly, as provided in the Code of Laws of South Carolina, 1976, as amended, §42-17-40, it is the determination of this Commissioner:

1. Pursuant to §42-1-130, the Claimant was a covered Employee at the time in question; and under §42-1-140, the Defendant/Employer was a covered Employer under the Act.

2. Pursuant to §42-1-40, the compensation rate for is Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars per week.

3. Pursuant to §42-11-10, et. seq., and Mohasco Corp. Dixana Mill Div. v. Rising, 289 S.C. 130 (S.C. App. 1986), Claimant suffered an occupational disease i.e. cryptococcal meningitis as the direct result of his continuous exposure to airborne dirt particles and the cryptococcal fungus they contain out of and in the course of his employment as an operator of heavy earth moving equipment, in particular:

a. I find that the Claimant suffers from an occupational disease i.e. cryptococcal meningitis, affecting the whole body system, and in particular, the brain and spine.

b. I find that Claimant's occupational disease arose out of and in the course and scope of his employment and that it was the result of his direct and continuous exposure to airborne dirt particles and the cryptococcal fungus they contain in the course of his job as a heavy equipment operator.

c. I find that the Claimant's occupational disease is due to hazardous exposure to airborne dirt particles in excess of those hazards that are ordinarily incident to employment.

d. I find that the Claimant's occupational disease was peculiar to the occupation and employment in which Claimant was engaged.

e. I find that the hazard causing Claimant's occupational disease is one recognized as peculiar to the particular occupation and employment in which the Claimant was engaged.

f. I find that the Claimant's occupational disease directly resulted from the Claimant's continuous exposure to the normal working conditions of his particular occupation and employment.

4. Pursuant to §42-15-20, §42-15-40, Bailey v. Covil Corp., 354 S.E.2d 35 (S.C. 1997), and Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992), I find that the Employer received notice of the Claimant's occupational disease within ninety (90) days of the date Claimant was disabled and could discover with reasonable diligence that his condition was compensable.

5. Pursuant to §42-15-60, I find that Defendants are responsible for all medical treatment rendered to Claimant including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

6. I find Claimant has not reached maximum medical improvement.

7. I find that Claimant is totally disabled and entitled to benefits pursuant to §42-9-10 for the 8 week period beginning July 9, 2014, through September 1, 2014 in the weekly amount of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

ORDER

IT IS, THEREFORE, ORDERED that the Employer, Randstad Temp Force, LP, d/b/a Accustaff, and the Carrier, Indemnity Insurance Company of North America, shall pay all medical treatment rendered to Claimant, including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

IT IS FURTHER ORDERED that the Employer/Carrier shall pay to the Claimant weekly benefits at the compensation rate of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars for the 8 week period beginning July 9, 2014 through September 1, 2014 in the weekly amount of \$722.04 for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

IT IS FURTHER ORDERED that no hearing costs are assessed in this instance.



Commissioner Melody L. James

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
January 22, 2016

By: Tamara Morris, Administrative Assistant to Commissioner James

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL

WILLIAM F. POSTON,	)	
	)	
Claimant/Respondent,	)	
	)	WCC FILE NO.: 1416804
vs.	)	
	)	
RANDSTAD NORTH AMERICA,	)	APPELLATE PANEL DECISION
	)	AND ORDER
Employer/Appellant,	)	
	)	
and	)	
	)	
INDEMNITY INS. CO. OF N.A.,	)	
	)	
Carrier/Appellant,	)	
<u>Defendants/Appellants.</u>	)	

HEARING:	May 16, 2016, Columbia, South Carolina
PURPOSE OF HEARING:	Appellate Panel Review of Issues Raised in Defendants Form 30, Request for Commission Review
APPEARANCES:	For the Claimant/Respondent: Stephen J. Wukela, Esquire of Wukela Law Firm, in Florence, South Carolina For the Defendants/Appellants: Christopher C. Mingledorff, Esquire of Moore Ingram Johnson & Steele, LLP in Charleston, South Carolina
DECISION AND ORDER:	Appellate Panel Commissioner R. Michael Campbell, II Commissioner T. Scott Beck Commissioner Gene McCaskill

PROCEDURAL HISTORY

Claimant alleged that he suffered an occupational disease while working for Defendants as a heavy equipment operator. Defendants denied the claim. Claimant was treated by Dr. Joseph Healy and Dr. Temujin Chavez for cryptococcal meningitis. While treating, Claimant was out of work for approximately five weeks, but was able to return to full duty. Claimant

returned to full duty for the Employer at the same job site on which he alleged he was exposed to cryptococcal meningitis.

Due to the fact the claim was denied, Claimant filed a Form 50, requesting a hearing. Defendants timely filed a response and raised all appropriate defenses. The case was heard by Commissioner Melody L. James, on September 29, 2015, in Florence, South Carolina. The purpose of the hearing was to determine the issues set forth in Claimant's Form 50 and Defendants' Form 51. On January 22, 2016, Commissioner James issued a Decision and Order with the following Findings of Fact, Rulings of Law, and Order:

Hearing Commissioner's Findings of Fact

1. *The parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, with William Poston being the Claimant, Randstad Temp Force, LP d/b/a Accustaff being the Employer, and Indemnity Insurance Company of North America being the Carrier.*

2. *The Claimant has an average weekly wage of \$1,083.00 with a corresponding compensation rate of \$722.04.*

This finding is based on the parties' stipulation. (Tr. p. 4).

3. *I find that the Claimant suffers from an occupational disease, i.e. cryptococcal meningitis affecting the whole body system, and, in particular, the brain and spine.*

This finding is based on the above set out medical records and testimony.

In particular, Dr. Joseph Healy, the Claimant's treating neurologist and Dr. Temujin Chavez, the Claimant's treating infectious disease physician, testified that the Claimant suffered from cryptococcal meningitis as the result of his exposure to airborne soil particles containing

Cryptococcus produced as a result of the dirt moving operations of his job. (See Dep. Healy, p. 8, line 23-p. 11, line 10; Dep. Dr. Chavez, p. 33, line 10-p. 35, line 10).

Moreover, Mr. Duffy, upon whose testimony the Defense relies, is not a physician and offered no opinion as to medical diagnosis or causation, nor would he be qualified to do so. (Tr. p. 38, lines 5-8). Instead, the Defense relies upon Mr. Duffy's soil tests which did not reveal any Cryptococcus spores. I find Mr. Duffy's testimony unpersuasive.

First, Mr. Duffy acknowledges that the soil in question was subject to wind and rain and he has no knowledge of condition of material for year between the date of accident and the test. (Tr. p. 43, line 23-p. 47, line 18). Further, Mr. Duffy acknowledged that his firm only sampled the surface of the soil. (Tr. p. 49, lines 15-17).

In fact, even though the soil tested in Area 1, the area in which the canal was excavated and hard piped, was fill dirt transported from Area 3 and dumped into the hole 20 feet deep, 30-50 feet wide and 1,000-1,500 feet long, Mr. Duffy was very explicit that he was only interested in testing the surface and "not concerned with what's underground." (Tr. p. 50, lines 14-15).

When confronted with the fact that the Claimant was exposed to the entire volume of fill dirt as it was dumped into the excavated canal, Mr. Duffy testified:

Q. BUT, MR. DUFFY, THE ENTIRE -- ALL THAT SOIL WAS PLACED IN THAT VOLUME WHILE MR. POSTON WAS PRESENT, RIGHT?

A. ALL THE -- SAY THAT AGAIN.

Q. WELL, THAT WAS FILL DIRT.

A. THAT WAS FILL DIRT.

Q. IT WAS FILLING IN A HOLE THAT WAS 20-FEET DEEP,

A. RIGHT.

Q. --- 30 TO 50-FEET WIDE, AND 1,000 TO 1,500-FEET LONG?

A. RIGHT.

Q. RIGHT.

A. RIGHT. RIGHT.

- Q. AND IS IT, THEREFORE, A FAIR ASSUMPTION THAT THE RELEVANT VOLUME THAT YOU ARE SAMPLING IS THAT VOLUME?
- A. VOLUME IS DEPTH AND VOLUME IS NO CONCERN TO US.
IT'S THE SURFACE AREA.
- Q. WELL, THAT'S WHAT I'M KIND OF GETTING TO. I MEAN, HOW DO WE KNOW THAT WHAT YOU SAMPLED WAS A STATISTICALLY SIGNIFICANT SAMPLE OF THAT DIRT THAT WENT INTO THAT HOLE?
- A. AND I JUST ANSWERED THAT. BECAUSE THERE IS NO STATISTICAL TEST TO SAY HOW MANY SAMPLES YOU SHOULD TAKE IN A GIVEN AREA WITHOUT KNOWING THE POPULATION THAT YOU'RE STUDYING. WE HAVE NO IDEA - - IF WE KNOW THERE WERE X NUMBER OF SPORES IN THAT AREA AND WE WERE GOING TO TEST THE CHARACTERISTIC OF THAT SPORE, WE COULD DO A STATISTICAL ANALYSIS.
- Q. BUT, MR. DUFFY, YOU JUST TESTIFIED THERE WEREN'T ANY CRYPTOCCAL IN THAT DIRT.
- A. AFTER WE GOT THE TEST RESULTS, THAT'S - - THAT'S WHAT THEY TOLD US, CORRECT.
- Q. WHAT I UNDERSTAND YOUR TESTIMONY NOW IS, THAT TESTIMONY IS ONLY AS TO THE SURFACE OF THE DIRT. YOU DON'T HAVE ANY OPINION AS TO WHETHER THERE'S CRYPTOCOCCUS UNDER THE SURFACE?
- A. NOT CONCERNED UNDER THE SURFACE.
- Q. NOT INTERESTED IN KNOWING WHETHER IT'S UNDER THE SURFACE?
- A. WELL, THERE - - THE SPORES ARE DISSEMINATED FROM THE SURFACE. THE SPORES DO NOT CLIMB UP AND GO UP THROUGH THE - -
- Q. IF IT'S UNDISTURBED, RIGHT?
- A. WELL, NO, THEY - - THEY - - THE SPORES, DURING REPRODUCTION, LAND ON THE SURFACE OF THE MATERIAL. THAT'S - - SPORES, WE HAVE SPORES EVERYTHING OF MICROORGANISMS. THEY LAND ON THE SURFACE, AND THEN AS YOU WALK THROUGH, AS YOU DIG OR WHATEVER AND YOU DISTURB THAT SURFACE, THEN YOU HAVE THE OPPORTUNITY OF DISPERSING THOSE SPORES. FROM THREE FEET DOWN - - FROM THREE - - WE

WOULDN'T EXPECT TO FIND SPORES FROM THREE FEET ---

A. MR. DUFFY, ---

Q. --- DOWN BECAUSE THAT'S CONTRARY TO THE SETTLEMENT PROCESS.

Q. MY POINT IS THE SURFACE IS THE SURFACE A YEAR LATER. THE DAY MR. POSTON WAS THERE, THAT WAS FILL DIRT THAT WAS GOING IN AND THE SURFACE WAS CHANGING EVERY DAY, RIGHT?

A. THE FILL DIRT WAS CHANGING EVERY DAY, BECAUSE?

Q. IT WAS BEING EXPOSED TO THE AIR AND GOING AND FILLING INTO THE HOLE, RIGHT?

A. OKAY.

Q. IS THAT YES?

A. YES. I'M TRYING TO FOLLOW YOU. THAT'S -- I HAVE TO THINK.

Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT THAT WENT INTO THAT HOLE, WITH THE EXCEPTION THAT THAT'S -- THAT IT IS ON THE VERY SURFACE, CONTAINS ANY CRYPTOCOCCUS?

A. NO, NOT ALL OF THAT DIRT.

Q. YOU CAN'T TELL ME?

A. NO.

Q. YOU'RE NOT OFFERING AN OPINION AS TO THAT TODAY?

A. I'M OFFERING AN OPINION AS TO WHEN WE SAMPLED THAT MATERIAL, WE DID NOT FIND CRYPTOCOCCUS.

Q. ON THE SURFACE?

A. ON THE SURFACE, YES.

Q. BUT YOU DON'T KNOW WHAT'S UNDER THE SURFACE?

A. WE DIDN'T TEST UNDER THE SURFACE, CORRECT.

(Tr. p.50, line 18-p. 53, line 22)

Thus, the reliability of Mr. Duffy's test is undermined by the fact that he made no effort to test the soil under the surface that the Claimant was exposed to as it filled into the hole in the Claimant's presence. As he admitted:

Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT THAT WENT INTO THAT HOLE, WITH THE EXCEPTION THAT THAT'S -- THAT IT IS ON THE VERY SURFACE, CONTAINS ANY CRYPTOCOCCUS?

A. NO, NOT ALL OF THAT DIRT.

Q. YOU CAN'T TELL ME?

A. NO.

(Tr. p. 53, lines 9-15).

Finally, Mr. Duffy admitted that, even as to his tests on the surface, he could offer no scientific basis establishing that the number of samples he took were statistically significant or representative of the surface area tested. (Tr., p. 55, lines 15-18, p. 58, lines 15-18). Indeed, when questioned by the undersigned he testified:

BY COMMISSIONER JAMES:

HOW DID YOU COME UP WITH A NUMBER THAT YOU FELT WAS SUFFICIENT?

... SO IT'S NOT BASED ON STATISTICS. IT'S NOT BASED ON A FORMULA. IT'S BASED ON OUR FEELINGS,

(Tr. p. 63, lines 23-24, ... Tr. p. 64, lines 22-24).

4. I find that Claimant's occupational disease, i.e. cryptococcal meningitis, arose out of and in the course and scope of his employment and that it was the direct result of his continuous exposure to airborne dirt particles in the course of his job as an earth moving equipment operator.

This finding is based on the above set out medical records and testimony. In particular, Dr. Healy testified:

Q. Okay. And that's a, that's a fair approach, too, Doctor, and I will tell you that in the law of Workers' Compensation in addition to injury by accident where we can identify a precise exclusive cause, there is also such another thing call "occupational disease," and in the law of Workers' Compensation, an occupational disease involves diseases that are distinctively associated with particular types of employment and particular types of employment activities. Now, occupational disease asks whether the hazards which the Claimant was exposed are access to those incident to other types of ordinary employment. Whether they were especially incident to this type of work and whether that continuous exposure to those job conditions most probably caused the Claimant's condition. Given that kind of

recitation in a nutshell of the law of occupational disease, do you have an opinion to a reasonable degree of medical certainty as to whether cryptococcal meningitis is the type of disease that is distinctively associated with employment involving moving large quantities of soil?

A. Yes.

Q. Okay. And that is your opinion to a reasonable degree of medical certainty?

A. Yes.

Q. Okay. And, again, do you have an opinion as to whether that hazard distinctively associated with earth-moving activities is an hazard that is in excess of the other type of hazards that would normally be involved in normal employment?

A. Yes.

Q. Okay. And I think I've understood then that your opinion also is that his disease was a product of the continuous exposure to those job conditions?

A. Correct.

(Dep. Dr. Healy, p. 10, line 1-p. 11, line 10). (Emphasis added).

5. *I find that the Claimant's occupational disease, i.e. cryptococcal meningitis, is due to hazardous exposure to airborne dirt particles, and the Cryptococcus contained therein, in excess of those hazards that are ordinarily incident to employment.*

This finding is based on the above set out records and testimony, including that of Dr. Healy, who testified:

Q. Okay. And, again, do you have an opinion as to whether that hazard distinctively associated with earth-moving activities is an hazard that is in excess of the other type of hazards that would normally be involved in normal employment?

A. Yes.

(Dr. Healy, p. 11, lines 1-6).

6. *I find that the Claimant's occupational disease, i.e. cryptococcal meningitis, was peculiar to the occupation and employment in which Claimant was engaged.*

This finding is based on the above set out medical records and testimony.

In particular, as Dr. Healy testified, cryptococcal meningitis is distinctively associated with employment involving moving large quantities of soil. (Dep. Dr. Healy, p. 10, lines 16-25).

7. I find that the hazard causing Claimant's occupational disease, i.e. cryptococcal meningitis, is one recognized as peculiar to the particular occupation and employment in which the Claimant was engaged.

This finding is based upon the above set out medical records and testimony.

8. I find that Claimant's occupational disease, i.e. cryptococcal meningitis, was a direct result of the Claimant's continuous exposure to the normal working conditions of his particular occupation and employment as a heavy equipment operator which involved, almost exclusively, the moving of large quantities of soil.

This testimony is based upon the above set out medical records and testimony.

9. I find that pursuant to §42-15-20, §42-15-40, Bailey v. Covil Corp., 354 S.E.2d 35 (S.C. 1997), and Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992), the Employer received notice of the Claimant's occupational disease within ninety (90) days of the date Claimant was disabled and could discover with reasonable diligence that his condition was compensable.

This finding is based upon the Defendant's Form 51 admissions.

10. I find that under §42-15-60, Defendants are responsible for all medical treatment rendered to Claimant including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

This finding is based on the medical records and the above set out testimony.

11. I find Claimant has not reached maximum medical improvement.

This finding is based upon the parties Stipulation that there is no evidence that the Claimant has reached M.M.I. (Tr. p. 7, lines 22-24).

12. I find that Claimant was totally disabled and entitled to benefits pursuant to §42-9-10 for the 8 week period beginning July 9, 2014, through September 1, 2014 in the weekly amount of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

This finding is based on the above set out medical records and testimony, in particular the testimony of Dr. Joseph Healy who restricted the Claimant from work due to his condition for said period. (Dep. Healy, p. 11, line 11-p. 12, line 9).

Hearing Commissioner's Rulings of Law

Accordingly, as provided in the Code of Laws of South Carolina, 1976, as amended, §42-17-40, it is the determination of this Commissioner:

1. Pursuant to §42-1-130, the Claimant was a covered Employee at the time in question; and under §42-1-140, the Defendant/Employer was a covered Employer under the Act.

2. Pursuant to §42-1-40, the compensation rate for Claimant is Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars per week.

3. Pursuant to §42-11-10, et. seq., and Mohasco Corp. Dixana Mill Div. v. Rising, 289 S.C. 130 (S.C. App. 1986), Claimant suffered an occupational disease i.e. cryptococcal meningitis as the direct result of his continuous exposure to airborne dirt particles and the cryptococcal fungus they contain out of and in the course of his employment as an operator of heavy earth moving equipment, in particular:

a. I find that the Claimant suffers from an occupational disease i.e. cryptococcal meningitis, affecting the whole body system, and in particular, the brain and spine.

b. I find that Claimant's occupational disease arose out of and in the course and scope of his employment and that it was the result of his direct and continuous exposure to airborne dirt particles and the cryptococcal fungus they contain in the course of his job as a heavy equipment operator.

c. I find that the Claimant's occupational disease is due to hazardous exposure to airborne dirt particles in excess of those hazards that are ordinarily incident to employment.

d. I find that the Claimant's occupational disease was peculiar to the occupation and employment in which Claimant was engaged.

e. I find that the hazard causing Claimant's occupational disease is one recognized as peculiar to the particular occupation and employment in which the Claimant was engaged.

f. I find that the Claimant's occupational disease directly resulted from the Claimant's continuous exposure to the normal working conditions of his particular occupation and employment.

4. Pursuant to §42-15-20, §42-15-40, Bailey v. Covil Corp., 354 S.E.2d 35 (S.C. 1997), and Mauldin v. Dyna-Color/Jack Rabbit, 308 S.C. 18, 416 S.E.2d 639 (S.C. 1992), I find that the Employer received notice of the Claimant's occupational disease within ninety (90) days of the date Claimant was disabled and could discover with reasonable diligence that his condition was compensable.

5. Pursuant to §42-15-60, I find that Defendants are responsible for all medical treatment rendered to Claimant including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

6. I find Claimant has not reached maximum medical improvement.

7. I find that Claimant is totally disabled and entitled to benefits pursuant to §42-9-10 for the 8 week period beginning July 9, 2014, through September 1, 2014 in the weekly amount of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

Hearing Commissioner's Order

IT IS, THEREFORE, ORDERED that the Employer, Randstad Temp Force, LP, d/b/a Accustaff, and the Carrier, Indemnity Insurance Company of North America, shall pay all medical treatment rendered to Claimant, including medical treatment rendered by Thomas Keith Stewart, MD, Marion Physician Services, LLC, Carolinas Hospital System-Marion, Radiology Assoc. Of Marion Co., R. Joseph Healy, MD, Carolinas Hospital System, Temujin Chavez, MD, Carolinas Infectious Disease, LabCorp, Pee Dee Radiology Group from the date of the injury, July 9, 2014, to the date of this Order and continuing for such additional time as will tend to lessen the period of disability.

IT IS FURTHER ORDERED that the Employer/Carrier shall pay to the Claimant weekly benefits at the compensation rate of Seven Hundred Twenty-Two and 04/100 (\$722.04) Dollars

for the 8 week period beginning July 9, 2014 through September 1, 2014 in the weekly amount of \$722.04 for a total of Five Thousand Seven Hundred Seven-Six and 32/100 (\$5,776.32) Dollars.

IT IS FURTHER ORDERED that no hearing costs are assessed in this instance.

STATEMENT OF THE CASE

This is an appeal from the above mentioned Decision and Order of the Single Commissioner. Defendants timely filed a Form 30 to request review by the Appellate Panel. Defendants raised numerous errors on appeal, including but not limited to, the fact that Claimant failed to prove the statutorily required elements for an occupational disease, the fact that Claimant's disease did not arise out of and in the course and scope of his employment, and the fact that the hazard causing Claimant's disease is not peculiar to the occupation and employment in which he was engaged. The parties' briefs were timely filed, and oral argument was heard by the Appellate Panel on May 16, 2016.

STANDARD OF REVIEW

The Appellate Panel is the ultimate fact finder in Workers' Compensation cases and is not bound by the Single Commissioner's findings of fact. Gadson v. Mikasa Corp., 368 S.C. 214, 628 S.E.2d 262, (Ct. App. 2006); see also Bass v. Isochem, 365 S.C. 454, 617 S.E.2d 369 (Ct. App. 2005); and Muir v. C.R. Bard, Inc., 336 S.C. 266, 519 S.E.2d 583 (Ct. App. 1999). Pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel shall weigh the evidence as presented at the initial hearing and, if good grounds are shown, make its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the Single Commissioner. Pack v. State Dep't of Transp., 381 S.C. 526, 673 S.E.2d 461, (Ct. App. 2009); see also Lowe v. An-Can Transport Services, Inc., 283 S.C. 543, 324 S.E.2d 87 (Ct. App. 1984); and Green v. Raybestos-Manhattan, Inc., 250 S.C. 58, 156 S.E.2d 318 (1967).

EVIDENCE

1. Testimony of Dr. Joseph Healy, Jr.

On February 16, 2015, Employer conducted the deposition of Claimant's neurologist, Dr. Joseph Healy, Jr. According to Dr. Healy's testimony, cryptococcal meningitis is caused by the inhalation of cryptococcal fungus – a type of airborne fungus that is common throughout our environment and everyday lives. (Employer's APA #2 at pp. 6, lines 20-25; 7, lines 18-25). Everyone is exposed to cryptococcal fungus through various environmental factors. (Id. at p. 17, lines 20-23). Even knowing this information, Dr. Healy did absolutely no investigation into Claimant's environmental exposures or possible causes outside of his current employment.

Moreover, Dr. Healy also explained that individuals with cryptococcal meningitis are usually infested with the fungus for an extended period of time before one becomes symptomatic or develops meningitis. (Id. at p. 7, lines 1-5). Dr. Healy explained that the fungus spores are breathed into the lungs and lay dormant for a period of time or causes a very low-level illness. If your immune system is unable to fight the infection off at that point, it can spread into your spinal fluid where it, again, usually lays dormant for an extended period of time before one develops meningitis. (Id. at p. 7, lines 18-24; p. 8, lines 1-2). Specifically as it relates to Claimant, Dr. Healy testified that "he had been ill for some time, probably about eighteen (18) months [before he ever saw me and ordered an MRI]...." (Id.). Dr. Healy first saw Claimant in July 2014, only one (1) month after Claimant began working for Employer. Thus, Dr. Healy's timeline is that Claimant had been infected since early 2013.

When asked about Claimant's cause of cryptococcal meningitis, Dr. Healy testified that the likely source was claimant's employment simply because "I have no alternative explanation." (Id. at p. 9, lines 20-22). Notably, Dr. Healy acknowledges that he has absolutely no knowledge

or information regarding Claimant's environmental exposures or factors outside of his employment such as where Claimant lives; any hobbies or activities outside of work; whether he owns any pets or animals; whether he lives near the Purdue chicken facility in Florence; whether Claimant performs any outdoor chores; whether he hunts or fishes; or any other potential sources of exposure to cryptococcal fungus. (Id. at p. 8, lines 8-15). Dr. Healy's opinion as to causation is not direct and that which is normally presented in a workers' compensation claim. Instead, he only links it to Claimant's employment because he has "no alternate explanation." Adopting such a mechanism of causation is quite dangerous and expansive.

2. Testimony of Dr. Temujin D. Chavez.

On March 20, 2015, Employer conducted the deposition of Claimant's authorized treating physician, Dr. Temujin D. Chavez. Dr. Chavez is an infectious disease doctor at CHD Carolinas Infectious Disease. According to Dr. Chavez's testimony, he has treated various patients over the years that have been diagnosed with cryptococcal meningitis. (Employer's APA # 3 at p. 5, lines 23-25, p. 6, lines 1-7). His opinion is that no one really knows how cryptococcal meningitis is contracted. There are suspicions it originates from bird droppings, but it is also thought to be present in decaying matter such as trees, vegetables and plants. (Id. at p. 14, lines 10-25). Dr. Chavez acknowledges that cryptococcal fungus is commonly spread through airborne spores. In fact, Dr. Chavez's example of the ease at which someone is exposed is that "anyone can contract it by simply driving down the road with the windows down and breathing it in." (Id. at p. 17, lines 4-10).

Just like Dr. Healy, despite knowing how widespread cryptococcal fungus is in our environment, Dr. Chavez admits that he did no investigation or collected any information regarding where Claimant lived; specific details about his workplace; whether he has any pets or

been around any animals; whether he has a chicken coop or lives near the Purdue chicken facility in Florence; what type of hobbies and activities he enjoys outside of work; whether he hunts or fishes; whether he gardens or works in the yard; or any other details about Claimant's life that would be vital in determining potential exposure to cryptococcal fungus. (Id. at pp. 9-10; p. 18, lines 1-20; p. 44, lines 9-25 (admitting that employment is only possible source he looked into); p. 45, lines 1-11).

When asked specifically if he knew how Claimant contracted cryptococcal meningitis, he responded, "No, I do not." (Id. at p. 13, lines 7-9). Likewise, when asked if he knew how any of his other patients contracted cryptococcal meningitis, Dr. Chavez answered, "[n]o. Frankly, no...." (Id. at p. 14, lines 4-9).

3. Was there any evidence of cryptococcal fungus at Claimant's work site?

In light of the fact that Dr. Healy and Dr. Chavez could not explain when, why or how Claimant became ill, Employer hired David A. Duffy, Certified Industrial Hygienist, for the purpose of obtaining, testing and analyzing soil samples from the work site on which Claimant alleges made him ill. Specifically, Mr. Duffy's analysis would search for the presence of cryptococcal fungus in the soil. Mr. Duffy is a Certified Industrial Hygienist who testified cryptococcal meningitis is a fungus that lives in the environment throughout the world. It is most commonly associated with eucalyptus trees and pigeon guano. (Employer's APA # 4, at p. 1.)

Since cryptococcal fungus is known to remain in the presence of soil for extended periods of time, Mr. Duffy collected a total of twenty-two (22) various soil samples among three different areas of Claimant's worksite to test for the presence of *Cryptococcus* fungus. Each sample was sent to EMLS Analytical, Inc., where they were plated on growth media to determine

if cryptococcal fungus was present. (Id. at p. 3). Mr. Duffy's report ultimately concluded that there was no presence of cryptococcal fungus found in any of the samples taken from Claimant's worksite. (Id). Again, of twenty two (22) samples collected, there was not a single spore of Cryptococcus fungus found.

Both at the September 29, 2015 and May 16, 2016 hearings, Claimant argued Mr. Duffy's opinion was not credible. Despite these arguments, Claimant presented no evidence of the presence of a single spore of cryptococcal fungus at Claimant's work site – a burden which rests upon Claimant. In fact, at the May 16, 2016 appellate panel hearing, counsel for Claimant was directly asked by Commissioner Beck if there was any evidence in the record of the case of cryptococcal fungus at Claimant's work site. Counsel for Claimant could not direct the appellate panel to any such evidence.

FINDINGS OF FACT BY THE APPELLATE PANEL

After careful consideration of all the evidence in the record, including all the sworn testimony, all the APA submissions, all exhibits, the Commission's file, all stipulations, the parties appellate briefs, and oral arguments from the parties, the Appellate Panel rules as follows:

1. Claimant's disease did not arise out of or in the course of his employment with Defendants. We find it difficult to place weight on causation when there is no evidence that the spores ever existed on the worksite.
2. Based upon the scientific and medical evidence, we are not persuaded that the disease Claimant contracted is peculiar to his employment with Defendants.

CONCLUSIONS OF LAW

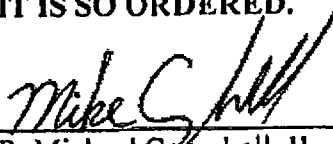
Based upon the foregoing findings of fact and under the South Carolina Code of Laws, as amended, and the applicable case law, the Appellate Panel hereby makes the following conclusions of law:

1. Under S.C. Code Ann. § 42-11-10, Claimant has not met his burden, and did not suffer an occupational disease as set forth in the aforementioned statute. Claimant is not entitled to compensation, and is not entitled to reimbursement for any previous medical treatment, and is not entitled to any further medical treatment. See also Fox v. Newberry County Memorial Hosp., 316 S.C. 537, 451 S.E.2d 28 (S.C. App. 1994) (rehearing denied, certiorari granted in part, reversed in part on other grounds 319 S.C. 461 S.E.2d 391).

ORDER OF APPELLATE PANEL

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel on May 16, 2016. The Appellate Panel considered all of the evidence, and by unanimous vote, **REVERSES** the Decision and Order of the Single Commissioner from January 22, 2016.

IT IS SO ORDERED.



R. Michael Campbell, II.
Commissioner for the Appellate Panel

WE CONCUR:



T. Scott Beck
Commissioner



Gene McCaskill
Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on July 6, 2016

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1416804

William Poston, Employee,)

)

Claimant,)

)

-vs-

DEPOSITION OF:

)

R. JOSEPH HEALY, JR., M.D.

Randstad North America,)

Employer,)

)

)

Defendants.)

)

Deposition of ROBERT JOSEPH HEALY, JR., M.D.,
taken before Laura W. Little, Verbatim Reporter and Notary
Public in and for the State of South Carolina, at the
office of R. Joseph Healy, M.D., 805 Pamplico Highway,
Suite A130, Florence, South Carolina, commencing at
5:45 p.m. on the 16th day of February, 2015.

1 APPEARANCES OF COUNSEL:

Attorney for Employee/Claimant:

2 Stephen J. Wukela, Esquire
Wukela Law Firm
3 Post Office Box 13057
Florence, South Carolina 29504

4 Attorney for Employer/Defendants:

5 Frederick F. Fisher, Esquire
Moore Ingram Johnson & Steele, LLP
6 885-B Island Park Drive
Charleston, South Carolina 29492

7 In Attendance:

8 William Poston

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

INDEX

	PAGE-LINE
Direct Examination by Mr. Wukela.	5-4
Cross Examination by Mr. Fisher	14-19
Redirect Examination by Mr. Wukela.	23-17

EXHIBITS

NUMBER	DESCRIPTION	PAGE-LINE
(No Exhibits Introduced)		

Court Reporter's Note:

---Indicates Interruption;

--Indicates Incomplete Phrases or Sentences.

STIPULATIONS

Prior to the giving of any testimony by the witness, it was expressly stipulated and agreed between the parties to this action, through their respective counsel, that:

By Notice and/or Consent, said deposition is being taken in accordance with Section 42-3-160, Code of Laws of South Carolina 1976, and Rule 30 of the South Carolina Rules of Civil Procedure, which shall control the taking of said deposition and its use thereof;

Said deposition shall be taken for the purpose of discovery and/or for use as evidence in the above entitled action, or for both purposes;

That all objections would be reserved until the time of the hearing except as to the form of the question;

Reading and signing of the transcript of testimony by the witness was waived.

1 ROBERT JOSEPH HEALY, JR., M.D.,
2 after being first duly sworn to tell the truth, was
3 deposed and testified as follows:

4 DIRECT EXAMINATION BY MR. WUKELA:

5 Q. Dr. Healy, my name is Stephen Wukela. We've
6 met many times before, but if you would for the benefit
7 of the Commission, please give us a brief rundown of
8 your educational background starting in college?

9 A. Well, undergraduate was Biology and
10 Chemistry, St. Bonaventure University. Following that,
11 I went to graduate school in Neuroanatomy at MUSC,
12 Charleston. Then, I went to medical school at MUSC
13 followed by a residency in Internal Medicine, and then
14 residency in Neurology. Still on the faculty of
15 Neurology at MUSC and now also at USC, but I've been
16 practicing here since '86 in adult and adolescent
17 neurology.

18 Q. It looks to me like Mr. William Poston, who's
19 my client, came to see you for the first on July the
20 17th, 2014?

21 A. Yes.

22 Q. Is that what your records reveal?

23 A. Yes.

24 Q. How did he present?

25 A. Well, he came from Keith Stewart, who

1 practices in Marion. Evaluation of meningitis. He was
2 33 at the time. For two weeks, he had had fever as high
3 as 105 and altered mental status and confusion. He had
4 headache, and he had been to the Emergency Room one
5 time but not much had been done, but his lab work in
6 the Emergency Room showed that his sodium was low so in
7 that particular setting, he'd also had lost about 70
8 pounds in the past 18 months and he was a smoker. So
9 in that particular setting, meningitis was the
10 diagnosis to be excluded, and so I think I, that day,
11 said you need to come in the hospital, and so he did.
12 We got his spinal fluid. It was abnormal and it turned
13 out to be cryptococcal meningitis.

14 Q. Now, tell me what cryptococcal meningitis is.
15 I understand that it is not the typical kind of
16 meningitis that I'm accustomed to hearing of spinal
17 meningitis where kids are circulating the disease
18 around school or something like that. Explain to me
19 what it is?

20 A. Well, it's a fungus. It's not a bacteria.
21 Often, you find it in people who are immunosuppressed.
22 Now, he did not appear to be immunosuppressed, but I
23 think there are people who are missing certain factions
24 of their immune system such that encapsulated organisms
25 like cryptococcus can't be fought off. It comes from

1 the environment very often in people who work with the
2 ground, the land, animals. But as they say, typically
3 you see it in people who are immunosuppressed. So
4 we're seeing it in AIDS patients quite a bit and people
5 like that, but he did not fit that category so.

6 Q. Do we need to go off the record?

7 A. No. But we see that now more and more. I'd
8 say probably in the last five or six years, I've had
9 four or five people, maybe one a year, who has
10 cryptococcal meningitis but it doesn't fit the normal
11 immunosuppressed picture.

12 Q. And what is the mechanism of the disease
13 itself? I gather that there is -- you did an MRI of
14 his head and a lumbar puncture. There is some
15 component of inflammation and impact on the interior of
16 the brain or the spinal fluid that surrounds or the
17 fluid that surrounds the brain. Tell me what?

18 A. Typically, you inhale the organism and it
19 gets in the lungs and lays dormant for a period of time
20 or causes a very low-level illness, and then it gets
21 into your spinal fluid where it sort of lies dormant or
22 can be a very insidious type of illness and as I say,
23 he had been ill for some time, probably about 18
24 months, and losing weight, not feeling well, all of
25 that, and so that's, that's not unusual presentation in

1 somebody who is not immunosuppressed. It's more of the
2 insidious kind of illness.

3 Q. Did you -- you hospitalized him and did a
4 spinal tap on him and MRI of the brain and that
5 confirmed the diagnosis of cryptococcal meningitis?

6 A. The MRI didn't, but the spinal fluid was, was
7 positive.

8 Q. Okay. And did you subsequently get some work
9 history or some other information to help you identify
10 the etiology of the cryptococcal infection?

11 A. Well, you know, that's probably more
12 conjecture, but the main place that it comes from is
13 the environment, and so when he told me what he did,
14 you know, that would be where it came from; in other
15 words, from the soil more than likely.

16 Q. And is that recognized in medicine as a, as a
17 location that cryptococcus are typically found in soil?

18 A. Yes.

19 Q. Okay. And I'll -- I will represent to you
20 that he has testified and I think it appears in the
21 consultation records, too, of Dr. Chavez---

22 A. Yeah.

23 Q. ---that Mr. Poston began work out at Rock
24 Tenn on or about June the 10th of 2014 and that the job
25 involved digging a trench or a water outfall that had

1 apparently a variety of different either liquid
2 chemical or other types of outfall components. He
3 doesn't know the precise makeup of what was in that
4 water, but it was odorous and that the job was they
5 were digging this trench. They're going to hard-pipe
6 this outfall and that it involved moving large
7 quantities of dirt with bulldozers, dump truck, which
8 he operated, and it also involved him getting down in
9 the ditch and attaching these, these large outfall
10 pipes. I think you have been pretty explicit in your,
11 in your records. I note that on July the 25th, 2014,
12 you wrote a note that indicated that "The patient has
13 cryptococcal meningitis which is a result of his job."
14 My question for you more formally is and given that
15 history that I presented you with and the tests that
16 you have done, do you have an opinion to a reasonable
17 degree of medical certainty as to whether Mr. Poston's
18 exposure to that dirt and the debris was the direct
19 cause of the cryptococcal meningitis which he suffered?

20 A. I believe it is to a reasonable degree of
21 medical certainty and the main reason being is I have
22 no alternate explanation.

23 Q. Well, do you -- is it fair to say then your
24 opinion is that it's the most probable cause?

25 A. Oh, yes.

1 Q. Okay. And that's a, that's a fair approach,
2 too, Doctor, and I will tell you that in the law of
3 Workers' Compensation in addition to injury by accident
4 where we can identify a precise exclusive cause, there
5 is also such another thing called "occupational
6 disease," and in the law of Workers' Compensation, an
7 occupational disease involves diseases that are
8 distinctively associated with particular types of
9 employment and particular types of employment
10 activities. Now, occupational disease asks whether the
11 hazards which the Claimant was exposed are access to
12 those incident to other types of ordinary employment.
13 Whether they were especially incident to this type of
14 work and whether that continuous exposure to those job
15 conditions most probably caused the Claimant's
16 condition. Given that kind of recitation in a nutshell
17 of the law of occupational disease, do you have an
18 opinion to a reasonable degree of medical certainty as
19 to whether cryptococcal meningitis is the type of
20 disease that is distinctively associated with
21 employment involving moving large quantities of soil?

22 A. Yes.

23 Q. Okay. And that is your opinion to a
24 reasonable degree of medical certainty?

25 A. Yes.

1 Q. Okay. And, again, do you have an opinion as
2 to whether that hazard distinctively associated with
3 earth-moving activities is an hazard that is in excess
4 of the other type of hazards that would normally be
5 involved in normal employment?

6 A. Yes.

7 Q. Okay. And I think I've understood then that
8 your opinion also is that his disease was a product of
9 the continuous exposure to those job conditions?

10 A. Correct.

11 Q. Okay. Now, let's move forward. I understand
12 that he was hospitalized by you from, it looks like,
13 about July the 17th through July the 24th of 2014?

14 A. Yes.

15 Q. Okay. Obviously, he wasn't able to work for
16 that period of time?

17 A. Correct.

18 Q. And he testified earlier that during that
19 period of time, in fact, his, his mental status was
20 altered in such a way that he was at times unconscious
21 and generally unable to communicate very well during
22 that hospitalization, is that a fair statement?

23 A. Yes. I wasn't sure that he even remembers
24 that he was admitted. The day that he came here, he
25 was pretty confused. I remember he was a little

1 resistant to being admitted, but he came in and we got
2 the job done, the diagnosis made.

3 Q. He was discharged on July the 24th and after
4 that, has continued to see you and Dr. Chavez as well?

5 A. Yes.

6 Q. And it looks like that you all released him
7 to return to his job September 1st, 2014 or
8 thereabouts?

9 A. Yes.

10 Q. Okay. And I'll represent to you that he's
11 been working since that time and has testified today
12 that he's been doing fairly well and hasn't
13 particularly been impeded from his ability to do his
14 normal job.

15 A. Oh, he's much better.

16 Q. Okay. My questions then are what -- do you
17 anticipate him having any future restrictions from his
18 ability to work?

19 A. No. He's probably going to have to take
20 Fluconazole, although I would defer to Dr. Chavez as to
21 for how long.

22 Q. And what is that medication, Doctor?

23 A. That is the antiviral or antifungal that's
24 used for the cryptococcal prophylaxis and I think there
25 might be a little disagreement over how long it's

1 recommended.

2 Q. Okay.

3 A. My gut feeling is is that since he didn't in
4 the classically -- classical sense return as being
5 immunosuppressed that there is a component of his
6 immune system which is missing, likely a genetic trait,
7 that places him at risk if he works in that
8 environment.

9 Q. That predisposed him to suffering this fungal
10 infection to begin with?

11 A. I think more than likely, because it's not
12 the common -- it's not the usual situation.

13 Q. And you also, as I understood it, indicate
14 that medicine was a prophylaxis which I had gathered as
15 being it's intended to prevent him from suffering a
16 reinfection?

17 A. Right.

18 Q. And that begs the question then, has his
19 fungal infection been cured? Is he, is he free of
20 infection?

21 A. Well, I think that there is probably two
22 parts to that question. One is we can test the spinal
23 fluid and tell if the bug has been eradicated, but I'm
24 not sure that that would mean that the bug is
25 absolutely gone and that prophylactic therapy would be

1 necessary to maintain that situation.

2 Q. And your recommendation is that he continue
3 with Dr. Chavez for that treatment?

4 A. That would be in his area as to how long he
5 should take it.

6 Q. Are there any further follow ups that Mr.
7 Poston requires with you from your view?

8 A. I don't think so.

9 Q. Okay. Do you anticipate, and maybe this is a
10 question for us to ask Dr. Chavez, but do you
11 anticipate any future testing whether MRI or blood work
12 or anything else on any kind of regular basis?

13 A. Only if he were to relapse. I don't think
14 anything would be done routinely.

15 Q. Doctor, you've been very generous. I think
16 those are all the questions I have for you. Please
17 answer any questions Counsel has.

18 A. Thank you.

19 CROSS EXAMINATION BY MR. FISHER:

20 Q. Thank you, Dr. Healy. My name is Rick
21 Fisher. We represent the Employer in this claim that's
22 been brought by Mr. Poston. Mr. Wukela asked you a few
23 questions about the origination or the etiology of the
24 fungal infection. You had mentioned that Mr. Poston had
25 been sick for an extended amount of time. Is it

1 relevant at all to the determination of his exposure to
2 the soil and debris that he had only worked at that job
3 for a month?

4 A. Probably not. I mean, you could, you could
5 catch the illness in that period of time.

6 Q. Okay. So it's an acute exposure to, I guess,
7 whatever the fungus may be?

8 A. If you are the wrong person to be around it,
9 it probably takes one exposure.

10 Q. Okay.

11 A. The majority of people probably are infested,
12 but they fight it off. Their immune system gets the
13 illness under control and you never are clinically
14 symptomatic.

15 Q. Right. And you had mentioned earlier that
16 it's a -- there is no alternate information aside from
17 the environment?

18 A. I don't have any other explanation that I
19 could think of and I think Dr. Chavez was the same way.
20 Since he wasn't immunosuppressed, that would be by far
21 number one.

22 Q. Okay. So that's what you're specifically
23 looking at initially is the immunosuppression?

24 A. Right.

25 Q. And how do you determine immunosuppression,

1 is that based on prior medical history?

2 A. Prior medical history, checking for AIDS,
3 checking for Sarcoidosis, illnesses that might
4 predispose you to an inability to defend yourself
5 against the organism.

6 Q. And this extended amount of time that he was
7 ill, you mentioned 18 months, is that just generally
8 how he's doing or is that symptomatology or is he
9 symptom -- does he have symptoms of the disease over
10 that period of time?

11 A. Well, the main thing was his weight loss
12 which had been coming on over that period of time. It
13 had been more of an acute presentation for him to get
14 headache, and then confusion and his low sodium. That
15 was a little bit more acute.

16 Q. Okay. What is the significance of the weight
17 loss?

18 A. Well, I'm not sure. I'm not sure if he
19 didn't feel well and wasn't eating. I think that
20 purely was a nutritional thing.

21 Q. Okay. So that wouldn't have been related to
22 a fungal infection or a fungal meningitis?

23 A. Well, indirectly. I mean, if he didn't feel
24 well and lost your appetite you might not eat, but the
25 fungal infection itself probably wouldn't make you lose

1 weight directly, indirectly.

2 Q. Is there a way to determine when a patient is
3 exposed to the fungus?

4 A. Well, only by presenting and then being
5 tested. And nobody -- I think he'd been to the
6 Emergency Room within the week that I saw him and other
7 than turning up a low sodium, which apparently they
8 didn't question, I'm not sure. Although they did send
9 him to me; although I think it was his primary care who
10 sent him. But he had a low sodium, but they didn't
11 find anything else.

12 Q. What's the significance of low sodium?

13 A. Certain organisms, infections can cause that
14 from a neurologic standpoint.

15 Q. All right. And so when you say it's
16 particular to an individual the fact that there are
17 other people out there doing the same job that do not
18 contract the disease, is that consistent with someone
19 having the fungal meningitis?

20 A. I mean, everybody -- we're all exposed to it
21 but, you know, the incidence is very, very low and the
22 incidence in an immunocompetent person is extremely
23 low.

24 Q. Okay.

25 A. But like I say, we do see it nowadays and

1 maybe once a year, I'll see somebody who has
2 cryptococcal meningitis who appears to be
3 immunocompetent. I think -- I think the question is
4 are they really immunocompetent, because if they
5 weren't or if they were, they wouldn't have the illness
6 and so there are aspects of immunocompetency that we
7 can't necessary test for.

8 Q. Right, because there would have been no
9 reason if he's not complaining of any symptoms prior to
10 July of 2014 that would have had him tested for
11 immunocompetency?

12 A. Right. There's no reason to even test until
13 you present with something meaning -- suggesting that
14 maybe there is a problem.

15 Q. Right.

16 A. And this is number one probably of all
17 illnesses.

18 Q. Okay. And there's not really -- is there an
19 accurate way to determine when the exposure to the
20 fungus occurred?

21 A. No, it can -- you can get it. It can be an
22 acute infection. It can lay dormant. It can do a lot
23 of things.

24 Q. Okay. When a patient has continuous
25 exposure, what -- and as a physician, what does that

1 mean to you?

2 A. Well, a patient who has cryptococcal
3 meningitis?

4 Q. Well, no.

5 A. Anybody?

6 Q. Continuous exposure to the work environment,
7 is that the same thing day after day for years, for
8 weeks?

9 A. Well, if you are the wrong person as Mr.
10 Poston was, it could be just one inhalation of some
11 dust from turning up some soil. It's hard to say.

12 Q. Right.

13 A. But he certainly is at risk or he wouldn't
14 have it and since we couldn't prove why he had it, that
15 means he's even more at risk. And so when or where
16 would be difficult. That would be just conjecture.

17 Q. Okay. And what was the relevance of him
18 being a smoker?

19 A. Well, that probably was more of weight loss.
20 You know, the fact that he's a smoker probably means
21 that the inherent immunocompetency of the lung isn't
22 what it should be which might allow a cryptococcal
23 infection to get, you know, started easier and quicker
24 but probably directly no consequence.

25 Q. Okay. And how long does it usually take for

1 the funguses, I guess, ingested before you get any
2 symptoms if you are the wrong person?

3 A. Well, it's hard to say.

4 Q. Is it?

5 A. But if you're not immunocompetent, it can, it
6 can happen as an acute illness like a pneumonia, so
7 it's hard to say what the time course is from infection
8 until you're ill.

9 Q. But as part of your specialty as a
10 neurologist is dealing with meningitis or spinal
11 meningitis?

12 A. Yes.

13 Q. Okay. And you mentioned that you see it
14 probably once a year?

15 A. In immunocompetent person, probably a dozen
16 of the normal type.

17 Q. Right, and those that have the reduced
18 capacity of the immune system?

19 A. Yes. And that one is predictable.

20 Q. Correct me if I'm wrong, but you returned him
21 to work and it was -- was it you or Dr. Chavez who
22 returned him to work on September 1st, 2014?

23 A. Well, I think it was both of us. I think we
24 were communicating and he was feeling well and on the
25 medication, he should be okay.

1 Q. Okay. And did you have any concern with his
2 ability to return to work doing the same job with the
3 same exposure to the same elements?

4 A. Not on the medication.

5 Q. Okay.

6 A. I then think, though, that he had some
7 trouble getting the medication, but I think he finally
8 got it.

9 Q. So the medication, I guess, is, because of
10 the immunocompetency, that kind of fills that gap and
11 his immune system being able to---

12 A. It should, yes.

13 Q. So whereas before, he may have lacked that
14 immunocompetency before which caused his illness?

15 A. Yes, I think he's missing a piece of his
16 overall immunocompetency which it allows for
17 encapsulated microorganisms to get a hold and the body
18 can't fight it off.

19 Q. So the fact that Mr. Poston has worked in
20 construction most of his life, does that have any
21 bearing on his susceptibility of acquiring of the
22 fungal infection?

23 A. Well, he's -- I would say that he's been at
24 risk all of his life. You know, probably the
25 circumstances would be a big part of how he might be

1 exposed and so certainly working in the soil is a major
2 -- turning over soil and dust and breathing and
3 inhalation, that is a major problem for him, but I'd
4 say that he's probably been at risk his whole life.

5 Q. Depending on whether he was exposed to the
6 particular organism or not?

7 A. Correct. We didn't see where there was any
8 lung lesion to suggest that he had a cryptococcoma that
9 had maybe been lying dormant that seemed to -- there
10 were no other signs of infection other than in the
11 spinal fluid and the brain had some small lesions which
12 more than likely were cryptococcal.

13 Q. Okay. And aside from the -- I believe it was
14 the glucose -- gluconazole[sic], what medication is it?

15 A. Oh, Fluconazole.

16 Q. Fluconazole?

17 A. Yes. Yes.

18 Q. I'm sorry. Thank you.

19 A. That's fine.

20 Q. Aside from what you refer to Dr. Chavez for
21 the medication management, do you expect any, any
22 future treatment for Mr. Poston?

23 A. Only if he were to have a recurrence of
24 illness which is he's probably at risk of that.

25 Q. But at lesser risk given the medication he's

1 taking?

2 A. Correct.

3 Q. Now, when you released him to return to work,
4 did you place him on any restrictions?

5 A. No.

6 Q. Did you offer any kind of impairment rating
7 for him?

8 A. No.

9 Q. Okay. Do you believe he has any kind of
10 permanent -- permanency in his impairment based on the
11 meningitis?

12 A. No, I think probably as long as he can get
13 his medication reliability that he should be okay.

14 Q. All right. Thank you for your time. That's
15 all the questions I have.

16 A. Thank you.

17 REDIRECT EXAMINATION BY MR. WUKELA:

18 Q. Just real briefly. Doctor, I think I've
19 understood your testimony and in reviewing the records,
20 it looks like Mr. Poston saw his family doctor in July
21 the 9th, 2014 where he was complaining of fever and
22 headache and then by mid-July, July the 16th, he was
23 complaining of those symptoms as well as altered mental
24 status, confusion, dizziness and headaches and nausea
25 and that resulted in Dr. Stewart referring him to you

1 whereupon you hospitalized him for testing?

2 A. Correct.

3 Q. And is that the history as you understand it?

4 A. Yes.

5 Q. Is that history indicative to you of a recent
6 infection?

7 A. That sounds more acute, subacute.

8 Q. Tell me what you mean by that.

9 A. Well, I mean acute to me means that day or
10 the day before, something like that. Subacute, you're
11 talking a week, two weeks.

12 Q. Okay.

13 A. And chronic, oftentimes chronic, people think
14 of weeks, you know like maybe six weeks, things like
15 that.

16 Q. I'll represent to you that, that Mr. Poston
17 has testified today and will testify at trial that he
18 didn't have any of those symptoms prior to June the
19 10th, 2014 when he began working at that site. Does
20 that suggest to you that that infection occurred at
21 some point at that site?

22 A. Yes.

23 Q. Okay. Now, you did mention in your record
24 and hearing your testimony that he had had a distance
25 weight loss, that some 18 months ago he had lost in

1 excess of at least 70 pounds or maybe in excess of 70
2 pounds?

3 A. Correct.

4 Q. Now, Mr. Poston has testified today that he
5 underwent intentional weight loss, that he had dieted
6 and tried to get his weight down. Does that -- and
7 ~~given that testimony and given that history, does that~~
8 weight loss tell you anything to inform your opinions
9 today?

10 A. No. I don't believe so. I didn't think that
11 was an inherent part of the illness and other than
12 being poster boy for Jenny Craig.

13 MR. POSTON: I've gained some of my weight
14 back.

15 DR. HEALY: I was going to say, you're
16 looking healthy.

17 MR. POSTON: I've gained probably 20 or 25
18 pounds back.

19 DR. HEALY: So you lost a back-street boy.

20 Q. Well, very well. So in sum, the way I've
21 understood your testimony today, is you've got an
22 individual who was probably immunosuppressed
23 genetically in some way that predisposed him to
24 infections, that he was exposed to this Cryptococcus by
25 virtue of the movement of this soil at that job site

1 and that caused this acute infection which y'all have
2 treated with medication and that he's able to return to
3 that work without restriction having been treated for
4 it?

5 A. I think that's true.

6 Q. Doctor, thank you very much for your time.

7 A. Thank you.

8 MR. FISHER: Doctor, nothing else. Thank you
9 very much.

10 A. Thank you.

11 (THERE BEING NO FURTHER QUESTIONS

12 DEPOSITION CONCLUDED AT 6:15 P.M.)

13

14

15

16

17

18

19

20

21

22

23

24

25

1 STATE OF SOUTH CAROLINA)

2 COUNTY OF DARLINGTON)

CERTIFICATE

3 I, Laura W. Little, Verbatim Reporter and
4 Notary Public in and for the State of South Carolina,
5 certify that I did have Robert Joseph Healy, Jr., M.D.,
6 appear before me at 5:45 p.m. on the 16th day of
7 February, 2015 at the office of R. Joseph Healy, M.D.,

8 805 Pamplico Highway, Suite A130, Florence, South
9 Carolina; that the witness was duly sworn and cautioned
10 to tell the truth, the whole truth, and nothing but the
11 truth; that the foregoing pages constitute a true and
12 accurate transcript of his testimony given at that time
13 and place.

14 I certify that I am not of counsel or kin to
15 any of the parties, nor am I interested in any manner
16 in its outcome.

17 IN WITNESS WHEREOF I have hereunto set my
18 hand and seal this the 28th day of February, 2015.

19 Laura W. Little

20 Laura W. Little, Verbatim Reporter

21 Notary Public, State of South Carolina

22 My Commission Expires September 21, 2015

23

24

25

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

COPY

WILLIAM F. POSTON,

Employee,

vs.

WCC NO.: 1416804

RANDSTAD NORTH AMERICA

Employer,

and

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA,

Carrier/Defendants.

DEPOSITION OF: TEMUJIN T. CHAVEZ, MD

DATE: March 20, 2015

TIME: 1:06 PM

LOCATION: CAROLINAS HOSPITAL SYSTEM
805 Pamplico Highway
Medical Mall B
Administrative Conference Room
Florence, SC

TAKEN BY: Counsel for the Employer/Insurer

REPORTED BY: LINDA A. MAHONEY, COURT REPORTER

A. WILLIAM ROBERTS, JR., & ASSOCIATES
Fast, Accurate & Friendly

Charleston, SC	Hilton Head, SC	Myrtle Beach, SC
(843) 722-8414	(843) 785-3263	(843) 839-3376

Columbia, SC	Greenville, SC	Charlotte, SC
(803) 731-5224	(864) 234-7030	(704) 573-3919



APPEARANCES OF COUNSEL:

ATTORNEYS FOR EMPLOYEE
WILLIAM F. POSTON:

WUKELA LAW FIRM
BY: STEPHEN J. WUKELA
403 Second Loop Road
Florence, SC 29504
(843) 669-5634
stephen@wukelalaw.com

ATTORNEYS FOR EMPLOYER and INSURER
RANDSTAD NORTH AMERICA and
INDEMNITY INSURANCE COMPANY OF
NORTH AMERICA:

MOORE INGRAM JOHNSON & STEELE, LLP
BY: CHRISTOPHER C. MINGLEDORFF
885-B Island Park Drive
Charleston, SC 29492
(843) 302-0002
cmingledorff@mijs.com

(INDEX AT REAR OF TRANSCRIPT)

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
STIPULATIONS

It is stipulated by and between Counsel that this deposition is being taken in accordance with the South Carolina Rules of Civil Procedure, Rule 30; that all objections as to Notice of this deposition are hereby waived; that all objections except as to form are reserved until the time of trial; and that the deponent waives reading and signing of this deposition.

* * * * *

TEMUJIN T. CHAVEZ, MD,
being first duly sworn, testified as follows:

EXAMINATION

BY MR. MINGLEDORFF:

Q Dr. Chavez, good afternoon. My name is Chris Mingleдорфф. I'm an attorney from Charleston, South Carolina.

We're here today to talk about a workers' compensation case. The worker is a gentleman named William Poston, and the employer is called Randstad, and Randstad is my client.

I appreciate you being willing to sit down and talk to us today a little bit about Mr. Poston.

Before we get going about him, let me ask you, have you had your deposition taken before?

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 A No, not like this.

2 Q All right. Then let me give you just some
3 general ground rules to just make sure that we get
4 this down as efficiently as possible.

5 If I ask a question and there's a yes or
6 ~~no response, if you would, verbalize it instead of~~
7 nodding your head. That's a lot easier for her to
8 type down than nodding your head.

9 Likewise, if I'm asking a question and you
10 know where I'm going, if you would let me finish,
11 and certainly I'll reciprocate with your answer.
12 Again, that way on the written transcript that she's
13 going to prepare we'll get a nice, clean question
14 and answer instead of us talking over each other a
15 bunch.

16 If you need to take a break at any time,
17 let me know. I don't think we're going to be here
18 too long. Certainly if you need to use the
19 restroom, stretch your legs, whatever, we're not
20 here to wear you down. That's not part of what this
21 is about.

22 And then lastly, if I ask a question and
23 you don't understand, please tell me and I'll
24 happily rephrase it or break it down. I'm not here
25 to trick you. We just want to find out a little bit

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
about Mr. Poston, and that's about it.

Is that fair enough?

A That's fair.

Q If you would, Dr. Chavez, give us an
overview starting with your education, your medical
education, and then your medical background.

A Sure. So medical school at the University
of Pennsylvania. I did my residency in internal
medicine, completed that around 2007. Then my
infectious disease fellowship at the National
Capital Consortium. It's a combination of both
Bethesda and Walter Reed. That was completed in
2009. And I've been a practicing infectious disease
physician ever since.

Q Okay. And are you familiar with Mr.
Poston? When I say William Poston, do you recall
him?

A Yes, I do.

Q And am I correct that ultimately you
diagnosed him with -- I may say this incorrectly --
cryptococcal meningitis?

A Correct.

Q Is Mr. Poston the first patient you've
ever treated that had cryptococcal meningitis?

A No.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 Q How many other patients would you say you
2 treated that had that?

3 A I don't know the number. I would say --
4 it's March currently, three or four this year.

5 Q Okay. Those three or four other patients
6 ~~this year alone, have they all been here in the~~
7 Florence, South Carolina area?

8 A Yes.

9 Q And do you recall when the first time you
10 saw Mr. Poston was?

11 A Yes, I do.

12 Q When was that?

13 A That was at this hospital. It was July.
14 I forget the exact date. I believe I recall the
15 note being about the 19th or so.

16 I remember seeing him in the room. He was
17 generally confused. He was unable to give aspects
18 of the history.

19 So I remember -- I remember talking to, I
20 believe, the wife, either at that encounter or the
21 next encounter, to get the majority of the history.
22 It wasn't for a few days before he could start
23 giving me an adequate history.

24 Q Dr. Chavez, I'm going to show --

25 MR. MINGLEDORFF: You want to show him

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
that?

MR. WUKELA: If it's easier.

BY MR. MINGLEDORFF:

Q I'm going to show Page 71. What we're
looking at, Dr. Chavez, are APA submissions. These
are Mr. Poston's APA submissions.

I'm directing you to Page 71. Towards the
bottom it appears to be the beginning of a note with
an encounter date of July 31st.

Do you see that part?

A Yes, I do.

Q So then it goes over to Pages 72 and 73.
Is that the medical note from that first encounter
that you had with Mr. Poston in July?

A No. This is the outpatient follow-up
visit.

Q So there's one that predates this?

A Yes. There's a whole series of encounters
that predate this one.

Q If you would, Dr. Chavez, look at Page 52
in that packet.

A Okay.

Q Is Page 52 a medical note?

A Yes, it is.

Q And is that the first time that you

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
believe you saw or treated Mr. Poston?

2 A Correct.

3 Q Was it on that day that you were able to
4 diagnose him with cryptococcal meningitis?

5 A I think it was that day or soon thereafter
6 because -- at least I noted on this H&P that -- or
7 my consult note, that he had a lumbar puncture and I
8 wrote the date. This is a hand typing of 7/17 and
9 the admission note shows 7/17. And when I look at
10 this note -- actually, it's electronically signed
11 on 7/18.

12 Q You're looking on --

13 A At 54. And so I guess this encounter is
14 probably the day after he was admitted. And it
15 shows the LP occurring the day before. And so I'm
16 assuming by that date we would have the cryptococcal
17 studies back.

18 Maybe they weren't because I'm looking
19 through -- do you mind if I read this real quick?

20 Q No. Please, take your time.

21 A So in the first paragraph under H&P it
22 says, patient admission LP consistent with
23 lymphocytic aseptic meningitis, cell count studies
24 and lab section. Unclear if opening pressure was
25 attained, period. Cryptococcal antigen is positive.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 So at that time it looks like I have the
2 diagnosis that he did have cryptococcal antigen -- a
3 positive test on that date of my encounter.

4 Q At that time what, if anything, did you
5 know Mr. Postons's lifestyle, hobbies, where he
6 lived, where he worked?

7 A You mind if I read my H&P again?

8 Q No. Please.

9 A So I guess in regards to the lifestyle
10 mentioned in the first sentence that he is in a
11 14-year monogamous relationship.

12 By that I'm trying to risk-stratify him
13 for HIV or high risk behavior, sexual behavior
14 specifically.

15 And then it mentions later that he was
16 employed as a heavy machinery operator. Began the
17 first week of June driving bulldozer trucks at an
18 excavation site that was laying down pipes in
19 regards to work, in regards to his recent activity.

20 Then I mention also he heavily drank. I
21 said, he drinks heavily with the last alcohol two
22 weeks ago. I didn't quantify the amount.

23 And under the auto -- sometimes when the
24 nurses enter this or the physician enters it under
25 social history, that's an auto. It mentions beer

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
2 one to two times a week. So under that subject I
3 didn't quantify his amount just -- beyond that
4 statement.

5 Q Other than what you've just read out of
6 the history of present illness section on Page 52,
7 do you have any other understanding of Mr. Poston's
8 hobbies or lifestyle?

9 A I guess -- no. I didn't go into too much
10 in regards to any outside hobbies. In regards to
11 cryptococcal meningitis, I didn't specifically
12 mention, what I'm reading here, about him being
13 exposed to birds or animals or recent travel.

14 Actually, yes, I did. So it mentions he's
15 born and raised in Marion, South Carolina. No
16 extended stay or travel outside of this area. It
17 would go into a recent travel history.

18 Q Is it correct that cryptococcal meningitis
19 sometimes is called fungal meningitis?

20 A Right. Some people would.

21 Q Okay.

22 A But there's many different types of fungal
23 meningitis.

24 Q And am I also understanding correctly that
25 cryptococcal meningitis is something that normally
attacks someone that has a compromised immune

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
system?

A It isn't as easy as that. I would say if
you have a compromised immune system you're at risk
for many infections, including cryptococcal
meningitis. However, there is a good proportion of
patients who do not have immunosuppression who have
cryptococcal meningitis.

I guess I just mentioned that I had seen
three or four patients this month. One patient in
particular I can recall didn't have any
immunocompromising conditions and he had
cryptococcus. I don't recall if it was brain or
blood.

Otherwise, you're generally correct in
that the majority of people who have cryptococcal
meningitis or cryptococcal pneumonia or are
immunosuppressed, whether they have HIV, whether
they're on steroids, whether they're receiving
medications for, you know, psoriasis or some type of
inflammatory condition, whether they have an
underlying predisposition such as sarcoid, those
persons would be considered at a greater risk of
cryptococcal meningitis than someone who is healthy.

Q Did Mr. Poston fall into the category with
a compromised immune system or the other category?

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 A Frankly, I still -- it's still wide open
2 on him. And the reason I'm concerned is that
3 somewhere -- I know I've been following him. His
4 CD4 count was low when he was in the hospital. I've
5 been following his CD4 count ever since.

6 The last availability I had for a CD4
7 count for him was December 30th, which is one of our
8 last encounters.

9 His is still low. And we consider a CD4
10 count low as less than 300. His is less than that
11 number. Any percentage less than 20.

12 That is one area I'm still evaluating for
13 because a CD4 count can be low, for instance,
14 because of the HIV, which he does not have based on
15 his negative HIV testing. But also because of an
16 acute illness that can transiently lower your CD4
17 count.

18 The concern if someone has CD4
19 lymphopenia, which I'm concerned about for him being
20 a chronic problem, if that's been persistent over
21 months. And generally the time period is two or
22 three months, and he's gone past that time period.

23 I'm personally still trying to work that
24 out with him to figure out if that's a chronic
25 condition for him.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 Q Would it be correct to say that the low --
2 is it CD4?

3 A Correct.

4 Q That the low CD4 count is whatever made
5 him susceptible to get cryptococcal meningitis?

6 A It's possible.

7 Q Okay. As we sit here today, do you know
8 how he got cryptococcal meningitis?

9 A No, I don't.

10 Q You also mentioned in your note on Page 52
11 that we were reviewing that he was in a 14-year
12 monogamous relationship with his wife.

13 That's important because it would lessen
14 the possibility that he had HIV; is that correct?

15 A Well, right. I guess I always think -- in
16 someone with cryptococcal infection, I think of
17 sexual history, but I don't always test for HIV.

18 Q He's negative for HIV?

19 A He's negative for HIV.

20 Q You also mentioned he drinks heavily. How
21 would that bear a relationship to a low CD4 count or
22 cryptococcal meningitis?

23 A It wouldn't bear into the low CD4 count.
24 I guess the question is whether he would have
25 cirrhosis, and whether there's any laboratory

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
findings or physical exam findings, which we didn't
2 find, that he has cirrhosis, because cirrhosis can
3 weaken your immune system.

4 Q Between Mr. Poston and the other patient
5 you've treated in this area, in Florence, have you
6 been able to determine how any of them got
7 cryptococcal meningitis?

8 A No. Frankly, no. And that's a complex
9 answer beyond a simple no.

10 Q Let's go beyond it a little bit. What are
11 some of the ways that you could get it around here?

12 A So what it generally comes down to is no
13 one really knows entirely. There are suspicions on
14 how people get cryptococcal infections.

15 Cryptococcus is a type of fungus, but
16 amongst cryptococcus there's many different types.
17 Some infect animals, some infect humans.

18 Generally, there two types that infect
19 humans. Those are neoformans and gattii. In
20 general, cryptococcal neoformans, which is what we
21 presume he has, is all over the world.

22 And so it's -- you definitely find in
23 Sub-Saharan Africa mainly because of the HIV
24 epidemic. You find it all over the world.

25 And then another form, gattii, you can

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
1 find in different parts of the world, but it tends
2 to be in subtropical areas, which South Carolina
3 doesn't necessarily qualify for. But there's been a
4 case here in South Carolina of that one.

5 So that's just human infections that are
6 identified. And when you look at how people believe
7 it happens, it's believed to be mainly due to bird
8 droppings. So bird droppings are thought to be the
9 primary cause for it.

10 There's definitely been associations in
11 people who have cared for birds that have gotten
12 cryptococcal infections. And the way they've done
13 that is they tested the samples that infected the
14 human and they tested that person's bird droppings.
15 They've done molecular analysis to find that they
16 are similar. That's how you can associate.

17 But outside of that, that's not happening
18 very often. And so it's thought to be in bird
19 droppings that go into soil samples. That's why I
20 mentioned the excavation.

21 But it's also thought to possibly be
22 involved in like decaying matter, whether it's
23 vegetables or plants. And, you know, trees,
24 particularly eucalyptus for gattii.

25 When you start looking at eucalyptus in

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
different parts of the world, you may not
2 necessarily find that type of cryptococcus.

3 Q So the cryptococcus fungus that Mr. Poston
4 had falls in that category. You had a term for it,
5 I didn't write it down quick enough, but I think you
6 said it was all over the world?

7 A Correct.

8 Q So that would include at the Walmart here
9 in Florence?

10 A Unlikely, but possible.

11 Q Okay. Where could it be? If it's all
12 over the world, tell me where it could be in
13 Florence.

14 A So if it's all over the world, again,
15 you're thinking -- look at the Purdue Chicken plant
16 in this area. I've had a couple patients with
17 cryptococcal meningitis who live near or work
18 specifically with Purdue. So because of bird
19 droppings -- obviously we haven't done molecular
20 analysis to find it out. That's one thing.

21 But I would say if you're looking at risk
22 stratification in regards to who would be at higher
23 risk of having it versus another person, someone who
24 sits -- for example, myself or anybody else who sits
25 in the hospital or in a courtroom who is in a

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
2 controlled environmental setting without any
3 exposure to birds at the home, then their chance is
4 less.

5 However, that is not necessarily always
6 the case because there are definitely people like
7 you and I who sometimes get cryptococcus and I don't
8 know if it comes from the environment we work in or
9 whether we're driving in a car and we have the
10 windows down and the trade winds blow, you know, a
11 dust into us and then we get cryptococcus.

12 There's also suspicion that it's like a
13 latent infection. For example, it's like
14 tuberculosis. You can be exposed to tuberculosis
15 but you may not have tuberculosis for five years or
16 so.

17 Same thought for cryptococcus. You may be
18 exposed to cryptococcus and then just like
19 tuberculosis reactivates, cryptococcus can
20 reactivate and cause a problem, when, for example,
21 your CD4 count becomes a little bit lower or
22 something else causes you to be ill, then you get
23 this infection. That's a very long answer to your
24 question.

25 You can't generally, I don't think very
well, type on to a specific thing. It makes you

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
1 think about what could possibly be causing it.

2 Q Do you know where Mr. Poston lives?

3 A Where he lives? No, I don't.

4 Q Have you ever been to his house?

5 A No, I haven't.

6 Q The place that he was working in June of
7 2014 and July, have you ever been there?

8 A No.

9 Q Do you know if Mr. Poston has a bird
10 collection or keeps birds?

11 A I didn't ask those questions. I didn't
12 ask that so I can't speak on it.

13 Q Do you know if he lives near the Purdue
14 Chicken plant?

15 A I didn't ask that question, apparently.

16 Q It's possible that Mr. Poston had this
17 cryptococcal fungus or meningitis in him for a
18 number of years and it just manifested itself in
19 July. Did I understand that correctly?

20 A It's possible.

21 Q Now, I understand that Mr. Poston came in
22 to the office here to see you -- by my count he came
23 in four times. July, December, September, and as I
24 understand, maybe last week?

25 A Correct.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 Q Other than the four times he came in here
2 and you treated him, have you done any, what I would
3 call, outside studies or diagnostic testing about
4 Mr. Poston and how he got cryptococcal meningitis?

5 A Outside of those clinic encounters?

6 Q Yes.

7 A No.

8 Q Have you asked anyone else to do it or
9 have you seen any studies like that?

10 A No, I have not. The one, I guess, you're
11 thinking I asked is the Department of Health to
12 evaluate soil samples. No, I did not ask that.

13 Q Any reason you didn't do that?

14 A I found it's unhelpful. Like the patient
15 I mentioned who had cryptococcus gattii, which is
16 rare in the United States --

17 Q That's the other one?

18 A The other one. There's only been dozens
19 of cases in the United States. I had one patient
20 who had that infection. I'm the only physician in
21 South Carolina to diagnose that.

22 And I asked The Department of Health to
23 evaluate his workplace because he was a landscaper,
24 and they never did.

25 So if they wouldn't do it for that rare

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
instance that's publishable, I didn't ask for this
2 case.

3 Q Okay. Do you know if Mr. Poston does any
4 farming or gardening?

5 A He didn't mention it. I don't know.

6 Q -- You mentioned a minute ago -- I think if
7 you come in contact with -- I'll use my layman term
8 -- old vegetables and fruit, that that could also
9 lead to cryptococcal meningitis?

10 A That's the thought of how birds get it.

11 Q Could a human get it from that?

12 A I don't know.

13 Q So Mr. Poston was in here last week; is
14 that correct?

15 A It was this week or last week.

16 Q And before that, the last visit you had
17 with him, I believe, is December 30, 2014. Does
18 that sound correct?

19 A That's correct.

20 Q And at the end of that medical note it
21 says there's no follow-up visit scheduled. It just
22 says return to office as-needed.

23 In your opinion, had Mr. Poston gotten
24 better by that date? Or why did you not schedule a
25 follow-up?

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 A I wanted to schedule a follow-up. I left
2 it open like that depending on the cryptococcal
3 antigen studies, understanding he would complete out
4 six months of what we call -- I guess a blanket on
5 the name of a transition phase -- after we've done
6 the induction and consolidation.

7 And when that result came back later
8 showing a high cryptococcal antigen, we called him
9 to schedule an appointment to follow-up on kind of
10 everything I just talked about.

11 Q So where is he today? I mean, is he at
12 maximum medical improvement or does he need more
13 medical treatment for the cryptococcal meningitis?

14 A I don't -- I didn't extend his treatment.
15 I don't necessarily believe he needs to be treated.
16 My main concern is not his cryptococcus. My main
17 concern is his CD4 lymphopenia.

18 He's at risk for other things. As an
19 infectious disease doctor, that's one area I'm still
20 investigating for him.

21 He is at risk for recrudescence of the
22 infection, or re-infection. That's why I want to
23 follow-up with him.

24 Q I want to make sure I say this correctly.
25 At this point you're continuing to see him on

1 follow-up because of the low CD4 count and the fact
2 that he might be able to get another disease that
3 you need to treat him for?

4 A Correct. With that, or he could have
5 reactivation, like I mentioned.

6 Q Of the cryptococcal?

7 A Of the cryptococcus. And so you generally
8 treat 6 to 12 months. His physical exam was well
9 enough that I thought he had done well off of the
10 medication for a period. And I just wanted to
11 continue to observe him.

12 Q Is he on prescription medication now?

13 A From me? No.

14 Q Okay. Do you know, is he working now?

15 A I don't know.

16 MR. MINGLEDORFF: Dr. Chavez, Mr. Wukela
17 may have some questions for you. For now I think
18 I'm done. Thank you.

19 EXAMINATION

20 BY MR. WUKELA:

21 Q Dr. Chavez, my name is Stephen Wukela. We
22 met today. Nice to meet you.

23 If I understand your testimony correctly,
24 you have diagnosed Mr. Poston clearly with
25 cryptococcal meningitis. You don't have any

1 question about that?

2 A Correct.

3 Q If I understood your records correctly,
4 you did that when you saw him first in the hospital
5 on consult or shortly thereafter after you performed
6 a lumbar puncture, maybe an MRI of the brain?

7 A Correct.

8 Q Was that principally how you diagnosed
9 him?

10 A Yes.

11 Q Okay. And what did those things reveal to
12 you? What did you see when you got those test
13 results?

14 A So what it shows is -- first off, when I
15 examined him he was encephalopathic, like I
16 mentioned.

17 I had to get the history mostly by
18 reviewing the notes. I spoke to Dr. Healy that day.

19 Q You're going to have to explain
20 encephalopathic.

21 A Sorry. Encephalopathic means generally
22 confused, general confusion. And encephalitis means
23 confusion with infection. He was confused when I
24 saw him.

25 What was your question again?

1 Q The method of the --

2 A The method?

3 Q You did the lumbar puncture, you looked at
4 the MRI. That told you something?

5 A So the way I diagnosed it was his physical
6 exam, the history, along with the antigen testing,
7 which is an agglutination test. Basically you're
8 looking at, you know, whether this test in the lab
9 agglutinates. So it's like a thin film. If someone
10 has cryptococcus it solidifies a little bit and you
11 can see it get thick as you swirl it.

12 And that test was positive for both his
13 cerebral spinal fluid, which was the lumbar
14 puncture, and I believe also in his blood.

15 And the reason I did the MRI is that --
16 generally we talked about people that are
17 compromised or immunocompetent. At that time period
18 I presumed he was immunocompetent, meaning he had a
19 healthy immune system.

20 That heightens my concern of gattii, which
21 would have predisposition causing what we call
22 cryptococcomas or masses. So you can see masses or
23 cryptococcomas in the brain and the lung. That's
24 why I got an MRI.

25 Also, there's signs of vasculitis, which

1 is inflammation of the blood vessels in the brain.

2 And so I can also get an idea of that with the MRI
3 test.

4 Q Did the MRI reveal any, I guess, lesions?

5 A No.

6 Q Okay. And would that suggest to you that
7 it had not been present for a long period of time?

8 A Yes. I don't know, but I would say --
9 the way I guess I would answer it is possibly. To
10 develop a cryptococcoma, it would have to be there
11 for a long period of time.

12 Q Fair enough.

13 A And so if you don't have a cryptococcoma,
14 you may not have a fungus that develops a
15 cryptococcoma or you may not have had it for a long
16 time.

17 Q I understand.

18 A I think -- that's the answer.

19 Q I think I understand it. Very well.

20 And you also indicated -- there's been a
21 lot of discussion in your testimony about
22 immunosuppression and whether or not he suffered
23 from immunosuppression.

24 If I understand correctly, you can have a
25 suppressed immune system for a number of reasons.

1 You might be HIV positive?

2 A Correct.

3 Q Which he's not.

4 You might have sarcoidosis?

5 A Which he doesn't, that I know of.

6 Q You might -- I imagine there's probably a
7 variety of different diseases or conditions that
8 could cause you to have immunosuppression.

9 You haven't been able to identify that he
10 suffers from any of those kinds of diseases. Is
11 that a fair statement?

12 A That's correct. The reason I keep on
13 testing his CD4 is that -- like I mentioned, if
14 someones goes into the hospital and they're in
15 septic shock, their CD4 count can be low. We don't
16 test CD4 counts in people that go in for septic
17 shock.

18 Q You assume they're low?

19 A If I was going to, it could potentially be
20 low. And a stress response can lower your CD4
21 count. And that's why I keep on checking his CD4
22 count.

23 Q I'm with you. Again, for the laymen among
24 us here, tell us what exactly a CD4 count is. What
25 are your testing?

1 A It's a type of T cell, which is one of
2 your immune cells that fights off specifically --
3 not necessarily bacteria, but infections and
4 viruses, specifically fungal infections and viruses
5 specifically.

6 So if you have a low CD4 count, you're at
7 risk for cryptococcus, you're at risk for -- you
8 know, you're at risk for other infections like HPV
9 infections and different viral infections. You're
10 also at risk for -- you're also at a higher risk for
11 pneumonias. He didn't have a history of pneumonia.

12 Q I assume that if you're a person who
13 suffers one of these diseases that suppresses your
14 immune system, HIV or sarcoidosis or something like
15 that, your CD4 count is suppressed -- your
16 immunosuppression is indicated by a low CD4 count.
17 Is that a fair statement?

18 A Yes, that's correct. I think you and I
19 are kind of saying the same thing. You can have a
20 CD4 count and it be transient --

21 Q Yes.

22 A -- or part of your disorder?

23 Q First thing I want to understand is --
24 it's kind of a scale. Okay?

25 A Okay.

1 Q If you got someone who's HIV positive and
2 you have this suppressed of immune system you would
3 expect in someone with that condition -- I know
4 that's a horrible generality -- what kind of CD4
5 level would you expect versus what Mr. Poston's CD4
6 level was?

7 A So I guess if you -- first off, if you
8 have HIV and you have a low CD4 count, your CD4
9 count is going to remain suppressed. It's going
10 lower. So whatever you find -- if you don't treat
11 that person, that CD4 count is going to go lower and
12 lower and lower until they tell you to put them on
13 medication.

14 With regards to CD4 lymphopenia -- that's
15 the whole thing I'm trying to figure out. Did he
16 come in and it drove it down and I follow it and it
17 goes higher or resolves to greater than 300? Or
18 does it persist for him?

19 If it persists, that's a whole other area
20 to look into. That answer of transient versus
21 permanent is not answered, in my eyes.

22 Q Sure. You don't know whether it's
23 transient or permanent.

24 Is it fair to say that you don't know
25 whether it is a product of the cryptococcal

1 meningitis or whether it preexisted cryptococcal --

2 A That's exactly correct.

3 Q Okay. And is it -- and by way of scale,
4 how low is low? I mean, you see what I'm saying?

5 A Right. By definition it's less than 300.
6 We're talking about non-HIV related.

7 Q Yes, sir.

8 A Anything less than 300 or a percentage
9 less than 20 is the definition of CD4 lymphopenia.

10 Q So how low is he?

11 A He was at 130 and I think the other was in
12 the 200s. The other was in the 200s.

13 Q And if he had HIV how low would it be?

14 A Well, with HIV you can have it anywhere
15 from 500, 800 down to 1.

16 Q I'm with you. Okay. All right. I think
17 I understand that.

18 Now, is it possible to have some genetic
19 condition that caused you to have a low CD4 count
20 that's not a product of some sort of infectious
21 disease?

22 A That's what people are investigating.

23 Q We don't know?

24 A I don't know.

25 Q Okay. Is it possible that he could have

1 had a low CD4 count his whole life and, you know,
2 never contracted a disease as a result?

3 A Unlikely. It's unlikely. Because if
4 you're going to say someone has a low CD4 count --
5 if someone has HIV -- if I talk to my HIV patients
6 they are going to be in and out hospitals before
7 someone tests them.

8 For example, the person that I diagnosed
9 within the past month, when I look back at his
10 history, he went into a local hospital in August for
11 pneumonia, was treated, sent home. Then he had
12 swollen lymph nodes that were unresolved after a
13 period of, you know, several months. Then he was
14 referred to me and I did an HIV test and it was
15 positive.

16 So that person really wasn't that low. I
17 think I recall it being about 400. So he hadn't had
18 it for an extended period of time. My presumption
19 is that he was infected relatively recently, also
20 based on his age.

21 Q So if you were to assume Mr. Poston had no
22 history of hospitalizations in his past, would that
23 suggest to you that his low CD4 count arose after
24 the cryptococcal meningitis as opposed to
25 preexisting?

1 A Or around. I don't know if I'd use the
2 word after.

3 Q Sure. But if he had had persistent
4 long-term low CD4 counts, you would have expected
5 him to have been in the hospital a lot?

6 A For long-term? You're saying for years?

7 Q Yeah.

8 A I would assume there's probably -- right.
9 Something else probably would have come up.

10 Q Would it have been likely he would have
11 contracted some other and perhaps unusual infectious
12 diseases that maybe someone who wasn't
13 immunosuppressed wouldn't have?

14 A Correct. Correct. And that's
15 unfortunately -- I guess what I'm -- your question
16 again?

17 Q Let me try to ask you again. If he had
18 had a long history of having been immunosuppressed,
19 would you have expected to have seen him contract
20 other diseases that may be unusual-type diseases
21 that you wouldn't normally see?

22 A Not even unusual, just pneumonias. I
23 don't know -- just feeling ill, weight loss.

24 Q And you would expect to have seen a lot of
25 that?

1 A Yes.

2 Q Okay. You talked about in diagnosing him
3 you considered his history and you made, in your
4 HPI, that first note Page 52, mention of his recent
5 employment operating heavy machinery, beginning the
6 first week of June driving bulldozers and other
7 trucks at excavation sites, laying down pipes and
8 work.

9 I know you don't know anything beyond that
10 history that you got, I guess, from his wife at that
11 point?

12 A Right. I don't remember who I got it
13 from, whether it was -- because I didn't write who I
14 got the information from.

15 The reason I put that too is because I
16 thought it was important in regards to the possible
17 infection of cryptococcus.

18 Q Why is that?

19 A Well, you know, he started working in --
20 apparently he started working in June and he felt
21 ill weeks later. Because this is what, July 17th?
22 And he felt ill for two weeks. I guess he was sick
23 by around July 4th or earlier. So within a month of
24 his new work he was ill.

25 And then going back to the CD4 count

1 issue, if his CD4 count was low, this is generally
2 how people present. This is why we test the CD4
3 count.

4 If it was low and he didn't do anything
5 that put him at risk for infection until this time
6 period, then maybe this -- maybe, again if you'll
7 remember the word maybe -- this is the time period
8 that put him out that gave him his infection.
9 That's why I mentioned that.

10 Q Okay. And the earth moving and excavation
11 was important to you as a possible source of
12 infection because --

13 A Because birds poop on soil. So --

14 Q That they do.

15 A -- so do my dogs. So it's not like --
16 it's in the soil. We know cryptococcus is in the
17 soil.

18 The thought is that it's coming from bird
19 poop or they call it guano.

20 As you know, you see birds and there's
21 bird droppings, wherever they may migrate from. I
22 don't know if there was a particular pond near the
23 area. I didn't go into that on that question.

24 Q Sure. Well, let me describe -- take this
25 as an assumption. I want you to assume that what

1 they were doing is, in fact, they were out at Stone
2 Container, the paper processing facility. And he
3 was working for a contractor that was hard piping a
4 drainage site that was draining liquid material out
5 of Stone Container. We're not sure what was
6 contained in that material. It was odorous, he has
7 testified to. But we don't know what was in that
8 liquid.

9 The process they were doing was hard
10 piping a drain. And that they were moving soil and
11 using bulldozers. And he was, in fact, driving a
12 truck that moved dirt around. He had begun that --
13 work on that site on June the 10th. He left on June
14 the 9th with fever, headache, and later altered
15 mental status, and dizziness, and headaches, and
16 nausea, and photophobia. And ultimately presented
17 in the hospital on July the 17th where you saw him.

18 A Um-hum.

19 Q I want you to assume that history. If you
20 assumed that history, do you have an opinion, to a
21 reasonable degree of medical certainty, as to
22 whether that earth moving and exposure to dust was
23 the most probable cause of his meningitis?

24 A It would be at the top or near the top of
25 my list.

1 Q I understand that it's probably impossible
2 as a scientist to say anything absolutely, and we
3 don't expect that.

4 What I'm interested in is whether it's the
5 most probable cause to a reasonable degree of
6 medical certainty, which is to say more likely than
7 not.

8 A If we're going to use the term more likely
9 than not, then I would say more likely than not he
10 obtained the infection from the excavation area.

11 Q I'll also ask you this question a
12 different way. I'm going to -- I've been struggling
13 with medical terms. I'm go going give you a little
14 law.

15 In the workers' compensation system we
16 have what's called injury by accident. You bend
17 over, you pick up a box of bolts, your back pops,
18 and you're seeing Bill Edwards. A single traumatic
19 discrete event.

20 There are times when people suffer those
21 kinds of accidents and you reach a conclusion that
22 someone has suffered an injury by accident arising
23 in the course of employment.

24 You certainly can sustain an infection, an
25 injury by accident. It happens when nurses get

1 pricked by needles.

2 A Correct.

3 Q There are also things in our law called
4 occupational disease. And that exists when even if
5 you can't say for sure that someone suffered an
6 injury from a discrete accidental contact, they do
7 have a disease and they have a disease that is
8 distinctively associated with a certain type of --
9 common example is asbestosis.

10 A guy who works for a demolition crew and
11 has been working for them for 30 years. He develops
12 asbestosis. We can't say which building he was ever
13 in that had asbestos in it, but we know that given
14 the type of work he does, he's commonly exposed to
15 those types of materials. He has a disease that is
16 distinctly associated with that type of work, if I'm
17 making sense.

18 A It makes sense.

19 Q Now, I understand your testimony that more
20 likely than not -- we know of the specifics about
21 this discrete exposure. You've given your opinion
22 about that.

23 I'll ask you more generally whether your
24 opinion is that he suffered an occupational disease.

25 And let me tell you what the law means by

1 that. When they say occupational disease, they mean
2 a disease that arises out of the course of
3 employment due to hazards that are in excess of
4 those ordinarily incident to employment, that are
5 peculiar to an occupation to which the employee was
6 engaged and caused by hazards recognized as peculiar
7 to that trade or process or occupation and there's a
8 direct result of continuous exposure to those normal
9 working conditions.

10 And in this case, of course, those
11 conditions would be this earth-moving activity and
12 the disease would be cryptococcal meningitis.

13 Given that explanation of the law that I'm
14 sure you've already tired of, Doctor, can you tell
15 me to a reasonable degree of medical certainty,
16 which is to say more likely than not, as to whether
17 Mr. Poston suffered an occupational disease as a
18 result of -- occupational disease in the form of
19 cryptococcal meningitis?

20 A If you're wanting a yes or no answer, I
21 honestly don't know if I can give a yes or no.

22 Q That's a fair answer.

23 A And it's probable is the best word I can
24 use to describe it. Because I think -- if I look at
25 everything -- let's figure out why -- my mind when I

1 look at it is, why did he get it as opposed to
2 anyone else at the workplace?

3 And so my concern is either he did
4 something that was unique to anybody else in town --
5 in town, because it's general. I cover two
6 hospitals. So if anyone else comes in with
7 cryptococcal meningitis, I'm going to see them. So
8 what was unique about him and his specific location.

9 You know, it's not -- not even -- I
10 mentioned earlier about the Purdue plant. Even at
11 the Purdue plant it would be very difficult for me
12 to say that working at that chicken plant gave the
13 person cryptococcal meningitis.

14 It would be extremely high on my list,
15 near the top, just like his. Unfortunately, we
16 don't have the capability to do the testing.

17 I would say it's probable because he was
18 well in June and in July he wasn't. And then
19 everything else in his life had been generally
20 similar, from what I can gather. The only out wire
21 is his new work-related activity.

22 And unless anyone can come back and tell
23 me, oh, by the way, his brother has a chicken coop
24 in the backyard or his sister-in-law has a pet
25 parakeet or --

1 Q Or he works part-time at Purdue?

2 A Or he works part-time at Purdue, then I
3 would say it's probable he got it from his
4 excavation work.

5 You know, it's obviously in the soil.
6 It's a yeast form. It can live there forever in
7 that form. And eventually once you stir up the dirt
8 then you kind of aerate it.

9 That's the other important part is the
10 aeration. So it has to be aerated to get -- how a
11 person gets an infection is through the lungs. How
12 they get the infection is they have to breathe in
13 like a very small -- less than a five-micron spore
14 and it gets into their lungs. Then it can either
15 activate at that point or activate later and cause
16 the infection.

17 Actually, I have to look at the chest
18 x-rays whether -- we're talking about the long-term
19 issue of whether there's any evidence of nodules in
20 his chest. That means he probably didn't have
21 reactivation. That would be my suspicion. It would
22 cause a nodule generally, then reactivate. But it's
23 probable, based on the time period of his work and
24 symptoms.

25 Q By the way, Doctor, since you mentioned

1 the x-ray -- I think at Page 56 -- the report of the
2 x-ray is contained on that page in at APA.

3 A Right. So you usually can find --
4 sometimes I get consults for people with nodules and
5 I suspect they had prior exposure to cryptococcal or
6 any other fungus. And his do not have any mention
7 of nodules.

8 Q Now, Doctor, you talked briefly about the
9 treatment. What is the method of treatment?
10 Antibiotics?

11 A Well, it's antifungals specifically.

12 Q Antifungals.

13 A So the treatment is variable. Generally
14 the guidelines are you use amphotericin for a period
15 of weeks. And then you go into a consolidation and
16 long-treatment course phase with fluconazole. And
17 during the induction phase you try to use
18 flucytosine.

19 Outside of fluconazole, those other
20 medications are very toxic. Even though the
21 guidelines mention ideally whether it's for four,
22 six, or eight weeks, we often can't get that far
23 because people can't tolerate it, or it's unsafe to
24 send someone home on that medication. Really, you
25 can have cardiac arrhythmia on the medication or it

1 can drop their blood counts extremely low and leave
2 them at risk for bleeding or other infections.

3 Q Did you administer this medication during
4 the period he was in the hospital?

5 A Correct.

6 Q It looks like he was in the hospital
7 between like July 17th and July 24th.

8 A Yeah. There's about a week.

9 Q All right. And then whenever -- he's not
10 continuing on medication as we sit here today; is
11 that correct?

12 A Correct.

13 Q Okay. And do you anticipate him needing
14 any medication in the future related to this
15 exposure, assuming he's not reinfected or that
16 infection doesn't --

17 A He's at risk for restarting it again.
18 That's why I've asked for him to follow-up.

19 Q How long do you anticipate him needing to
20 follow up with you?

21 A Up to a year. I will feel comfortable if
22 we get out past another six months. Particularly if
23 his CD4 count, when I check it again, has gone back
24 up.

25 As I discussed with him in his last

1 TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
appointment, we didn't get the labs drawn because
2 the cost -- he said he couldn't afford it. But I
3 explained to him that if his CD4 count is low, we're
4 going to have to have an epidemiology workup on him,
5 which is extensive.

6 Q He is back at work now. It looks like
7 from the records that y'all released him, I think,
8 maybe September 1st or thereabouts of 2014. Is that
9 something --

10 A That would have been Dr. Healy.

11 Q I think that's in his records. Have you
12 been involved in giving him any kind of work
13 restrictions or anything like that?

14 A I try not to when Dr. Healy's involved.

15 Q Okay. Fine. And I gather then you would
16 leave the question about whether he's okay working
17 and continuing to work to Dr. Healy?

18 A Correct.

19 MR. WUKELA: Okay. I think, Doctor,
20 you've answered all my questions. Thank you for
21 patience and time with me. Please answer any
22 questions Mr. Mingledorff may have.

23 EXAMINATION

24 BY MR. MINGLEDORFF:

25 Q Just a couple follow-up questions. I

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF
1 think at one point during the discussion with
2 Mr. Wukela you mentioned that weight loss could be
3 indicative of a low CD4 count and having some sort
4 of immune compromising part of your system.

5 Did I understand that correctly?

6 A Correct.

7 Q Are you aware if Mr. Poston had
8 experienced any weight loss before he came in to see
9 you in July 2014?

10 A Is it in my note? I will have to look at
11 my initial H&P.

12 Q I don't think it's in your note.

13 A Do you mind if I look at it real fast?

14 Q No. I can direct you to Page 31. It's
15 not your note. I think it's Dr. Healy's notes.

16 If you see in that middle paragraph,
17 Dr. Healy indicates that Mr. Poston, in the last 18
18 months, had lost 70 pounds.

19 Is that the kind of weight loss that would
20 be significant?

21 A Yes.

22 Q And so is that kind of weight loss
23 indicative that maybe his CD4 count was already low
24 before June of 2014?

25 A Yes, it could.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 Q Would that kind of weight loss maybe
2 indicate that he had meningitis before June of 2014
3 or just a low CD4 count?

4 A Just a low CD4 count.

5 Q Mr. Wukela asked you if the work that
6 Mr. Poston was doing in June of 2014 was, quote, the
7 most probable cause of the meningitis. And I think
8 you had, in so many words, said it was.

9 But am I correct that, in fact, you have
10 not investigated any other causes for it?

11 A You're absolutely correct.

12 Q So while you say it's the most probable
13 cause, it's also accurate to say it's the only cause
14 that you've even looked at?

15 A That's correct.

16 Q As you told me earlier, we don't know
17 where he got it, correct?

18 A Correct.

19 Q You said he could have been riding with
20 the window down and gotten it, right?

21 A Correct.

22 Q He could live at or near the Purdue plant,
23 correct?

24 A Correct.

25 Q He could have his own chickens?

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 A Correct.

2 Q He could have a bird collection?

3 A Correct.

4 Q He could have been dealing with dirt on
5 his own property that would have had that fungus in
6 it, right?

7 A Right.

8 Q And none of those you've investigated?

9 A Correct.

10 Q Those are all potential causes as well?

11 A Correct.

12 Q Y'all had some discussion about the CD4
13 count decreasing. This was in the context of, did
14 the meningitis cause it to go down or was it down
15 before and, therefore, that's what caused him to get
16 meningitis.

17 If his CD4 count was at a normal level and
18 he got meningitis, how long would it take for the
19 CD4 count to decrease to the level you saw? Is this
20 a day or it takes months?

21 A I don't know any studies that show that
22 that I can remember. So I don't have an answer to
23 that question.

24 Q You also talked about cryptococcoma. Am I
25 saying that right?

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 A Cryptococcoma is correct.

2 Q This was in the beginning of you and
3 Mr. Wukela's discussion. He had asked you about
4 some of the diagnostic testing that was done on
5 Mr. Poston when he came in in the beginning.

6 And what I understood was what you said
7 that some of that testing revealed that the
8 cryptococcoma, if I'm saying that right, had not
9 been there a very long time; is that correct?

10 A I don't -- I mean, if he had a
11 cryptococcoma -- if he had cryptococcoma then it
12 would have been presumed to be there a for an
13 extended period of time.

14 Q Okay. And what's an extended period of
15 time?

16 A I don't -- you know, there isn't a good
17 answer. I mean, the few patients who I've had who
18 had cryptococcomas, with one of them being that rare
19 infection, my recollection of those specific
20 patients is in regards to the weeks -- with regards
21 to being ill for weeks. Whether that's three or six
22 weeks, but I'm thinking weeks, before they came in
23 and presented and had cryptococcus. And then
24 usually we see them in just weeks, to give you an
25 answer.

TEMUJIN T. CHAVEZ, MD - EX. BY MR. MINGLEDORFF

1 Q Is there a particular kind of bird
2 dropping?

3 A I think there is.

4 Q Pigeon or Blue Jay?

5 A It could be anything. Like a -- it's any
6 bird dropping. When it comes down to -- there's a
7 study in New York that looked at pigeon droppings in
8 New York City. And then there's another study that
9 looked at a patient that got it from a canary or
10 parakeet. It was a different type of bird.

11 MR. MINGLEDORFF: Thank you, Dr. Chavez.

12 EXAMINATION

13 BY MR. WUKELA:

14 Q Just briefly, counsel asked you whether
15 you had investigated any of the other possible
16 causes.

17 You haven't been presented with any other
18 evidence of any other possible causes including him
19 owning birds, working at Purdue, or any of those
20 other things that might be other possible causes of
21 exposure?

22 A Correct.

23 Q Also, you talked about weight loss and
24 possible evidence of a low CD4 count. You can have
25 weight loss as a product of dieting, correct?

1 A Yes.

2 Q If the evidence is that he testified that
3 he lost weight in the past because he, quote, backed
4 away from the table, that wouldn't be indicative of
5 immunosuppression in the past, would it?

6 A Correct. If he had admitted that he just
7 self-restricted his diet, then yes.

8 MR. WUKELA: That's all. Thanks.

9 (The deposition was concluded at 2:01 PM)

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

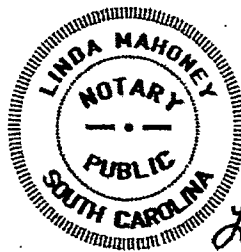
25

CERTIFICATE OF REPORTER

I, Linda A. Mahoney, Court Reporter
and Notary Public for the State of South Carolina at
Large, do hereby certify that the foregoing
transcript is a true, accurate and complete record.

I further certify that I am neither
related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto
affixed my official seal this 29th day of March,
2015 at Horry County, South Carolina.



Linda A. Mahoney, Court Reporter
My Commission expires
October 12, 2017

I N D E X

Page/Line

WITNESS/EXAMINATION

TEMUJIN T. CHAVEZ, MD

3 11

EXAMINATION

BY MR. MINGLEDORFF:

3 13

EXAMINATION

BY MR. WUKELA:

22 19

EXAMINATION

BY MR. MINGLEDORFF:

42 23

EXAMINATION

BY MR. WUKELA:

47 12

CERTIFICATE OF REPORTER

49 1

REQUESTED INFORMATION INDEX

(No Information Requested)

E X H I B I T S

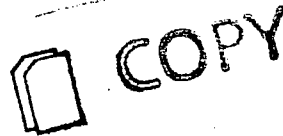
(None Proffered)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1416804

EMPLOYEE/CLAIMANT: WILLIAM POSTON
EMPLOYER: RANDSTAD TEMP FORCE, LP DBA ACCUSTAFF
INSURER: INDEMNITY INSURANCE COMPANY OF NORTH
AMERICA

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 29TH DAY OF
SEPTEMBER, 2015, COMMENCING AT THE HOUR OF 12:20 P.M., IN
FLORENCE, SOUTH CAROLINA, BEFORE THE HONORABLE MELODY L. JAMES,
ATTENDED BY COUNSEL AS FOLLOWS:

 COPY

HOLLY K. GLEASON
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

STEPHEN J. WUKELA, ESQUIRE, OF THE FIRM
WUKELA LAW FIRM
403 SECOND LOOP ROAD
FLORENCE, SOUTH CAROLINA 29505

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

FREDERICK F. FISHER, ESQUIRE, OF THE FIRM
MOORE, INGRAM, JOHNSON, & STEELE, L.L.P.
885-B ISLAND PARK DRIVE
CHARLESTON, SOUTH CAROLINA 29492

ATTORNEY FOR THE EMPLOYER/CARRIER,

ALSO APPEARING:

RITA COOK, EMPLOYER REPRESENTATIVE

I N D E X

PAGE

WILLIAM POSTON:

DIRECT EXAMINATION BY MR. WUKELA.....	9
CROSS-EXAMINATION BY MR. FISHER	20
REDIRECT EXAMINATION BY MR. WUKELA.....	21

DAVID DUFFY:

DIRECT EXAMINATION BY MR. FISHER.....	22
CROSS-EXAMINATION BY MR. WUKELA.....	37
CERTIFICATE OF NOTARY PUBLIC.....	66

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN FLORENCE,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * *

6 **BY COMMISSIONER JAMES:**

7 TODAY IS SEPTEMBER THE 29TH, 2015. WE ARE HERE
8 ON W.C.C. FILE NUMBER 1416804. THIS IS THE MATTER
9 OF WILLIAM POSTON VERSUS RANDSTAD TEMPORARY FORCE,
10 LP, D/B/A ACCUSTAFF AND INDEMNITY INSURANCE COMPANY
11 OF NORTH AMERICA. PRESENT ON BEHALF OF THE CLAIMANT
12 IS MR. STEPHEN WUKELA. PRESENT ON BEHALF OF THE
13 DEFENDANTS IS MR. RICK FISHER. THE DATE OF THE
14 ACCIDENT, OR ALLEGED ACCIDENT, IS JULY THE 9TH,
15 2014.

16 THE AVERAGE WEEKLY WAGE AND COMPENSATION RATE
17 HAVE BEEN STIPULATED TO. THE AVERAGE WEEKLY WAGE IS
18 \$1,083.00 WITH A CORRESPONDING COMPENSATION RATE OF
19 \$722.04. WE'RE HERE TO DETERMINE THE ISSUES AS SET
20 FORTH IN THE FORMS 50 AND 51. THERE HAS BEEN ONE
21 OBJECTION TO AN APA, AND LET ME ADDRESS THAT
22 OBJECTION ON THE RECORD. THE DEFENDANT HAS
23 SUBMITTED AN ADDITIONAL REPORT THAT WAS CONTAINED IN
24 THEIR BRIEFING.

25 PREVIOUSLY, WITHOUT GOING INTO THE ENTIRE

1 HISTORY OF THE CASE, WHICH IS ACTUALLY DOCUMENTED IN
2 THE COMMISSION FILE, THE HEARING WAS SET FOR JULY
3 THE 24TH, 2015. THE CLAIMANT INDICATES THAT THERE
4 WERE PREVIOUS CONTINUANCES BY VIRTUE OF A CONSENT
5 ORDER, BUT THE LAST CONTINUANCE, WHICH WAS OBJECTED
6 TO, WAS ON JULY 24TH, 2015, AT LEAST THAT'S THE DATE
7 OF THE ORDER BEING ISSUED, AND THE CLAIMANT CONTENDS
8 THAT PURSUANT TO THAT, THAT THE BRIEFING SCHEDULE
9 THAT HAS APPLIED WOULD NOT PERMIT THE SUBMISSION OF
10 THE ADDITIONAL DOCUMENTS, AND LET ME STATE FOR THE
11 RECORD WHAT THE ADDITIONAL DOCUMENTS ARE. THEY ARE
12 AN AMENDED FORM 58 THAT HAS BEEN PRESENTED PAST THE
13 DATE OF THE CONTINUANCE AND PAST THE ORIGINAL
14 BRIEFING DATES THAT WOULD HAVE BEEN IN EXISTENCE
15 PRIOR TO COMMISSIONER BARDEN'S ORDER, AND THAT
16 CONSISTS OF PAGES 147 TO 161, AND THERE IS AN
17 OBJECTION TO THAT NOT BEING TIMELY.

18 I HAVE RULED OUTSIDE OF THE RECORD AND WILL
19 RULE ON THE RECORD THAT THE BASIS FOR THAT OBJECTION
20 WOULD BE BASED ON COMMISSIONER BARDEN'S ORDER, AND
21 COMMISSIONER BARDEN'S ORDER CLEARLY MADE A
22 CONTINUANCE IN THIS MATTER, AND SO THE BRIEFING
23 SCHEDULE WOULD HAVE CHANGED AS A RESULT OF THAT
24 CONTINUANCE. THE REMAINDER OF OBJECTIONS THAT WE
25 WENT OVER -- AND I'LL ALLOW THE CLAIMANT, IF THE

1 CLAIMANT NEEDS TO MAKE ANY ADDITIONAL RECORD, APPEAR
2 TO BE BASED ON THE WEIGHT OF THE REPORT AND NOT TO
3 THE ADMISSIBILITY OF THAT REPORT. DOES THE CLAIMANT
4 HAVE ANYTHING ELSE THEY WANT TO ADD WITH REGARDS TO
5 THAT OBJECTION?

6 **BY MR. WUKELA:**

7 NO. NO. I THINK THAT'S CORRECT, COMMISSIONER.
8 I JUST, OBVIOUSLY, THANK YOU FOR RENEWING MY
9 OBJECTION TO THE CONTINUANCE AND THE REOPENING OF
10 THE RECORD, AND I THINK YOUR HONOR HAS ACCURATELY
11 STATED THE CLAIMANT'S POSITION WITH THAT REGARD.

12 **BY COMMISSIONER JAMES:**

13 ALL RIGHT. ARE THERE ANY OTHER OBJECTIONS TO
14 THE APAS, JURISDICTION, VENUE, OR ANY OTHER ITEMS ON
15 BEHALF OF THE CLAIMANT?

16 **BY MR. WUKELA:**

17 NONE FROM THE CLAIMANT, COMMISSIONER.

18 **BY COMMISSIONER JAMES:**

19 ON BEHALF OF THE DEFENDANTS?

20 **BY MR. FISHER:**

21 NONE, COMMISSIONER.

22 **BY COMMISSIONER JAMES:**

23 ALL RIGHT. WITHOUT OBJECTION, OTHER THAN
24 WHAT'S ALREADY STATED, THE COMMISSION FILE BECOMES
25 PART OF THE RECORD WITH THE EXCEPTION OF ANY SELF-

1 SERVING DECLARATIONS AND UNSTIPULATED MEDICAL
2 REPORTS.

3 LET ME STATE THAT WE NOW HAVE FOR THE RECORD,
4 THE CLAIMANT'S PAGES 1 THROUGH 104 AND THE
5 DEFENDANT'S APAS 1 THROUGH 146 WITH THE ADDITION OF
6 147 TO 161. ALSO, THE PARTIES HANDED UP THE
7 ORIGINALS OF THE DEPOSITION OF DR. HEALY AND THE
8 DEPOSITION OF DR. CHAVEZ.

9 THE CLAIMANT COMES BEFORE THE COMMISSION TODAY
10 SEEKING COMPENSABILITY FOR AN INJURY HE INDICATES HE
11 INCURRED AT WORK AND THAT IT PRODUCED AND RESULTED
12 IN A FUNGAL INFECTION, IN PARTICULAR, A FUNGAL
13 MENINGITIS, WHICH HE INDICATES IS DESCRIBED IN THE
14 RECORD BY THE TREATING PHYSICIAN, AND THAT IT HAS,
15 BASICALLY, RESULTED IN INJURY AND TREATMENT TO HIS
16 HEAD OR WHOLE BODY, AND, I GUESS, MORE PARTICULARLY,
17 TO THE BRAIN AND SPINE SINCE IT WAS A RESULTING
18 FUNGAL MENINGITIS.

19 HE IS REQUESTING TEMPORARY TOTAL FROM JULY 9TH,
20 2014, TO SEPTEMBER 1ST, 2014, AND THE PAST MEDICAL
21 AND ANY RESULTING CONTINUED NEED FOR MEDICAL
22 TREATMENT, AND AT THIS TIME THAT THERE IS NOT ANYONE
23 THAT OPINES THAT THE CLAIMANT IS AT MAXIMUM MEDICAL
24 IMPROVEMENT.

25 THE DEFENDANTS TAKE THE POSITION THAT THE

1 INJURY DOES NOT ARISE OUT OF THE COURSE AND SCOPE --
2 OR DOES NOT ARISE OUT OF THE EMPLOYMENT AND IS NOT
3 WITHIN THE COURSE AND SCOPE OF THE EMPLOYMENT, AS
4 THAT SHOULD BE CORRECTLY STATED, SINCE THEY'RE TWO
5 DIFFERENT PRINCIPALS. THEY INDICATE THAT THERE'S NO
6 FOUNDATION FOR THE INJURY, AND THAT THEY WILL BE
7 PRESENTING TESTIMONY TODAY OF AN EXPERT IN ANOTHER
8 ARENA THAT WILL ACTUALLY SHOW THAT THE OPINIONS OF
9 DR. HEALY AND DR. CHAVEZ ARE NOT FOUNDED.

10 THE CLAIMANT TAKES THE ALTERNATE POSITION -- OR
11 NOT ALTERNATE, BUT THE OPPOSITE POSITION THAT THE
12 FOUNDATION OF THE EXPERT THAT'S GOING TO TESTIFY
13 SHOULD NOT BE ACCORDED ANY WEIGHT AS THERE WAS A
14 YEAR THAT PASSED WITHIN THE TESTING.

15 THERE ARE FURTHER ISSUES THAT WERE WENT IN TO
16 IN THE PRETRIAL BY BOTH PARTIES AND THOSE WILL
17 ESSENTIALLY BE TO THE WEIGHT OF THE EVIDENCE AND THE
18 ULTIMATE DECISION.

19 IS THERE ANYTHING FURTHER FROM THE CLAIMANT AS
20 TO THE CLAIMANT'S POSITION?

21 BY MR. WUKELA:

22 ONLY TWO SMALL POINTS, COMMISSIONER. AS WE
23 DISCUSSED AT PRETRIAL, IT'S THE CLAIMANT'S
24 CONTENTION THAT HE HAS SUFFERED AN INJURY BY
25 ACCIDENT, OR IN THE ALTERNATIVE, AN OCCUPATIONAL

1 DISEASE AS THAT TERM IS DEFINED BY 42-11-10 AND
2 MOHASCO, PRIOR TO THE ENACTMENT OF 42-11-10. ALSO,
3 THE CLAIMANT WOULD POINT -- ALTHOUGH WE'RE WELL
4 AWARE THAT THE COMMISSION READS THE VOLUMINOUS
5 MATERIAL THAT WE'VE PROVIDED YOU TODAY, WE'D POINT
6 YOU IN PARTICULAR AS TO CAUSATION TO THE DEPOSITIONS
7 OF DR. HEALY, PAGES 8 THROUGH 11, AND DR. CHAVEZ,
8 PAGE 33 THROUGH 35, WHERE THEY SPEAK EXPLICITLY AS
9 TO CAUSATION.

10 BY COMMISSIONER JAMES:

11 AND I WILL READ THOSE IN THEIR ENTIRETY. DO
12 THE DEFENDANTS HAVE ANYTHING FURTHER AS TO THE
13 DEFENDANTS' POSITION?

14 BY MR. FISHER:

15 NO, COMMISSIONER. THANK YOU.

16 BY COMMISSIONER JAMES:

17 ALL RIGHT. MR. POSTON, IF YOU'D RAISE YOUR
18 RIGHT HAND FOR ME, PLEASE, SIR.

19 WILLIAM POSTON

20 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

21 BY COMMISSIONER JAMES:

22 YOUR WITNESS, SIR.

23 BY MR. WUKELA:

24 THANK YOU, COMMISSIONER.

25 DIRECT EXAMINATION BY MR. WUKELA:

1 Q. MR. POSTON, HOW OLD ARE YOU?

2 A. I'M [REDACTED] YEARS OLD.

3 Q. AND HOW MUCH EDUCATION DO YOU HAVE?

4 A. I FINISHED THE 11TH GRADE.

5 Q. AND WHERE DID YOU GO TO SCHOOL?

6 A. MARION HIGH SCHOOL.

7 Q. LIVED IN MARION YOUR WHOLE LIFE?

8 A. YES, SIR.

9 Q. AND WHAT KIND OF WORK HAVE YOU DONE IN YOUR LIFE?

10 A. CONSTRUCTION WORK.

11 Q. YOU'VE DONE CONSTRUCTION WORK YOUR WHOLE LIFE?

12 A. JUST ABOUT.

13 Q. ALL RIGHT. NOW, THE ACCIDENT THAT WE'RE HERE ABOUT
14 TODAY INVOLVES WORK YOU WERE DOING OUT AT WHAT IS
15 NOW ROCKTENN, FORMERLY SMURFIT-STONE AND STONE
16 CONTAINER, ---

17 A. YES, SIR.

18 Q. --- IN JULY OF 2014?

19 A. YES, SIR.

20 Q. OKAY. TELL ME AND TELL THE COMMISSIONER, IN
21 PARTICULAR, WHAT Y'ALL WERE CHARGED WITH DOING OUT
22 THERE. WHAT WERE YOU -- WHAT WERE YOU UP TO?

23 A. WELL, WE WERE LAYING PIPE, 60-INCH PIPE, AND RIGHT
24 BESIDE IT WHERE WE LAID THE PIPE, IT WAS A DITCH
25 THAT RUN DOWN A CANAL, RUN DOWN THAT WATER COME OUT

1 FROM THE PLANT, AND I WAS DRIVING AN OFF-ROAD TRUCK
2 AND PLUS I WAS LAYING -- GETTING OFF THE TRUCK,
3 LAYING -- HELPING LAY PIPE AND ALL, SO, YOU KNOW,
4 DOING A LITTLE BIT OF EVERYTHING.

5 Q. THAT CANAL, I THINK YOU DESCRIBED THAT IT WAS A
6 DITCH OR CANAL ---

7 A. CORRECT.

8 Q. --- THAT USED LIQUID CAME OUT OF THE PLANT?

9 A. YES, SIR.

10 Q. OKAY. AND THAT CANAL, HOW DEEP WAS IT?

11 A. IT WAS ABOUT 20-FOOT DEEP.

12 Q. ALL RIGHT. HOW WIDE WAS IT?

13 A. PROBABLY, 30 TO 50-FOOT WIDE.

14 Q. OKAY. AND HOW LONG WAS IT?

15 A. FIFTEEN-HUNDRED, TWO-THOUSAND FEET.

16 Q. AND WHERE DID IT GO?

17 A. IT WENT TO THE DITCH POND OUT BACK.

18 Q. OKAY. AND THE LIQUID STAYED THERE?

19 A. YEAH, IT STAYS THERE 'TIL THEY DO WHATEVER THEY DO
20 TO IT, AND THEN IT RUNS OUT INTO THE RIVER.

21 Q. OKAY. AND WHAT DID IT SMELL LIKE?

22 A. IT SMELLED REAL BAD.

23 Q. OKAY. AND I THINK I'VE UNDERSTOOD WHAT YOU SAID IS
24 Y'ALL'S JOB WAS TO DRAIN THAT DITCH AND TO PIPE IT
25 AND TO FILL IT IN?

1 A. WE WERE PUTTING PIPE IN TO TIE INTO THE EXISTING
2 OUTLET SO WE COULD DRAIN IT TO THE LAGOON.

3 Q. OKAY. DID YOU HAVE TO TAKE ANY DIRT OUT?

4 A. YES, SIR.

5 Q. AND WHAT EQUIPMENT DID Y'ALL USE TO TAKE THE DIRT
6 OUT?

7 A. WE USED A TRICO AND TWO OFF-ROAD TRUCKS.

8 Q. OKAY. AND THE AMOUNT OF DIRT YOU TOOK OUT, ARE YOU
9 TALKING TRUCKLOADS, WHEEL-BARROW LOADS?

10 A. YEAH, TRUCKLOADS.

11 Q. OKAY.

12 A. YEAH.

13 Q. AND THEN Y'ALL -- AFTER YOU GOT THE DIRT EXCAVATED,
14 YOU INSTALLED THOSE 60-FOOT PIPES?

15 A. 60-INCH PIPES, YES.

16 Q. I'M SORRY, 60-INCH PIPES. 60 FOOT WOULD BE A HECK
17 OF A PIPE. 60-INCH PIPE, ABOUT FIVE FOOT?

18 A. YES, SIR.

19 Q. OKAY. AND THEN YOU BROUGHT DIRT IN FROM ANOTHER
20 LOCATION?

21 A. YES, SIR.

22 Q. OKAY. AND THAT WAS DUMP TRUCK LOADS OF DIRT?

23 A. DUMP TRUCK LOADS OF DIRT.

24 Q. OKAY.

25 A. PUT SAND ON TOP OF THE PIPE, THEN A SAND PLATE, THEN

1 TOP SOIL.

2 Q. OKAY. WAS THERE ANY DIRT IN THE AIR DURING THAT
3 PROCESS?

4 A. OH, YES.

5 Q. OKAY. DID Y'ALL WEAR ANY MASKS OR RESPIRATORS OR
6 ---

7 A. NO, SIR.

8 Q. OKAY. NOW, WE'RE HERE ABOUT PROBLEMS THAT YOU
9 STARTED SUFFERING AND COMPLAINING OF DURING THAT
10 TIME. TELL ME ABOUT WHAT PROBLEMS YOU STARTED
11 HAVING.

12 A. THE FIRST WEEK OF JULY, I STARTED HAVING HEADACHES
13 REAL BAD. THAT WENT ON FOR ABOUT A WEEK THERE. THE
14 SECOND WEEK OF JULY, I WAS RUNNING A FEVER,
15 DISORIENTED, HAVING HEADACHES. MY WIFE CARRIED ME
16 TO THE FAMILY DOCTOR. THEY GIVE ME SOME MEDICINE TO
17 TRY. THEN SHE GAVE ---

18 Q. HOLD ON. HOLD ON. LET ME STOP YOU THERE FOR ONE
19 SECOND.

20 A. OKAY.

21 **BY MR. WUKELA:**

22 COMMISSIONER, JUST WHERE YOU CAN KEEP UP IN THE
23 RECORD, AND I'M OBVIOUSLY NOT GOING TO GO THROUGH
24 ALL OF THESE MEDICAL RECORDS, BUT THAT'S APA 1, PAGE
25 1.

DIRECT EXAMINATION RESUMED BY MR. WUKELA:

Q. ON JULY THE 9TH OF 2014, YOU SAW THOMAS STEWART, A
P.A. OVER AT YOUR FAMILY DOCTOR'S OFFICE?

A. YEAH.

Q. OKAY. AND HE SAYS, "HAD FEVER, HEADACHE, CAN'T SEEM
TO GET RID OF HEADACHE."

A. YES, SIR.

Q. OKAY. AND THEN WHAT HAPPENED? YOU SAID YOU SAW THE
FAMILY DOCTOR THAT DAY, THEN WHAT HAPPENED.

A. HE GAVE ME SOME MEDICINE TO TRY. I WENT AND GOT IT.
THEN MY WIFE CARRIED ME TO THE EMERGENCY ROOM THERE
IN MARION.

Q. AND WHY DID SHE TAKE YOU TO THE EMERGENCY ROOM?

A. I WAS VERY DISORIENTED.

Q. OKAY.

A. I WAS RUNNING A FEVER BAD.

Q. ALL RIGHT. AND THEN WHAT HAPPENED?

A. AND THEN THEY DONE WHATEVER THEY DONE. I CAN'T
REMEMBER WHAT ALL THEY DONE AT THE HOSPITAL, BUT IT
WASN'T LONG AFTER THAT, SHE CARRIED ME TO DR.
HEALY'S OFFICE, AND HE PUT ME IN THE HOSPITAL.

Q. ALL RIGHT. NOW, IT LOOKS LIKE ---

BY MR. WUKELA:

AND, COMMISSIONER, I'M LOOKING AT APA 1, PAGE 3
NOW.

1 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

2 Q. --- YOU SEE THE FAMILY DOCTOR AGAIN ON JULY THE
3 16TH.

4 A. YEAH, I BELIEVE SO. LIKE I SAY, I WAS DISORIENTED
5 AND COULDN'T REMEMBER EVERYTHING.

6 Q. OKAY.

7 BY MR. WUKELA:

8 AND AT PAGE 4 OF THAT APA, COMMISSIONER.

9 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

10 Q. HE NOTES -- SHE STATES, "HE TRIED TO RETURN TO WORK
11 ---

12 BY MR. WUKELA:

13 AND I'M LOOKING AT THE H.P.I., COMMISSIONER,
14 ABOUT TWO-THIRDS OF THE WAY DOWN.

15 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

16 Q. SHE STATES, "HE TRIED TO RETURN TO WORK, BUT NOW
17 HE'S HAVING EPISODES OF CONFUSION. THEY HAVE CALLED
18 HER FROM WORK SAYING THAT SHE NEEDED TO COME PICK
19 HIM UP BECAUSE HE'S UNABLE TO FUNCTION AROUND HEAVY
20 EQUIPMENT", AND THEN IN THE ASSESSMENT HE REFERS YOU
21 FOR A NEUROLOGY EVALUATION. OKAY. DO YOU REMEMBER
22 MUCH ABOUT THAT?

23 A. NO, SIR.

24 Q. OKAY.

25 BY MR. WUKELA:

1 THEN THE NEXT RECORD WE HAVE, COMMISSIONER CC'S
2 DR. HEALY, AND THAT'S AT APA 4, ON JULY THE 17TH.

3 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

4 Q. AND LOOKS LIKE DR. HEALY ADMITTED YOU RIGHT AWAY?

5 A. YES, SIR.

6 Q. OKAY. AND LOOKS LIKE DURING THAT TIME, AN ADMISSION
7 AT CAROLINAS HOSPITAL SYSTEM, HE DIAGNOSED FUNGAL
8 MENINGITIS, DID A LUMBAR PUNCTURE, AND HAD YOU
9 EVALUATED BY DR. CHAVEZ; ---

10 BY MR. WUKELA:

11 WHOSE CONSULT IS AT PAGE 37 OF APA 4,
12 COMMISSIONER.

13 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

14 Q. --- DO YOU REMEMBER MUCH OF THAT?

15 A. NO, NOT REALLY.

16 Q. OKAY. AND WHY IS THAT?

17 A. I WAS OUT OF IT.

18 Q. OKAY. ALL RIGHT. AND IT LOOKS LIKE FROM THE
19 DISCHARGE REPORT, ---

20 BY MR. WUKELA:

21 WHICH IS PAGE 35 OF APA 4, COMMISSIONER.

22 DIRECT EXAMINATION RESUMED BY MR. WUKELA:

23 Q. --- THAT YOU WERE DISCHARGED THEN ON JULY THE 24TH
24 OF 2014?

25 A. YES.

1 Q. ALL RIGHT. YOU REMEMBER GETTING DISCHARGED?

2 A. YES, I REMEMBER GETTING DISCHARGED.

3 Q. ALL RIGHT. AND AFTER YOU GOT DISCHARGED, WHAT DID
4 YOU DO?

5 A. WELL, I HAD TO TAKE MEDICINE FOR SIX MONTHS THAT THE
6 DOCTORS PRESCRIBED ME AND EVERYTHING, YOU KNOW.

7 Q. ALL RIGHT.

8 A. AND I WENT BACK HOME. THE DOCTORS WOULDN'T LET ME
9 GO BACK TO WORK UNTIL SEPTEMBER 1ST, WHEN I WENT
10 BACK TO WORK.

11 Q. ALL RIGHT. NOW, RIGHT AFTER YOU GOT DISCHARGED, DID
12 YOU TELL THE EMPLOYER WHAT WAS GOING ON?

13 A. YEAH, I WENT TO THEIR OFFICE AND TOLD THEM.

14 Q. OKAY.

15 **BY MR. WUKELA:**

16 AND, COMMISSIONER, FOR THE RECORD, I THINK THE
17 FIRST REPORT IS JULY 30TH, 2014. I DON'T THINK
18 THERE'S ANY DISPUTE ABOUT THAT.

19 **DIRECT EXAMINATION RESUMED BY MR. WUKELA:**

20 Q. YOU SAW DR. HEALY, AND ACCORDING TO THE RECORD AT
21 APA 4, PAGE 41, ON AUGUST THE 4TH, 2014, AND THERE
22 HE'S TALKING ABOUT WHAT YOU DO AT YOUR JOB AND THE
23 MOVING OF DIRT?

24 A. YEAH.

25 Q. HE TALKED TO YOU ABOUT THAT THEN?

1 A. YES.

2 Q. BY THE WAY, ALSO, DURING THE CONSULT, IN THE
3 INFECTIOUS DISEASE POSITION ON PAGE 52, HE ALSO
4 MENTIONS THAT HE ASKED QUESTIONS ABOUT YOUR
5 MOVEMENT, USE OF HEAVY EQUIPMENT MOVING DIRT AND SO
6 FORTH; DO YOU REMEMBER TALKING TO HIM ABOUT THAT AT
7 ALL?

8 A. NO, I DON'T.

9 Q. OKAY. ALL RIGHT.

10 **BY MR. WUKELA:**

11 AND, OBVIOUSLY, DR. CHAVEZ AND DR. HEALY'S
12 DEPOSITIONS ARE IN THE RECORD, COMMISSIONER.

13 **DIRECT EXAMINATION RESUMED BY MR. WUKELA:**

14 Q. SO YOU TOOK MEDICATIONS AFTER YOU GOT OUT. YOU WERE
15 OUT OF WORK UNTIL ABOUT SEPTEMBER THE 1ST ---

16 A. YES, SIR.

17 Q. --- OF 2014?

18 A. YES, SIR.

19 Q. THEN YOU WENT BACK?

20 A. YES, SIR.

21 Q. AND YOU'VE BEEN WORKING EVER SINCE?

22 A. YES, SIR.

23 Q. AND BEEN WORKING AT DIFFERENT SITES?

24 A. YEAH. I'M STILL AT ROCKTENN, BUT I'M BUILDING A NEW
25 DAM ACROSS THE LAGOON AT THE BACK.

1 Q. OKAY. OKAY. AND HAVE YOU BEEN ABLE TO WORK AND
2 DOING WELL?

3 A. YEAH.

4 Q. OKAY. HAVING ANY FURTHER PROBLEMS LIKE YOU HAD
5 BEFORE?

6 A. NO, SIR.

7 Q. HAD YOU EVER HAD ANY PROBLEMS LIKE THAT BEFORE?

8 A. NEVER. NEVER.

9 Q. ALL RIGHT. THERE ARE ALSO A NUMBER OF MEDICAL BILLS
10 THAT YOU'VE GOTTEN FOR ALL THESE TREATMENTS.

11 **BY MR. WUKELA:**

12 WHICH ARE OBVIOUSLY IN THE RECORD,
13 COMMISSIONER.

14 **DIRECT EXAMINATION RESUMED BY MR. WUKELA:**

15 Q. YOU DID NOT HAVE ANY HEALTH INSURANCE TO PAY THOSE
16 MEDICAL BILLS?

17 A. NO.

18 Q. OKAY. AND YOU'RE STILL RECEIVING THOSE BILLS?

19 A. YEAH.

20 **BY MR. WUKELA:**

21 OKAY. COMMISSIONER, I THINK THOSE ARE ALL THE
22 QUESTIONS I HAVE FOR THE CLAIMANT.

23 **BY COMMISSIONER JAMES:**

24 ALL RIGHT. CROSS.

25 **BY MR. FISHER:**

1 COMMISSIONER, THANK YOU.

2 CROSS-EXAMINATION BY MR. FISHER:

3 Q. MR. POSTON, YOU MISSED ABOUT TWO MONTHS FROM WORK;
4 IS THAT CORRECT?

5 A. YES, SIR.

6 Q. OKAY. ABOUT HOW MUCH TIME DID YOU SPEND AT ROCKTENN
7 BEFORE YOU FIRST GOT THE SYMPTOMS AND YOU WERE
8 FEELING SICK?

9 A. A COUPLE MONTHS, MONTH AND A HALF.

10 Q. AND AFTER YOU RETURNED TO WORK ON SEPTEMBER 1ST, HOW
11 MUCH TIME HAVE YOU SPENT AT ROCKTENN?

12 A. UP UNTIL NOW, EVERY BIT OF TIME.

13 Q. OKAY. HAVE YOU BEEN SICK ---

14 BY COMMISSIONER JAMES:

15 I'M SORRY. WHAT DID YOU SAY? UP UNTIL NOW?

16 BY THE WITNESS:

17 UP UNTIL TODAY, I MEAN, YOU KNOW, I'M STILL
18 THERE AT ROCKTENN. I'M STILL WORKING THERE.

19 BY COMMISSIONER JAMES:

20 OKAY.

21 BY THE WITNESS:

22 YEAH.

23 CROSS-EXAMINATION RESUMED BY MR. FISHER:

24 Q. AND SINCE YOU RETURNED TO WORK, HAVE YOU GOTTEN SICK
25 WITH ANY OTHER ---

1 A. NO, SIR.

2 Q. OKAY. NOW, PREVIOUSLY, WHEN I SPOKE WITH YOU, YOU
3 TESTIFIED THAT THERE WERE SIX OTHER GUYS OUT THERE
4 WORKING WITH YOU.

5 A. YES, SIR.

6 Q. ANY OF THOSE GUYS GET SICK?

7 A. NO, SIR, NOT TO MY KNOWLEDGE.

8 Q. ALL RIGHT.

9 BY MR. FISHER:

10 THAT'S ALL I HAVE. THANK YOU.

11 REDIRECT EXAMINATION BY MR. WUKELA:

12 Q. ONE BRIEF THING, THE SITE YOU WERE WORKING AT AT
13 ROCKTENN, IS IT THE SAME SITE THAT YOU WERE WORKING
14 ON IN JULY OF '14, OR IS THAT JOB DONE AND YOU'RE
15 WORKING SOMEWHERE ELSE?

16 A. NO, I'M WORKING SOMEWHERE ELSE, A DIFFERENT PART OF
17 THE PLANT NOW.

18 BY MR. WUKELA:

19 OKAY. THAT'S ALL I'VE GOT, COMMISSIONER.

20 BY COMMISSIONER JAMES:

21 DEFENSE WITNESS.

22 BY MR. FISHER:

23 OKAY.

24 BY MR. WUKELA:

25 COMMISSIONER, WOULD YOU LIKE THE CLAIMANT TO

1 MOVE AND LET THE DEFENSE WITNESS SIT HERE, OR WHERE

2 ---

3 BY COMMISSIONER JAMES:

4 HE CAN SIT AT THE END. THAT WAY THE COURT
5 REPORTER CAN SEE. I MAY STAND. SINCE I'M HAVING TO
6 SIT SO LONG TODAY, I MAY STAND FOR A LITTLE BIT.

7 (OFF THE RECORD)

8 BY COMMISSIONER JAMES:

9 MR. DUFFY, IF YOU'D RAISE YOUR RIGHT HAND.

10 DAVID DUFFY

11 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

12 BY COMMISSIONER JAMES:

13 YOUR WITNESS, SIR.

14 BY MR. FISHER:

15 OKAY. THANK YOU.

16 DIRECT EXAMINATION BY MR. FISHER:

17 Q. MR. DUFFY, WHAT'S YOUR CURRENT JOB POSITION?

18 A. I AM A SENIOR INDUSTRIAL HYGIENIST, CERTIFIED
19 INDUSTRIAL HYGIENIST WITH ACE ESIS CORPORATION.

20 BY MR. WUKELA:

21 AND, COMMISSIONER, I'M SORRY. I'M SORRY TO
22 INTERRUPT YOU. PROBABLY, FOR THE RECORD, I OUGHT TO
23 IMPOSE AN OBJECTION TO MR. DUFFY'S TESTIMONY ON THE
24 SAME GROUNDS AS THE REPORT. I KNOW YOU'VE ALREADY
25 RULED ON THAT, COMMISSIONER, BUT JUST SO I CAN MAKE

1 SURE I PRESERVE MY RECORD ON THAT.

2 **BY COMMISSIONER JAMES:**

3 ALL RIGHT. AND I WILL OVERRULE THAT BASED ON
4 THE SAME RULING EARLIER. YOU CAN PROCEED.

5 **BY MR. WUKELA:**

6 THANK YOU. SORRY FOR THE INTERRUPTION.

7 **BY MR. FISHER:**

8 YES, SIR.

9 **DIRECT EXAMINATION RESUMED BY MR. FISHER:**

10 Q. MR. DUFFY, HAVE YOU PROVIDED A C.V. TO DEFENSE
11 COUNSEL IN THIS MATTER?

12 A. YES.

13 Q. I'D REFER YOU TO DEFENDANTS' APA 4, PAGES 160 TO
14 161.

15 A. YES.

16 Q. AND WHAT ARE YOUR QUALIFICATIONS FOR YOUR POSITION
17 WITH ESIS?

18 A. WELL, I'M A BOARD-CERTIFIED INDUSTRIAL HYGIENIST,
19 AND I'VE BEEN BOARD CERTIFIED FOR 30-PLUS YEARS.
20 THAT'S A CERTIFICATION WITHIN OUR PROFESSION THAT
21 YOU HAVE TO EARN, LIKE MOST CERTIFICATIONS, THROUGH
22 PRESENTATIONS, RESEARCH, VARIOUS CRITERIA, AND SO
23 I'VE BEEN RECERTIFIED EVERY TIME. AND MY JOB IS IN
24 THE ENVIRONMENTAL INDUSTRIAL ENVIRONMENTS FOR HAZARD
25 ASSESSMENTS, HAZARD RECOGNITION, HAZARD MONITORING,

1 EXPOSURE MONITORING, ALL THOSE VARIOUS DISCIPLINES
2 THAT HAVE TO DO WITH EXPOSURE ISSUES.

3 Q. AND WHAT'S YOUR EDUCATION BACKGROUND?

4 A. I HAVE A BACHELOR OF SCIENCE DEGREE IN MICROBIOLOGY
5 FROM BOWLING GREEN STATE UNIVERSITY, AND I HAVE A
6 MASTER OF SCIENCE DEGREE IN ENVIRONMENTAL INDUSTRIAL
7 HEALTH FROM THE UNIVERSITY OF MICHIGAN.

8 Q. AND WHEN WERE YOU FIRST INVOLVED IN MR. POSTON'S
9 CASE?

10 A. I DON'T KNOW THE EXACT DATE ON THAT, BUT, YOU KNOW,
11 THIS REPORT WAS PREPARED IN JULY OF 2015, SO
12 PROBABLY, RECEIVED CLAIM INFORMATION PRIOR TO THAT.

13 Q. MR. DUFFY, HAVE YOU EVER BEEN QUALIFIED AS AN EXPERT
14 WITNESS IN ANY STATE OR FEDERAL COURT?

15 A. YES.

16 Q. AND IN WHAT FIELD?

17 A. IN THE AREA OF INDUSTRIAL HYGIENE. AGAIN, THAT'S A
18 BROAD AREA, BUT IT ENCOMPASSES EXPOSURE MONITORING,
19 INDUSTRIAL TOXICOLOGY, ALL THOSE VARIOUS
20 DISCIPLINES.

21 Q. AND ARE YOU FAMILIAR WITH CRYPTOCOCCAL FUNGUS?

22 A. YES.

23 **BY MR. FISHER:**

24 COMMISSIONER JAMES, I'D LIKE TO OFFER MR. DUFFY
25 AS AN EXPERT FOR THE DEFENSE.

1 **BY COMMISSIONER JAMES:**

2 ALL RIGHT. AND I'LL ALLOW YOU TO PUT WHATEVER
3 OBJECTION YOU WANT ON THE RECORD, BUT I THINK,
4 BASICALLY, WITH THE RULINGS OF OUR COURT, THAT WE
5 ARE INSTRUCTED, BASICALLY, TO TAKE IN EVIDENCE AND
6 THEN APPLY THE WEIGHT AS OPPOSED TO KEEPING IT OUT.
7 THAT'S JUST A GENERAL STATEMENT. BUT DID YOU NEED
8 TO PUT SOMETHING ON THE RECORD?

9 **BY MR. WUKELA:**

10 I WOULD OBJECT TO MR. DUFFY GIVING ANY EXPERT
11 MEDICAL OPINION AS A MEDICAL DOCTOR, WHICH HE
12 OBVIOUSLY ISN'T, BUT THAT WOULD BE THE EXTENT OF MY
13 OBJECTION. I DON'T THINK HE INTENDS TO OFFER SUCH
14 AN OPINION AS TO DIAGNOSIS OR CAUSATION.

15 **BY COMMISSIONER JAMES:**

16 ALL RIGHT. WELL, I DON'T THINK WE'VE GOTTEN TO
17 THAT POINT YET, BUT, YES, I WILL CONSIDER HIS
18 TESTIMONY WITH REGARDS TO HIS EXPERTISE.

19 **BY MR. FISHER:**

20 ALL RIGHT.

21 **DIRECT EXAMINATION RESUMED BY MR. FISHER:**

22 Q. MR. DUFFY, WHAT WERE YOU ASKED TO DO IN THIS CASE?

23 A. I WAS ASKED TO REVIEW THE CLAIM FILE INFORMATION AND
24 RENDER AN OPINION AND STRUCTURE A -- AN
25 INVESTIGATION OF THIS PARTICULAR CLAIM.

1 Q. OKAY. AND WHAT DID THAT INVESTIGATION ENTAIL?

2 A. THAT ENTAILED A REVIEW OF THE MEDICAL INFORMATION,
3 THE CLAIM -- WHATEVER WAS IN THE CLAIM FILES AND
4 WORK HISTORY, AND THEN IT ALSO ENTAILED DESIGNING A
5 PROTOCOL FOR EVALUATING THE SITE OF CONCERN FOR THE
6 PRESENCE OF CRYPTOCOCCUS NEOFORMANS.

7 Q. AND DID YOU PERFORM A SITE INSPECTION?

8 A. I DID NOT PERSONALLY.

9 Q. OKAY. AND DID YOU INSTRUCT SOMEONE OR CHARGE
10 SOMEONE TO DO THAT?

11 A. I DID.

12 Q. AND WHO WAS THAT?

13 A. THAT WAS ANDREW RICE.

14 Q. DID YOU RECEIVE THE RESULTS OF MR. RICE'S
15 INSPECTION?

16 A. I DID.

17 Q. DID YOU BELIEVE THAT THOSE WERE RELIABLE TEST
18 RESULTS?

19 A. I DID.

20 Q. DID YOU PREPARE A REPORT EXPLAINING THE SUMMARY OF
21 YOUR FINDINGS?

22 A. I DID.

23 Q. OKAY.

24 BY MR. FISHER:

25 AND, COMMISSIONER, I DIRECT YOUR ATTENTION TO

1 EMPLOYER'S APA NUMBER 4, PAGES 147 THROUGH 159.

2 DIRECT EXAMINATION RESUMED BY MR. FISHER:

3 Q. MR. DUFFY, WHAT IS YOUR EXPERIENCE OR UNDERSTANDING
4 OF CRYPTOCOCCAL FUNGUS?

5 A. WELL, I HAD -- I'VE HAD OTHER INVESTIGATIONS WITH
6 CRYPTOCOCCUS, AS WELL AS HISTOPLASMOSIS. THOSE ARE
7 QUITE SIMILAR FUNGAL AGENTS WITH QUITE SIMILAR
8 HABITATS AND WHAT HAVE YOU, AND SO I'VE HAD SOME --
9 I WOULD SAY, FIVE OR SIX DIFFERENT INCIDENTS WHERE I
10 WAS INVOLVED IN AN INVESTIGATION OF THESE TWO
11 PARTICULAR ORGANISMS.

12 Q. OKAY. AND WHERE DOES CRYPTOCOCCUS USUALLY PRESENT
13 ITSELF?

14 A. CRYPTOCOCCUS NEOFORMANS, WHICH IS THE FUNGAL AGENT
15 OF CONCERN IN THIS CASE, IS ASSOCIATED WITH VARIOUS
16 HABITATS. IT IS ASSOCIATED, AS WE ALL KNOW, WITH
17 BIRD DROPPINGS AND MORE PROMINENTLY WITHIN THE BIRD
18 -- THE AVIAN COMMUNITY, PIGEON DROPPINGS. IT'S ALSO
19 ASSOCIATED WITH ROTTING WOOD. IT'S ASSOCIATED WITH
20 EUCALYPTUS TREES. IT'S ASSOCIATED WITH CERTAIN
21 ANIMALS TO A LIMITED DEGREE.

22 Q. AND IS CRYPTOCOCCUS NEOFORMANS A FUNGUS THAT CAUSES
23 FUNGAL MENINGITIS?

24 BY MR. WUKELA:

25 NOW, I THINK THAT MAY BE A MEDICAL OPINION,

1 COMMISSIONER. I OBJECT TO IT.

2 **BY COMMISSIONER JAMES:**

3 I AM GOING TO ALLOW THE TESTIMONY. I WILL
4 REVIEW THE PARTICULAR QUALIFICATIONS AND THE BASIS
5 OF THE OPINION, AND IF THERE IS NO EXPERT FOUNDATION
6 FOR THAT PARTICULAR OPINION, THEN I WILL STATE SO,
7 BUT YOU CAN GO AHEAD AND ANSWER THE QUESTION, SIR.

8 **DIRECT EXAMINATION RESUMED BY MR. FISHER:**

9 Q. MR. DUFFY, ARE YOU QUALIFIED TO ANSWER THE QUESTION
10 AS TO WHETHER OR NOT CRYPTOCOCCUS NEOFORMANS IS A
11 CAUSE OF CRYPTOCOCCAL MENINGITIS?

12 A. CRYPTOCOCCUS NEOFORMANS IS WELL KNOWN TO CAUSE TWO
13 PARTICULAR CONDITIONS, AND THAT'S CRYPTOCOCCOSIS,
14 WHICH IS A LUNG DISEASE, AND CRYPTOCOCCUS RELATED
15 MENINGITIS. IT'S -- THAT'S WELL KNOWN IN THE
16 LITERATURE AND -- AND THERE ARE OBVIOUSLY CERTAIN
17 CIRCUMSTANCES FOR THAT CAUSATION TO OCCUR.

18 Q. IS STUDYING THE CAUSE OF CRYPTOCOCCAL MENINGITIS ONE
19 OF YOUR FIELDS OF STUDY?

20 **BY MR. WUKELA:**

21 THAT'S LEADING, COMMISSIONER. I OBJECT TO THE
22 LEADING.

23 **BY COMMISSIONER JAMES:**

24 I GUESS, UNLESS WE'RE GOING TO GO THROUGH EVERY
25 FIELD THAT HE STUDIES, WHICH I IMAGINE ---

1 BY MR. WUKELA:

2 WELL, IT'S IN THE RECORD, COMMISSIONER.

3 BY COMMISSIONER JAMES:

4 AND SO I'M GOING TO ALLOW IT, IF YOU WANT TO GO
5 AHEAD.

6 DIRECT EXAMINATION RESUMED BY MR. FISHER:

7 Q. YOU MENTIONED THE HABITAT OF CRYPTOCOCCAL NEOFORMANS
8 ASSOCIATED WITH BIRD DROPPINGS. WHAT'S THE NATURE
9 OF THE LIFE OF THE NEOFORMANS?

10 A. WELL, CRYPTOCOCCUS WILL BE -- CAN BE FOUND, NOT ALL
11 PIGEON'S DROPPINGS CONTAIN CRYPTOCOCCUS, BUT IF YOU
12 HAVE AN INFECTED PIGEON OR A BIRD, THE DROPPINGS
13 COULD CONTAIN THE CRYPTOCOCCUS ORGANISM. THE
14 CRYPTOCOCCUS ORGANISM IN THE BIRD DROPPINGS, IT'S
15 WELL ESTABLISHED, THAT ARE BENIGN DO NOT GROW UNTIL
16 THAT BIRD DROPPING IS COMPLETELY DESICCATED,
17 COMPLETELY DRY, AND THEN ONCE -- IF THAT IS ALLOWED
18 TO OCCUR, IF THAT BIRD DROPPING WE WERE JUST TALKING
19 ABOUT -- BIRD DROPPING IS ALLOWED TO OCCUR, IF THAT
20 IS VERY DRY, COMPLETELY DESICCATED, THAT CREATES A
21 GOOD HABITAT, THAT'S WHAT IT NEEDS TO GROW, AND IF
22 THAT OCCURS, THEN CRYPTOCOCCUS CAN GROW AND THEN
23 REPRODUCE, AND THE REPRODUCTION PART OF THIS WHOLE
24 THINGS IS WHAT CREATES THE SPORES, AND THE SPORES
25 ARE, IF YOU WILL, THE CHILDREN OR THE PROGENY, AND

1 -- AND -- SO THIS IS ALL PART OF A LIFE CYCLE.

2 IF IT GROWS, THE FILAMENTS, THE FRUITING
3 STRUCTURES WILL DISSEMINATE LITERALLY MILLIONS AND
4 BILLIONS OF VERY, VERY TINY SPORES, AND IT'S THE
5 SPORES THAT ARE INVOLVED WITH THE INHALATION AND THE
6 DISEASE PROCESS. SO UNLESS YOU HAVE REPRODUCTION,
7 YOU DON'T HAVE THE SPORES, AND WHEN YOU HAVE THE
8 SPORES, THEY ARE DISSEMINATED, YOU KNOW, IN A GIVEN
9 AREA AND THAT'S WHAT'S FOUND IN THE SOIL.

10 Q. WHEN YOU HAD MR. RICE TEST OR INSPECT THE SOILS, IS
11 THAT WHAT YOU WERE LOOKING FOR?

12 A. YES. YES, YOU'RE LOOKING FOR THE SPORES. THEY'RE
13 CALLED BASIDIOSPORES. THEY'RE ENCAPSULATED, AND
14 THEY CAN REMAIN IN THE SOIL FOR QUITE SOME TIME, AND
15 IT'S THOSE SPORES THAT ARE OF CONCERN, AND, LIKE I
16 SAID, THE REPRODUCTION PROCESS DISSEMINATES AND
17 GENERATES MANY, MANY OF THOSE SPORES.

18 Q. OKAY. IS EXPOSURE TO THE CRYPTOCOCCAL NEOFORMANS
19 COMMON IN THE ENVIRONMENT?

20 A. WELL, THE ENVIRONMENT IS A PRETTY DYNAMIC AND
21 EXTENDED AREA. CRYPTOCOCCUS, IF YOU HAVE BIRDS WHO
22 ARE INFECTED AND THEY ARE ROOSTING IN BARNs OR
23 BUILDINGS OR STATUES OR -- THEN -- THEN YOU HAVE A
24 LOT OF BIRD DROPPINGS, OBVIOUSLY, AND ALL THOSE BIRD
25 DROPPINGS COULD OR COULD NOT CONTAIN THAT, AND

1 THAT'S -- ONCE THOSE BECOME DESICCATED, VERY DRY,
2 THEN THEY COULD BE A HABITAT.

3 IT'S VERY -- CRYPTOCOCCUS IS VERY COMMON IN THE
4 SUBTROPICAL AREAS OF AFRICA WHERE YOU DO HAVE THOSE
5 DRY CONDITIONS AND MANY -- OF COURSE, YOU HAVE MANY
6 IMMUNOCOMPROMISED INDIVIDUALS WITH THE AIDS EPIDEMIC
7 IN THAT AREA, BUT ANYWAY, THAT IS THE AREA WHERE WE
8 SEE BY -- PER THE LITERATURE, NUMEROUS CASES OF THE
9 MENINGITIS, AND THAT'S A FUNCTION OF HAVING
10 IMMUNOCOMPROMISED INDIVIDUALS PLUS THE IDEAL
11 HABITATS FOR THIS PARTICULAR FUNGI.

12 Q. SO WHAT WAS -- WHEN YOU WERE TASKED TO INVESTIGATE
13 THE SITE TO TEST FOR THE FUNGUS, WHAT WAS THE
14 OUTCOME OF THAT INSPECTION?

15 A. WELL, THERE WERE, I BELIEVE, 22 SAMPLES TAKEN IN
16 VARIOUS AREAS, AND THOSE SAMPLES WERE SENT TO A
17 LABORATORY. THERE'S A VERY SPECIFIC PROTOCOL TO
18 IDENTIFY SPECIFICALLY NEOFORMANS, AND THEY WERE ALL
19 -- ALL OF THEM WERE NEGATIVE.

20 Q. AND HOW MUCH -- WHAT SIZE OF THE AREA WAS TESTED?

21 A. I BELIEVE -- IT'S IN THE REPORT. I THINK IT WAS A
22 500 BY 100, SOMETHING LIKE THAT. I'D HAVE TO LOOK
23 THROUGH IT HERE. (WITNESS VIEWING DOCUMENT). IT HAS
24 -- AREA ONE HAS 100 BY 500 FOOT AREA.

25 Q. AND HOW MANY SAMPLES WERE TAKEN OF AREA ONE?

1 A. I'LL HAVE TO LOOK HERE AT THE MAP. THERE IS A MAP
2 IN THE REPORT. PICTURES WERE NOT ALLOWED, SO THIS
3 INDIVIDUAL DREW THESE, AND THERE WERE 15 SAMPLES
4 COLLECTED IN AREA ONE.

5 Q. WAS AREA ONE IDENTIFIED AS THE PLACE WHERE MR.
6 POSTON WAS WORKING?

7 A. YES.

8 Q. AND WHAT'S THE PROCEDURE FOR DRAWING THOSE SAMPLES?

9 A. WELL, IN THIS CASE, THERE'S REALLY NO STATISTICAL
10 METHOD TO DETERMINE HOW MANY SAMPLES SHOULD BE
11 TAKEN. WE REALLY BASED IT ON THE REPRODUCTIVE
12 ACTIVITY OF CRYPTOCOCCUS, AND THE CRYPTOCOCCUS, IF
13 IT IS GROWING, IF WE'RE AT A CONTAMINATED AREA WITH
14 BIRD DROPPINGS, MAYBE THIS A MIGRATORY AREA OR
15 ROOSTING AREA, THEN WE WOULD HAVE THE PRODUCTION AND
16 THE DISTRIBUTION OF LOTS AND LOTS OF SPORES. SO THE
17 THEORY WAS TO MAKE A GRID WORK, AND THEN LOOK IN
18 THOSE GRIDS TO TRY TO FIND ANY SPORES THAT WERE
19 IDENTIFIABLE AS CRYPTOCOCCUS.

20 Q. OKAY. AND WAS TESTING DONE IN ANY OTHER AREA OF THE
21 ROCKTENN SITE?

22 A. YES.

23 Q. AND WHAT WAS THE REASON FOR THAT?

24 A. THE SOIL THAT WAS REMOVED FROM AREA ONE WAS PLACED
25 IN AREA TWO ON THE MAP, AND SO ONE, TWO, THREE,

1 FOUR, FIVE -- FOUR SAMPLES WERE CREATED IN AREA TWO,
2 BASED UPON THE SAME MECHANISM, BASED UPON THE FACT
3 THAT IF IT WAS CONTAMINATED AND THERE WAS
4 CRYPTOCOCCUS ACTUALLY GROWING AND REPRODUCING, THEN
5 SPORES WOULD BE IN THOSE AREAS.

6 Q. AND YOUR REPORT ALSO IDENTIFIES AN AREA THREE?

7 A. YES.

8 Q. WHAT DOES THE AREA THREE ENTAIL?

9 A. AREA THREE IS AN AREA WHERE THEY TOOK MATERIALS FROM
10 AND PUT INTO, I BELIEVE, AREA ONE AND SO THAT --
11 THERE WERE TWO TESTS TAKEN BACK THERE AND -- UNDER
12 THE SAME -- THE SAME PROCEDURE IN TERMS OF THE
13 REPRODUCTION OF THIS ORGANISM.

14 Q. OKAY. AND HOW ARE THE SAMPLES TAKEN OR THE TESTS
15 DRAWN FROM THE SOIL?

16 A. WELL, THE SAMPLES ARE TAKEN -- IT'S A VERY SPECIFIC
17 TEST. THERE'S TWO TYPES OF TESTS, BUT THIS IS THE
18 TEST THAT WAS MOST LOGICAL FOR THIS, AND IT'S A
19 SWAB, KIND OF LIKE A LITTLE PAINTBRUSH, THAT IS
20 COATED WITH A GROWTH MEDIUM THAT IS SPECIFIC FOR
21 CRYPTOCOCCUS NEOFORMANS, SO IT'S AN IDEAL GROWTH
22 MEDIUM. SO THAT PARTICULAR AREA OF SOIL IS ACTUALLY
23 SWABBED TO PICK UP DIRT AND DEBRIS AND WHATEVER THEY
24 PICK UP, WHATEVER IT ADHERES TO, AND THAT SWAB IS
25 TAKEN TO THE LABORATORY, TRANSFERRED TO AN AGAR

1 PLATE. I THINK EVERYBODY KNOWS WHAT AN AGAR PLATE
2 IS, AND THAT AGAR PLATE HAS A SIMILAR GROWTH MEDIA
3 THAT ONLY CRYPTOCOCCUS NEOFORMANS WILL GROW ON, AND
4 IF THERE'S NO GROWTH, THEN THAT'S THE INDICATOR TO
5 THE LAB THAT THERE IS NONE DETECTED.

6 Q. OKAY. AND IN THIS CASE, WAS THERE ANY CRYPTOCOCCUS
7 DETECTED?

8 A. NO.

9 Q. OKAY. DOES IT MAKE ANY DIFFERENCE THAT THOSE
10 SAMPLES WERE TAKEN A YEAR AFTER MR. POSTON WAS
11 WORKING OUT THERE?

12 A. NO. CRYPTOCOCCUS BASIDIOSPORES ARE -- AS I
13 MENTIONED, ARE -- ONCE THEY ARE DISSEMINATED INTO AN
14 AREA, THEY CAN REMAIN. JUST LIKE IN YOUR BODY, THEY
15 CAN REMAIN FOR A LONG PERIOD OF TIME UNDER ADVERSE
16 CONDITIONS BECAUSE THEY HAVE A BIOLOGICAL PROCESS
17 WHERE THEY DEVELOP A POLYSACCHARIDE CAPSULE THAT
18 PROTECTS THAT SPORE, AND THAT SPORE CAN LAY DORMANT
19 THERE FOR A LONG PERIOD OF TIME UNTIL THE CONDITIONS
20 BECOME SUCH THAT THEY GO, OKAY, WE CAN NOW GROW, AND
21 IT'S THE SAME PROCESS IN YOUR BODY. WHEN YOU INHALE
22 THOSE SPORES, THEY'RE ENCAPSULATED. YOUR BODY HAS
23 DEFENSE MECHANISMS, BUT THAT SPORE CAN STAY IN YOUR
24 SYSTEM UNTIL THERE'S AN OPPORTUNITY, AND THAT'S WHY
25 THEY'RE CALLED OPPORTUNISTIC FUNGI, BUT THE LENGTH

1 OF TIME, REALLY, IS NOT AN ISSUE.

2 Q. IS IT RELEVANT THAT THE SOIL IS TAMPERED WITH,
3 MOVED, EXCAVATED? DOES THAT AFFECT WHETHER
4 CRYPTOCOCCUS WILL BE DISCOVERABLE OR DETECTABLE?

5 A. THE BIGGEST VARIABLE IS MOISTURE, WETNESS. THAT'S
6 THE BIGGEST VARIABLE.

7 Q. OKAY.

8 A. CRYPTOCOCCUS CANNOT LIVE, CANNOT REPRODUCE IN WET
9 CONDITIONS. THAT'S JUST A FACT OF THEIR LIFE CYCLE.
10 THEY NEED A VERY CERTAIN HABITAT. MOVING THE SOIL
11 FROM ONE PLACE TO ANOTHER WOULDN'T HAVE ANY BEARING
12 ON -- AS LONG AS IT WAS DRY, WOULDN'T HAVE ANY
13 BEARING ON THE CRYPTOCOCCUS.

14 Q. DOES IT MAKE ANY DIFFERENCE THAT THERE WAS THIS
15 RETENTION POND OR CULVERT THAT HAD DISGUSTING,
16 FILTHY DRAINAGE WATER IN IT TO THE PRODUCTION OF
17 CRYPTOCOCCUS SPORES?

18 A. WELL, THE OPERATIVE WORD IS WATER. THE OTHER
19 ADJECTIVES ARE -- DON'T REALLY MATTER. IT'S THE
20 MOISTURE THAT PREVENTS -- IT'S JUST LIKE WHEN THAT
21 BIRD HAS A DROPPING, THAT DROPPING IS VERY MOIST,
22 WE'VE ALL SEEN THEM, AND THAT -- THERE WILL BE NO
23 GROWTH UNTIL THAT DROPPING CAN SIT AND COMPLETELY
24 DESICCATE, THEN THAT CRYPTOCOCCUS HAS THE HABITAT IT
25 WANTS, IT NEEDS, AND IT WILL GROW. IT DOESN'T GROW

1 INSIDE THE PIGEON BECAUSE OF THE MOISTURE AND THE
2 P.H. AND ALL THOSE THINGS, BUT WATER IS A -- IS VERY
3 PROBLEMATIC FOR THE VIABILITY OF CRYPTOCOCCUS.

4 Q. DO YOU HAVE AN OPINION AS TO WHETHER CRYPTOCOCCUS
5 WAS PRESENT AT THE ROCKTENN SITE IN JUNE OR JULY OF
6 2014?

7 A. BASED ON THESE SAMPLES, ALL WERE NEGATIVE FROM THE
8 GRID WORK, AND MY OPINION IS THAT HAD THERE BEEN
9 ACTIVE GROWTH, LOTS OF PIGEON DROPPINGS, LOTS OF
10 SPORE DISSEMINATION, THAT WE WOULD HAVE PICKED UP
11 SOMETHING, AND WE DIDN'T, SO I WOULD HAVE TO SAY NO.

12 Q. OKAY. IS THAT YOUR OPINION TO A REASONABLE DEGREE
13 OF ENVIRONMENTAL SCIENTIFIC CERTAINTY?

14 A. BASED ON THESE SAMPLES, YES.

15 BY MR. FISHER:

16 PLEASE, ANSWER ANY QUESTIONS MR. WUKELA HAS.

17 BY COMMISSIONER JAMES:

18 MAY I ASK ONE JUST BEFORE YOU START?

19 BY MR. WUKELA:

20 SURE.

21 BY COMMISSIONER JAMES:

22 AND I USUALLY DON'T ASK ANY QUESTIONS, BUT
23 THERE'S ONE THING THAT I MAY NOT HAVE HEARD. MR.
24 RICE, IS HE AN EMPLOYEE OF ESIS?

25 BY THE WITNESS:

1 MR. RICE?

2 BY COMMISSIONER JAMES:

3 YES.

4 BY THE WITNESS:

5 RICE IS, YES.

6 BY COMMISSIONER JAMES:

7 OKAY. I WAS NOT CLEAR ON THAT, AND I JUST
8 WANTED TO MAKE SURE. ALL RIGHT. YOU CAN GO AHEAD.

9 BY MR. WUKELA:

10 THANK YOU, COMMISSIONER.

11 CROSS-EXAMINATION BY MR. WUKELA:

12 Q. MR. RICE WAS THE INDIVIDUAL WHO ACTUALLY COLLECTED
13 THE SAMPLES?

14 A. CORRECT.

15 Q. OKAY. GOOD AFTERNOON, MR. DUFFY. YOU ARE NOT A
16 MEDICAL DOCTOR?

17 A. NO.

18 Q. NOT A NEUROLOGIST?

19 A. NO.

20 Q. NOT AN INFECTIOUS DISEASE DOCTOR?

21 A. NO.

22 Q. YOU'RE NOT HERE TO OFFER ANY MEDICAL OPINION
23 WHATSOEVER?

24 A. A MEDICAL OPINION, DEFINE THAT, PLEASE.

25 Q. WELL, AN OPINION AS TO MEDICAL DIAGNOSIS OR

1 CAUSATION.

2 A. CORRECT. MY EXPERTISE IS IN THE TOXICOLOGY OF THESE
3 AGENTS AND THE PRESENCE AND MONITORING AND
4 ANALYTICAL PROCESS.

5 Q. SO YOU DON'T OFFER OR NOR ARE YOU QUALIFIED TO OFFER
6 MEDICAL OPINIONS AS TO DIAGNOSIS OR CAUSATION AND
7 DON'T INTEND TO DO THAT TODAY?

8 A. CORRECT.

9 Q. OKAY. YOU TALKED A LITTLE BIT ABOUT THE BIOLOGICAL
10 MECHANISM THAT YOU'VE DESCRIBED. AS I UNDERSTAND
11 IT, CRYPTOCOCCUS IS FOUND OFTEN IN CERTAIN BIRDS
12 THAT EXCRETE IT THROUGH EXCREMENT AND WHEN OR IF
13 THAT EXCREMENT DRIES AND BECOMES AIRBORNE, THAT'S
14 WHEN THERE'S A POTENTIAL FOR INHALATION AND
15 INFECTION BY CRYPTOCOCCUS; HAVE I STATED THAT
16 CORRECTLY?

17 A. ALMOST.

18 Q. OKAY. FIX ME.

19 A. THAT EXCREMENT HAS TO BECOME DESICCATED.

20 Q. DRIED OUT.

21 A. DRIED OUT TO THE -- TO THE MAX.

22 Q. GOTCHA.

23 A. IT HAS TO DEVELOP CERTAIN CHARACTERISTICS THAT MAKE
24 THAT ORGANISM HAVE THE ABILITY TO GROW AND
25 REPRODUCE. IT'S REPRODUCTION THAT CAUSES THE

1 DISSEMINATION OF THOSE SPORES.

2 Q. I'M WITH YOU.

3 A. OKAY.

4 Q. AND, PRESUMABLY, THOSE SPORES THEN HAVE TO BECOME
5 AIRBORNE FOR ONE TO INHALE THEM AND BE INFECTED BY
6 THEM?

7 A. CORRECT.

8 Q. OKAY. SO IN ORDER TO HAVE CRYPTOCOCCAL INFECTION,
9 YOU'VE GOT TO HAVE BIRD EXCREMENT IN SOIL -- LIKELY
10 BIRD EXCREMENT, SOIL THAT THEN BECOMES DRIED AND
11 THEN BECOMES AIRBORNE?

12 A. BIRD EXCREMENT THAT BECOMES DRIED.

13 Q. WITHIN -- PRESUMABLY, WITHIN THE SOIL. I GUESS, YOU
14 COULD JUST HAVE BIRD EXCREMENT, BUT THAT WOULD NOT
15 BE VERY LIKELY?

16 A. THE EXCREMENT IS THE HOUSE OF THE FUNGUS.

17 Q. I'M WITH YOU.

18 A. THAT HAS TO BECOME DRY, OR THEY WILL NOT GROW FROM
19 THAT POINT.

20 Q. EXCREMENT, THOUGH, IS LIKELY, IF NOT ALWAYS, FOUND
21 IN -- WHEN IT'S FOUND, IT'S FOUND IN SOIL?

22 A. WELL, NO. NO. NO, IF YOU GO INTO THE CITY OF
23 CHICAGO, THERE'S BIRD EXCREMENT EVERYWHERE.

24 Q. OKAY. ALL RIGHT.

25 A. AND IN BARNs, AND, YOU KNOW, SO SOIL -- SOIL -- SOIL

1 -- CRYPTOCOCCUS DOES NOT GROW AND REPRODUCE IN SOIL.

2 Q. SO BIRD EXCREMENT, IT'S FOUND ---

3 A. AND THEN ---

4 Q. --- COMMONLY IN SOIL. WOULD YOU AGREE THAT BIRD
5 EXCREMENT IS COMMONLY FOUND IN SOIL?

6 A. WELL, THAT'S -- NO. I MEAN, WHERE I COME FROM, IT'S
7 ALL OVER, AND IN BARNs AND THINGS LIKE THAT. IT
8 COULD BE ANY PLACE. IT'S NOT ONE COMMON OR NOT
9 COMMON.

10 Q. ANY PLACE THAT BIRDS POOP?

11 A. GOOD POINT.

12 Q. ALL RIGHT. FAIR ENOUGH. AND THEREFORE, SOIL THAT
13 BECOMES AIRBORNE BECOMES DUST, PRESENTS A HAZARD FOR
14 INFECTION BY CRYPTOCOCCUS FOUND IN THAT SOIL?

15 A. IT'S ASSUMING THAT WHAT BECOMES AIRBORNE CONTAINS
16 THE SPORES.

17 Q. TO BEGIN WITH?

18 A. YES.

19 Q. RIGHT.. RIGHT. OKAY. AND THAT HAZARD OF THAT
20 INFECTION IS UNIQUELY INCIDENT TO THAT SORT OF
21 BECOMING DRY -- THE SPORES BECOMING DRIED AND THEN
22 BECOMING AIRBORNE SUCH THAT THEY CAN BE INHALED?

23 A. WELL, YES, IT'S THE -- YOU'RE SAYING THAT WHEN THE
24 SOIL BECOMES DRY ---

25 Q. YES, SIR.

1 A. YES.

2 Q. OKAY. AND MAKING SURE I MAKE MY POINT CLEARLY, THE
3 HAZARD OF CRYPTOCOCCAL INFECTION IS PARTICULARLY
4 PRONOUNCED WHEN ONE IS EXPOSED TO DRY AIRBORNE SOIL?

5 A. NO. DRIED AIRBORNE SPORES.

6 Q. OKAY.

7 A. IT HAS NOTHING TO DO WITH THE SOIL.

8 Q. ALL RIGHT. WELL, ---

9 (OFF THE RECORD COMMENTS)

10 **CROSS EXAMINATION RESUMED BY MR. WUKELA:**

11 Q. MR. DUFFY?

12 A. YES?

13 Q. WOULD YOU AGREE WITH ME THAT HERE IN SOUTH CAROLINA,
14 THOUGH, IT MAY BE LESS TRUE IN CHICAGO, BUT HERE IN
15 SOUTH CAROLINA, BIRDS FREQUENTLY POOP IN THE DIRT?

16 A. I WOULD -- I WOULD HAVE TO GO ALONG WITH YOU.

17 Q. THE COURT MAY TAKE JUDICIAL NOTICE OF THE FACT. AND
18 ASSUMING THAT TRUTH OF NATURE, WOULD YOU AGREE,
19 THEN, THAT THE HAZARD OF CRYPTOCOCCAL EXPOSURE IS
20 ONE SPECIALLY INCIDENT TO DRIED AIRBORNE SOIL THAT
21 IS SUBSEQUENTLY INHALED?

22 A. THE -- AGAIN, YOU'RE SAYING THAT THE SOIL BEING
23 INHALED IS NO RELATIONSHIP TO CRYPTOCOCCAL
24 MENINGITIS. IT'S THE FACT OF WHETHER THAT SOIL
25 CONTAINS THE SPORES AND WHETHER THAT BIRD DROPPING

1 IS ABLE TO BE IN AN ENVIRONMENT WHERE IT CAN PRODUCE
2 THOSE SPORES.

3 Q. WHICH GETS US BACK TO THAT FIRST ASSUMPTION THAT
4 BIRDS POOP IN THE DIRT, RIGHT?

5 A. YES.

6 Q. OKAY.

7 A. I -- YEAH.

8 Q. ALL RIGHT. VERY GOOD. NOW, LET ME MOVE ON, SINCE
9 I'VE -- ON MORE THAN ONE OCCASION, I'VE USED A TERM
10 THAT I THINK MY MOTHER WOULD BE UPSET IF I USED HERE
11 IN THE COURT. ALTHOUGH, MY SONS, I THINK, WOULD
12 APPRECIATE IT VERY MUCH. YOU TALKED A LITTLE BIT
13 HERE ABOUT THE METHOD BY WHICH Y'ALL OBTAINED
14 SAMPLES AND THE CHAIN OF CUSTODY OF THE SAMPLES.

15 A. CORRECT.

16 Q. OKAY. AS I UNDERSTAND IT, THE SAMPLES WERE OBTAINED
17 FROM VARIOUS SITES.

18 A. UH-HUH.

19 Q. YES?

20 A. YES.

21 Q. ALL RIGHT.

22 A. EXCUSE ME.

23 Q. OBTAINED WITH SWABS OR Q-TIPS?

24 A. YES, LARGE Q-TIP-LIKE SWABS.

25 Q. OKAY. PUT INTO A PLASTIC BAG?

1 A. PUT INTO A HOLDER THAT HAS GROWTH MEDIUM IN IT, NOT
2 JUST A PLASTIC BAG.

3 Q. WELL, I'M TALKING ABOUT TO THE TRANSFER TO BEGIN
4 WITH. BECAUSE YOU WEREN'T THERE, SO THEY GOT BAGGED
5 AND THEN SHIPPED TO YOU BY SOME METHOD?

6 A. WELL, THEY'RE PUT IN -- THAT SWAB IS PUT INTO A
7 HOLDER.

8 Q. HOLDER. OKAY.

9 A. OKAY? YEAH, SO THAT IT DOESN'T DRY. IT DOESN'T --
10 AND THAT HOLDER HAS MEDIA IN IT TO PRESERVE IT.

11 Q. PRESERVE IT. I'M WITH YOU. OKAY. AND THEN THOSE
12 WERE SEALED, I THINK YOU SAID, IN AN INSULATED
13 CONTAINER OF SOME SORT.

14 A. OKAY.

15 Q. TRANSFERRED UP TO Y'ALL WHERE YOU DID THE TESTING
16 SOMEWHERE ELSE?

17 A. TRANSFERRED TO A LAB.

18 Q. TO A LAB.

19 A. THOSE WERE -- THOSE WERE NOT SENT TO ME. THEY WERE
20 SENT DIRECTLY TO A LABORATORY.

21 Q. I'M WITH YOU.

22 A. OKAY.

23 Q. AND Y'ALL HAVE MAINTAINED A VERY GOOD RECORD OF THE
24 CHAIN OF CUSTODY OF THOSE SAMPLES FROM THE TIME THAT
25 SWAB HIT THE DIRT UNTIL THE TIME IT HIT THE

1 MICROSCOPE?

2 A. I BELIEVE SO. YES.

3 Q. IN FACT, YOU'RE PRETTY RELIGIOUS ABOUT DOING THAT?

4 A. YES.

5 Q. AND WHY IS THAT?

6 A. WELL, THIS -- THE CHAIN OF CUSTODY WAS MR. RICE.

7 Q. YES, SIR.

8 Q. AND SO, SPECIFICALLY, WHERE HE MAILED THEM, ALL
9 THOSE THINGS WOULD BE FOR MR. RICE.

10 Q. I UNDERSTAND.

11 A. IN OUR PROFESSION, YEAH, YOU'RE CORRECT, IT'S -- THE
12 CHAIN OF CUSTODY IS IMPORTANT.

13 Q. AND DON'T MISUNDERSTAND ME. I'M NOT DISPUTING THAT
14 THE CHAIN OF CUSTODY WAS MAINTAINED. I DON'T
15 DISPUTE THAT IT WAS. MY QUESTIONING GOES TO WHY IS
16 THE CHAIN OF CUSTODY IMPORTANT?

17 A. THE CHAIN OF CUSTODY IS IMPORTANT SO THAT YOU HAVE A
18 RECORD OF THE PROCEDURE OR THE PROTOCOL FROM THE
19 TIME THE SAMPLES ARE TAKEN 'TIL THE TIME THEY'RE
20 RECEIVED AT THE LABORATORY.

21 Q. AND YOU CAN CONFIRM THAT THE SAMPLES WEREN'T
22 CORRUPTED AT ANY POINT ALONG THAT PROCESS?

23 A. THAT'S PART OF THE REASON.

24 Q. OKAY. THAT'S PRECISELY THE REASON, RIGHT?

25 A. WELL, CORRUPTED OR MISHANDLED, MISLABELED, WHATEVER

1 -- WHATEVER PROBLEM THERE COULD BE.

2 Q. AND THAT COULD AFFECT THE TEST RESULTS?

3 A. SOME COULD. SOME COULD. IF IT'S JUST A MATTER OF A
4 LABEL BEING SPELLED WRONG OR SOMETHING, BUT IF IT'S
5 -- IF SOMEBODY THROWS THEM IN A CARDBOARD BOX
6 WITHOUT DOING SOMETHING PROPERLY, THAT MIGHT BE
7 PROBLEMATIC.

8 Q. OKAY. HOWEVER, WOULD YOU AGREE WITH ME THAT Y'ALL
9 HAVE NO RECORD OF THE CHAIN OF CUSTODY OF THOSE
10 SAMPLES FROM THE TIME THAT MR. POSTON ALLEGES INJURY
11 IN JULY OF '14 UNTIL THE TIME Y'ALL SWABBED THEM OFF
12 THE DIRT IN JUNE OF '15?

13 A. THE CHAIN OF CUSTODY BEGINS WHEN WE TOOK THE
14 SAMPLES.

15 Q. RIGHT. TO MY POINT, Y'ALL DON'T KNOW WHAT WAS
16 HAPPENING TO THAT DIRT FOR THAT YEAR BEFORE YOU
17 SWABBED THE DIRT?

18 A. CORRECT.

19 Q. DON'T KNOW WHAT IT MIGHT HAVE BEEN EXPOSED TO,
20 CORRECT?

21 A. THE WHAT?

22 Q. YOU HAVE NO IDEA WHAT THOSE SAMPLES MIGHT HAVE BEEN
23 EXPOSED TO DURING THAT YEAR?

24 A. WHAT SAMPLE ARE YOU TALKING ABOUT?

25 Q. THE SAMPLES Y'ALL SWABBED OFF THE GROUND WITH THOSE

1 LITTLE Q-TIPS.

2 A. WELL, WE -- WHEN THOSE SWABS -- WHEN THOSE SAMPLES
3 WERE TAKEN, WE KNOW WHAT HAPPENED FROM THAT POINT
4 ON.

5 Q. RIGHT. WHAT I'M TALKING ABOUT IS UP TO THAT POINT.

6 A. NO SAMPLES WERE TAKEN UP TO THAT POINT.

7 Q. THAT'S RIGHT. AND Y'ALL DON'T KNOW WHAT WAS
8 HAPPENING TO THAT DIRT IN THAT YEAR PRIOR TO THE DAY
9 THAT YOU SWABBED IT OFF THE GROUND?

10 A. THE ONLY -- THE SAMPLES THAT WE TOOK -- THE SAMPLES
11 THAT WE TOOK IN THE AREA WHERE THAT DIRT WAS MOVED,
12 THE PURPOSE OF TAKING THOSE SAMPLES WAS TO TEST THAT
13 DIRT THAT WAS THERE PRIOR TO THAT.

14 Q. GOTCHA. RIGHT. AND Y'ALL MAINTAINED THAT CHAIN OF
15 CUSTODY AND MADE SURE THOSE SAMPLES WERE KEPT IN A
16 VERY PARTICULAR WAY SO THEY COULDN'T BE CORRUPTED
17 AND WOULDN'T BE CORRUPTED AND YOU COULD GET ACCURATE
18 TESTS, RIGHT?

19 A. CORRECT.

20 Q. BUT YOU DON'T KNOW WHAT WAS GOING ON WITH THOSE
21 SAMPLES IN THE YEAR PRIOR TO THE DATE THAT YOU TOOK
22 THEM?

23 A. WELL, I'M JUST -- I'M JUST -- I DON'T WANT TO
24 BELABOR THE POINT, BUT YOU ARE SAYING "SAMPLES," AND
25 WE DIDN'T TAKE ANY SAMPLES AT THAT POINT. YOU KEEP

1 MENTIONING SAMPLES. WE DIDN'T TAKE SAMPLES AT THE
2 POINT YOU'RE DISCUSSING. THE SAMPLES WERE
3 COLLECTED, WHATEVER THE EXACT DATE WAS, JULY OF
4 2015. SO WE WERE NOT TAKING SAMPLES. THAT'S THE
5 WORD YOU KEEP USING. WE WERE NOT TAKING SAMPLES
6 PRIOR TO THAT. WE HAD ONE TIME WHERE WE TOOK
7 SAMPLES.

8 Q. OKAY. WHAT'S CONTAINED IN THE SAMPLES?

9 A. THE SAMPLES ARE THE GROWTH MEDIA, THE SWAB, AND THE
10 MATERIAL THAT IS COLLECTED.

11 Q. OKAY. YOU DON'T KNOW WHAT WAS GOING ON WITH THAT
12 MATERIAL IN THE YEAR PRIOR TO THE TIME THAT YOU
13 SAMPLED?

14 A. CORRECT.

15 Q. DON'T KNOW WHETHER IT WAS EXPOSED TO WIND?

16 A. NO.

17 Q. DON'T KNOW WHETHER IT WAS EXPOSED TO RAIN?

18 A. NO.

19 Q. DON'T KNOW WHERE IT WAS MOVED OR WHAT WAS DONE TO
20 IT?

21 A. WELL, WE KNEW WHERE IT WAS MOVED.

22 Q. WELL, DO YOU?

23 A. RIGHT. IT WAS MOVED FROM THE EXCAVATION POINT TO
24 AREA TWO.

25 Q. OKAY. WELL, LET'S ASK ABOUT THAT. THE AREA ONE IS

1 THE AREA WHERE DIRT WAS PLACED, RIGHT?

2 A. AREA ONE WAS THE EXCAVATION AREA.

3 Q. WHERE THEY EXCAVATED DIRT AND THEY PUT IN NEW DIRT?

4 A. RIGHT. THEY EXCAVATED THE DIRT AT AREA ONE AND
5 PLACED IT INTO AREA TWO.

6 Q. RIGHT. AND THEN THEY PUT NEW DIRT INTO AREA ONE.

7 A. CORRECT.

8 Q. ALL RIGHT. AND YOU TESTED, PRESUMABLY, DIRT THAT
9 WAS THAT FILL DIRT.

10 A. THAT WAS ONE OF THE AREAS TESTED, CORRECT.

11 Q. ALL RIGHT. IN AREA ONE?

12 A. IN AREA ONE.

13 Q. ALL RIGHT. NOW, THAT WAS FILL DIRT THAT Y'ALL
14 TESTED ON THE SURFACE OF AN AREA THAT WAS FILLED IN
15 THAT WAS 20-FEET DEEP?

16 A. I DON'T KNOW THE DEPTH, BUT ---

17 Q. ALL RIGHT. WELL, THERE'S BEEN TESTIMONY THAT THE
18 AREA THAT WAS EXCAVATED WAS 20-FEET DEEP, 30 TO 50-
19 FEET WIDE, AND A 1,000 TO 1500-FEET LONG?

20 A. OKAY.

21 Q. OKAY. DO YOU KNOW THE AREA OF THAT -- THE VOLUME OF
22 THAT AREA?

23 A. NO.

24 Q. OKAY. BUT YOU WERE SAMPLING THAT VOLUME?

25 A. WE WERE -- HE TOOK -- THE SAMPLES THAT WERE TAKEN,

1 WERE TAKEN IN AREA ONE FROM THE SURFACE OF THE FILL
2 MATERIAL.

3 Q. AND THE FILL MATERIAL FILLED THE VOLUME -- AN AREA
4 THAT'S VOLUME WAS 20-FEET DEEP, 30 TO 50-FEET WIDE
5 AND 1,000 TO 1500-FEET LONG, RIGHT?

6 A. I -- I WILL -- I'M GOING -- EXCUSE ME. I'M GOING ON
7 WHAT MR. RICE SAID IN HIS -- WITH HIS MEASUREMENTS.

8 Q. ALL RIGHT.

9 A. HE WAS ON-SITE.

10 Q. LET ME ASK YOU TO ASSUME THAT, OKAY? IN ORDER TO
11 SAMPLE DIRT THAT WAS FILLED INTO AN AREA THAT WAS
12 20-FEET DEEP, 30 TO 50-FEET WIDE, AND 1,000 TO 1500-
13 FEET LONG, YOU TOOK SAMPLES FROM THE SURFACE?

14 A. CORRECT.

15 Q. OKAY. DIDN'T TAKE ANY -- DIDN'T DIG, DIDN'T TAKE
16 ANY SAMPLES ANY FURTHER DOWN?

17 A. NO. SURFACE.

18 Q. OKAY. AND HOW MANY SAMPLES DID YOU TAKE OF THAT
19 AREA ONE?

20 A. WHAT WAS IT, 15? LET ME LOOK. (WITNESS VIEWING
21 DOCUMENT) HE TOOK -- HE TOOK 15 SAMPLES.

22 Q. OKAY. FIFTEEN SAMPLES OF AN AREA WHOSE VOLUME IS
23 THE PRODUCT OF 20-FEET DEEP, 30 TO 50-FEET WIDE, AND
24 1,000 TO 1500-FEET LONG, RIGHT?

25 A. IF THAT'S YOUR ASSUMPTION, YEAH. I DON'T HAVE THOSE

1 FIGURES, BUT I'LL GO WITH WHAT ---

2 Q. ALL RIGHT. ASSUME THAT FOR ME, AND YOU CAN'T TELL
3 ME WHAT THE VOLUME IS OF THAT AREA?

4 A. NO, NOT UNLESS I PUT THAT INTO A CALCULATOR.

5 Q. WELL, THAT -- I'M CURIOUS ABOUT THAT BECAUSE I'M
6 WONDERING WHETHER THE SAMPLES YOU TOOK WERE
7 STATISTICALLY SIGNIFICANT TO GIVE THEM THE VOLUME OF
8 THE AREA.

9 A. WELL, I MENTIONED THAT EARLIER. THERE IS -- THERE
10 ISN'T A STATISTICAL EVALUATION THAT YOU CAN DO WHEN
11 YOU DON'T HAVE A POPULATION TO STUDY. WE HAVE NO
12 IDEA WHETHER THERE'S ANY -- ANY CRYPTOCOCCUS TO FORM
13 THE POPULATION, TO DETERMINE THE SIZE OF THE SAMPLE.
14 OUR -- THE SAMPLES WERE COLLECTED. WE'RE NOT
15 CONCERNED WITH WHAT'S UNDERGROUND. WE'RE CONCERNED
16 WITH THE SPORES THAT SETTLE ON TOP OF THE SOIL FROM
17 THE REPRODUCTION PROCESS, AND SO THE SAMPLES ---

18 Q. BUT, MR. DUFFY, THE ENTIRE -- ALL THAT SOIL WAS
19 PLACED IN THAT VOLUME WHILE MR. POSTON WAS PRESENT,
20 RIGHT?

21 A. ALL THE -- SAY THAT AGAIN.

22 Q. WELL, THAT WAS FILL DIRT.

23 A. THAT WAS FILL DIRT.

24 Q. IT WAS FILLING IN A HOLE THAT WAS 20-FEET DEEP, ---

25 A. RIGHT.

1 Q. --- 30 TO 50-FEET WIDE, AND 1,000 TO 1500-FEET LONG?

2 A. RIGHT.

3 Q. RIGHT.

4 A. RIGHT. RIGHT.

5 Q. AND IS IT, THEREFORE, A FAIR ASSUMPTION THAT THE
6 RELEVANT VOLUME THAT YOU ARE SAMPLING IS THAT
7 VOLUME?

8 A. VOLUME IS DEPTH AND VOLUME IS NO CONCERN TO US.
9 IT'S THE SURFACE AREA.

10 Q. WELL, THAT'S WHAT I'M KIND OF GETTING TO. I MEAN,
11 HOW DO WE KNOW THAT WHAT YOU SAMPLED WAS A
12 STATISTICALLY SIGNIFICANT SAMPLE OF THAT DIRT THAT
13 WENT INTO THAT HOLE?

14 A. AND I JUST ANSWERED THAT. BECAUSE THERE IS NO
15 STATISTICAL TEST TO SAY HOW MANY SAMPLES YOU SHOULD
16 TAKE IN A GIVEN AREA WITHOUT KNOWING THE POPULATION
17 THAT YOU'RE STUDYING. WE HAVE NO IDEA -- IF WE KNOW
18 THERE WERE X NUMBER OF SPORES IN THAT AREA AND WE
19 WERE GOING TO TEST THE CHARACTERISTIC OF THAT SPORE,
20 WE COULD DO A STATISTICAL ANALYSIS.

21 Q. BUT, MR. DUFFY, YOU JUST TESTIFIED THERE WEREN'T ANY
22 CRYPTOCOCCAL IN THAT DIRT.

23 A. AFTER WE GOT THE TEST RESULTS, THAT'S -- THAT'S WHAT
24 THEY TOLD US, CORRECT.

25 Q. WHAT I UNDERSTAND YOUR TESTIMONY NOW IS, THAT

1 TESTIMONY IS ONLY AS TO THE SURFACE OF THE DIRT.
2 YOU DON'T HAVE ANY OPINION AS TO WHETHER THERE'S
3 CRYPTOCOCCUS UNDER THE SURFACE?

4 A. NOT CONCERNED UNDER THE SURFACE.

5 Q. NOT INTERESTED IN KNOWING WHETHER IT'S UNDER THE
6 SURFACE?

7 A. WELL, THERE -- THE SPORES ARE DISSEMINATED FROM THE
8 SURFACE. THE SPORES DO NOT CLIMB UP AND GO UP
9 THROUGH THE ---

10 Q. IF IT'S UNDISTURBED, RIGHT?

11 A. WELL, NO, THEY -- THEY -- THE SPORES, DURING
12 REPRODUCTION, LAND ON THE SURFACE OF THE MATERIAL.
13 THAT'S -- SPORES, WE HAVE SPORES EVERYTHING OF
14 MICROORGANISMS. THEY LAND ON THE SURFACE, AND THEN
15 AS YOU WALK THROUGH, AS YOU DIG OR WHATEVER AND YOU
16 DISTURB THAT SURFACE, THEN YOU HAVE THE OPPORTUNITY
17 OF DISPERSING THOSE SPORES. FROM THREE FEET DOWN --
18 FROM THREE -- WE WOULDN'T EXPECT TO FIND SPORES FROM
19 THREE FEET ---

20 A. MR. DUFFY, ---

21 Q. --- DOWN BECAUSE THAT'S CONTRARY TO THE SETTLEMENT
22 PROCESS.

23 Q. MY POINT IS THE SURFACE IS THE SURFACE A YEAR LATER.
24 THE DAY MR. POSTON WAS THERE, THAT WAS FILL DIRT
25 THAT WAS GOING IN AND THE SURFACE WAS CHANGING EVERY

1 DAY, RIGHT?

2 A. THE FILL DIRT WAS CHANGING EVERY DAY, BECAUSE?

3 Q. IT WAS BEING EXPOSED TO THE AIR AND GOING AND
4 FILLING INTO THE HOLE, RIGHT?

5 A. OKAY.

6 Q. IS THAT YES?

7 A. YES. I'M TRYING TO FOLLOW YOU. THAT'S -- I HAVE TO
8 THINK.

9 Q. BUT YOU CAN'T TELL ME WHETHER THE DIRT THAT WENT
10 INTO THAT HOLE, WITH THE EXCEPTION THAT THAT'S --
11 THAT IT IS ON THE VERY SURFACE, CONTAINS ANY
12 CRYPTOCOCCUS?

13 A. NO, NOT ALL OF THAT DIRT.

14 Q. YOU CAN'T TELL ME?

15 A. NO.

16 Q. YOU'RE NOT OFFERING AN OPINION AS TO THAT TODAY?

17 A. I'M OFFERING AN OPINION AS TO WHEN WE SAMPLED THAT
18 MATERIAL, WE DID NOT FIND CRYPTOCOCCUS.

19 Q. ON THE SURFACE?

20 A. ON THE SURFACE, YES.

21 Q. BUT YOU DON'T KNOW WHAT'S UNDER THE SURFACE?

22 A. WE DIDN'T TEST UNDER THE SURFACE, CORRECT.

23 Q. ALL RIGHT. NOW, TELL ME ABOUT WHETHER YOUR SAMPLE
24 WAS STATISTICALLY SIGNIFICANT AS TO THE SURFACE.

25 (THERE'S AN AREA, AS OPPOSED TO A VOLUME, AN AREA

1 THAT'S 20 -- OR 30 TO 50-FEET WIDE, 1,000 TO 1500-
2 FEET LONG, CAN YOU TELL ME WHETHER THE NUMBER OF
3 SAMPLES YOU TOOK OF THE SURFACE WAS STATISTICALLY
4 SIGNIFICANT?

5 A. I'VE TOLD YOU TWICE THAT THERE'S -- THERE IS NOT A
6 STATISTICAL TEST TO DETERMINE THE NUMBER OF SAMPLES
7 TO BE TAKEN FOR AN UNKNOWN. YOU HAVE TO HAVE AN
8 EXISTING POPULATION. SO OUR -- OUR APPROACH WAS TO
9 TAKE SAMPLES IN A GRID TO -- TO CORRELATE WITH THE
10 REPRODUCTION OF CRYPTOCOCCUS. SO IF THAT SURFACE
11 WAS CONTAMINATED WITH BIRD DROPPINGS, THEN THE
12 DISSEMINATION OF THOSE SPORES, WHICH IS HOW IT
13 WORKS, THEY COULD BE DISSEMINATED ACROSS THAT FIELD
14 AND ELSEWHERE, AND AS WE TOOK SAMPLES, WE WOULD,
15 HOPEFULLY, FIND OR NOT FIND THE CRYPTOCOCCUS SPORES.

16 Q. MR. DUFFY, DO I UNDERSTAND YOUR TESTIMONY CORRECT
17 THAT IF YOU WERE GOING TO GIVE ME A SAMPLE AND TELL
18 ME IN A STATISTICALLY SIGNIFICANT WAY HOW MANY PENS
19 WERE ON THIS TABLE AND YOU KNEW WE HAD A TABLE OF A
20 CERTAIN LENGTH AND A CERTAIN WIDTH, YOU COULDN'T
21 TELL ME HOW MANY SAMPLES AND WHERE YOU'D HAVE TO
22 TAKE TO GIVE ME A STATISTICALLY SIGNIFICANT SAMPLING
23 OF THE TOP OF THE TABLE FOR PENS?

24 BY MR. FISHER:

25 OBJECTION.

CROSS-EXAMINATION RESUMED BY MR. WUKELA:

Q. IF THERE'S -- IF YOU HAVE ---

A. IF YOU HAVE PENS ON THIS TABLE, AND YOU'RE -- AND I'M TAKING A SAMPLE, THE ANSWER WOULD -- THE ANSWER IS NO. THERE'S -- THERE'S NOT A -- WHAT ARE YOU BASING YOUR ---

Q. WELL, LET ME ASK YOU THIS: WHY DIDN'T YOU TAKE MORE THAN ONE SAMPLE, THEN?

A. WELL, WE -- WE FIGURED THAT IF WE TOOK A GRID WORK OF A CERTAIN NUMBER OF SAMPLES AND WE -- WE CONCLUDED THAT IF WE TOOK 15, 20 SAMPLES, THAT WE WOULD BE ABLE TO COVER THAT AREA AND WE WOULD BE ABLE TO LOOK FOR THE PRESENCE OF SPORES THAT HAVE BEEN DISSEMINATED.

Q. AND MY QUESTION IS HOW DID YOU GET TO THE NUMBER OF 15 OR 20, SCIENTIFICALLY?

A. THE -- THE -- THERE'S NO SCIENTIFIC BASIS FOR THAT NUMBER.

Q. OKAY. THAT'S WHAT I THOUGHT THE ANSWER WAS. NOW, ALSO, IN THE AREA TWO THAT YOU TESTED, Y'ALL TOOK FOUR SAMPLES OVER THERE, RIGHT?

A. CORRECT.

Q. NOW, THAT IS THE VOLUME OF MATERIAL THAT WAS EXCAVATED FROM THE SITE, CORRECT?

A. THAT WAS THE MATERIAL FROM THE SITE, CORRECT.

1 Q. YOU BELIEVE, ANYWAY, RIGHT?

2 A. WELL, THAT'S THE INFORMATION THAT WAS GATHERED ON
3 THE SITE. THAT'S ---

4 Q. AND BACK TO MY PREVIOUS QUESTION, IS YOU DON'T KNOW
5 WHETHER MORE DIRT WAS ADDED THERE LATER FROM OTHER
6 SITES? YOU DON'T KNOW WHETHER DIRT WAS TAKEN FROM
7 THERE? YOU DON'T KNOW WHAT HAPPENED TO THAT DIRT AT
8 THAT LOCATION IN THE YEAR BEFORE YOU TOOK YOUR
9 SAMPLES?

10 A. THAT WOULD HAVE TO BE DIRECTED TO MR. RICE, WHO WAS
11 ON -- ON-SITE.

12 Q. ALL RIGHT. WELL, MR. RICE WASN'T THERE IN THE YEAR
13 BEFORE HE TOOK THESE SAMPLES, WAS HE?

14 A. NO, BUT HE ---

15 Q. IN FACT, THAT WAS THE FIRST DAY HE'D EVER GONE TO
16 THAT SITE?

17 A. RIGHT, BUT HE WAS IN THE -- HE WOULD HAVE BEEN -- I
18 MEAN, HE'S RELYING ON THE INFORMATION THAT WAS GIVEN
19 TO HIM ON THE SITE, AND I CAN'T ANSWER FOR THAT.

20 Q. OKAY. AND THE REPORT DOESN'T TELL US WHAT OCCURRED
21 AT THAT SITE IN THE YEAR BEFORE THE SAMPLE WAS
22 TAKEN, DOES IT?

23 A. NO.

24 Q. AND YOU DON'T KNOW?

25 A. NO.

1 Q. OKAY. BUT YOU TOOK FOUR SAMPLES THERE ---

2 A. RIGHT.

3 Q. --- OF THAT VOLUME OF MATERIAL?

4 A. RIGHT.

5 Q. CAN YOU TELL ME WHAT THAT VOLUME OF MATERIAL WAS?

6 A. THAT'S PROBABLY IN HERE. (WITNESS VIEWING DOCUMENT)

7 AREA TWO WAS 100 BY 100.

8 Q. AND HOW MUCH MATERIAL WAS AT THAT AREA, VOLUME OF

9 MATERIAL?

10 A. WE DIDN'T ASSESS THE VOLUME. THERE WAS NO NEED TO

11 ASSESS THE VOLUME.

12 Q. AND THAT WAS THE VOLUME OF MATERIAL THAT WE THINK

13 WAS TAKEN FROM THE SITE WHERE MR. POSTON ALLEGES

14 THAT HE WAS EXPOSED TO CRYPTOCOCCUS?

15 A. WELL, THAT WAS -- THE INFORMATION THAT WE RECEIVED

16 WAS THAT WAS THE MATERIAL THAT WAS EXCAVATED FROM

17 THE AREA ONE.

18 Q. OKAY. SO YOU DON'T KNOW THE VOLUME OF MATERIAL.

19 CAN YOU TELL ME AT LEAST THE AREA OF MATERIAL YOU

20 WERE SAMPLING?

21 A. 100 BY 100.

22 Q. OKAY. AND YOU TOOK -- AND THAT'S 100 FEET BY 100

23 FEET?

24 A. YES. YES.

25 Q. OKAY. AND IT CAME FROM A LOCATION THAT WAS 50-FEET

1 WIDE, 1,000 TO 1500-FEET LONG?

2 A. WELL, THAT'S -- THAT'S -- IS THAT -- YOU'RE ASSUMING
3 THAT'S THE CASE. IT WAS A HUNDRED BY A HUNDRED
4 FEET, SO IF IT WAS A PILE, AGAIN, WE'RE CONCERNED
5 ABOUT THE SURFACE MATERIAL. THAT'S WHERE THE SPORES
6 ARE, AND THAT'S WHERE THE SPORES ARE DISSEMINATED
7 FROM.

8 Q. AND YOU TOOK FOUR SAMPLES FROM THAT LOCATION?

9 A. HE DID, YES.

10 Q. AND CAN YOU TELL ME HOW YOU ARRIVED AT THAT NUMBER?

11 A. IT WAS BASED ON THE SIZE AND IT WAS BASED ON IF WE
12 TOOK THE GRID THAT WE FELT FOR THE SAME REASON WITH
13 THE REPRODUCTION OF ANY CRYPTOCOCCUS THAT WOULD HAVE
14 BEEN THERE, THERE SHOULD BE SPORES.

15 Q. ALL RIGHT. WHAT WAS THE STATISTICAL SIGNIFICANCE OF
16 THAT SAMPLE?

17 A. THERE'S NO STATISTICAL ANALYSIS FOR DETERMINING
18 THAT.

19 Q. SO YOU CAN'T TELL ME THE STANDARD OF ERROR WITHIN
20 PLUS OR MINUS ---

21 A. THERE'S NO 95 PERCENT CONFIDENCE LEVEL WITH TAKING A
22 SAMPLE OF AN UNKNOWN POPULATION.

23 Q. WELL, WHAT IS YOUR CONFIDENCE LEVEL THAT THE SAMPLE
24 WAS REPRESENTATIVE OF WHAT YOU WERE TESTING?

25 A. THERE'S NO CONFIDENCE LEVEL THAT YOU CAN APPLY

1 UNLESS YOU DO A STATISTICAL ANALYSIS, AND THERE'S NO
2 POPULATION TO COMPARE AS THE MAIN PARAMETER THAT
3 YOU'RE MAKING THAT ANALYSIS.

4 Q. OKAY. NOW, YOU'RE OFFERING TESTIMONY ABOUT A
5 SAMPLING Y'ALL TOOK OF THE SITE AND YOUR TESTIMONY
6 IS YOU CAN'T TELL US WITH ANY CONFIDENCE WHETHER
7 THAT SAMPLING IS REPRESENTATIVE OF THE SITE AS A
8 WHOLE; IS THAT RIGHT?

9 A. WELL, YOU'RE ASKING ME TO -- YOU'RE ASKING ME TO
10 COMMENT ON A STATISTICAL FACT ---

11 Q. WELL, YOU TOOK A SAMPLE, SO.

12 A. --- AND I AM TELLING YOU -- I'M TELLING YOU THAT
13 THERE'S NOT A STATISTICAL EQUATION TO TAKE THE
14 NUMBER OF SAMPLES TO TAKE PER A GIVEN AREA, NOT
15 KNOWING THE POPULATION THAT YOU'RE STUDYING, NOT
16 KNOWING THE NUMBER OF ORGANISMS OR THE TRAIT YOU'RE
17 LOOKING FOR. THIS WAS AN ALL OR NOTHING TYPE OF
18 ANALYSIS AND YOU'RE TRYING TO -- YOU'RE TRYING TO
19 HAVE ME COMMENT ON A STATISTICAL EVALUATION AND
20 THERE IS NONE.

21 Q. YES, BUT WHAT YOU'RE SAYING IS, YOU HAVE TO KNOW HOW
22 MANY -- WHAT THE POPULATION OF CRYPTOCOCCUS IS TO
23 KNOW WHAT THE STATISTICAL SIGNIFICANT SAMPLING OF
24 THE CRYPTOCOCCUS IS; IS THAT RIGHT?

25 A. YOU HAVE TO KNOW WHETHER IT'S THERE OR NOT. WE

1 DON'T KNOW WHETHER IT'S THERE.

2 Q. AND THE WHOLE POINT OF THE SAMPLING WAS TO DETERMINE
3 WHETHER IT WAS THERE, RIGHT?

4 A. THAT'S CORRECT.

5 Q. OKAY. AND SO YOU WERE SAMPLING A PORTION OF AN AREA
6 TO DETERMINE WHETHER CRYPTOCOCCUS WAS THERE?

7 A. THAT'S CORRECT.

8 Q. AND YOUR SAMPLE WASN'T OF THE WHOLE AREA?

9 A. THE ONLY WAY YOU COULD DO THAT WOULD BE TO TAKE
10 TRUCKLOADS OF DIRT AND HAVE IT ALL ANALYZED.

11 Q. GOTCHA. AND SO THE LAST TIME I CHECKED, THAT
12 INVOLVES STATISTICS, RIGHT?

13 A. ABSOLUTELY NOT.

14 Q. SO LET ME ASK YOU ---

15 A. THERE ARE STATISTICAL FORMULAS, BUT IF YOU HAVE --
16 IF YOU HAVE PENS ALL OVER THIS TABLE AND THERE'S
17 DIFFERENT COLORS AND YOU WANT TO DETERMINE WITH A
18 CERTAIN LEVEL OF CONFIDENCE, YOU CAN TAKE A CERTAIN
19 NUMBER OF SAMPLES AND THERE'S A STATISTICAL
20 EVALUATION ON HOW MANY YOU'RE GOING TO HAVE TO TAKE
21 IN ORDER TO MAKE -- DRAW A CONCLUSION WITHIN THE 95
22 PERCENT CONFIDENCE LEVEL.

23 IN THIS CASE, WE DON'T HAVE -- WE DON'T KNOW
24 HOW MANY PENS ARE OUT THERE. WE'RE TRYING TO FIND
25 -- LOOK FOR THE PRESENCE OF CRYPTOCOCCUS, NOT -- NOT

1 THE NUMBER. WE'RE JUST LOOKING FOR THE PRESENCE.
2 WE'RE NOT LOOKING FOR TRAITS.

3 Q. ALL RIGHT. LET ME FINISH UP HERE.

4 A. ALL RIGHT.

5 Q. YOU TOOK A SAMPLE?

6 A. CORRECT.

7 Q. CAN YOU TELL THIS COMMISSION WITH ANY CONFIDENCE
8 THAT THAT SAMPLE IS REPRESENTATIVE OF A WHOLE?

9 A. WHEN YOU TAKE THE SAMPLES AS A WHOLE ---

10 Q. THAT'S A YES OR NO QUESTION. CAN YOU TELL THIS
11 COMMISSION WITH ANY CONFIDENCE AT ALL THAT THE
12 SAMPLE YOU TOOK IS REPRESENTATIVE OF THE WHOLE YOU
13 WERE SAMPLING?

14 A. ONE SAMPLE? WELL, COUNSEL, WE TOOK 22 SAMPLES.

15 Q. OKAY. CAN YOU TELL THIS COMMISSION WITH ANY
16 CONFIDENCE THAT THOSE 22 SAMPLES WERE REPRESENTATIVE
17 OF THE WHOLE WITH ANY STATISTICAL CONFIDENCE?

18 A. I CAN SAY -- WHAT I WILL SAY, YOU KEEP BRINGING IN
19 STATISTICAL ---

20 Q. WELL, I TELL YOU WHAT, ANSWER THAT YES OR NO, AND
21 THEN YOU CAN EXPLAIN.

22 A. I THINK YOU HAVE TO -- YOU'RE ASKING ME TO SAY
23 SOMETHING ABOUT STATISTICS, AND I KEEP TELLING YOU
24 THAT THERE IS NOT A STATISTICAL APPROACH.

25 Q. SO THEN YOUR ANSWER IS NO?

1 A. WELL, JUST PLEASE REPEAT THE QUESTION.

2 Q. ALL RIGHT.

3 BY MR. WUKELA:

4 AND, COMMISSIONER, I'M GOING TO REPEAT THE
5 QUESTION, AND I HOPE FOR AN ANSWER THIS TIME.

6 BY MR. FISHER:

7 OBJECTION. THAT'S ---

8 BY MR. WUKELA:

9 WELL, NOW, COUNSEL, I'M ENTITLED TO A YES OR NO
10 ANSWER TO MY QUESTION, AM I NOT?

11 BY COMMISSIONER JAMES:

12 MR. DUFFY, THE 22 SAMPLES THAT WERE TAKEN, I
13 UNDERSTAND YOUR ANSWER WITH THE STATISTICS, EARLIER,
14 WITH REGARDS TO NOT NECESSARY FOR THE VOLUME, AND
15 THEN NOT NECESSARY WITH REGARDS TO THE SURFACE
16 BECAUSE YOU DON'T HAVE A KNOWN POPULATION. I HEAR
17 WHAT YOU'RE SAYING. ARE THE 22 SAMPLES
18 REPRESENTATIVE OF THE WHOLE AREA?

19 BY THE WITNESS:

20 BASED ON THE REPRODUCTION -- THIS IS WHAT I
21 SAID EARLIER. BASED UPON THE ABILITY, THE
22 REPRODUCTION OF THESE ORGANISMS, AND THE WAY THEY
23 SPEW MILLIONS AND MILLIONS OF SPORES, THAT'S A FACT,
24 THAT WE FELT THAT THE GRID WHERE WE TOOK THESE
25 SAMPLES, IF THERE WAS SPORE PRODUCTION, THAT WE

1 WOULD DETECT SPORES IN THE SAMPLE. NO STATISTICS
2 INVOLVED. IT'S BASED ON THE REPRODUCTION MECHANISM
3 OF THE BIRD DROPPINGS THAT MAY OR MAY NOT HAVE BEEN
4 THERE, AND THAT'S WHY WE DECIDED TO TAKE THE GRID
5 WORK. SO THE DECISION TO TAKE 22 SAMPLES WAS NOT
6 BASED ON A STATISTICAL CONCLUSION. IT WAS BASED ON
7 THE REPRODUCTION OF THIS PARTICULAR ORGANISM, AND BY
8 DOING A GRID WORK, WE FELT THAT IF WE COULD FIND
9 SPORES OR NOT FIND SPORES, THAT WE WOULD HAVE
10 COVERED THOSE AREAS.

11 BY COMMISSIONER JAMES:

12 OTHER THAN THE STATISTICS, IS THERE ANOTHER
13 BASIS.-- OR HOW DID Y'ALL COME UP WITH THAT
14 FORMULATION OF THE PARTICULAR GRID WORK AND HOW BIG
15 THE AREAS THAT WERE SAMPLED ---

16 BY THE WITNESS:

17 RIGHT.

18 BY COMMISSIONER JAMES:

19 --- WERE?

20 BY THE WITNESS:

21 RIGHT.

22 BY COMMISSIONER JAMES:

23 HOW DID YOU COME UP WITH A NUMBER THAT YOU FELT
24 WAS SUFFICIENT?

25 BY THE WITNESS:

1 WELL, THE NUMBER -- THE NUMBER -- THE
2 REPRODUCTION -- THE REPRODUCTION CYCLE, THE -- IF WE
3 ARE HAVING ACTIVE GROWTH, THEN WHAT YOU DO IS YOU
4 HAVE AN OUTPOURING OF SPORES THAT CAN GO OUT FIVE,
5 TEN, TWENTY METERS, AND THEN, OF COURSE, THEY'RE
6 DISSEMINATED BY THE WIND, THEY'RE DISSEMINATED BY
7 ACTIVITY, SO THE NUMBER OF SAMPLES WAS OUR BEST
8 JUDGEMENT THAT WE WOULD BE ABLE TO COVER THIS
9 PARTICULAR AREA WITH THIS NUMBER OF SAMPLES WITH THE
10 CAVEAT THAT WE'RE LOOKING -- WE'RE NOT LOOKING FOR
11 THE BIRD DROPPINGS, YOU KNOW, THAT'S IRRELEVANT. WE
12 ARE LOOKING FOR THE PROGENY OF THAT, WHICH ARE THE
13 BASIDIOSPORES THAT WOULD BE DISSEMINATED ACROSS THIS
14 PROPERTY, AND IF YOU LOOK AT -- IF YOU LOOK AT
15 SCIENCE AND YOU LOOK AT THE RESEARCH WHERE THEY'RE
16 LOOKING, YOU CAN'T TAKE EVERY GRAIN OF DIRT.

17 YOU CAN'T TAKE EVERY -- EVERY PARTICULAR AREA
18 WHEN YOU'RE LOOKING FOR SPORES. SPORES ARE
19 MICROSCOPIC, TWO MICRONS. SO WE FELT THAT NUMBER
20 WOULD TELL US WHETHER WE ARE SEEING ANY OF THESE
21 SPORES THAT WOULD BE SETTLING ACROSS THIS PROPERTY
22 AND THAT WAS -- SO IT'S NOT BASED ON STATISTICS.
23 IT'S NOT BASED ON A FORMULA. IT'S BASED ON OUR
24 FEELING, BASED -- THAT IS PREDICATED UPON A
25 REPRODUCTION SITE. WE DON'T KNOW IF ANY

1 REPRODUCTION HAS TAKEN PLACE. WE DON'T KNOW IF
2 SPORES ARE BEING DISSEMINATED. WE WANT TO SEE IF
3 THERE'S ANY INDICATION THAT THOSE SPORES WERE
4 PRESENT ON THE PROPERTY. THAT'S -- THAT'S HOW WE
5 DECIDED. THE WORD "STATISTICS" DID NOT COME INTO
6 THE DECISION PROCESS BECAUSE THERE ISN'T ONE.

7 BY COMMISSIONER JAMES:

8 ALL RIGHT. MR. WUKELA?

9 BY MR. WUKELA:

10 I DON'T HAVE ANYTHING FURTHER. THANK YOU,
11 COMMISSIONER.

12 BY COMMISSIONER JAMES:

13 ANY REDIRECT?

14 BY MR. FISHER:

15 I HAVE NO REDIRECT. THANK YOU.

16 BY COMMISSIONER JAMES:

17 ALL RIGHT. THAT CONCLUDES THIS HEARING.

18 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
19 CONCLUDED AT THE HOUR OF 1:32 P.M.)
20
21
22
23
24
25

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1416804

EMPLOYEE/CLAIMANT: WILLIAM POSTON

EMPLOYER: RANDSTAD TEMP FORCE, LP DBA ACCUSTAFF

INSURER: INDEMNITY INSURANCE COMPANY OF NORTH
AMERICA

I, HOLLY K. GLEASON, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 65 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **WILLIAM POSTON** TAKEN ON THE 29TH DAY OF SEPTEMBER, 2015.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 14TH DAY OF OCTOBER, 2015.

HOLLY K. GLEASON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES:06-04-2023

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1416804

WILLIAM POSTON,	)	
	)	FULL COMMISSION HEARING
CLAIMANT,	)	PANEL A
vs.	)	
	)	COMMISSIONER BECK
RANSTAD TEMP FORCE,	)	COMMISSIONER McCASKILL
	)	COMMISSIONER CAMPBELL-CHAIR
AND	)	
	)	
INDEMNITY INSURANCE,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	



COPY

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE
CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE
STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
3:14 P.M., MONDAY, MAY 16, 2016, SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA 29202.

**CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189**

APPEARANCES**FOR THE CLAIMANT**

STEPHEN J. WUKELA, ESQUIRE
 WUKELA LAW FIRM
 POST OFFICE BOX 13057
 FLORENCE, SOUTH CAROLINA 29504-3057
 843-669-5634

FOR THE DEFENDANT

CHRISTOPHER C. MINGLEDORFF, ESQUIRE
 MOORE, INGRAM, JOHNSON & STEELE, LLP
 885-B ISLAND PARK DRIVE
 CHARLESTON, SOUTH CAROLINA 29492
 843-302-0002

REPORTED BY

CORA ELLIS BRUTON
 COURT REPORTER
 131 BROWNING COURT
 LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

INDEX

BY MR. MINGLEDORFF	3
BY MR. WUKELA.	.10
BY MR. MINGLEDORFF	.15
CERTIFICATE.	.19

EXHIBITS

(No Exhibits Proffered)

1 THE COURT REPORTER: Today is May 16, 2016. This
2 is South Carolina Workers' Compensation Case Number
3 1416804. This is the case of William Poston,
4 Claimant, versus Ranstad Temp Force, Employer and
5 Indemnity Insurance is the Carrier.

6 The Appellant is the Defendant, represented by
7 Attorney Christopher C. Mingledorff. The Respondent
8 is represented by Attorney Stephen J. Wukela.

9 Each side is allowed ten minutes for oral
10 argument and the Appellant three minutes in reply.
11 You are requested to argue the grounds of exception
12 and stay within the record.

13 THE COURT: Mr. Mingledorff.

14 BY MR. MINGLEDORFF: Good afternoon. Chris
15 Mingledorff. I represent the Employer and the Carrier
16 in this case. I think it's an interesting case. This
17 is an occupational disease case as what the hearing
18 Commissioner based her ruling of compensability on. A
19 lot of the facts of the case as far as Mr. Poston and
20 his history are not disputed. In short, Mr. Poston is
21 a heavy equipment operator. He began working for my
22 client Ranstad, which is a staffing agency. They, in
23 turn, placed him at a construction site over in
24 Conway, South Carolina where he -- part of his job was
25 to move dirt around to build a piping system on the

1 property. Within a month to six weeks of working
2 there he began to suffer headaches, some illness,
3 losing sleep, went to his family doctor. They
4 couldn't really figure out what was wrong. The family
5 doctor referred him to Dr. Healy who is a neurologist.
6 Dr. Healy did some MRIs, couldn't really figure it
7 out, but they then sent him to Dr. Chavez and Dr.
8 Chavez is an infectious disease doctor over in -- in
9 the Grand Strand area. And Dr. Chavez looked at the
10 MRI and did some other testing and -- and determined
11 that Mr. Poston suffered with -- from what's called
12 Cryptococcal Meningitis and what Cryptococcal
13 Meningitis is, is it's a -- essentially a fungus spore
14 that lives in soil. It can be caused from decaying
15 fruit, plants, bird droppings, a lot of things cause
16 it. And it lives in the soil and what happens is
17 sometimes if soil is disturbed these spores are then
18 put into the air and -- and you breathe them in. And
19 once they get in your body, as Dr. Healy and Dr.
20 Chavez testified, they can live inside your body for
21 years and eventually maybe it manifests itself like it
22 did in Mr. Poston. What Dr. Healy, and in
23 particularly Dr. Chavez the infectious disease
24 specialist said is that these spores are everywhere.
25 In fact, Dr. Chavez said they're all over the world.

1 He used an analogy that you could be driving down the
2 road with your window down breathing these things in;
3 they are common, they're all over the place. And so
4 they both agree on that. Dr. Healy, the neurologist
5 he even said that by his estimation the fungus or the
6 spores had been inside Mr. Poston for at least 18
7 months before he saw Mr. Poston. So Dr. Healy saw Mr.
8 Poston in June of 2014 so by that timeline you're
9 talking early 2013 is when Dr. Healy thinks he got
10 these spores inside of him. And Mr. Poston did not
11 start working for Ranstad until June of 2014. Dr.
12 Chavez went on to say a lot of other interesting
13 things, particularly things that are the basis for the
14 appeal. There is no causation here at all. Dr.
15 Chavez, and I'll quote from him because I think his
16 language is the best. When asked, "Do you know how
17 Mr. Poston got Cryptococcal Meningitis?" His answer
18 in short was, "No, I do not." That is exactly what he
19 said. He went on to say that it was all over the
20 world, that everyone gets it. When I asked Dr. Chavez
21 about other patients he had treated with it and did he
22 ever figure out how they got it, he said, "No, I don't
23 know." In fact, he went on to say there are
24 suspicions on how people get it, but at the end of the
25 day they just don't know, and Mr. Poston is no

1 exception. Dr. Chavez does not know. Dr. Healy, and
2 this was a big point for Mr. Poston at the
3 compensability hearing, Dr. Healy does say in his
4 deposition to a reasonable degree of medical certainty
5 Mr. Poston got this fungus from the -- the jobsite he
6 was working at. But he immediately in the same
7 sentence in his deposition says, "I only say that
8 because I have no alternate explanation." That's --
9 that's how he arrived at it. Now keep in mind Dr.
10 Chavez, though, the treating physician, the infectious
11 disease doctor, disagreed with Dr. Healy, because Dr.
12 Chavez said nobody knows how you get it. I don't even
13 know how Mr. Poston got it. So Dr. Healy says those
14 magical words that -- that Mr. Poston needed at the
15 hearing, but when you look at his -- his deposition,
16 and just look at that context of it, he clearly says
17 I'm saying that because I'm -- I'm afraid to say I
18 don't know and I have no alternate explanation. And I
19 know the Commission is aware that a possibility that
20 something is causally related to work is not enough
21 and saying I have no other reason, so therefore it
22 must be this, is less than a possibility. That's a --
23 from a policy standpoint that's -- that -- I've turned
24 it -- that's backing in to causation and that's not
25 the way the Act works. The Act puts the burden on Mr.

1 Poston to come before the Commission and put up
2 evidence proving that his injury arose out of and in
3 the course and scope of employment and there's no
4 evidence of it in the record here. What also is not
5 in the record of the case is any evidence of any other
6 worker at this entire jobsite getting sick at all.
7 Mr. Poston, after he was out of work for only a couple
8 of weeks went back to work for the same employer, back
9 to the same jobsite. And -- and I think that's an
10 interesting point, because if Mr. Poston, himself,
11 thought he got it there it doesn't seem logical that
12 he would immediately go back to work and continue to
13 work there. There's no evidence in the record of
14 causation. Once we completed Dr. Chavez and Dr.
15 Healy's depositions, which again are -- are quite
16 clear on the lack of causation here and are quite
17 clear on how common this disease is, the employer
18 wanted to -- to still make sure that we were correct
19 so we hired a gentleman named Dave Duffy, and Dave is
20 an Industrial Hygienist. He's an expert, he's from
21 Chicago. He came down and he went out to this site
22 and he did 22 soil samples and he then sent those to a
23 lab, plated them, grew them. All 22 came back
24 negative for these spores; not one, not a single spore
25 has been found by anybody at that site. And --

1 COMMISSIONER BECK: Wasn't there some controversy
2 or questions over whether the samples were taken on
3 the surface or other --

4 MR. MINGLEDORFF: There was, and I was going
5 right there now. The hearing Commissioner and Mr.
6 Poston made a big deal about Mr. Duffy. And the big
7 deal was, well, he didn't take the right kind of
8 samples or he didn't drill deep enough or it was a
9 year later. And those are -- those are facts that
10 can't be changed, but when you think about that for a
11 minute that's the Defense's expert. So they're trying
12 to poke holes in his argument. They don't have an
13 expert. The fact is there are still no spores that he
14 or anyone else has found. And at the hearing Mr.
15 Poston has the burden of proof, so even if you can
16 punch a hole or two in Mr. Duffy and his theory, it
17 doesn't change the fact that there's no spores, and it
18 certainly doesn't change at all Dr. Healy and Dr.
19 Chavez' clear opinion that a) Mr. Poston's had this
20 for 18 months which predates his employment at Ranstad
21 by 17 months and that they don't know where he got it.
22 Dr. Chavez and Dr. Healy, unlike Mr. Duffy, did zero
23 investigation into Mr. Poston or his lifestyle. For
24 example, there is a Purdue Chicken Plant close to
25 where Mr. Poston lives. It's common, and Dr. Chavez

1 and Healy talked about this, that excess bird feces is
2 -- is a hotspot for these spores to -- to grow and
3 develop. The doctors don't know if Mr. Poston lives
4 next door to the Purdue Chicken Plant. They don't
5 know if he has his own farm which can cause these --
6 these spores to -- to cultivate. There's nothing in
7 the record to support a finding of compensability.
8 And then on top of that this -- this was argued and
9 presented and ruled upon by the hearing Commissioner
10 as an occupational disease and that requires that the
11 disease be something that's unusual, something that's
12 -- that's germane to the worksite. Dr. Healy, Dr.
13 Chavez clearly say these spores are everywhere. I
14 mean Dr. Chavez in his deposition, his own words, you
15 can ride down the road with the window down in your
16 car and be breathing these things in. That is not a
17 disease that is peculiar to the site where he was
18 working. In the end nobody knows. Now, the --

19 THE COURT: You can go ahead and finish your
20 statement.

21 MR. MINGLEDORFF: Thank you. During Dr. Chavez'
22 deposition Mr. Poston was represented by Mr. Wukela
23 that day and when Mr. Wukela was talking to Dr. Chavez
24 he -- on page 37 of that deposition transcript, he
25 explains to Dr. Chavez what an occupational disease

1 means under the Workers' Compensation Act. And he
2 gives that explanation because he's going to ask him
3 questions and he says, "Given that explanation of the
4 wall, that I'm sure you're already tired of doctor,
5 can you tell me to a reasonable degree of medical
6 certainty, which is to say more likely than not, as to
7 whether Mr. Poston suffered an occupational disease as
8 a result of -- in the form of Cryptococcal
9 Meningitis?" Dr. Chavez' answer, "If you're wanting a
10 yes or no answer I honestly don't know if I can give
11 you a yes or no." That's Chavez in response to Mr.
12 Wukela asking him directly the issue that we're here
13 for today.

14 THE COURT: Okay. And you'll have three minutes
15 to reply. Thank you.

16 MR. MINGLEDORFF: Thank you.

17 THE COURT: Mr. Wukela.

18 BY MR. WUKELA: Thank you, Commissioner.

19 COMMISSIONER BECK: Mr. Wukela, has anybody ever
20 found any evidence of these spores on that worksite?

21 MR. WUKELA: No, sir. The answer is no to that,
22 Commissioner. That's quite right, they have not,
23 however, contrary to Appellant's argument both
24 treating -- both the treating neurologist and the
25 treating infectious disease doctor did opine to a

1 reasonable degree of medical certainty that that sort
2 of infection was precisely the product of exposure to
3 airborne soil. And they reached that conclusion
4 because Cryptococcal fungus is found in soil. That's
5 where it's principally found and the continuous
6 exposure to large amounts of airborne soil they found
7 was more likely than not the cause of this very
8 unusual, certainly, infection. In fact, to follow up
9 on what counsel was just saying about Dr. Chavez,
10 again this is Dr. Chavez, this is the infectious
11 disease doctor. This is on page 35 of his Brief. And
12 I say, "I understand it's probably impossible as a
13 scientist to say anything absolutely. We don't expect
14 that. What I'm interested in is whether it's the most
15 probable cause to a reasonable degree of medical
16 certainty, which is to say more likely than not?" His
17 answer; "If we're going to use the term more likely
18 than not, then I would say more likely than not he
19 obtained the infection from the excavation area."
20 That's un-contradicted testimony of the infectious
21 disease physician that treated the Claimant, whom the
22 Claimant didn't choose, who was administering care to
23 him in the hospital when he was hospitalized when he
24 showed up in an altered mental state with a spinal
25 cord -- with a spinal tap that showed a very unusual

1 disease; Cryptococcal Meningitis.

2 COMMISSIONER BECK: You don't think it was a
3 fatal flaw that nobody has ever proven that it even
4 existed there?

5 MR. WUKELA: No, sir. No, sir. And, in fact,
6 the -- the physicians didn't think that either. Dr.
7 Healy also testified that it was the most probable
8 cause, page nine of his deposition. And how did these
9 scientists reach these un-contradicted medical
10 opinions? They reached these medical opinions because
11 this is a very unusual type of fungus, it's found in
12 the soil, and this wasn't just any soil. This was a
13 large out-fault pipe from the paper plant there. It
14 -- it was a hole that they were excavating that was 20
15 feet deep, 30 to 50 feet wide and 1000 to 1500 feet
16 long. It was wet soil that had been coming up a
17 out-fault pipe. They stopped it, they dried it out,
18 they excavated all that soil, they hard-piped it and
19 they put new soil in from a different location. Of
20 course that resulted in a tremendous amount of soil in
21 the air. And the gentleman who did the tests, no pun
22 intended, but he kind of stuck his head in the sand.
23 I mean when he came to that site, that volume, 30 feet
24 wide to 50 feet wide, 20 feet deep, 1500 feet long, he
25 got Q-Tips of about 15 to 20 spots on the soil, he

1 tested a little sample and he said no fungus. That
2 was a year after the exposure. No explanation to the
3 chain of custody, what happened to the soil during
4 that year, and -- and this is critical, when the
5 Commissioner asked him, "How did you arrive to the
6 conclusion that these samples that you took, none of
7 which were in the volume of that soil, none of which
8 were in the ground; how did you reach the conclusion
9 that they were statistically significant?" His
10 response was, "It was based on our feelings." They
11 didn't have any scientific basis for how many of those
12 little Q-Tips they rubbed on the ground to then come
13 back with the conclusion, ah, ha, ha, there's no
14 fungus. The Commissioner understandably found that
15 that wasn't particularly persuasive scientific
16 testimony to exclude the possibility of exposure to
17 fungus. But Commissioner -- I want to remind the
18 Commission that this is an occupational disease case
19 and the standard is, is this occupation one that
20 caused him to be peculiarly exposed to this disease?
21 Not -- it was a disease peculiar to occupation, not
22 one that was an ordinary incidence of life. And the
23 Defense wants to point to -- to the doctors' testimony
24 that, yes, this fungus exists in the world and you --
25 you could drive down the road with your windows open

1 and it come into your window. Or the Commissioners
2 reading these Briefs could be exposed to this fungus.
3 They certainly said that, but what they both also
4 said, and I pointed it out in my Brief extensively is,
5 the exposure of a Commissioner reading a Brief is
6 dramatically different than the exposure to soil of a
7 gentleman who is out there with earth moving equipment
8 moving this large volume of earth and making it
9 airborne and then showing up with this very unusual
10 condition. Doctors reached the conclusion that this
11 is a fungus that's found in soil, this guy is out
12 there moving soil with earth moving equipment, he
13 contracts this disease, it's not an extraordinary leap
14 to reach the conclusion that he reached -- he got
15 exposed to a disease -- a fungus that's found in the
16 soil when he was moving these large amounts of soil.
17 And they reached that conclusion as the most probable
18 cause. Those opinions were un-contradicted. Mr.
19 Duffy their expert, gave no opinion as to causation.
20 He was explicit about that in his testimony, that he
21 wasn't qualified. He was there to testify was whether
22 there was fungus in that soil or not and his testimony
23 was the samples he took he couldn't establish to the
24 Commission were statistically significant. So what
25 this Commission is left with is the un-contradicted

1 testimony as to causation by two treating doctors,
2 both who, contrary to what Defense has said, did
3 testify that this exposure was the cause developed to
4 a reasonable degree of medical certainty. And the
5 only contradiction is from a soil sample when the
6 tester says he can't establish the statistical
7 significance of the sample.

8 I'll be happy to answer any questions the
9 Commission may have.

10 THE COURT: Thank you.

11 MR. WUKELA: One last thing I would like to say.
12 Commissioners, this is a case about medical. This
13 case was -- although he showed up in the emergency
14 room that day with altered mental status and a serious
15 condition that required a spinal tap and -- and
16 serious anti-biotics he was out of work for a total of
17 eight weeks. The real impetus behind this case, this
18 gentleman is back at work and -- and satisfied to be
19 working. The impetus behind this case is the enormous
20 medical bills that he was saddled with as a result.

21 THE COURT: Thank you. Mr. Mingledorff.

22 BY MR. MINGLEDORFF: The -- the depositions of
23 Dr. Healy and Dr. Chavez, they -- they really, maybe
24 more so than other cases I feel that we look at, speak
25 for themselves. They both talk about how common this

1 disease is. Dr. Healy, and I quote, "The majority of
2 people probably are infested, but they fight it off."
3 The majority of people have it. Mr. Poston just
4 didn't fight it off. He goes on to say, "Everybody,
5 we're all exposed to it." It's everywhere. As for
6 causation, Dr. Chavez, and it can't be more clear; was
7 asked, "As we sit here today do you know how he got
8 Cryptococcal Meningitis?" The answer, "No, I do not."
9 Mr. Poston wants to point to citations in the
10 depositions that aren't that clear and make
11 assumptions and connect dots to prove causation. This
12 is clear.

13 COMMISSIONER McCASKILL: Going back in Dr.
14 Chavez' deposition I think you read the answer, "If
15 you want" -- "are wanting a yes or no answer I
16 honestly don't know I can give you a yes or no." Of
17 course, the next thing he says, "And it's probable is
18 the best word I can use to describe it."

19 MR. MINGLEDORFF: On page 35?

20 COMMISSIONER McCASKILL: 37.

21 MR. MINGLEDORFF: 37?

22 COMMISSIONER McCASKILL: 37.

23 MR. MINGLEDORFF: Yes. And he doesn't know, so
24 when you read that compared with his whole deposition,
25 the quotes I just said were just asked point blank,

1 how did he get it, he says I don't know; he also in
2 his deposition talks about that this could have been
3 in Mr. Poston's system for some time. Again, Dr.
4 Healy said 18 months. Dr. Chavez didn't put a -- a
5 number on it, but he agrees that it could have been
6 there for a long time. He also says it's all over the
7 world. So reading his deposition as a whole without
8 question sets up his opinion, the guy's had it in his
9 body for some period of time, everyone's got it; he
10 just couldn't fight it off, I don't really know how he
11 got it. I don't know anything about what he does,
12 where he lives, what other exposures he might have.
13 The record's clear. I think Commissioner Beck's very
14 first question to Mr. Wukela was -- was exactly it,
15 was there any evidence anywhere in the entire record
16 that says there was one spore of this anywhere on that
17 property and the answer is no. We can argue about the
18 credibility or the weight of Mr. Duffy's evidence and
19 testimony, the fact is he's the only expert there.
20 There's no competing expert and the fact is,
21 regardless of how -- what kind of Q-Tip he used or how
22 much he drilled in the ground, he still didn't find
23 it. There's no evidence of it.

24 THE COURT: Thank you. That concludes this
25 proceeding.

1

(The hearing concluded at 3:38 p.m.)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF LEXINGTON)

CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS'
 COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND
 FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF 18
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
 AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
 ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE
 OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES
 HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 30TH DAY OF
 SEPTEMBER, 2016.

CORA ELLIS BRUTON
 NOTARY PUBLIC FOR SOUTH CAROLINA
 MY COMMISSION EXPIRES DECEMBER 31, 2024



PRE-HEARING BRIEF
WCC File No: 1416804

Claimant's Name: William Poston Employer's Name: Randstad Temp Force, LP d/b/a Accustaff, et al
Address: [REDACTED] Address: 11405 Bluegrass Parkway
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Louisville State: KY Zip: 40299
Home Phone: () - Work Phone: () - Carrier: Indemnity Insurance Co. of NA
Preparer's Name: Stephen J. Wukela, Esquire Preparer's Phone #: (843) 669-5634

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☒ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$728.00 2. AWW: \$1,092.00 Date of Injury: 07/09/2014
3. Type of injury and body part(s): Head, whole body system
4. Facts in controversy: See Attached.
5. Legal issues involved: See Attached.
6. Unusual aspects: None
7. Witnesses (designate if expert):* William Poston
8. Exhibits: See Attached.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See Attached.
10. Name, address, and specialty, if any, of the treating physician: Dr. Thomas Keith Stewart, Marion Physician Services; Dr. Temujin Chavez, Carolinas Infectious Disease; Dr. R. Joseph Healy, Florence, SC
11. Impairment rating(s); body part(s); physician and date of opinion: _____
12. I am amending my Form 50/51 in the following manner: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] 11 June 2015 Email: Stephen@wukelalaw.com

Date of hearing: July 6, 2015 Time needed for hearing: 30 min.

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

This matter is before the Commission on the Claimant's Form 50. This is a denied case.

On July 9, 2014, the Claimant, William Poston, was working through temporary service Randstad North America as a heavy equipment operator on a job contracted by SFC Contract Services to install some hard piping on a drain at Rock Tenn plant in Florence South Carolina¹.

For most of June 2014, Claimant worked on the job running an off-road truck moving dirt in preparation for the installation of 60" pipes. The pipes were intended to hard pipe a drain that discharged liquid by-product of the Plant's paper-making process. The drain led to a 20' deep open canal which, in turn, fed a large aeration pond where, through a natural process, bacteria consumed the liquid waste product. Claimant and his co-workers were charged with draining and excavating the canal, hard piping it, and back-filling with dirt. Workers at the site ran track hoes, bulldozers, and other earth moving equipment which generated large amounts of dust and debris in the air.

Beginning the first part of July 2014, Claimant began having severe headaches and fever that would not go away. By July 9, 2014, he presented to his family doctor with these complaints; who initially diagnosed bronchitis and prescribed amoxicillin and tylenol. However, the problems persisted and he began developing neck pain, dizziness, altered mental status, as well as nausea, paresthesias, photophobia, speech abnormalities, vision changes, vomiting, and weakness. He presented at the Marion Hospital Emergency Room on July 12, 2014, they discharged him with an impression of dehydration and acute headache.

The problems continued to persist and he returned to his family doctor on July 16, 2014 with the same symptoms along with episodes of confusion, by report of his wife. It got to the point where the employer called her and told her to come pick him up from work because he was unable to function around heavy equipment. At that point on July 16, 2014, the family doctor referred the Claimant for neurological evaluation by Dr. Joseph Healy.

Dr. Healy saw the Claimant the next day on July 17, 2014, noted his persistent fever, altered mental status, confusion, headache, and indicated "Plan at this point is to obtain an MRI of the head. We'll need lumbar puncture to assess cerebral spinal fluid. Most likely the patient has a viral meningitis." (APA# 4, p. 000032). Dr. Healy admitted the Claimant into Carolinas Hospital System and noted that the MRI of the head showed several small punctate lesions which may have represented cryptococcoma and that his spinal fluid was abnormal, consistent with cryptococcal disease, and antigen was positive for fungal meningitis. At the hospital he consulted with infectious disease doctor, Dr. Temujin Chavez.

¹ Both Randstad and SFC were initially named defendant employers. However, by Consent, SFC was dismissed and Randstad admits the employer and employee relationship. (APA# 10).

Dr. Chavez noted in his history "Recent employment operating heavy machinery with job beginning 1st week of June driving bull dozers, other trucks at excavation site laying down pipes and irrigation work". (APA# 5, p. 000052). Dr. Chavez assessed cryptococcal meningitis and ordered an extensive course of medication and was ultimately released from Carolinas on July 24, 2014 but was kept out of work by doctors Healy and Chavez until September 1, 2014.

In a followup of August 4, 2014, Dr. Healy noted "This turns out that with the type of work that he does this is a work-related phenomenon and apparently Worker's Comp has been contacted and has accepted his claim." (APA#4, p. 000041). Dr. Healy also advised the Claimant that resolution of his fungal meningitis would require prolonged treatment and that he should remain out of work.

Apparently, individuals who are using heavy equipment, moving and disturbing large amounts of soil are subject to cryptococcal meningitis because the fungus grows in the soil and when it is disturbed and is inhaled.

Claimant contends that this is precisely what occurred in this case.

At deposition, Dr. Healy opined to a reasonable degree of medical certainty that Claimant contracted fungal meningitis as a result of exposure to disturbed soil on the job. (APA#13; Healy dep., p. 8, line 23- p. 11, line 10.) Dr. Chavez, the Claimant's treating infectious disease physician agreed. (APA#14; Chavez dep., p. 33, line 24- p. 35, line 10).

Unfortunately, the Carrier never did formally accept the claim and denied that the Claimant's condition was work related. Claimant is back at work but continues to treat with Dr. Healy and Dr. Chavez with a prolonged course of medication in an attempt to abate the disease.

Claimant contends that he is entitled to temporary total compensation for the period of July 9, 2014 through September 1, 2014 and that he is entitled to medical treatment provided by his family doctor, Carolinas Hospital System, Marion Hospital, Dr. Healy, Dr. Chavez, as well as, Walmart Pharmacy, Labcorp, and Pee Dee Radiology Group.

Moreover, Claimant contends that he earned an average weekly wage of \$1,092.00 with a resulting compensation rate \$728.00 a week. In particular, Claimant worked 81 hours every other week and 35 hours in the alternating weeks at the rate of \$16 an hour; which, including time and a half for overtime, comes to \$2,184.00 every two weeks or \$56, 784.00 a year which results in the average weekly wage of \$1,092.00.

The Defendants have not provided the Claimant with a Form 20, although Randstad does indicate in its Form 51 that the Claimant had an average weekly wage of \$640.00. Claimant has Subpoenaed his payroll records from his employer.

Moreover, the Claimant contends that he has not reached maximum medical improvement and he is entitled to future treatment at the hands of Dr. Chavez and Healy.

APA #	PHYSICIAN/ OTHER	GROUP/AGENCY	DATE OF REPORT	PAGES
APA#1	Thomas Keith Stewart, MD	Marion Physician Services, LLC	07/09/14 07/16/14	000001- 000005
APA#2		Carolinas Hospital System-Marion	07/12/14	000006- 000028
APA#3		Radiology Assoc. Of Marion Co.	07/12/14	000029
APA#4	R. Joseph Healy, MD		07/17/14-11/03/14	000030- 000050
APA# 5		Carolinas Hospital System	07/17/14-07/24/14	000051- 000068
APA#6	Temujin Chavez, MD	Carolinas Infectious Disease	07/31/14-10/16/14	000069- 000090
APA#7		LabCorp	09/25/14	000091- 000092
APA#8		Pee Dee Radiology Group	07/17/14-07/24/14	000093
APA#9		Walmart Pharmacy	07/09/14-12/12/14	000094- 000095
APA#10		Payroll stubs		000096- 000101
APA#11		Consent Order	02/27/15	000102- 000104
APA#12		William Poston Deposition	02/16/15	
APA#13		Dr. R. Joseph Healy Deposition	02/16/15	
APA#14		Dr. Temujin T. Chavez Deposition	03/20/15	

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1416804

William Poston,

Claimant,

vs.

Randstad Temp Force, LP d/b/a Accustaff, et
al, Employer, and Indemnity Insurance Co.
of N.A., Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN REPORTS/PHYSICIAN OR
OTHER EVIDENCE TO BE INTRODUCED
DIRECT EVIDENCE ON BEHALF OF
CLAIMANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND CHRISTOPHER
C. MINGLEDORFF, ESQUIRE, ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, William Poston, pursuant to the provisions of Rule 67-30 of the South Carolina Workers' Compensation Commission and Chapter 23, Article 1, Section 1-23-330(1), Code of Laws of South Carolina, 1976, As Amended, herewith submits the following reports/physician or other evidence as direct evidence on behalf of the Claimant to-wit:

APA #	PHYSICIAN/ OTHER	GROUP/AGENCY	DATE OF REPORT	PAGES
APA#1	Thomas Keith Stewart, MD	Marion Physician Services, LLC	07/09/14 07/16/14	000001- 000005
APA#2		Carolinas Hospital System- Marion	07/12/14	000006- 000028
APA#3		Radiology Assoc. Of Marion Co.	07/12/14	000029
APA#4	R. Joseph Healy, MD		07/17/14-11/03/14	000030- 000050
APA# 5		Carolinas Hospital System	07/17/14-07/24/14	000051- 000068
APA#6	Temujin Chavez, MD	Carolinas Infectious Disease	07/31/14-10/16/14	000069- 000090
APA#7		LabCorp	09/25/14	000091- 000092

APA#8		Pee Dee Radiology Group	07/17/14-07/24/14	000093
APA#9		Walmart Pharmacy	07/09/14-12/12/14	000094- 000095
APA#10		Payroll stubs		000096- 000101
APA#11		Consent Order	02/27/15	000102- 000104
APA#12		William Poston Deposition	02/16/15	
APA#13		Dr. R. Joseph Healy Deposition	02/16/15	
APA#14		Dr. Temujin T. Chavez Deposition	03/20/15	

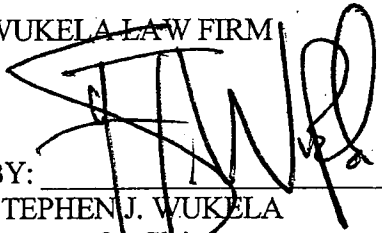
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians whose reports are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, are being forwarded to the South Carolina Workers' Compensation Commission for insertion in their file and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

William Poston

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
Attorney for Claimant
PO Box 13057
Florence SC 29504
843-669-5634

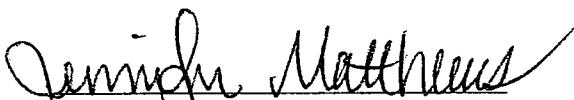
June 19th, 2015

CERTIFICATE OF SERVICE

The undersigned, Jennifer Matthews, of the Wukela Law Firm, hereby certifies that on the 19th day of June, 2015, she did place in an envelope, with first class postage prepaid, a copy of the **Notice of Witnesses**, in the matter of William Poston v. Randstad Temp Force, LP d/b/a Accustaff, et al, Case No. 1416804, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Honorable Susan S. Barden
Commissioner
South Carolina Workers' Compensation
PO Box 1715
Columbia SC 29202-1715

Christopher C. Mingledorff, Esquire
Moore Ingram Johnson & Steele, LLP
885-B Island Park Dr.
Charleston, SC 29492


Jennifer Matthews

APA #	PHYSICIAN/ OTHER	GROUP/AGENCY	DATE OF REPORT	PAGES
APA#1	Thomas Keith Stewart, MD	Marion Physician Services, LLC	07/09/14 07/16/14	000001- 000005
APA#2		Carolinas Hospital System-Marion	07/12/14	000006- 000028
APA#3		Radiology Assoc. Of Marion Co.	07/12/14	000029
APA#4	R. Joseph Healy, MD		07/17/14-11/03/14	000030- 000050
APA# 5		Carolinas Hospital System	07/17/14-07/24/14	000051- 000068
APA#6	Temujin Chavez, MD	Carolinas Infectious Disease	07/31/14-10/16/14	000069- 000090
APA#7		LabCorp	09/25/14	000091- 000092
APA#8		Pee Dee Radiology Group	07/17/14-07/24/14	000093
APA#9		Walmart Pharmacy	07/09/14-12/12/14	000094- 000095
APA#10		Payroll stubs		000096- 000101
APA#11		Consent Order	02/27/15	000102- 000104
APA#12		William Poston Deposition	02/16/15	
APA#13		Dr. R. Joseph Healy Deposition	02/16/15	
APA#14		Dr. Temujin T. Chavez Deposition	03/20/15	

POSTON, WILLIAM F (id #62547, dob: [REDACTED])

Encounter Summary

Patient

Name	POSTON, WILLIAM F (ID# 62547)	Appt. Date/Time	07/09/2014 09:15AM
DOB	[REDACTED]	Service Dept.	MMG MARION MEDICAL GROUP RHC
Provider	THOMAS K STEWART, PA		
Insurance	Med Primary: PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO) Insurance #: 13839887 Policy/Group #: 279302 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. <u>details</u>		

Chief Complaint

had fever/headache/can't seem to get rid of headache

Problems

- Headache
- Bronchitis

Patient's Pharmacies

WAL-MART PHARMACY 1829 (ERX): 2523 E HIGHWAY 76, MARION SC 29571, Ph (843) 423-9411, Fax (843) 423-9242

Allergies

Reviewed Allergies
NKDA

Medications

Name	Date
amoxicillin 500 mg tablet Take 1 tablet(s) every 12 hours by oral route for 10 days., stop 07/19/2014	07/09/14 prescribed
Tylenol-Codeine #4 300 mg-60 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	07/09/14 prescribed

Past Medical History

Reviewed Past Medical History

Family History

Reviewed Family History
Father - Malignant neoplastic disease (died age: 67)
- jaw bone

Social History

Reviewed Social History
General Social Hx
Smoking Status: Current some day smoker.
Smoker (1 PPD).
Marital status: Married.
Alcohol intake: Occasional.
Seat belts used routinely: Y.
Advance directive: N.

Surgical History

Reviewed Surgical History
none

Vitals

07/09/2014 09:41 am

Ht: 5 ft 7 in

Wt: 159 lbs

BMI: 24.9

00000111

POSTON, WILLIAM F (id #62547, dob: [REDACTED])

BP: 130/70 sitting L arm

Pain Scale: 5

HPI

patient is a [REDACTED] who presents to the office for evaluation of a fever sore throat and severe headache. He states also symptoms were partially a week ago it was worse over the weekend but now has improved until this morning when he seems to have had a recurrence. He states that he had a mild sore throat had a mild cough no neck stiffness but had a severe headache. He states he did have a low-grade fever no shaking chills. No known influenza contacts and no family members with similar symptoms. He denies any loss of consciousness or seizures does relate however the persistent headache which he describes as pounding and sharp in nature. He is shaking his head and bending his neck and appearing to have no nuchal rigidity. He certainly does not appear to be in any acute distress. He does smoke one pack of cigarettes per day.

ROS

Additionally reports: review of systems is as per present illness no significant nausea states he did have one episode of vomiting at the onset of the symptom's all week and a half ago but has had no other vomiting he does relate fever and chills he relates a headache as per present illness no dysuria or frequency no melena or bloody stools no chest pain or claudication does relate occasional cough

Physical Exam

Patient is a [REDACTED]

as do exam head is normocephalic no lesions noted pupils are equal ears canals clear tympanic membranes are normal no H. today no perforation noted neck is supple no adenopathy no bruits mucosal membranes are moist no exudate no tonsillar abscess noted chest fine rhonchi no rales or wheezing good air exchange heart regular rhythm neuro is nonfocal

Assessment / Plan

1. Bronchitis

490: Bronchitis, not specified as acute or chronic

- amoxicillin 500 mg tablet - Take 1 tablet(s) every 12 hours by oral route for 10 days. Qty: 20 tablet(s) Refills: 0

Pharmacy: WAL-MART PHARMACY 1829

2. Headache

784.0: Headache

- Tylenol-Codeine #4 300 mg-60 mg tablet - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 24 tablet(s)

Refills: 0 Pharmacy: WAL-MART PHARMACY 1829

Return to Office

None recorded.

QM

Provider: tstewart24

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 07/09/2014

Measure	Status
Adults' access to preventive health services	Needs Data
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Colorectal Cancer Screening	Needs Data
Influenza Vaccination (Aug - Mar)	Out of Season
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Encounter Sign-Off

Encounter signed-off by Thomas K Stewart, PA, 07/09/2014.

Encounter performed and documented by Thomas K Stewart, PA

Encounter reviewed & signed by Thomas K Stewart, PA on 07/09/2014 at 11:13am

000002²

POSTON, WILLIAM F (id #62547, dob: [REDACTED])

Encounter Summary

Patient

Name	POSTON, WILLIAM [REDACTED] ID# 62547	Appt. Date/Time	07/16/2014 02:00PM
DOB	[REDACTED]	Service Dept.	MMG_MARION MEDICAL GROUP RHC
Provider	THOMAS K STEWART, PA		
Insurance	Med Primary: PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO) Insurance # : 13839887 Policy/Group # : 279302 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. details		

Chief Complaint

fever/disoriented at times/headache

Problems

- Headache
- Bronchitis
- Neck pain

Patient's Pharmacies

WAL-MART PHARMACY 1829 (ERX): 2523 E HIGHWAY 76, MARION SC 29571, Ph (843) 423-9411, Fax (843) 423-9242

Allergies

Allergies not reviewed (last reviewed 07/09/2014)
NKDA

Medications

Name	Date
amoxicillin 500 mg tablet Take 1 tablet(s) every 12 hours by oral route for 10 days., stop 07/19/2014	07/09/14 prescribed
Tylenol-Codeine #4 300 mg-60 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	07/09/14 prescribed

Past Medical History

Past Medical History not reviewed (last reviewed 07/09/2014)

Family History

Family History not reviewed (last reviewed 07/09/2014)
Father - Malignant neoplastic disease (died age: 67)
- jaw bone

Social History

Social History not reviewed (last reviewed 07/09/2014)

General Social Hx

Smoking Status: Current some day smoker.

Smoker (1 PPD).

Marital status: Married.

Alcohol intake: Occasional.

Seat belts used routinely: Y.

Advance directive: N.

Surgical History

Surgical History not reviewed (last reviewed 07/09/2014)

none

Vitals

Ht: 5 ft 7 in 07/16/2014
02:14 pmWt: 150 lbs 07/16/2014
02:14 pmBMI: 23.5 07/16/2014 02:14
pm

000003 13

POSTON, WILLIAM F (id #62547, dob: [REDACTED])

BP: 100/64 sitting L arm
07/16/2014 02:14 pmT: 98.9 F° 07/16/2014
02:38 pm

Pain Scale: 6 07/16/2014 02:14 pm

HPI

patient is a [REDACTED] who returns to the office for followup. He was seen earlier with chief complaint of headache and neck stiffness. He certainly did not appear to be septic or toxic he had a fairly full range of motion of his neck, nothing that indicated any nuchal rigidity. he is a smoker and had a significant amount of rhonchi in his chest was felt that symptoms may very well have been infection related but probably not meningitis related. He was placed on amoxicillin and given Tylenol with Codeine for the headache and asked to return for followup. His significant other stated that 3 days later his symptoms were worsening and she cared him to the emergency room in Marion they did a CT of his head which was negative as well as a chest x-ray which was also negative. She states he tried to return to work but now is having episodes of confusion. they have called her from work saying that she needed to come pick him up because he is unable to function around heavy equipment. Again he does not appear septic or toxic he is alert and oriented he is moving all extremities he continues to relate a vague neck stiffness a dull headache he denies any visual changes he denies any nausea vomiting he denies any fever or chills. We will get a referral to Dr. Healy neurologist for evaluation of his symptoms

ROS

Additionally reports: review of systems patient denies any nausea vomiting fever chills no dysuria or frequency no melena or bloody stools no cough or cold no sneezing or watery itchy he denies any chest pain claudication or peripheral edema he denies any weight gain or weight loss he denies any loss of consciousness or seizures does relate some confusion of relates of dull persistent headache as well as some neck stiffness no other myalgias or arthralgias no weight gain or weight loss

Physical Exam

Patient is a [REDACTED].

physical exam head is normocephalic no lesions noted eyes pupils equal rectal and accommodation no papilledema ears canals clear drums formal nose and throat clear of any discharge or exudate because of membranes are moist neck he has slight decreased range of motion to flexion and extension but full range of motion to rotation chest has bilateral rhonchi no rales or wheezing heart regular rhythm abdomen soft extremities no clubbing cyanosis or edema neuro is nonfocal he has a normal gait he is older and oriented answering questions appropriately

Assessment / Plan

1. Headache

784.0: Headache

2. Neck pain

723.1: Cervicalgia

- NEUROLOGY REFERRAL - Schedule Within: provider's discretion

Return to Office

None recorded.

QM

Provider: tstewart24

Programs: Adult Preventive Care Guidelines, Cardiac Care Guidelines, Diabetes Guidelines, Hypertension Guidelines, PQRS 2014, Risk Identification Guidelines, athenaBenchmark Quality Metrics

Last updated 07/16/2014

Measure	Status
Adults' access to preventive health services	Satisfied
Blood Pressure Screening	Satisfied
BP Control (140/90)	Satisfied
Colorectal Cancer Screening	Needs Data
Influenza Vaccination (Aug - Mar)	Out of Season
Td/Tdap Adult Booster	Needs Data
Tobacco Cessation Intervention	Needs Data
Tobacco Use Inquiry	Satisfied

Encounter Sign-Off

Encounter signed-off by Thomas K Stewart, PA, 07/16/2014.

Encounter performed and documented by Thomas K Stewart, PA

Encounter reviewed & signed by Thomas K Stewart, PA on 07/16/2014 at 3:33pm

Billing Summary: POSTON, WILLIAM F #62547 (E#62547)

MARION PHYSICIAN SERVICES, LLC

printed 11/03/2014 02:41 PM

MARION PHYSICIAN SERVICES, LLC
PO BOX 7872
BELFAST, ME 04915-7800
billing phone: (866) 949-1433

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
WILLIAM F POSTON	62547	WILLIAM F POSTON
	DOB	HOME TELEPHONE

Billing Summary

Claim ID	Procedure ID	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 224822										
224822	99212	07/09/2014	07/09/2014	CHARGE	99212	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$102.00		
224822	99212	07/09/2014	07/28/2014	PAYMENT	CHECK 60547522	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$-53.89		
224822	99212	07/09/2014	07/28/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$-48.11		
OUTSTANDING								\$0.00	\$0.00	\$0.00
Claim ID 226597										
226597	99213	07/16/2014	07/16/2014	CHARGE	99213	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$172.00		
226597	99213	07/16/2014	08/06/2014	PAYMENT	CHECK 60554056	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$-89.66		
226597	99213	07/16/2014	08/06/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS INC - ESSENTIAL STAFF CARE - LIMITED BENEFIT - FIRST HEALTH (PPO)	THOMAS STEWART	\$-82.34		
OUTSTANDING								\$0.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 11/03/2014								\$0.00	\$0.00	\$0.00

000005

Nurse's Notes

Carolinas Hospital System - Marion

Name: William Poston

Age: [REDACTED] Sex: [REDACTED] DOB: [REDACTED]

Arrival Date: 07/12/2014 Time: 18:43

Bed CH2

Diagnosis: Dehydration; Acute Headache

2829 E. Highway 76

Mullins SC 29574

MRN: 400078062

Account#: 5336526

Private MD: Marion, Medical Group

Presentation:

07/12 Presenting complaint: Patient states: I've had a headache since Monday. I started running fever Tuesday. se
19:00 I've just not been feeling well for about 2 weeks. This patient has no additional risk factors. Accompanied by
Spouse.

19:00 Method Of Arrival: POV: Ambulatory.

19:00 Acuity: Level 3. se

Triage Assessment:

19:08 **Headache History:** The patient has had previous headaches and this one is less severe than previous se
episodes. **Pain:** Complains of pain in head Pain radiates to neck Pain currently is 3 out of 10 on a pain
scale. Quality of pain is described as aching, Pain began gradually 2-3 days ago Is continuous Also
complains of nausea, vomiting, inability to work. **General:** Appears uncomfortable, Behavior is cooperative,
flat, Reports fever for 1-2 days, feeling ill for > 3 days, fatigue for >3 days. **EENT:** No deficits noted. **Neuro:**
Level of Consciousness is awake, alert, Oriented to time, place, person, situation. **Cardiovascular:** No
deficits noted. **Respiratory:** Airway is patent Respiratory effort is regular, unlabored. **GI:** No deficits noted.
GU: No deficits noted. **Derm:** No deficits noted. **Musculoskeletal:** Reports weakness in all over.

Historical:

• **Allergies:** NO KNOWN DRUG ALLERGIES;

• **Home Meds:**

1. acetaminophen-codeine 300-60 mg oral tab 1 tab
every 6 hours for Pain (Last dose: 07/12/2014 11:00)
2. amoxicillin 500 mg oral cap 1 cap every 12 hours for
10 days (Last dose: 07/12/2014 10:00)

• **PMHx:** Hypertension; HYPERLIPIDEMIA

• **PSHx:** None

Screening:

19:11 **Suicide Risk Assessment:**

Patient Questions Do you feel hopeless or helpless: No Have you had thoughts of suicide in the past: No se
Are you having thoughts of suicide now: No.

19:11

Abuse assessment: Patient states they feel safe at home. Denies threats or abuse. Denies injuries from se
another. No assessment findings of abuse, such as: unexplained injuries or bruising, suspicious burns, signs
of withdrawal, depression, or fear of others. Assessment for neglect: No signs or indications of neglect
noted, such as: exploitation, malnutrition, or poor hygiene.

Fall Risk:

No risks identified.

Sepsis Protocol:

Temp > 100.4 F, 3 criteria not identified screening stopped.

Respiratory/TB Assessment:

Risk Factors None.

Assessment:

19:11 **Pain:** Refer to my triage pain assessment. **General:** Refer to my triage assessment. se

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
19:10	151 / 74 RA (auto/reg)	70 AP	18 S	101.5(O)	98% on R/A	72.57 kg (R)	5 ft. 6 in. (167.64 cm)	3/10	se

Nurse's Notes Con't

Name: William Poston
DOB: 12/08/1960

MRN: 5336526
Account#: 5336526

20:36				100.3(O)		(R)		Isa1
19:10 Body Mass Index 25.82 (72.57 kg, 167.64 cm)								se

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
19:08	spontaneous(4)	oriented(5)	obeys commands(6)		15	se

ED Course:

18:48 Patient arrived in ED.
18:49 Marion, Medical Group is Private Physician.
19:00 Edwards, Shanna, RN is Primary Nurse.
19:11 Arm band placed on left wrist. Patient placed in exam room.
19:11 Patient has correct armband on for positive identification. Left wrist.
19:12 Family accompanied patient.
19:12 No provider assisted procedures completed.
19:32 Koele, Daniel, PA-C is PHCP.
19:32 Carroll, Mark, MD is Attending Physician.
19:55 Patient moved to CT.
20:10 Patient moved back from radiology.
20:36 UA Sent.

crv1
crv1
se
se
se
se
se
dk
dk
df
df
Isa1

Administered Medications:

Time	Drug & Dose	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
19:43	Tylenol 1000 mg		PO					Isa1
20:36	Follow up: Temp 100.3 Oral; Response: No Adverse Reaction; Patient tolerated well; Temperature is decreased							Isa1
21:15	CANCELLED (Patient Refused): NS 0.9% 1000 ml IV at bolus once							dk

Outcome:

21:16 Discharge ordered by MD.
21:32 Discharged to home ambulatory, with family.
Discharge Assessment: Patient awake, alert and oriented x 3. No cognitive and/or functional deficits noted. Patient verbalized understanding of disposition instructions. Patient verbalized understanding of disposition instructions. Patient has no functional deficits.
Discharge Assessment: Refused to have discharge vital signs taken. Discharge instructions given to significant other.

dk
Isa1

Signatures:

Rogers, Cherrie	crv1	Stephenson, Lee Ann, RN	RN Isa1
Felder, Deborah, R/T	R/T df	Koele, Daniel, PA-C	PA-C dk
Edwards, Shanna, RN	RN se		

Nurse's Notes Con't

Name: William Poston

DOB: [REDACTED]

MRI#: 5336526
Account#: 5336526

**Physician
Documentation**

Carolinas Hospital System - Marion

Name: William Poston

Age: [REDACTED] **Sex:** [REDACTED] **DOB:** [REDACTED]

Arrival Date: 07/12/2014 **Time:** 18:43

Bed CH2

ED Physician Carroll, Mark

2829 E. Highway 76

Mullins SC 29574

MRN: 400078062

Account#: 5336526

Private MD: Marion, Medical Group

HPI:

07/12
19:41 This [REDACTED] yrs old [REDACTED] presents to ED via POV with complaints of **Headache - fever.**

dk

19:41 The patient complains of pain to the top of head. The patient describes the headache as aching. Onset: The symptoms/episode began/occurred 7 week(s) ago. Associated signs and symptoms: Pertinent positives: fever, malaise, neck stiffness, Pertinent negatives: altered mental status, dizziness, nausea, paresthesias, photophobia, rash, sinus congestion, sinus tenderness, speech abnormalities, vision changes, vision loss, vomiting, weakness. Severity of symptoms: in the emergency department the pain is unchanged. Headache History: The patient has had previous headaches and this one is similar to previous episodes. Risk factors for subarachnoid hemorrhage: no risk factors present. The symptoms are alleviated by nothing. the symptoms are aggravated by nothing. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician.

Historical:

• **Allergies:** NO KNOWN DRUG ALLERGIES;

• **Home Meds:**

1. acetaminophen-codeine 300-60 mg oral tab 1 tab every 6 hours for Pain (Last dose: 07/12/2014 11:00)
2. amoxicillin 500 mg oral cap 1 cap every 12 hours for 10 days (Last dose: 07/12/2014 10:00)

• **PMHx:** Hypertension; HYPERLIPIDEMIA

• **PSHx:** None

ROS:

19:42

Cardiovascular:

Abdomen/GI: No nausea, vomiting or diarrhea

Back: Negative for injury and pain,

MS/Extremity: Negative for injury and deformity,

Skin: Negative for injury, rash, and discoloration,

Neuro: Negative for headache, weakness, numbness, tingling, and seizure,

Allergy/Immunology: Negative for hives, rash, and allergies.

Constitutional: Positive for body aches, fever, malaise, Negative for chills, fatigue, poor PO intake, weight loss.

ENT: Positive for sinus congestion.

Respiratory: Positive for cough, with no reported sputum.

dk

Exam:

19:43

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits.

Abdomen/GI: Soft, non-tender, with normal bowel sounds. No distension or tympany. No guarding or rebound. No evidence of tenderness throughout.

Back: No spinal tenderness. No costovertebral tenderness. Full range of motion.

Skin: Warm, dry with normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis.

Eyes: Pupils: equal, round, and reactive to light.

ENT: TM's: bulging, on the left, dullness, bilaterally.

Neck: ROM/movement: is normal, no acute changes.

Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, no acute

dk

Physician Documentation Con't.

Name: William Poston

DOB: [REDACTED]

MRN: 5336526

Account#: 5336526

changes, Breath sounds: are normal, clear throughout, no acute changes.

Neuro: Orientation: is normal, appropriate for stated age, Mentation: is normal, appropriate for stated age,

Gait: is steady, appropriate for age.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
19:10	151 / 74 RA (auto/reg)	70 AP	18 S	101.5(O)	98% on R/A	72.57 kg (R)	5 ft. 6 in. (167.64 cm) (R)	3/10	se
20:36				100.3(O)					lsa1

19:10 Body Mass Index 25.82 (72.57 kg, 167.64 cm)

se

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
19:08	spontaneous(4)	oriented(5)	obeys commands(6)		15	se

MDM:

21:15

dk

Differential diagnosis: migraine, neoplasm, otitis, sinusitis, stroke.

Data reviewed: Initial and all vital signs, nurses notes.

Test interpretation: by ED physician or midlevel provider: plain radiologic studies.

Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, a family practitioner.

21:16 Patient medically screened.

dk

21:28 Financial registration complete.

kb

Orders:

Time	Order name	Complete Time	Staff
07/12 19:41	CBC w plt and w auto diff	20:54	dk
07/12 20:54	Interpretation: HEMATOCRIT 35.1.		dk
07/12 19:41	BMP	20:54	dk
07/12 20:54	Interpretation: Normal Except: SODIUM 124.		dk
07/12 19:41	UA	20:54	dk
07/12 20:54	Interpretation: Normal.		dk
07/12 19:41	Chest 2 View	21:06	dk
07/12 19:41	CT Head WO Contrast	21:06	dk

Dispensed Medications:

Time	Drug & Dose	Volume	Route	Rate	Infused	Site	Delivery	Staff

Physician Documentation Con't.

Name: William Poston

DOB: [REDACTED]

MRN: 5336526

Account#: 5336526

					Over			
19:43	Tylenol 1000 mg		PO					isa1
20:36	Follow up: Temp 100.3 Oral; Response: No Adverse Reaction; Patient tolerated well; Temperature is decreased							isa1
21:15	CANCELLED (Patient Refused): NS 0.9% 1000 ml IV at bolus once							dk

Disposition:

07/12/14 21:16 Discharged to Home. Impression: Dehydration, Acute Headache.

- Condition is Good.
- Discharge Instructions: Dehydration, Elderly, Tension Headache.
- Prescriptions for
Fioricet 50
- 325-40 mg Oral Tablet - take 1 tablet by ORAL route every 6 hours As needed - not to exceed 6 tablets per day;
10 tablet.
- Medication Reconciliation Form form.
- Follow up: Private Physician; When: 5 - 6 days; Reason: Recheck today's complaints, Continuance of care.
- Problem is new.
- Symptoms are unchanged.

Signatures:

Dispatcher MedHost

Stephenson, Lee Ann, RN

Edwards, Shanna, RN

EDMS

RN isa1

RN se

Baxley, Katherine, Reg

Koele, Daniel, PA-C

Reg kb

PA-C dk

Corrections:

21:15 21:08 NS 0.9% 1000 ml IV at bolus once ordered.

dk dk

21:15 21:08 Saline lock ordered.

dk dk

Carolinas Hospital System - Marion

2829 E. Highway 76
Mullins, SC 29574
843-431-2150

Discharge Instructions for:

Poston, William F

Arrival Date:

Saturday, July 12, 2014

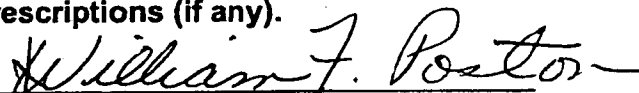
Thank you for choosing Carolinas Hospital System - Marion for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

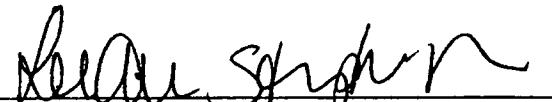
Care provided by: Carroll, Mark, MD
Koele, Daniel, PA-C

Diagnosis: Dehydration; Acute Headache

DISCHARGE INSTRUCTIONS	FORMS
Dehydration, Elderly Tension Headache	Medication Reconciliation Form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 5 - 6 days; Reason: Recheck today's complaints, Continuance of care	Fioricet
SPECIAL NOTES	
None	

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).


William Poston
MRN # 400078062


ED Physician or Nurse

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Chart Copy

Refused vital signs

00001323

FOLLOW UP INSTRUCTIONS

Private Physician

When: 5 - 6 days

Reason: Recheck today's complaints, Continuance of care

PRESCRIPTIONS

Fioricet 50-325-40 mg Oral Tablet

Printed

Take 1 tablet by ORAL route every 6 hours As needed - not to exceed 6 tablets per day;

Quantity: 10 tablet

Carolinas Hospital System - Marion

2829 E. Highway 76
Mullins, SC 29574
843-431-2150

Discharge Instructions for:

Poston, William F

Arrival Date:

Saturday, July 12, 2014

Thank you for choosing Carolinas Hospital System - Marion for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Carroll, Mark, MD
Koele, Daniel, PA-C

Diagnosis: Dehydration; Acute Headache

DISCHARGE INSTRUCTIONS	FORMS
Dehydration, Elderly Tension Headache	Medication Reconciliation Form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 5 - 6 days; Reason: Recheck today's complaints, Continuance of care	Fioricet
SPECIAL NOTES	
None	

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Patient Copy

000015
225

FOLLOW UP INSTRUCTIONS

Private Physician

When: 5 - 6 days

Reason: Recheck today's complaints, Continuance of care

PRESCRIPTIONS

Floriset 50-325-40 mg Oral Tablet

Take 1 tablet by ORAL route every 6 hours As needed - not to exceed 6 tablets per day

Carolinas Hospital System - Marion

2829 East Highway 76

Mullins, SC 29574

843 431 2000

IMAGING REPORT

Name: POSTON, WILLIAM F

MRN: 400078062

Room #:

DOB: [REDACTED]

Account #: 5336526

Bed #:

Age: [REDACTED]

Patient Type: EOP

Order Date/Time: 07/12/2014 07:41:21 PM

Sex: [REDACTED]

Order #: Accession #:

400 53365260000400

Exam Description:

CH-CHEST 2V

Admitting Diagnosis(es):

Congestion

Dictated By: KLAUBER, THOMAS O MD

Ordering Physician: KOELE, DANIEL

Attending Physician: CARROLL, MARK W

Primary Care Physician:

FINAL REPORT

HISTORY:

Congestion.

CHEST

PA and lateral upright chest views reveal normal heart size. No infiltrate or pleural effusion. Limited visualization of the lateral costophrenic angles on the PA view. No previous chest wall compression. Minor spurring at the thoracic spine.

IMPRESSION:

NO ACUTE INFILTRATE.

This job has been electronically signed by: THOMAS O KLAUBER MD on 07/14/2014 at 9:28:00 AM
(EST) Verification: 7347422320140714092800

Print CC:

Fax CC:

D Date / Time: 07/13/2014 10:22 AM ET

T Date / Time: 07/13/2014 1:49 PM ET

R Date / Time:

S Job #: MARH73474223

D Job #: 87404

MT: 1246246 /1213744

IMAGING REPORT

Name: **POSTON, WILLIAM F**

MRN: 400078062 Order Date/Time: 07/12/2014 07:41:21 PM DOB: [REDACTED]
Account #: 5336526

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
400	53365260000400	CH-CHEST 2V	Congestion

D: TK

Carolinas Hospital System - Marion

2829 East Highway 76

Mullins, SC 29574

843 431 2000

IMAGING REPORT

Name: POSTON, WILLIAM F

MRN: 400078062 Room #: DOB: [REDACTED]
Account #: 5336526 Bed #: Age: [REDACTED]
Patient Type: EOP Order Date/Time: 07/12/2014 07:41:09 PM Sex: [REDACTED]

Order #: Accession #: Exam Description: Admitting Diagnosis(es):
500 53365260000500 CT-HEAD WO CONTRAST Headache

Dictated By: KLAUBER, THOMAS O MD
Ordering Physician: KOELE, DANIEL
Attending Physician: CARROLL, MARK W
Primary Care Physician:

FINAL REPORT

CT HEAD

HISTORY:
Headache.

FINDINGS:
Unenhanced head scans reveal normal ventricles and cortical sulci with no shift or hemorrhage, and the posterior fossa structures appear normal. Unremarkable mastoids and paranasal sinuses. Mild calcification at the carotid siphons.

IMPRESSION:
NO ACUTE INTRACRANIAL ABNORMALITY.

This job has been electronically signed by: THOMAS O KLAUBER MD on 07/14/2014 at 9:30:00 AM
(EST) Verification: 7347353620140714093000

Print CC:
Fax CC:

D Date / Time: 07/13/2014 09:15 AM ET
T Date / Time: 07/13/2014 10:15 PM ET
R Date / Time:
S Job #: MARH73473536
D Job #: 87396
MT: 1136388 /1117106

IMAGING REPORT

Name: **POSTON, WILLIAM F**

MRN: 400078062 Order Date/Time: 07/12/2014 07:41:09 PM DOB: [REDACTED]
Account #: 5336526

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
500	53365260000500	CT-HEAD WO CONTRAST	Headache

D: TK

Carolinas Hospital System - Marion

2829 East Highway 76

Mullins, SC 29574

843 431 2000

IMAGING REPORT

Name: POSTON, WILLIAM F

MRN: 400078062

Room #:

DOB: [REDACTED]

Account #: 5336526

Bed #:

Age: [REDACTED]

Patient Type: EOP

Order Date/Time: 07/12/2014 07:41:09 PM

Sex: [REDACTED]

Order #: Accession #:

500 53365260000500

Exam Description:

CT-HEAD WO CONTRAST

Admitting Diagnosis(es):

Headache

Dictated By: KLAUBER, THOMAS O MD

Ordering Physician: KOELE, DANIEL

Attending Physician: CARROLL, MARK W

Primary Care Physician:

FINAL REPORT

CT HEAD

HISTORY:

Headache.

FINDINGS:

Unenhanced head scans reveal normal ventricles and cortical sulci with no shift or hemorrhage, and the posterior fossa structures appear normal. Unremarkable mastoids and paranasal sinuses. Mild calcification at the carotid siphons.

IMPRESSION:

NO ACUTE INTRACRANIAL ABNORMALITY.

This job has been electronically signed by: THOMAS O KLAUBER MD on 07/14/2014 at 9:30:00 AM
(EST) Verification: 7347353620140714093000

Print CC:

Fax CC:

D Date / Time: 07/13/2014 09:15 AM ET

T Date / Time: 07/13/2014 10:15 PM ET

R Date / Time:

S Job #: MARH73473536

D Job #: 87396

MT: 1136388 /1117106

IMAGING REPORT

Name: **POSTON, WILLIAM F**

MRN: 400078062 Order Date/Time: 07/12/2014 07:41:09 PM DOB: [REDACTED]
Account #: 5336526

Order #:	Accession #:	Exam Description:	Admitting Diagnosis(es):
500	53365260000500	CT-HEAD WO CONTRAST	Headache

D: TK

Carolinas Hospital System - Marion

2829 East Highway 76

Mullins, SC 29574

843 431 2000

IMAGING REPORT

Name: POSTON, WILLIAM F

MRN: 400078062

Room #:

DOB: [REDACTED]

Account #: 5336526

Bed #:

Age: [REDACTED]

Patient Type: EOP

Order Date/Time: 07/12/2014 07:41:09 PM

Sex: [REDACTED]

Order #: Accession #:

500 53365260000500

Exam Description:

CT-HEAD WO CONTRAST

Admitting Diagnosis(es):

Headache

Dictated By: KLAUBER, THOMAS O MD

Ordering Physician: KOELE, DANIEL

Attending Physician: CARROLL, MARK W

Primary Care Physician:

FINAL REPORT

CT HEAD

HISTORY:

Headache.

FINDINGS:

Unenhanced head scans reveal normal ventricles and cortical sulci with no shift or hemorrhage, and the posterior fossa structures appear normal. Unremarkable mastoids and paranasal sinuses. Mild calcification at the carotid siphons.

IMPRESSION:

NO ACUTE INTRACRANIAL ABNORMALITY.

This job has been electronically signed by: THOMAS O KLAUBER MD on 07/14/2014 at 9:30:00 AM (EST) Verification: 7347353620140714093000

Print CC:

Fax CC:

D Date / Time: 07/13/2014 09:15 AM ET

T Date / Time: 07/13/2014 10:15 PM ET

R Date / Time:

S Job #: MARH73473536

D Job #: 87396

MT: 1136388 /1117106

D: TK

Final Chart Copy

Page 1 of 1

000023₂₃₃

Carolinas Hospital System - Marion

2829 East Highway 76

Mullins, SC 29574

843 431 2000

IMAGING REPORT

Name: POSTON, WILLIAM F

MRN: 400078062

Room #:

DOB: [REDACTED]

Account #: 5336526

Bed #:

Age: [REDACTED]

Patient Type: EOP

Order Date/Time: 07/12/2014 07:41:21 PM

Sex: [REDACTED]

Order #: Accession #:

400 53365260000400

Exam Description:

CH-CHEST 2V

Admitting Diagnosis(es):

Congestion

Dictated By:

KLAUBER, THOMAS O MD

Ordering Physician:

KOELE, DANIEL

Attending Physician:

CARROLL, MARK W

Primary Care Physician:

FINAL REPORT

HISTORY:

Congestion.

CHEST

PA and lateral upright chest views reveal normal heart size. No infiltrate or pleural effusion. Limited visualization of the lateral costophrenic angles on the PA view. No previous chest wall compression. Minor spurring at the thoracic spine.

IMPRESSION:

NO ACUTE INFILTRATE.

This job has been electronically signed by: THOMAS O KLAUBER MD on 07/14/2014 at 9:28:00 AM (EST) Verification: 7347422320140714092800

Print CC:

Fax CC:

D Date / Time: 07/13/2014 10:22 AM ET

T Date / Time: 07/13/2014 1:49 PM ET

R Date / Time:

S Job #: MARH73474223

D Job #: 87404

MT: 1246246 /1213744

D: TK

Final Chart Copy

Page 1 of 1

000024

RROR11

CUMULATIVE REPORT

Page: 1

073

** FINAL **

Print date: 7/14/14

Printed by: CHFLEMIN

Time: 10:46

CAROLINAS HOSPITAL SYSTEM - MARION

2829 EAST HWY 76

MULLINS SC 29574

LAB - CLINICAL

DR. WILLIAM V FARNSWORTH

NAME: POSTON WILLIAM F

DOB: [REDACTED]

STATUS : O/P / EOP

PAT#: 5336526

AGE: [REDACTED]

ADM DATE: 7/12/14

MR# : 400078062

SEX: [REDACTED]

DSCHG DT: 7/12/14

ADM PHYS: CARROLL MARK W

CHEMISTRY

=====

COLLECT DT 07/12/14
TM 20:22REFERENCE
LOW - HIGH UNITS

NA	124 L	135 - 147	mmol/L
K	4.4	3.5 - 5.2	mmol/L
CL	90 L	98 - 109	mmol/L
CO2	29	22 - 31	mmol/L
ANIONGAP	5.0 L	7 - 16	mmol/L
GLU	96	65 - 110	mg/dL
BUN	11	7 - 20	mg/dL
CREA	0.68	0.52 - 1.25	mg/dL
CA	10.1	8.4 - 10.2	mg/dL
GFR	>60		ml/min
OSMOC	257 L	261 - 280	mOSM/kg

REPORTED DT 07/12/14
TM 20:50

GFR is calculated based on Ethnicity of patient, age, and sex from the patient registration information.

REFERENCE RANGES:

Average GFR for Healthy Adults: >60 mL/min/1.73 m²
Chronic Kidney Disease: 15 - 60 mL/min/1.73 m²
Kidney Failure: <15 mL/min/1.73 m²

REFERENCE RANGES ARE NOT AVAILABLE FOR PATIENTS <18 YEARS OF AGE AND
WILL BE RESULTED WITH TNP (TEST NOT PERFORMED).

000025 235

RROR11

073

CUMULATIVE REPORT

** FINAL **

Page: 2

Print date: 7/14/14

Time: 10:46

Printed by: CHFLEMIN

CAROLINAS HOSPITAL SYSTEM - MARION

2829 EAST HWY 76

MULLINS SC 29574

LAB - CLINICAL

DR. WILLIAM V FARNSWORTH

NAME: POSTON WILLIAM F

PAT#: 5336526

MR# : 400078062

DOB: [REDACTED]

AGE: [REDACTED]

SEX: [REDACTED]

STATUS : O/P / EOP

ADM DATE: 7/12/14

DSCHG DT: 7/12/14

ADM PHYS: CARROLL MARK W

HEMATOLOGY

COLLECT DT		07/12/14		REFERENCE	
TM		20:22		LOW - HIGH	
				UNITS	
WBC	5.8			3.8 - 10.7	K/mm3
RBC	3.6 L			3.9 - 5.8	M/mm3
HGB	12.1			12.0 - 17.5	gm/dL
ICT	35.1 L			35.8 - 52.9	%
ICV	96.5			81.2 - 99.8	fL
ICH	33.3			26.6 - 34.5	pg
CHC	34.5			32.1 - 35.5	g/dL
LDW	12.6			12.4 - 16.2	%
PLT	225			139 - 358	K/mm3
IPV	7.3			6.8 - 10.7	fL
IEU%	71.2			40.8 - 77.3	%
YM%	16.1			14.5 - 48.7	%
ION%	11.3			4.0 - 11.9	%
ROS%	0.9			0.4 - 7.3	%
AS%	0.5			0.2 - 1.6	%
=====					
REPORTED DT		07/12/14			
TM		20:37			

000026
236

RROR11

CUMULATIVE REPORT

Page: 3

073

** FINAL **

Print date: 7/14/14

Printed by: CHFLEMIN

Time: 10:46

CAROLINAS HOSPITAL SYSTEM - MARION

2829 EAST HWY 76

MULLINS SC 29574

LAB - CLINICAL

DR. WILLIAM V FARNSWORTH

NAME: POSTON WILLIAM F

DOB: [REDACTED]

STATUS : O/P / ROP

PAT#: 5336526

AGE: [REDACTED]

ADM DATE: 7/12/14

MR# : 400078062

SEX: [REDACTED]

DSCHG DT: 7/12/14

ADM PHYS: CARROLL MARK W

URINALYSIS

COLLECT	DT	07/12/14	REFERENCE
TM	20:30	LOW - HIGH	UNITS
UCOL	YELLOW	YELLOW	
UCLAR	CLEAR		
UGLUCOSE	NEGATIVE	NEGATIVE	mg/dL
UPROT	NEGATIVE	NEGATIVE	mg/dl
USPGR	1.020	1.001 - 1.030	
UKET	NEGATIVE	NEGATIVE	mg/dl
UBLOOD	TRACE-INTACT	NEGATIVE	
UPH	6.0	5.0 - 8.0	
UBIL	NEGATIVE	NEGATIVE	
UURO	0.2	0.2 - 1.0	
UNIT	NEGATIVE	NEGATIVE	
ULEUKO	NEGATIVE	NEGATIVE	
UAWBC	0-2		/hpf
UARBC	5-10		/hpf
UASQEP1	0-2		/hpf
UABACT	1+		/hpf

REPORTED DT 07/12/14
TM 20:50

SOURCE INFORMATION:

7/12/14 19:41 UA URINE

00002737

MARION REGIONAL HOSPITAL
2829 E HIGHWAY 76
MULLINS SC
29574-6035
843-431-2000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
POSTON WILLIAM F	5336526	7/12/14	7/12/14	1

78062 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
POSTON WILLIAM F	YW	PLANNED ADMINIS	13839887

AGE
53

DR. NAME
CARROLL MARK W

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/15/14 0000000				100.00CR	
3/12/14 0000000				200.00CR	
3/12/14 0000001				541.70CR	
7/12/14 1216945	ACETAMINOPH 500MG TB	2	7.74	15.48	
7/12/14 1314753	CBC W-PLT AUTO COMPD	1	227.61	227.61	85025
7/12/14 1315024	UA, AUTO, W-O SCOPE	1	101.47	101.47	81003
7/12/14 1315157	VENIPUNCTURE, ROUTINE	1	27.30	27.30	36415
7/12/14 1316342	BASIC METABO CA TOTA	1	451.28	451.28	80048
7/12/14 1612288	CH-CHEST 2V	1	345.95	345.95	71020
7/12/14 1631517	CT-HEAD WO	1	2177.20	2177.20	70450
7/12/14 1913224	EXTENDED ED VISIT	1	820.66	820.66	99284 25

** SUMMARY OF CHARGES **	
** TOTAL CHARGES **	4166.95
** TOTAL PAYMENTS **	300.00CR
** TOTAL ADJUSTMENTS **	541.70CR
** TOTAL AMOUNT DUE **	3325.25

"INSURANCE BENEFITS ASSIGNED"

00002838

PARKER, AMANDA C

MEDICAL BILLING ASSOCIATES, INC.

Date run: 01/13/2015 12:03

Account Detail Listing

Practice corp: RADIOLOGY ASSOC. OF MARION COUNTY LLC

Guarantor: WILLIAM POSTON

Account # RAM32898

Date	TranCode	Qty	Description	Patient	Amount	Balance
07/12/2014	SVCFE	1	70450 26 Ct head/brain w/o dye	POSTON, WILLIAM	163.63	
07/18/2014	CLAIM		Claim # 5807530(P 241328) to COM / PLANNED		0.00	
08/05/2014	IPYMT		Check # NONE (488009) from PLANNED		0.00	
	16		claim/service lacks info which is needed for adjud		0.00	
12/19/2014	EXCOL		External collection - AFFILIATED MANAGEMENT		-163.63	
			Balance -09/30/2014- Guarantor			0.00
07/12/2014	SVCFE	1	71020 26 Chest x-ray	POSTON, WILLIAM	40.99	
07/18/2014	CLAIM		Claim # 5807530(P 241328) to COM / PLANNED		0.00	
08/05/2014	IPYMT		Check # NONE (488009) from PLANNED		0.00	
	16		claim/service lacks info which is needed for adjud		0.00	
12/19/2014	EXCOL		External collection - AFFILIATED MANAGEMENT		-40.99	
			Balance -09/30/2014- Guarantor			0.00

William Poston

10170

July 17, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
FLORENCE, SC 29505
P-(843)664-9200
F-(843)664-9202

ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

July 17, 2014

Keith Stewart, MD
Fax # 423-8138

RE: William Poston

Dear Dr. Stewart :

Today I saw William Poston. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy

R. Joseph Healy, MD

William Poston

10170

July 17, 2014

Problem History:

*Denies any medical problems Delete Reason: Entered in Error. Status: Deleted

FUO (fever of unknown origin) Onset: 7/17/2014 Status: Active

GI bleed Status: Active

HEADACHE Onset: 7/17/2014 Status: Active

Hyponatremia Onset: 7/17/2014 Status: Active

Weight loss Onset: 7/17/2014 Status: Active

Current Medication: acetaminophen 300 mg-codeine 60 mg tablet.
amoxicillin 500 mg tablet.

Surgical History:

cholecystectomy

Patient referred for evaluation of possible meningitis. This is a [REDACTED] right-handed [REDACTED] referred by Dr. Keith Stewart. Patient and family states that for 2 weeks now has had fever which he states is as high as 105. He had altered mental status and confusion. New-onset of headache during that period along with neck pain. He has been to the emergency room at least on one occasion. Lab work showed that sodium was 124. Patient has headache cough productive of white sputum. He also has had a 70 pound weight loss in the past 18 months but most of this is been in the past month. Patient is a smoker.

Vitals

Height: 5' 6"

Weight: 150 lbs

BMI: 24.21

BP: 128/82 mmHg

Constitutional: The patient complained of **night sweats, chills, diaphoresis, fatigue, fever, malaise and weight loss.**

Cardiovascular: The patient complained of **fatigue** but denied chest pain/pressure and dyspnea.

Respiratory: The patient complained of **productive sputum, chest congestion, cigarette smoking and cough.**

Musculoskeletal: The patient complained of **neck pain.**

Dermatologic: The patient denied rash.

Neurologic: The patient complained of **dizziness, headache, memory loss and mental status change.**

Exam: Patient is alert and a fair historian. Vital signs as listed above. Resistance to neck

William Poston

10170

July 17, 2014

flexion. Cranial nerves appear to be intact. Romberg is positive. Reflexes are symmetric with no pathologic reflexes. Cerebellum and gait are intact. Sensory exam appears to be intact.

Constitutionalgeneral appearanceevidence of Distress: **in acute distress****Neck**inspection of neck

overall: no carotid bruits and no cranial bruits

Respiratorypercussion

overall: full breath sounds and no wheezing

Cardiovascularauscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 780.60 FUO (fever of unknown origin)

784.0 HEADACHE

276.1 Hyponatremia

783.21 Weight loss

Plan: Plan at this point is to obtain an MRI of the head. We'll need lumbar puncture to assess cerebral spinal fluid. Most likely the patient has a viral meningitis. Not sure why he is hyponatremic but this will need to be assessed. He also has had prominent weight loss and this was a smoker with productive cough. We'll rule out underlying neoplasm and probably also at risk for TB. He will be hospitalized acutely and further recommendations will await the above. Thank you for your kind referral on this unfortunate gentleman.

R. Joseph Healy

R. Joseph Healy, MD

R. Joseph Healy MD, PA

new patient / consult / admission

Chief Complaint:

PMHx:

Cardiac

Diabetes

Hyperlipidemia

Hypertension

Smoker

Alcohol

Drugs

Pulmonary

GI - colonoscopy & polyp 2008

GU

Surgery

Transfusion

HEENT

STD

Endocrine

Rheumatologic

Musculoskeletal

Infectious Disease

Neoplastic

Vaccinations

Neurologic Hx and Risk Factors:

CVA

Seizure

CHI

Psychiatric

Headache

Infectious Disease

Vascular

Neoplastic

Surgery

ROS

Family Med Hx:

Maternal

Paternal

Children

Social Hx:

M / S / D

Education / Occupation

Children

Exercise

Sexual Orientation

Date

Name

MR#

Age / Sex

Ref. MD

LMD

Height 5'6"

Weight 150

Vision

OD - 20/20

OS - 20/20

Glasses

Allergies

Drug -

Contrast -

Food -

Medications

ROS

General Health

Fever

Rash

Wt. Loss Gain 70 lbs 2 years

Arthralgia

Myalgia

Weakness

Dysuria

Cardiac

Pulmonary

ABD / GI

HEENT

Musculoskeletal

Skin

Allergy

GU

Sleep - poor

Psychiatric

Dementia

Weight			
Height			
BP and Pulse	left	right	standing
Temp			lying
Resp			
Pulse			
Vision	OS	OD	

General:

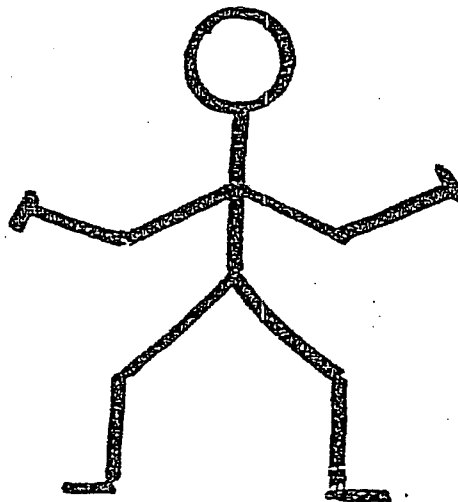
Head
Neck
HEENT
Chest
CV
ABD
Pulses
Ext
Skin

Neurologic:

Sensorium
Intellect
Orientation
CN
Motor
Sensory
Cerebellar
Gait

Assessment:

Plan:



Carolinas Hospital System805 Pamplico Highway
Florence, SC 29505

(843) 674-5000

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: HEALY JR, R JOSEPH MD

Discharge Summary

Result Status:

Auth (Verified)

Admission Information

Patient admitted with altered mental status, fever and meningismus. Clinically it appeared that he had meningitis.

Hospital Course

Patient admitted to neurology. MRI of the head showed several small punctate lesions which may have represented cryptococcoma. Patient was asymptomatic for these. Spinal fluid was abnormal with a low spinal fluid glucose consistent with cryptococcal disease. Antigen was subsequently positive. Cultures are pending as to what species and drug sensitivities.

Significant Findings

Abnormal spinal fluid and MRI

Procedures and Treatment Provided

Lumbar puncture and MRI of the head were done.

Physical Exam**Vitals & Measurements**

T: 98.1 °F (Oral) TMIN: 97.7 °F (Oral) TMAX: 98.3 °F (Oral) HR: 59 (Monitored) RR: 20 BP: 178/102 SpO2: 99%

Patient is alert and oriented x3 and feeling much better. Neurologic exam is nonfocal. Chest is clear and cardiovascular exam reveals a regular rhythm with no murmur.

Discharge Plan

Plan is to discharge the patient home and will continue with fluconazole and flucytosine

Cryptococcal meningitis

Presently being treated the patient's overall condition has improved. Patient does not appear to be immunosuppressed although he does have a low CD4 count. ACE level is pending.

DISORDERS OF MAGNESIUM METABOLISM

Supplemented and will continue at home.

Encephalitis

Resolved.

History of CD4 count

Will follow. Patient is HIV negative

HYPOPOTASSEMIA

Supplemented and resolved.

Orders:

acetaminophen, = 2 tab(s), Oral, Q4H-int, PRN fever or pain, 0 Refill(s)
 fluconazole, = 8 tab(s), Oral, q24hr, 0 Refill(s)
 flucytosine, = 6 cap(s), Oral, q6hr, 0 Refill(s)
 magnesium oxide, = 1 tab(s), Oral, BID, 0 Refill(s)
 metoclopramide, 10 mg, IM, q6hr, PRN nausea/vomiting, 0 Refill(s)
 nicotine, = 1 patch(es), TransDermal, Daily, 0 Refill(s)
 pneumococcal 23-polyvalent vaccine, IM, One Time Unscheduled, 0 Refill(s)
 potassium chloride, 20 mEq, Oral, BID, 0 Refill(s)
 Discharge Patient

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]
Copy to: HEALY JR, R JOSEPH MD

Discharge Summary

Patient Discharge Condition

Improved

Discharge Disposition

Patient will be discharged to home and will follow-up with myself and Dr. Chaves in 1 week

Electronically Signed on 07/24/2014 05:50 PM EDT

HEALY JR, R JOSEPH MD

Carolinas Hospital System

805 Pamplico Highway
Florence, SC 29505-

(843) 674-5000

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: HEALY JR, R JOSEPH MD

Consultation

Result Status:

Auth (Verified)

Chief Complaint

confusion

Reason for Consultation

meningitis, aseptic

History of Present Illness

pt is a 53 yo presumed immunocompetent male in 14 year monogamous relationship admitted by dr. healey for 2 week history of encephalopathy. Pt with admission LP consistent with lymphocytic aseptic meningitis. Cell count and studies in labs section. Unclear if opening pressure was obtained. Cryptococcal ag is positive. Discussion with patient is not very helpful. He is alert and oriented only to self. Poor recent and distant memory. Pt's wife states highly active individual. Recent employment operating heavy machinery with job beginning 1st week of June driving bull dozers, other trucks at excavation site laying down pipes and irrigation work. 2 weeks ago wife noted pt awoke at 1am confused. he had been complaining of headache and neck stiffness. No clear photosensitivity. pt brought home from work site on two occasions. no observed seizure activity. no reported loc. wife states monogamous relationship 14 years. he drinks heavily with last alcohol 2 weeks ago. no ivda. no prior hospitalizations for any reason. no prior meningitis. there are reports of wt loss by admitting physician. born and raised in marion sc. no extended stay or travel outside this area.

Review of Systems

Constitutional: Fevers/chills.

Eye: No recent visual problem, No icterus, No discharge, No double vision.

Ear/Nose/Mouth/Throat: No decreased hearing, No ear pain

Respiratory: No shortness of breath, No cough, No sputum production, No hemoptysis

Cardiovascular: No chest pain, No palpitations

Gastrointestinal: No nausea, No vomiting, No diarrhea, No constipation, No heartburn, No abdominal pain.

Genitourinary: No dysuria

Hematology/Lymphatics: No bruising tendency, No bleeding tendency, No petechiae, No swollen lymph glands.

Musculoskeletal: No joint pain, No trauma.

Integumentary: No rash, No nodules.

further review of systems on 10 system scale as stated above or non contributory.

Physical Exam

Vitals & Measurements

T: 97.6 °F (Oral) TMIN: 97.6 °F (Oral) TMAX: 98.4 °F (Oral) HR: 68 (Monitored)
RR: 16 BP: 147/87 SpO2: 97% WT: 67 kg

Problem List/Past Medical History

Chronic

Meningitis

Historical

No historical problems

Procedure/Surgical History

Lumbar puncture-7/17.

Medications

Home

Tylenol with Codeine #3, 1.0 tab(s), Oral, q6hr, PRN

Allergies

No Known Allergies

Social History

Alcohol

Current, Beer, 1-2 times per week

Tobacco

Current every day smoker, 30 year(s).

Wife states drinks 12 pack a day. no alcohol in past 2 weeks

Family History

no reported immunodeficiencies

Lab Results

Labs (Last four charted values)

WBC 6.3 (JUL 17)

Hgb L 13.2 (JUL 17)

Hct L 38.2 (JUL 17)

Plt 246 (JUL 17)

Na L 133 (JUL 17)

K 4.6 (JUL 17)

Cl L 98 (JUL 17)

Cr L 0.7 (JUL 17)

BUN 13 (JUL 17)

Glucose 93 (JUL 17)

Glucose Fasting C 23 (JUL 17)

Ca H 11.2 (JUL 17)

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: HEALY JR, R JOSEPH MD

Consultation

General: chronically ill. poor attention span.

HEENT: PERRLA, moist mucosa, normal pharynx, normal tongue, brudzinski sign positive.

Neck: Trachea midline, no masses

Respiratory: normal chest wall expansion, CTA B, no r/r/w, no rubs

Cardiovascular: RRR, no m/r/g, Normal S1 and S2

Abdomen: Soft, non-tender, non-distended, normal bowel sounds, liver edge is palpable and smooth. no ruq ttp. no luq ttp. no palpable spleen tip

Musculoskeletal: normal ROM in upper and lower extremities

Integumentary: warm, dry, and pink, with no rash, purpura, or petechia

Heme/Lymph: no lymphadenopathy, no bruises

Neurological: Cranial Nerves II-XII intact, normal sensation to pressure and light touch, grip 5/5 bilaterally. upper and lower extremities strength 5/5 flex/ext

Psychiatric: cooperative

PT 11.8 (JUL 17)

INR L 1.0 (JUL 17)

PTT 29.1 (JUL 17)

ast/alt/tb normal

LP CSF wbc=195 100% lymph

glc=23, protein=180

lactic acid =3.5

culture no growth 1 day.

Assessment/Plan

Cryptococcal meningitis

Pt is a 53 yo male with apparent cryptococcal meningitis. Awaiting assessment of immunocompetent status if HIV + or CD4 lymphopenia. Begin ambisome 3mg/kg iv q24 and flucytosine.

Will perform serial examination.

MRI to evaluate for cryptococcomas

CXR to evaluate for lung cryptococcomas

Serial neuro exam. If significant encephalopathy persists may need to repeat LP for opening pressure.

Encephalitis

Orders:

amphotericin B liposomal, 200 mg, Powder-Inj, IV, Q24H-int, Routine, infuse over 2 hr, First

Dose: 07/18/14 16:00:00 EDT

Dextrose 5% with 0.45% NaCl 1,000 mL, 1,000 mL, IV 20 hr, Rate = 50 mL/hr, Start Date:

07/18/14 14:58:00 EDT

flucytosine, 837.5 mg, Cap, Oral, q6hr, Routine, First Dose: 07/18/14 18:00:00 EDT

Sodium Chloride 0.9% 1,000 mL, 1,000 mL, IV 14.3 hr, Rate = 70 mL/hr, Start Date:

07/18/14 15:14:00 EDT

thiamine, 100 mg 1 mL, Soln-Inj, IV Piggyback, Once, Routine, infuse over 30 minute(s),

First Dose: 07/18/14 16:00:00 EDT, Stop Date: 07/18/14 16:00:00 EDT

BMP w/Total Calcium

C Reactive Protein

CBC w/o Differential

Communication Order

Communication Order

Cryptococcal Antigen

Culture Fungus Misc Source - Send Out CQ

Fungus Smear - Send Out CQ

Lymphocyte Subset Panel 4 - Send Out to CQ

Magnesium Level

MRI Brain VWO

XR Chest 2 V

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: HEALY JR, R JOSEPH MD

Consultation

Electronically Signed on 07/18/2014 03:16 PM EDT

CHAVEZ, TEMUJIN TOM MD

William Poston
[REDACTED]
10170
August 04, 2014

R. JOSEPH HEALY, MD, P.A.

R. JOSEPH HEALY, MD
805 PAMPLICO HIGHWAY, SUITE A130
FLORENCE, SC 29505
P-(843)664-9200
F-(843)664-9202

ADULT & ADOLESCENT
NEUROLOGY

ELECTROPHYSIOLOGY
NEUROPHYSIOLOGY
NEUROIMAGING

August 04, 2014

Keith Stewart, MD
Fax # 423-8138

RE: William Poston

Dear Dr. Stewart:

Today I saw William Poston. Thank you for your kind referral.

Enclosed please find a copy of my office note(s). Should you have any questions, please contact me.

Sincerely,

R. Joseph Healy

William Poston

10170

August 04, 2014

Problem History:

*Denies any medical problems Delete Reason: Entered in Error. Status: Deleted

Cryptococcal meningitis Onset: 8/4/2014 Status: Active

FUO (fever of unknown origin) Onset: 7/17/2014 Status: Active

GI bleed Status: Active

HEADACHE Onset: 7/17/2014 Status: Active

Hyponatremia Onset: 7/17/2014 Status: Active

Weight loss Onset: 7/17/2014 Status: Active

Current Medication: acetaminophen 300 mg-codeine 60 mg tablet.
amoxicillin 500 mg tablet.

Surgical History:

cholecystectomy

Patient returns today for followup of his meningitis. This is a pleasant 53-year-old white male who I saw 2 weeks ago with headache fever and neck pain who turned out to have meningitis. Spinal fluid was consistent with cryptococcal meningitis. This turns out that with the type of work that he does this is a work-related phenomenon and apparently Worker's Comp has been contacted and has accepted his claim. Patient is feeling a great deal better and has no headache or neck pain. Mental status has returned to normal. He is also being followed by Dr. Chaves. Patient is on fluconazole 200 mg 4/day.

Vitals

Height: 5' 6"

Weight: 153 lbs

BMI: 24.695

BP: 131/84 mmHg

ROS: No fever, headache or neck pain,

Exam: Vital signs as listed above. Patient is pleasant and alert and oriented x3. He does not remember being in my office 2 weeks ago. Neurologic exam is nonfocal.

Constitutional

general appearance

overall: in no acute distress

Neck

inspection of neck

overall: no carotid bruits and no cranial bruits

Respiratory

William Poston

[REDACTED]

10170

August 04, 2014

percussion

overall: full breath sounds and no wheezing

Cardiovascular

auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 117.5 Cryptococcal meningitis

Plan: Plan at this point is to continue fluconazol 800 mg by mouth daily. Patient is definitely improved. I do not want him to go back to work as yet. We've had a long talk about the natural history and the fact that this will require prolonged treatment. Thank you for your very kind referral on this pleasant and interesting gentleman.

R. Joseph Hegans

8/4/14

William Poston

10170

July 17, 2014

Page 3 of 4

Neck

inspection of neck

overall: no carotid bruits and no cranial bruits

Respiratory

percussion

overall: full breath sounds and no wheezing

Cardiovascular

auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 780.60 FEO (fever of unknown origin)

784.0 HEADACHE

276.1 Hyponatremia

783.21 Weight loss

Plan: Plan at this point is to obtain an MRI of the head. We'll need lumbar puncture to assess cerebral spinal fluid. Most likely the patient has a viral meningitis. Not sure why he is hyponatremic but this will need to be assessed. He also has had prominent weight loss and this was a smoker with productive cough. We'll rule out underlying neoplasm and probably also at risk for TB. He will be hospitalized acutely and further recommendations will await the above. Thank you for your kind referral on this unfortunate gentleman.

R. Joseph Healy

R. Joseph Healy, MD

8/4/14

*Cryptococcal meningitis
w/ accepted claim*

153

130/84

*Fluconazole 200mg 4 mg/kg
no headache or neck pain
etc 3 wks.
out of work*

Generated on 7/17/2014

0000453

8/27/14
William Poston
10170
August 04, 2014

Page 3 of 3

Cardiovascular
auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 117.5 Cryptococcal meningitis

Plan: Plan at this point is to continue fluconazol 800 mg by mouth daily. Patient is definitely improved. I do not want him to go back to work as yet. We've had a long talk about the natural history and the fact that this will require prolonged treatment. Thank you for your very kind referral on this pleasant and interesting gentleman.

R. D. H. H. H.

8/27/14

pt has cryptococcal meningitis
which he contracted @ work

160

160/84

wk won't cover his meds
and told him his immune
system "broke down"
and he doesn't qualify for
wk.

WJ

11-3-14
Poston, William /10170/M dob [REDACTED]

8/27/14
William Poston
10170
August 04, 2014

Page 3 of 3

Cardiovascular
auscultation of heart

overall: regular rate, normal heart sounds and no murmurs

DX: 117.5 Cryptococcal meningitis

Plan: Plan at this point is to continue fluconazol 800 mg by mouth daily. Patient is definitely improved. I do not want him to go back to work as yet. We've had a long talk about the natural history and the fact that this will require prolonged treatment. Thank you for your very kind referral on this pleasant and interesting gentleman.

R. Dupl Hely

8/27/14 Pt has cryptococcal meningitis
which he contracted @ work
160 We won't cover his meds
160/84 and told him his immune
system "broke down"
and he doesn't qualify for
W/C.

11/3/14
Wt 172
140/78
neuro stable
complaint = meds
will cont x 3 more months
working ok.

Cryptococcal meningitis W

Generated on 8/4/2014

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99231	7/22/2014	7/25/2014	SUBSEQUENT HOSPITAL CARE		\$60.00	\$0.00	\$60.00	\$0.00
Insurance Adjustment		8/18/2014	Insurance Adjustment Pure Adjustment, PAI	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$25.00)	\$35.00	\$0.00
Pmt Note		8/18/2014	PAI HAS LEFT REMAINDER TO PATIENT RESPONSIBILITY DUE TO PLAN EXCLUSIONS AND LIMITATIONS.					
Transfer		8/18/2014	From Primary Insurance to Patient	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$35.00)	\$0.00	\$35.00
99231	7/23/2014	7/25/2014	SUBSEQUENT HOSPITAL CARE		\$60.00	\$0.00	\$60.00	\$35.00
Insurance Adjustment		8/18/2014	Insurance Adjustment Pure Adjustment, PAI	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$25.00)	\$35.00	\$35.00
Transfer		8/18/2014	From Primary Insurance to Patient	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$35.00)	\$0.00	\$70.00
99238	7/24/2014	7/25/2014	HOSPITAL DISCHARGE DAY		\$75.00	\$0.00	\$75.00	\$70.00
Insurance Adjustment		8/18/2014	Insurance Adjustment Pure Adjustment, PAI	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$31.00)	\$44.00	\$70.00
Transfer		8/18/2014	From Primary Insurance to Patient	PAI CK# 60560160 VOUCHER#0115 26201	\$0.00	(\$44.00)	\$0.00	\$114.00

Due: \$114.00 Pd: \$0.00 Adj: \$81.00 Total: \$195.00 \$81.00 \$0.00 \$114.00

SB 24936 Pending Patient Payment, Rendered: Healy, R. Joseph, POS: 7/22/2014, Service Site: C/S Inpatient, Financial Ctr: Dr. R. Joseph Healy, DX: 922.9

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99231	7/21/2014	7/22/2014	SUBSEQUENT HOSPITAL CARE		\$60.00	\$0.00	\$60.00	\$0.00
Insurance Adjustment		8/15/2014	Contractual Insurance Adj Check, PAI	0	\$0.00	(\$25.00)	\$35.00	\$0.00
Transfer		8/15/2014	From Primary Insurance to Patient	0	\$0.00	(\$35.00)	\$0.00	\$35.00
Patient Payment		8/27/2014	Patient Payment Cash, Poston, William	gf	\$0.00	(\$5.00)	\$0.00	\$30.00
Pmt Note		8/27/2014	AutoAllocated for deposit gf					
		8/29/2014	Patient Payment Check, Poston, William	155929231	\$0.00	(\$25.00)	\$0.00	\$5.00
Pmt Note		8/29/2014	AutoAllocated for deposit 155929231					

Due: \$5.00 Pd: \$30.00 Adj: \$25.00 Total: \$60.00 \$55.00 \$0.00 \$5.00

SB 24755 Complete, Rendered: Healy, R. Joseph, POS: 7/17/2014, Service Site: P/R Outpatient, Financial Ctr: Dr. R. Joseph Healy, DX: 780.60, 784.0, 276.1

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99205	7/17/2014	7/17/2014	OFFICE/OUTPATIENT VISIT NEW		\$250.00	\$0.00	\$250.00	\$0.00
Insurance Payment		8/8/2014	Insurance Payment Insurance Check, PAI	60560160	\$0.00	(\$100.00)	\$150.00	\$0.00

0000256

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
Insurance Adjustment		8/8/2014	Contractual Insurance Adj Insurance Check, PAI	60560160	\$0.00	(\$150.00)	\$0.00	\$0.00
Due: \$0.00	Pd: \$100.00		Adj: \$150.00	Total:	\$250.00	\$250.00	\$0.00	\$0.00

000047

Patient Ledger

Service Dates: All
 Posting Dates: All
 Financial Centers: All
 Service Sites: All
 Rendering Providers: All
 Voids Included In Ledger

0002588

Responsible Party: Poston, William
 3335 Poston Rd
 MARION, SC 29571

Daytime Phone: XXXXXXXXXX
 Patient: Poston, William
 Account: Main

Total Amount Billed: \$955.00
 Total Payments: \$130.00
 Total Patient Payments: \$30.00
 Last Patient Payment: 08/29/2014
 Total Insurance Payments: \$100.00
 Last Insurance Payment:
 Last Statement Date: 10/22/2014
 Patient Liability: \$569.00
 Insurance Liability: \$0.00

SB: 27176 Pending Patient Payment: Rendered: Healy, R. Joseph: DOS: 8/28/2014: Service Site: Dr. R. Joseph: Financial Ctr: Dr. R. Joseph: Healy, Dx: 171

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99080	8/28/2014	8/29/2014	DISABILITY FORMS/MISC REPORT		\$25.00	\$0.00	\$25.00	\$0.00
Transfer		8/29/2014	From Primary Insurance to Patient		\$0.00	(\$25.00)	\$0.00	\$25.00
Due: \$25.00	Pd: \$0.00	Adj: \$0.00		Total:	\$25.00	\$0.00	\$0.00	\$25.00

SB: 27207 Pending Patient Payment: Rendered: Healy, R. Joseph: DOS: 8/27/2014: Service Site: Dr. R. Joseph: Financial Ctr: Dr. R. Joseph: Healy, Dx: 171

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215	8/27/2014	8/28/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Transfer		8/28/2014	From Primary Insurance to Patient		\$0.00	(\$175.00)	\$0.00	\$175.00
Due: \$175.00	Pd: \$0.00	Adj: \$0.00		Total:	\$175.00	\$0.00	\$0.00	\$175.00

SB: 25045 Pending Patient Payment: Rendered: Healy, R. Joseph: DOS: 8/4/2014: Service Site: Dr. R. Joseph: Financial Ctr: Dr. R. Joseph: Healy, Dx: 171

Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215	8/4/2014	8/4/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Transfer		8/4/2014	From Primary Insurance to Patient		\$0.00	(\$175.00)	\$0.00	\$175.00
99080	8/4/2014	8/4/2014	DISABILITY FORMS/MISC REPORT		\$75.00	\$0.00	\$75.00	\$175.00
Transfer		8/4/2014	From Primary Insurance to Patient		\$0.00	(\$75.00)	\$0.00	\$250.00
Due: \$250.00	Pd: \$0.00	Adj: \$0.00		Total:	\$250.00	\$0.00	\$0.00	\$250.00

SB: 25056 Pending Patient Payment: Rendered: Healy, R. Joseph: DOS: 7/22/2014: Service Site: CHS Inpatient: Financial Ctr: Dr. R. Joseph: Healy, Dx: 322.9

Patient Ledger

Service Dates: All
 Posting Dates: All
 Financial Centers: All
 Service Sites: All
 Rendering Providers: All
 Voids Included In Ledger

0000269

Responsible Party: Poston, William

Daytime Phone: [REDACTED]

Patient: Poston, William

Account: Main

Total Amount Billed: \$1,130.00
 Total Payments: \$155.00
 Total Patient Payments: \$55.00
 Last Patient Payment: 11/03/2014
 Total Insurance Payments: \$100.00
 Last Insurance Payment:
 Last Statement Date: 10/22/2014
 Patient Liability: \$544.00
 Insurance Liability: \$175.00

SB-30304 Succeeded									
Transaction		Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215		11/3/2014	11/3/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Due: \$175.00		Pd: \$0.00		Adj: \$0.00		Total:	\$175.00	\$0.00	\$175.00

SB-27046 Pending Patient Payment									
Transaction		Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99080		8/28/2014	8/29/2014	DISABILITY FORMS/MISC REPORT		\$25.00	\$0.00	\$25.00	\$0.00
Transfer			8/29/2014	From Primary Insurance to Patient		\$0.00	(\$25.00)	\$0.00	\$25.00
Due: \$25.00		Pd: \$0.00		Adj: \$0.00		Total:	\$25.00	\$0.00	\$25.00

SB-27047 Pending Patient Payment									
Transaction		Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215		8/27/2014	8/28/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Transfer			8/28/2014	From Primary Insurance to Patient		\$0.00	(\$175.00)	\$0.00	\$175.00
Due: \$175.00		Pd: \$0.00		Adj: \$0.00		Total:	\$175.00	\$0.00	\$175.00

SB-25443 Pending Patient Payment									
Transaction		Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215		8/4/2014	8/4/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Transfer			8/4/2014	From Primary Insurance to Patient		\$0.00	(\$175.00)	\$0.00	\$175.00

Patient Ledger

Service Dates: All
 Posting Dates: All
 Financial Centers: All
 Service Sites: All
 Rendering Providers: All
 Voids Included In Ledger

000050

Responsible Party: Poston, William
 [REDACTED]
 [REDACTED]
 Daytime Phone: [REDACTED]
 Patient: Poston, William
 Account: Main

Total Amount Billed: \$1,530.00
 Total Payments: \$555.00
 Total Patient Payments: \$455.00
 Last Patient Payment: 02/16/2015
 Total Insurance Payments: \$100.00
 Last Insurance Payment:
 Last Statement Date: 05/18/2015
 Patient Liability: \$544.00
 Insurance Liability: \$175.00

SB: 27176 Completed		Renderer: Healy, R. Joseph	DOS: 2/16/2015	Service Site: Dr. R. Joseph	Financial Ctr: Dr. R. Joseph Healy	Dx:		
Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
44250	2/16/2015	2/16/2015	DEPOSITION		\$400.00	\$0.00	\$400.00	\$0.00
Patient Payment		2/16/2015	Patient Payment Check, Poston, William	pd by Wukela Law 56820	\$0.00	(\$400.00)	\$400.00	(\$400.00)
Transfer		2/16/2015	From Primary Insurance to Patient		\$0.00	(\$400.00)	\$0.00	\$0.00
Due: \$0.00		Pd: \$400.00	Adj: \$0.00	Total:	\$400.00	\$400.00	\$0.00	\$0.00

SB: 99080 Succeeded		Renderer: Healy, R. Joseph	DOS: 11/3/2014	Service Site: Dr. R. Joseph	Financial Ctr: Dr. R. Joseph Healy	Dx: 117.5		
Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99215	11/3/2014	11/3/2014	99215 EST. PATIENT, LEVEL V		\$175.00	\$0.00	\$175.00	\$0.00
Due: \$175.00		Pd: \$0.00	Adj: \$0.00	Total:	\$175.00	\$0.00	\$175.00	\$0.00

SB: 27176 Pending Patient Payment		Renderer: Healy, R. Joseph	DOS: 8/28/2014	Service Site: Dr. R. Joseph	Financial Ctr: Dr. R. Joseph Healy	Dx:		
Transaction	Service Date	Posted Date	Description	Ref Number	Fee	Trans Amt	Ins Bal	Pt Bal
99080	8/28/2014	8/29/2014	DISABILITY FORMS/MISC REPORT		\$25.00	\$0.00	\$25.00	\$0.00
Transfer		8/29/2014	From Primary Insurance to Patient		\$0.00	(\$25.00)	\$0.00	\$25.00
Due: \$25.00		Pd: \$0.00	Adj: \$0.00	Total:	\$25.00	\$0.00	\$0.00	\$25.00

SB: 27047 Pending Patient Payment		Renderer: Healy, R. Joseph	DOS: 8/27/2014	Service Site: Dr. R. Joseph	Financial Ctr: Dr. R. Joseph Healy	Dx: 117.5		

Patient Name: POSTON, WILLIAM F
Date of Birth: [REDACTED]

MRN: 656956
FIN: 3686467

* Auth (Verified) *

Carolinas Hospital System
805 Pamlico Highway
Florence, SC 29505
(843) 674-5000

Admit Date/Time: 07/17/14 14:13

Patient Registration Form

CAROLINAS HOSPITAL SYSTEM
POSTON, WILLIAM F HSV: MIP
Admit: 07/17/14 MedRec: 000656956
Att Dr: HEALY, R JOSEPH JR
DOB: [REDACTED] Age: [REDACTED]
Sex: M Pat #: 3686467

IP
HSV: 006
PT#: 3686467
MR#: 000656956

PATIENT DEMOGRAPHICS

Name: POSTON, WILLIAM F
Address: [REDACTED]

DOB: [REDACTED]
SSN: [REDACTED]

Age: [REDACTED]
Sex: [REDACTED]

Race: [REDACTED]
Marital Status: M

Home Phone: [REDACTED]

Religion: N
County: [REDACTED]
Employer: SF GENERAL CONTRACTO
Address: 1813 DIXON AIRLINE
AUGUSTA, GA 30906

Work Phone: (706) 771-4360 Occupation: OPERATOR

Parent/Spouse Name:

Employer:
Address:

Parent/Spouse SSN:
Emergency Contact: POSTON, PHYLLISS
Emergency Contact:

DOB:
Home Phone: (843) 250-7819 Work Phone: (000)
Home Phone: (000)

Adm. Priority:
Adm. Source: 2
Patient Room: 505 1
Patient Unit or Station:

Pl. Accom Type: O
HIPAA Form: (Y/N) N
MDRO:
Advance Directive: N

Discharge Date/Time:
Discharge Status:
Last Discharge Date:
Registrar: KBL

7-24-14

GUARANTOR

Name: POSTON, WILLIAM F
Address: [REDACTED]

DOB: [REDACTED]
SSN: [REDACTED]

Age: [REDACTED]
Sex: [REDACTED]

Relation: 18
SELF

Home Phone: [REDACTED]

Work Phone: [REDACTED] Occupation: OPERATOR

INSURANCE

Plan #: 404 2
Plan ID: 13839887
Group #: [REDACTED]
Group Name:
Subscriber Name: POSTON, WILLIAM F
Employer Name: SF GENERAL CONTRACTO

Plan Name: FIRST HEALTH
Plan Address: PO BOX 671248
HOUSTON, TX 772671248

Financial Class: H
Verified Ins. Plans:

Plan Phone: (800) 231-3337
PT Rel: SELF
Employ Status: OPERATOR
Treatment #:

Plan #: 0 0
Plan ID:
Group #:
Group Name:
Subscriber Name:
Employer Name:

Plan Name:
Plan Address:

Plan Phone:
PT Rel:
Employ Status:
Treatment #:

REGISTRATION

Adm. Dr: HEALY, R JOSEPH JR
Diagnosis 1: MENINGITIS
Diagnosis 2:
Procedure:
Complaint:
Accident Code:
Comments: PSDNT PT DIRECT ADMIT

Att. Dr: HEALY, R JOSEPH JR

Fam. Dr: HEALY, R JOSEPH JR

Order Exp. Date:

Accident Place:

Onset Date: 07/17/14



>>>> 000656956 3686467 OBS 07/17/14 14:13



Carolinas Hospital System805 Pamplico Highway
Florence, SC 29505-

(843) 674-5000

Patient: **POSTON, WILLIAM F**
 MRN: 656956
 Account #: 3686467
 Service Code: MIP MEDICAL INPATIENT
 Room #: 505 Bed #: 1

Adm Date: 7/17/2014
 Attending: HEALY JR, R JOSEPH MD
 Primary Care: HEALY JR, R JOSEPH MD
 DOB/Age/Sex: [REDACTED]
 Copy to: HEALY JR, R JOSEPH MD

Consultation

Result Status:

Auth (Verified)

Chief Complaint

Confusion

Reason for Consultation

Meningitis, aseptic

History of Present Illness

Patient is a 53 yo presumed immunocompetent male in 14 year monogamous relationship admitted by Dr. Healey for 2 week history of encephalopathy. Pt with admission LP consistent with lymphocytic aseptic meningitis. Cell count and studies in labs section. Unclear if opening pressure was obtained. Cryptococcal ag is positive. Discussion with patient is not very helpful. He is alert and oriented only to self. Poor recent and distant memory. Pt's wife states highly active individual. Recent employment operating heavy machinery with job beginning 1st week of June driving bulldozers, other trucks at excavation site laying down pipes and irrigation work. 2 weeks ago wife noted pt awoke at am confused. he had been complaining of headache and neck stiffness. No clear photosensitivity. pt brought home from work site on two occasions. no observed seizure activity. no reported LOC. Wife states monogamous relationship 14 years. he drinks heavily with last alcohol 2 weeks ago. no IVDA. no prior hospitalizations for any reason. no prior meningitis. there are reports of wt loss by admitting physician. Born and raised in Marion SC. no extended stay or travel outside this area.

Review of Systems**Constitutional:** Fevers/chills.**Eyes:** No recent visual problem, No icterus, No discharge, No double vision.**Ears/Nose/Mouth/Throat:** No decreased hearing, No ear pain**Respiratory:** No shortness of breath, No cough, No sputum production, No hemoptysis**Cardiovascular:** No chest pain, No palpitations**Gastrointestinal:** No nausea, No vomiting, No diarrhea, No constipation, No heartburn, No abdominal pain.**Genitourinary:** No dysuria**Hematology/Lymphatics:** No bruising tendency, No bleeding tendency, No petechiae, No swollen lymph glands.**Musculoskeletal:** No joint pain, No trauma.**Dermatological:** No rash, No nodules.

Further review of systems on 10 system scale as stated above or non contributory.

Physical Exam**Vitals & Measurements**

T: 97.6 °F (Oral) TMIN: 97.6 °F (Oral) TMAX: 98.4 °F (Oral) HR: 68 (Monitored)
 RR: 16 BP: 147/87 SpO2: 97% WT: 67 kg HT: 67 kg

Problem List/Past Medical HistoryChronic

Meningitis

Historical

No historical problems

Procedure/Surgical History

Lumbar puncture-7/17.

MedicationsHome

Tylenol with Codeine #3, 1.0 tab(s), Oral, q6hr, PRN

Allergies

No Known Allergies

Social HistoryAlcohol

Current, Beer, 1-2 times per week

Tobacco

Current every day smoker, 30 year(s).

Wife states drinks 12 pack a day. no alcohol in past 2 weeks

Family History

no reported immunodeficiencies

Lab ResultsLabs (Last four charted values)

WBC 6.3 (JUL 17)

Hgb L 13.2 (JUL 17)

Hct L 38.2 (JUL 17)

Plt 246 (JUL 17)

Na L 133 (JUL 17)

K 4.6 (JUL 17)

Cl L 98 (JUL 17)

Cr L 0.7 (JUL 17)

BUN 13 (JUL 17)

Glucose 93 (JUL 17)

Glucose Fasting C 23 (JUL 17)

Ca H 11.2 (JUL 17)

Patient: POSTON, WILLIAM F
 MRN: 656956
 Account #: 3686467
 Service Code: MIP MEDICAL INPATIENT

Adm Date: 7/17/2014
 Attending: HEALY JR, R JOSEPH MD
 Primary Care: HEALY JR, R JOSEPH MD
 DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]
 Copy to: HEALY JR, R JOSEPH MD

Consultation

General: chronically ill. poor attention span.

HEENT: PERRLA, moist mucosa, normal pharynx, normal tongue, brudzinski sign positive

Neck: Trachea midline, no masses

Respiratory: normal chest wall expansion, CTA B, no r/r/w, no rubs

Cardiovascular: RRR, no m/r/g, Normal S1 and S2

Abdomen: Soft, non-tender, non-distended, normal bowel sounds, liver edge is palpable and smooth. no rug ttp. no luq ttp. no palpable spleen tip

Musculoskeletal: normal ROM in upper and lower extremities

Integumentary: warm, dry, and pink, with no rash, purpura, or petechia

Heme/Lymph: no lymphadenopathy, no bruises

Neurological: Cranial Nerves II-XII intact, normal sensation to pressure and light touch, grip 5/5 bilaterally. upper and lower extremities strength 5/5 flex/ext

Psychiatric: cooperative

PT 11.8 (JUL 17)
 INR 1.0 (JUL 17)
 PTT 29.1 (JUL 17)

ast/alt/tb normal

LP CSF wbc=195 100% lymph
 glc=23, protein=160
 lactic acid =3.5

culture no growth 1 day.

Assessment/Plan

Cryptococcal meningitis

Pt is a 53 yo male with apparent cryptococcal meningitis. Awaiting assessment of immunocompetent status if HIV + or CD4 lymphopenia. Begin ambisome 3mg/kg iv q24 and flucytosine.

Will perform serial examination.

MRI to evaluate for cryptococcomas

CXR to evaluate for lung cryptococcomas

Serial neuro exam. If significant encephalopathy persists may need to repeat LP for opening pressure.

Encephalitis

Orders:

amphotericin B liposomal, 200 mg, Powder-Inj, IV, Q24H-int, Routine, infuse over 2 hr, First

Dose: 07/18/14 16:00:00 EDT

Dextrose 5% with 0.45% NaCl 1,000 mL, 1,000 mL, IV 20 hr, Rate = 50 mL/hr, Start Date:

07/18/14 14:58:00 EDT

flucytosine, 837.5 mg, Cap, Oral, q6hr, Routine, First Dose: 07/18/14 18:00:00 EDT

Sodium Chloride 0.9% 1,000 mL, 1,000 mL, IV 14.3 hr, Rate = 70 mL/hr, Start Date:

07/18/14 15:14:00 EDT

thiamine, 100 mg 1 mL, Soln-Inj, IV Piggyback, Once, Routine, infuse over 30 minute(s),

First Dose: 07/18/14 16:00:00 EDT, Stop Date: 07/18/14 16:00:00 EDT

BMP w/Total Calcium

C Reactive Protein

CBC w/o Differential

Communication Order

Communication Order

Cryptococcal Antigen

Culture Fungus Misc Source - Send Out CQ

Fungus Smear - Send Out CQ

Lymphocyte Subset Panel 4 - Send Out to CQ

Magnesium Level

MRI Brain WWO

XR Chest 2 V

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT

Adm Date: 7/17/2014
Attending: HEALY JR,R JOSEPH MD
Primary Care: HEALY JR,R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: HEALY JR,R JOSEPH MD

Consultation

Electronically Signed on 07/18/2014 03:16 PM EDT

HAVEZ, TEMUJIN TOM MD

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Discharge Summary

Result Status:

Auth (Verified)

Admission Information

Patient admitted with altered mental status, fever and meningismus. Clinically it appeared that he had meningitis.

Hospital Course

Patient admitted to neurology. MRI of the head showed several small punctate lesions which may have represented cryptococcoma. Patient was asymptomatic for these. Spinal fluid was abnormal with a low spinal fluid glucose consistent with cryptococcal disease. Antigen was subsequently positive. Cultures are pending as to what species and drug sensitivities.

Significant Findings

Abnormal spinal fluid and MRI

Procedures and Treatment Provided

Lumbar puncture and MRI of the head were done.

Physical Exam

Vitals & Measurements

T: 98.1 °F (Oral) **TMIN:** 97.7 °F (Oral) **TMAX:** 98.3 °F (Oral) **HR:** 59 (Monitored) **RR:** 20 **BP:** 178/102 **SpO2:** 99%

Patient is alert and oriented x3 and feeling much better. Neurologic exam is nonfocal. Chest is clear and cardiovascular exam reveals a regular rhythm with no murmur.

Discharge Plan

Plan is to discharge the patient home and will continue with fluconazole and flucytosine

Cryptococcal meningitis

Presently being treated the patient's overall condition has improved. Patient does not appear to be immunosuppressed although he does have a low CD4 count. ACE level is pending.

DISORDERS OF MAGNESIUM METABOLISM

Supplemented and will continue at home.

Encephalitis

Resolved.

History of CD4 count

Will follow. Patient is HIV negative

HYPOPOTASSEMIA

Supplemented and resolved.

Orders:

acetaminophen, = 2 tab(s), Oral, Q4H-int, PRN fever or pain, 0 Refill(s)
fluconazole, = 8 tab(s), Oral, q24hr, 0 Refill(s)
flucytosine, = 6 cap(s), Oral, q6hr, 0 Refill(s)
magnesium oxide, = 1 tab(s), Oral, BID, 0 Refill(s)
metoclopramide, 10 mg, IM, q6hr, PRN nausea/vomiting, 0 Refill(s)
nicotine, = 1 patch(es), TransDermal, Daily, 0 Refill(s)
pneumococcal 23-polyvalent vaccine, IM, One Time Unscheduled, 0 Refill(s)
potassium chloride, 20 mEq, Oral, BID, 0 Refill(s)
Discharge Patient

Patient Discharge Condition

Improved

Discharge Disposition

Patient will be discharged to home and will follow-up with myself and Dr. Chaves in 1 week

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Discharge Summary

Electronically Signed on 07/24/2014 05:50 PM EDT

HEALY JR, R JOSEPH MD

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-199-00966	7/18/2014 17:03 EDT	XR Chest 2 V	CHAVEZ, TEMUJIN TOM MD	53 years

Reason for Exam

(XR Chest 2 V) Pneumonia

Report

EXAM: XR Chest 2 V
ACCESSION: 3801419900966

DATE: 7/18/2014 4:51 PM

INDICATION: Pneumonia .

COMPARISON: None available

FINDINGS:

The cardiac silhouette is normal. The lungs are clear and there is no pulmonary vascular congestion or pleural effusion.

IMPRESSION:

NEGATIVE TWO-VIEW CHEST X-RAY.

Approved by Carey Hindman 7/18/2014 10:56 PM

***** Final *****

Signed by: HINDMAN, CAREY MD

Signed (Electronic Signature): 07/18/2014 10:59 pm EDT

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01089	7/17/2014 17:10 EDT	XR Fluoro Guidance Needle Loc Spine	HEALY JR, R JOSEPH MD	53 years

Reason for Exam

(XR Fluoro Guidance Needle Loc Spine) MENINGITIS; Other (please specify)

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01089	7/17/2014 17:10 EDT	XR Fluoro Guidance Needle Loc Spine	HEALY JR, R JOSEPH MD	53 years

Report

EXAM: XR Fluoro Guidance Needle Loc Spine
ACCESSION: 3801419801089

DATE: 7/17/2014 4:20 PM

INDICATIONS: MENINGITIS - Other (please specify)

COMPARISON: none

FINDINGS:

The procedure was explained in detail to the patient, and the patient's questions were completely answered, then afterwards an informed written consent was obtained.

The patient's back was prepped and draped in a sterile fashion and local anesthesia was applied in the usual fashion.

A 22 gauge spinal needle was advanced under fluoroscopic guidance into the L3-4 interspace with CSF aspirated through the needle documenting intrathecal position of the tip of the needle then 6 milliliters of CSF was aspirated through the needle from the thecal sac under fluoroscopic guidance without incident.

The patient tolerated the procedure, without any associated immediate complications.

IMPRESSION: Diagnostic lumbar puncture under fluoroscopic guidance with the CSF submitted to the laboratory for tests, as requested.

Approved by Mikael Getachew, MD 7/18/2014 3:31 PM

***** Final *****

Signed by: GETACHEW, MIKAEL MD

Signed (Electronic Signature): 07/18/2014 03:34 pm EDT

Interventional

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-200-00711	7/21/2014 12:21 EDT	IR Fluoro Guide CVAD Place Replace Remov	CHAVEZ, TEMUJIN TOM MD	53 years

Reason for Exam

(IR Fluoro Guide CVAD Place Replace Remov) cryptococcal meningitis; Other (please specify)

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Interventional

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-200-00711	7/21/2014 12:21 EDT	IR Fluoro Guide CVAD Place Replace Remov	CHAVEZ, TEMUJIN TOM MD	53 years

Report

EXAM: IR Fluoro Guide CVAD Place Replace Remov

DATE: 7/21/2014 12:19 PM

HISTORY: cryptococcal meningitis - Other (please specify)

COMPARISON: None available

FINDINGS:

Informed consent was obtained. Right arm was prepped and draped. Skin and deep tissues were anesthetized with 1% Xylocaine. Using ultrasound guidance 22-gauge needle was inserted into a vein in the right upper extremity. Guidewire was advanced to the level of the superior vena cava using fluoroscopic guidance. Introducer sheath was inserted. PICC line was trimmed at 32 cm and advanced over the indwelling wire to the level of the superior vena cava with fluoroscopic guidance. Peel-away sheath and guidewire were removed. Catheter was flushed per routine and bandage applied.

IMPRESSION: PICC line insertion with ultrasound and fluoroscopic guidance as described

Approved by Carey Hindman 7/21/2014 12:27 PM

***** Final *****

Signed by: HINDMAN, CAREY MD

Signed (Electronic Signature): 07/21/2014 12:30 pm EDT

Magnetic Resonance Imaging

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-199-00967	7/18/2014 17:55 EDT	MRI Brain WWO	CHAVEZ, TEMUJIN TOM MD	53 years

Reason for Exam

(MRI Brain WWO) cryptococcal meningitis evaluate for cryptococcoma; Other (please specify)

Report

EXAM: MRI Brain WWO

ACCESSION: 3801419900967

DATE: 7/18/2014 5:19 PM

INDICATION: cryptococcal meningitis evaluate for cryptococcoma - Other (please specify)

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR,R JOSEPH MD
Primary Care: HEALY JR,R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Magnetic Resonance Imaging

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-199-00967	7/18/2014 17:55 EDT	MRI Brain WWO	CHAVEZ,TEMUJIN TOM MD	53 years

Report

TECHNIQUE: MRI of the brain is performed in the axial, sagittal and coronal planes without and with intravenous contrast using 15 cc of Magnevist.

COMPARISON: There are no previous studies available to correlate with the time of this dictation.

FINDINGS: There is no midline shift. The ventricles are normal. Visualized paranasal sinuses are normal. There are no midline defects. On the diffusion study, there multiple small pinhead sized foci of increased signal both infratentorial and supratentorial, particularly in the inferior vermis and brachium pontis on the right. 3 or 4 scattered foci are noted in both cerebral hemispheres. These may represent small ischemic embolic foci. With the history of Cryptococcus, inflammatory foci cannot be excluded. There are no abnormal foci of enhancement.

IMPRESSION:

MRI of the brain as described.

Approved by Carey Hindman 7/19/2014 8:42 AM

***** Final *****

Signed by: HINDMAN, CAREY MD
Signed (Electronic Signature): 07/19/2014 08:46 am EDT

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01028	7/18/2014 08:27 EDT	NI Transcranial Doppler TCD Complete	HEALY JR,R JOSEPH MD	53 years

Reason for Exam

(NI Transcranial Doppler TCD Complete) Other (please specify): meningitis

Report

FLORENCE, SOUTH CAROLINA
VASCULAR LAB
TRANSCRANIAL DOPPLER

Name: WILLIAM F POSTON Exam Date: 7/18/2014 Rm# 505
MRN: 656956 Ref. Physician: Joseph Healy MD
DOB: 8/6/1960 Sonographer: Shameika McNeil RT(R)/RD/CS/RVT

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01028	7/18/2014 08:27 EDT	NI Transcranial Doppler TCD Complete	HEALY JR, R JOSEPH MD	53 years

Report

Sex: M Accession #: 3801419801028
Machine: Phillips IU22 CC:
CC: FIN#: 3686467
Study Quality:
Indications: MENINGITIS
History: PT NONCONTRIBUTORY.
Symptoms: MENINGITIS.
Sonographer's comments:

Findings called to:

Arterial Segment	Normal Adult flow Velocity	Insonation Depth	Direction of flow
MCA	50-74 cm/sec	@ 30-70 mm	Flow towards the probe
ACA	40-64 cm/sec	@ 60-75 mm	Flow away from the probe
PCA	32-52 cm/sec	@ 60-70 mm	Flow towards the probe
OA	16-31 cm/sec	@ 40-55 mm	Flow towards the probe
SIPHON	41-67 cm/sec	@ 55-70 mm	Flow towards the probe
VA	27-45 cm/sec	@ 30-70 mm	Flow away from the probe
Basilar	32-52 cm/sec	@ 80-105 mm	Flow away from the probe

Right: Velocity Depth Flow Direction Waveform Comment

MCA	94	55	flow towards the probe	Increased
ACA	-40	67	flow away from the probe	Normal
PCA	49	63	flow towards the probe	Normal
OA	27	51	flow towards the probe	Normal
SIPHON	45	60	flow towards the probe	Normal
VA	-57	67	flow away from the probe	Increased

Left: Velocity Depth Flow Direction Waveform Comment

MCA			Unable to insonate	
ACA			Unable to insonate	
PCA			Unable to insonate	
OA	26	51	flow towards the probe	Normal
SIPHON	52	63	flow towards the probe	Normal
VA	-52	66	flow away from the probe	Increased

Velocity	Depth	Flow Direction	Waveform	Comment

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01028	7/18/2014 08:27 EDT	NI Transcranial Doppler TCD Complete	HEALY JR, R JOSEPH MD	53 years

Report

Proximal Basilar -57 81 flow away from the probe Decreased
Distal Basilar

SUMMARY:

Anterior circulation was evaluated through the temporal windows which showed: properly directed and normal velocity on the right. Anterior circulation was evaluated through the temporal windows which showed: no window on the left. The ICA and ophthalmics were evaluated through the ophthalmic windows which showed: properly directed and normal velocities bilaterally. The posterior circulation was evaluated through the posterior window (foramen magnum). The right vertebral showed: properly directed and normal velocity on the right. The posterior circulation was evaluated through the posterior window (foramen magnum). The left vertebral showed: properly directed and normal velocity on the left.

*******IMPRESSION*******

A doppler evaluation of the intracranial arteries was performed with a low frequency (2-2.5 MHz) transducer. A large sample volume was used to obtain a good signal-to-noise ratio at a zero degree angle in the following: transtemporal, suboccipital, and transorbital. The exam was: essentially normal however NO window were insonated on the LEFT. This study could be consistent with increased cardiac output.

Interpreting Physician: Joseph Healy MD, Electronically signed on: 7/21/2014 8:39:04 PM

*** Final ***

CAROLINA'S HOSPITAL SYSTEM

***** Final *****

Signed by: HEALY JR, R JOSEPH MD
Signed (Electronic Signature): 07/21/2014 09:05 pm EDT

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01029	7/18/2014 08:27 EDT	NI Duplex Scan Extracran Art Comp Bilat	HEALY JR, R JOSEPH MD	53 years

Reason for Exam

(NI Duplex Scan Extracran Art Comp Bilat) Other (please specify); meningitis

Report

VASCULAR LAB
CAROTID DUPLEX

Name: WILLIAM F POSTON Exam Date: 7/18/2014 Rm# 505
MRN: 656956 Ref. Physician: Joseph Healy MD
DOB: 8/6/1960 Sonographer: Shameika McNeil RT(R)/RDCS/RVT
Sex: M Accession #: 3801419801029
Machine: Phillips IU22 CC:
CC: FIN#: 3686467
Study Quality:
Indications: MENINGITIS
History: PT NONCONTRIBUTORY.
Symptoms: MENINGITIS.
Sonographer's comments:

Finding called to:

Right Carotid:

Common	Systolic (cm/s)	Diastolic (cm/s)	Technical Findings
Proximal	143.00	30.10	Intimal thickening. Laminar flow. INCREASED VELOCITIES.
Mid	108.00	27.60	Intimal thickening. Laminar flow. Normal velocities.
Bulb	91.70	21.20	Laminar flow. Normal velocities. Heterogenous and irregular plaque. Appears to be mild.

Internal			
Proximal	81.40	25.00	Intimal thickening. Laminar flow. Normal velocities.
Mid	117.00	37.80	Normal in appearance. Laminar flow. INCREASED VELOCITIES.
Distal	98.80	32.70	Normal in appearance. Laminar flow. Normal velocities.
ICA/CCA Ratio:	0.8	1.27	
External	117.00	16.00	Normal in appearance. Laminar flow. Normal velocities.
Vertebral	57.50	17.60	Normal in appearance. Normal velocities. Antegrade flow.

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 **Bed #:** 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01029	7/18/2014 08:27 EDT	NI Duplex Scan Extracran Art Comp Bilat	HEALY JR, R JOSEPH MD	53 years

Report

Subclavian 123.00 0.00 Normal in appearance. Normal velocities. Antegrade flow. Biphasic.

Left Carotid:

Common	Systolic (cm/s)	Diastolic (cm/s)	Technical Findings
Proximal	147.00	30.10	Normal in appearance. Laminar flow. INCREASED VELOCITIES.
Mid	116.00	24.90	Normal in appearance. Laminar flow. INCREASED VELOCITIES.
Bulb	80.80	25.00	Laminar flow. Normal velocities. Heterogenous and irregular plaque. Appears to be mild-moderate.
Internal Proximal	101.00	41.00	Laminar flow. Normal velocities. Heterogenous and irregular plaque. Appears to be mild.
Mid	103.00	37.80	Normal in appearance. Laminar flow. Normal velocities.
Distal	114.00	41.20	Normal in appearance. Laminar flow. INCREASED VELOCITIES.
ICA/CCA Ratio:	0.78	1.37	
External	101.00	13.70	Normal in appearance. Laminar flow. Normal velocities.
Vertebral	57.70	19.20	Antegrade flow.
Subclavian	153.00	0.00	Antegrade flow. Biphase.

****IMPRESSION****

Extracranial color duplex evaluation on the RIGHT shows: Normal waveforms & velocities with intimal thickening along the course of the common. There is some minimal irregular heterogenous plaque in the bulb & proximal INTERNAL CAROTID which produces LESS THAN 40% STENOSIS. External carotid artery waveforms & velocities are normal. The vertebral artery flow is antegrade with normal mean velocities. Subclavian flow is normal.

Extracranial color duplex evaluation on the LEFT shows: There is some minimal irregular heterogenous plaque in the bulb & proximal INTERNAL CAROTID which produces LESS THAN 40% STENOSIS. External carotid artery waveforms & velocities are normal. The vertebral artery flow is antegrade with normal mean velocities. Subclavian flow is normal.

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Service Code: MIP MEDICAL INPATIENT
Room #: 505 Bed #: 1

Adm Date: 7/17/2014
Attending: HEALY JR, R JOSEPH MD
Primary Care: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED] [REDACTED] [REDACTED]

Non-Invasive Cardiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
380-14-198-01029	7/18/2014 08:27 EDT	NI Duplex Scan Extracran Art Comp Bilat	HEALY JR, R JOSEPH MD	53 years

Report

Interpreting Physician: Joseph Healy MD, Electronically signed on: 7/21/2014 8:35:58 PM

*** Final ***

CAROLINA'S HOSPITAL SYSTEM

***** Final *****

Signed by: HEALY JR, R JOSEPH MD
Signed (Electronic Signature): 07/21/2014 09:02 pm EDT

CAROLINAS HOSPITAL SYSTEM
805 PAMPLICO HWY
FLORENCE SC
29505-6050
843-674-5000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
POSTON WILLIAM F	3686467	7/17/14	7/24/14	3

561600 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
POSTON WILLIAM F	B	PLANNED ADMINIS	13839887

[REDACTED]
[REDACTED]

AGE
53

DR. NAME
HEALY R JOSEPH JR

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/17/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/18/14 1314135	AMMONIA	1	434.82	434.82	82140
7/18/14 1314223	VITAMIN B-12	1	284.48	284.48	82607
7/18/14 1314258	FOLIC ACID SERUM	1	256.47	256.47	82746
7/18/14 1314490	THYROID STIM TSH	1	415.65	415.65	84443
7/18/14 1314571	C-REACTIVE PROTEIN	1	275.65	275.65	86140
7/18/14 1314636	PART AGGLUT.SCREEN	1	272.69	272.69	86403
7/18/14 1314636	PART AGGLUT.SCREEN	1	272.69	272.69	86403
7/18/14 1314636	PART AGGLUT.SCREEN	1	272.69	272.69	86403
7/18/14 1314637	PART AGGLUT. TITER	1	156.04	156.04	86406
7/18/14 1314646	SYPHILIS TEST, QUAL	1	221.10	221.10	86592
7/18/14 1314655	BORRELIA BURG.CONFIR	2	131.19	262.38	86617
7/18/14 1314656	LYME DISEASE AB	1	744.37	744.37	86618
7/18/14 1314694	HIV1-HIV2 AB SNG RES	1	116.45	116.45	86703
7/18/14 1314694	HIV1-HIV2 AB SNG RES	1-	116.45	116.45CR	86703
7/18/14 1314694	HIV1-HIV2 AB SNG RES	1	116.45	116.45	86703
7/18/14 1314828	SED RATE, AUTOMATED	1	170.98	170.98	85652
7/18/14 1314857	CULT FUNGUS ISOLATIO	1	368.50	368.50	87102
7/18/14 1314881	MICROBE SUSCEPT MIC	1	66.32	66.32	87186
7/18/14 1314881	MICROBE SUSCEPT MIC	1	66.32	66.32	87186
7/18/14 1314881	MICROBE SUSCEPT MIC	1	66.32	66.32	87186
7/18/14 1314889	SMEAR FLUORES-ACI ST	1	197.53	197.53	87206
7/18/14 1315024	UA, AUTO, W-O SCOPE	1	241.73	241.73	81003
7/18/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/18/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/18/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/18/14 1315157	VENIPUNCTURE,ROUTINE	1-	54.55	54.55CR	36415
7/18/14 1315157	VENIPUNCTURE,ROUTINE	1-	54.55	54.55CR	36415
7/19/14 1314365	MAGNESIUM	1	197.53	197.53	83735
7/19/14 1314571	C-REACTIVE PROTEIN	1	275.65	275.65	86140
7/19/14 1314630	T CELL,ABSO CD4-CD8	1	327.22	327.22	86360
7/19/14 1314754	CBC W-PLT	1	196.05	196.05	85027
7/19/14 1314846	CULTURE BACTERIA OTH	1	315.43	315.43	87070
7/19/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/19/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048
7/20/14 1315157	VENIPUNCTURE,ROUTINE	1	54.55	54.55	36415
7/20/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048

000065²⁷⁵

CAROLINAS HOSPITAL SYSTEM
805 PAMPLICO HWY
FLORENCE SC
29505-6050
843-674-5000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
POSTON WILLIAM F	3686467	7/17/14	7/24/14	4

561600 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
POSTON WILLIAM F	B	PLANNED ADMINIS	13839887

[REDACTED]

AGE
53

DR. NAME
HEALY R JOSEPH JR

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/21/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/21/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048
7/22/14 1314143	ANGIOTENSIN CONV ENZ	1	543.91	543.91	82164
7/22/14 1314365	MAGNESIUM	1	197.53	197.53	83735
7/22/14 1314754	CBC W-PLT	1	196.05	196.05	85027
7/22/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/22/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/22/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/22/14 1315157	VENIPUNCTURE, ROUTINE	1-	54.55	54.55CR	36415
7/22/14 1315157	VENIPUNCTURE, ROUTINE	1-	54.55	54.55CR	36415
7/22/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048
7/23/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/23/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048
7/24/14 1315157	VENIPUNCTURE, ROUTINE	1	54.55	54.55	36415
7/24/14 1316342	BASIC METABO CA TOTA	1	378.81	378.81	80048
7/21/14 1414405	CATH-INFUS PERIF 6	1	3005.44	3005.44	C1751
7/17/14 1612354	FL-FLUORO GUIDE SPIN	1	940.39	940.39	77003
7/18/14 1612288	CH-CHEST 2V	1	417.14	417.14	71020
7/18/14 1641054	MR-BRAIN WWO	1	6911.47	6911.47	70553
7/21/14 1691100	FL-FLUORO CVAD ANY	1	940.39	940.39	77001
7/21/14 1691141	US-VAS ACCSS SITES	1	940.39	940.39	76937
7/17/14 2811604	S-INJ SPINE L/S CD	1	2277.28	2277.28	SURG
7/18/14 2811167	INJ GAD-MR1 CONTR ML	15	48.65	729.75	A9579
7/21/14 2811471	S-INS PICC WO SQ O5	1	4277.46	4277.46	SURG

** SUMMARY OF CHARGES **	
** TOTAL CHARGES **	114296.81
** TOTAL PAYMENTS **	2100.00CR
** TOTAL ADJUSTMENTS **	46522.79CR
** TOTAL AMOUNT DUE **	65674.02

00006476

CAROLINAS HOSPITAL SYSTEM
805 PAMPLICO HWY
FLORENCE SC
29505-6050
843-674-5000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
POSTON WILLIAM F	3686467	7/17/14	7/24/14	2

561600 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
POSTON WILLIAM F	B	PLANNED ADMINIS	13839887

[REDACTED]
[REDACTED]

AGE	DR. NAME
53	HEALY R JOSEPH JR

CHRG CODE	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
7/22/14 1211157	SOD CHLOR .9% 10ML	1		51.81	51.81	
7/22/14 1217564	MAGNESIUM OXIDE 400	1		11.80	11.80	
7/22/14 1218083	NICOTINE 14MG/24HR P	1		48.65	48.65	
7/22/14 1218156	POTASS CL 20MEQ TAB	1		11.42	11.42	
7/22/14 1218833	FLUCYTOSINE 250MG CA	16		232.89	3726.24	
7/22/14 1218833	FLUCYTOSINE 250MG CA	8-		232.89	1863.12CR	
7/22/14 7211825	AMPHOTER B LIPO 10MG	20		241.73	4834.60	J0289
7/22/14 7212063	DEX 5%/WATER 250ML	1		318.38	318.38	
7/23/14 1211159	MAGNES SULF 500MG INJ	4		300.00	1200.00	J3475
7/23/14 1217564	MAGNESIUM OXIDE 400	1		11.80	11.80	
7/23/14 1217564	MAGNESIUM OXIDE 400	1		11.80	11.80	
7/23/14 1217696	FLUCONAZOLE 100MG TB	8		86.97	695.76	
7/23/14 1218083	NICOTINE 14MG/24HR P	1		48.65	48.65	
7/23/14 1218156	POTASS CL 20MEQ TAB	1		11.42	11.42	
7/23/14 1218156	POTASS CL 20MEQ TAB	1		11.42	11.42	
7/23/14 1218833	FLUCYTOSINE 250MG CA	24		232.89	5589.36	
7/23/14 1218833	FLUCYTOSINE 250MG CA	24		232.89	5589.36	
7/23/14 1218833	FLUCYTOSINE 250MG CA	12-		232.89	2794.68CR	
7/23/14 1218833	FLUCYTOSINE 250MG CA	6-		232.89	1397.34CR	
7/23/14 7211825	AMPHOTER B LIPO 10MG	20		241.73	4834.60	J0289
7/23/14 7212063	DEX 5%/WATER 250ML	1		318.38	318.38	
7/24/14 1211157	SOD CHLOR .9% 10ML	1		51.81	51.81	
7/24/14 1217564	MAGNESIUM OXIDE 400	1		11.80	11.80	
7/24/14 1217696	FLUCONAZOLE 100MG TB	8		86.97	695.76	
7/24/14 1217696	FLUCONAZOLE 100MG TB	2		86.97	173.94	
7/24/14 1218083	NICOTINE 14MG/24HR P	1		48.65	48.65	
7/24/14 1218156	POTASS CL 20MEQ TAB	1		11.42	11.42	
7/18/14 1221085	SOD CHLOR .9% 100ML	1		300.41	300.41	
7/17/14 1314110	COMP METAB PANEL	1		518.84	518.84	80053
7/17/14 1314278	GLUCOSE, BODY FLUID	1		147.41	147.41	82945
7/17/14 1314346	LACTIC ACID	1		433.36	433.36	83605
7/17/14 1314646	SYPHILIS TEST, QUAL	1		221.10	221.10	86592
7/17/14 1314753	CBC W-PLT AUTO COMPD	1		260.89	260.89	85025
7/17/14 1314822	PROTHROMBIN TIME	1		132.67	132.67	85610
7/17/14 1314833	THROMBOPLAST TIMEPTT	1		178.34	178.34	85730
7/17/14 1315038	CELL CTW-DIF BODYFLU	1		193.08	193.08	89051
7/17/14 1315092	PROTEIN TOT OTHR SRC	1		294.79	294.79	84157

"ASSUMED SERVICE" ASSIGNED

00006777

CAROLINAS HOSPITAL SYSTEM
805 PAMPLICO HWY
FLORENCE SC
29505-6050
843-674-5000

PATIENT NAME	ACCOUNT NO.	ADMIT DATE	DIS. DATE	PAGE
POSTON WILLIAM F	3686467	7/17/14	7/24/14	1

561600 GUARANTOR NAME/ADDR.	F/C	INS. CO/PLANS	POLICY #
POSTON WILLIAM F	Y	PLANNED ADMINIS	13839887

AGE	DR. NAME
53	HEALY R JOSEPH JR

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
9/02/14 0000000				2100.00CR	
9/02/14 0000001				46323.83CR	
9/08/14 0000001				198.96CR	
7/17/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/18/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/19/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/20/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/21/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/22/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/23/14 0195110	R&B M/S PRIVATE	1	1930.90	1930.90	
7/18/14 1020033	EEG AWAKE ASLEEP	1	1792.36	1792.36	95819
7/18/14 1050025	NI-DUPSCN EXC BIL	1	2499.84	2499.84	93880
7/18/14 1050027	NI-DUPSCN TRCRN BIL	1	2283.19	2283.19	93886
7/17/14 1211157	SOD CHLOR .9% 10ML	2	51.81	103.62	
7/18/14 1211157	SOD CHLOR .9% 10ML	1	51.81	51.81	
7/18/14 1218833	FLUCYTOSINE 250MG CA	12	232.89	2794.68	
7/18/14 1218833	FLUCYTOSINE 250MG CA	16	232.89	3726.24	
7/18/14 7211825	AMPHOTER B LIPO 10MG	20	241.73	4834.60	J0289
7/18/14 7212063	DEX 5%/WATER 250ML	1	318.38	318.38	
7/18/14 7212104	THIAMINE 100MG INJ	1	109.07	109.07	J3411
7/19/14 1218833	FLUCYTOSINE 250MG CA	16	232.89	3726.24	
7/19/14 7211825	AMPHOTER B LIPO 10MG	20	241.73	4834.60	J0289
7/19/14 7212063	DEX 5%/WATER 250ML	1	318.38	318.38	
7/20/14 1218083	NICOTINE 14MG/24HR P	1	48.65	48.65	
7/20/14 1218833	FLUCYTOSINE 250MG CA	16	232.89	3726.24	
7/20/14 1218833	FLUCYTOSINE 250MG CA	4	232.89	931.56CR	
7/20/14 7211825	AMPHOTER B LIPO 10MG	20	241.73	4834.60	J0289
7/20/14 7212063	DEX 5%/WATER 250ML	1	318.38	318.38	
7/21/14 1211157	SOD CHLOR .9% 10ML	1	51.81	51.81	
7/21/14 1217520	LIDOCAINE 1% 20ML	1	56.01	56.01	
7/21/14 1218083	NICOTINE 14MG/24HR P	1	48.65	48.65	
7/21/14 1218833	FLUCYTOSINE 250MG CA	16	232.89	3726.24	
7/21/14 7211825	AMPHOTER B LIPO 10MG	20	241.73	4834.60	J0289
7/21/14 7212063	DEX 5%/WATER 250ML	1	318.38	318.38	
7/22/14 1210903	MAGNES SULF 500MG INJ	8	91.40	731.20	J3475
7/22/14 1211034	POTASSI CHL 2MEQ INJ	10	5.91	59.10	J3480
7/22/14 1211034	POTASSI CHL 2MEQ INJ	10	5.91	59.10	J3480

"INSURANCE BENEFITS ASSIGNED"

000068 278

POSTON, WILLIAM (id #449015, dob: [REDACTED])

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 09/25/2014

Patient

Name POSTON, WILLIAM [REDACTED] ID# 449015 Appt. Date/Time 09/25/2014 02:15PM
DOB [REDACTED] Service Dept. CID_CAROLINAS INFECTIOUS DISEASE
Provider TEMUJIN CHAVEZ, MD
Insurance Med Primary: PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)
Insurance # : 13839887
Policy/Group # : 279302
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files. details

Patient's Pharmacies

WAL-MART PHARMACY 1829 (ERX): 2523 E HIGHWAY 76, MARION SC 29571, Ph (843) 423-9411, Fax (843) 423-9242

Chief Complaint

Followup: Cryptococcal meningitis

Problems

Reviewed Problems

- * Cryptococcal meningitis, Left
- * CD4 T lymphocyte deficiency

Medications

Reviewed Medications

Name	Date
fluconazole 200 mg tablet Take 1 tablet(s) every day by ora route for 90 days., stop 12/24/2014	09/25/14 prescribed
Klor-Con M20 1 Tablet Daily By Mouth	07/31/14 entered
magnesium oxide 400 mg tablet Take 1 tablet(s) every day by ora route.	07/31/14 entered

Allergies

Reviewed Allergies
NKDA

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History

Family History

Discussed Family History
Father - Malignant neoplastic disease (died age: 67)

Social History

Discussed Social History
General Social Hx
Smoking Status: Current every day smoker.
Smoker (1 PPD).
Has smoked since age: 13.
Alcohol intake: Moderate.
Illicit drugs: denies.

Vitals

09/25/2014 02:46 pm

000069²⁷⁹

POSTON, WILLIAM (id #449015, dob: [REDACTED])

Ht: 5 ft 6 in

Wt: 160 lbs

BMI: 25.8

BP: 132/86 sitting L
arm

T: 98.3 F° oral

Pulse: 68 bpm

HPI

pt is here for re-scheduled f/u. he is compliant with his fluconazole and is taking fluconazole 800mg (4 200mg tabs) daily. denies headaches/neck stiffness. No fevers/chills No rigors. No cough/wheezing/pleurisy.
No jaundice/ruq abd pain.
No easy bruising/bleeding.
No recent febrile illness.

ROS

Patient reports no neck stiffness and no swollen glands. He reports no difficulty breathing. He reports no chest discomfort. He reports no swelling and no stiff joints. He reports no weakness, no dizziness, and no lethargy.

Document Review

Discussed the following results:

• CRYPTOCOCCUS AG, BODY FLUID - 09/25/14

Notes - will need to see pt in 3 weeks for cyptococcal antigen only.

Results:

- **CRYPTOCOCCUS ANTIGEN, SERUM: POSITIVE Abnormal**
- CRYPTOCOCCUS AG TITER: 1:256

• CMP, SERUM OR PLASMA - 09/25/14

Results:

- GLUCOSE, SERUM: 86
- BUN: 8
- CREATININE, SERUM: 0.84
- EGFR IF NONAFRICN AM: 100
- EGFR IF AFRICN AM: 116
- BUN/CREATININE RATIO: 10
- SODIUM, SERUM: 137
- POTASSIUM, SERUM: 3.8
- CHLORIDE, SERUM: 103
- CARBON DIOXIDE, TOTAL: 23
- **CALCIUM, SERUM: 11.0 High**
- PROTEIN, TOTAL, SERUM: 6.6
- ALBUMIN, SERUM: 4.3
- GLOBULIN, TOTAL: 2.3
- A/G RATIO: 1.9
- BILIRUBIN, TOTAL: 0.2
- ALKALINE PHOSPHATASE, S: 81
- AST (SGOT): 14
- ALT (SGPT): 11

• CD4:CD8 RATIO, BLOOD - 09/25/14

Results:

- **ABSOLUTE CD 4 HELPER: 211 Low**
- **% CD 4 POS. LYMPH.: 12.4 Low**
- **ABS. CD 8 SUPPRESSOR: 1226 High**
- **% CD 8 POS. LYMPH.: 72.1 High**
- **CD4/CD8 RATIO: 0.17 Low**
- WBC: 8.6
- **RBC: 4.01 Low**
- HEMOGLOBIN: 13.0
- HEMATOCRIT: 38.7
- MCV: 97
- MCH: 32.4
- MCHC: 33.5
- **RDW: 12.2 Low**
- PLATELETS: 166
- NEUTROPHILS: 69
- LYMPHS: 20
- MONOCYTES: 8
- EOS: 3
- NEUTROPHILS (ABSOLUTE): 5.9
- LYMPHS (ABSOLUTE): 1.7
- MONOCYTES (ABSOLUTE): 0.7
- EOS (ABSOLUTE): 0.3
- BASO (ABSOLUTE): 0.0

• Clinical Document - 08/01/14

Notes - lab result

000070280

POSTON, WILLIAM (id #449015, dob: [REDACTED])

Physical Exam

Patient is a 53-year-old male.

General Appearance: General: well-nourished and no acute distress.

Eyes: Sclera no icterus. External Eye: no discharge. Conjunctiva: non-injected. Pupils: equal size.

Ears, Nose, Throat: Oropharynx: normal mucosal membranes.

Lymph Nodes: Lymphadenopathy: no adenopathy.

Cardiovascular: Apical impulse: not displaced. Rate and rhythm: regular. Heart Sounds: normal S1 and S2 and no murmur.

Lungs: Auscultation: no stridor, rhonchi, tachypnea, or retractions and clear to auscultation.

Abdomen: Bowel Sounds: normal. Palpation: no guarding or tenderness and non-distended. Liver: non-tender and no hepatomegaly.

Skin: General Appearance no rash or lesions.

Neurological System: Gait: normal. Motor: normal strength and tone.

Assessment / Plan

1. Cryptococcal meningitis - Left, Established (improving) - pt with fluconazole susceptible cryptococcal meningitis. I have communicated with the microbiology lab and the sample could not be processed for cryptococcus gattii due to improper sample being sent. Given his significantly high titer we will need to check cryptococcal ag only in 3 weeks. if this remains same level may need to bring patient in for chest xray and repeat LP. fortunately pt without meningeal/pneumonia signs or symptoms today. discussed transition to fluconazole 200mg po daily for an additional 4 or more months. this was ordered before cryptococcal antigen levels were known. will continue same with quick decision to adjust if above concerns occur.

informed of side effects of fluconazole to include cytopenia and hepatitis.

321.0: Cryptococcal meningitis

- CBC
- fluconazole 200 mg tablet - Take 1 tablet(s) every day by oral route for 90 days. Qty: 90 tablet(s) Refills: 0
Pharmacy: WAL-MART PHARMACY 1829
- CMP, SERUM OR PLASMA
- CRYPTOCOCCUS AG, BODY FLUID
- CRYPTOCOCCUS AG, BODY FLUID - To be submitted on or around 10/17/2014 Note to Lab: please draw serum cryptococcal antigen before or after 10/17

2. CD4 T lymphocyte deficiency - Established (stable) - persistent. will need to recheck in 3 months for trend.
279.10: Immunodeficiency with predominant t-cell defect, unspecified

- CD4 T-CELLS, BLOOD

Return to Office

- to see Temujin Chavez, MD at CID_CAROLINAS INFECTIOUS DISEASE on or around 10/17/2014
- Temujin Chavez, MD for Follow Up 15 at CID_CAROLINAS INFECTIOUS DISEASE on 12/30/2014 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Temujin Chavez, MD, 09/26/2014.

Encounter performed and documented by Temujin Chavez, MD

Encounter reviewed & signed by Temujin Chavez, MD on 09/26/2014 at 10:56pm

Encounter Date: 07/31/2014**Patient**

Name	POSTON, WILLIAM (53, M) ID# 449015	Appt. Date/Time	07/31/2014 02:45PM
DOB	12/08/1960	Service Dept.	CID_CAROLINAS INFECTIOUS DISEASE
Provider	TEMUJIN CHAVEZ, MD		
Insurance	Med Primary: PLANNED ADMINISTRATORS - FIRST HEALTH (PPO) Insurance # : 13839887 Policy/Group # : 279302 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not		

00007181

POSTON, WILLIAM (id #449015, dob: [REDACTED])

match the payor's files. details

Patient's Pharmacies

WAL-MART PHARMACY 1829 (ERX): 2523 E HIGHWAY 76, MARION SC 29571, Ph (843) 423-9411, Fax (843) 423-9242

Chief Complaint

Spinal Meningitis

Problems

- * Cryptococcal meningitis, Left
- * CD4 T lymphocyte deficiency

Medications

Reviewed Medications

Name	Date
fluconazole 200 mg tablet Take 2 tablet(s) every day by oral route for 30 days.	08/01/14 prescribed
Klor-Con M20 1 Tablet Daily By Mouth	07/31/14 entered
magnesium oxide 400 mg tablet Take 1 tablet(s) every day by oral route.	07/31/14 entered

Allergies

Reviewed Allergies

NKDA

Past Medical History

Discussed Past Medical History

Family History

Discussed Family History

Father - Malignant neoplastic disease (died age: 67)

Social History

Discussed Social History

General Social Hx

Smoking Status: Current every day smoker.

Smoker (1 PPD).

Has smoked since age: 13.

Alcohol intake: Moderate.

Illicit drugs: denies.

Vitals

07/31/2014 02:58 pm

Ht: 5 ft 7 in**Wt:** 155 lbs**BMI:** 24.3**BP:** 130/82**T:** 97.4 F° oral**Pulse:** 75 bpm

HPI

pt is here for f/u of cryptococcal meningitis. he has been compliant with fluconazole 800mg po daily but has been unable to take flucytosine due cost. he and wife deny fevers/chills/headache/neck stiffness. wife states pt is fatigued and has continued decreased cognition and memory.
i have reviewed labs with carolinas lab corp/send out department and fluconazole mic=4. speciation to evaluate for c. gattii is pending.

ROS

Patient reports **muscle aches** but reports no swelling. He reports no change in appetite, no vomiting, no change in frequency of bowel movement, no abdominal pain, and no jaundice. He reports no back pain with urination.

Document Review

Discussed the following results:

- Lab Result - 07/19/14

0000722

POSTON, WILLIAM (id #449015, dob: [REDACTED])

- Lab Result - 07/19/14
- Lab Result - 07/19/14

Physical Exam

Patient is a 53-year-old male.

General Appearance: General: well-nourished and no acute distress.

Eyes: Sclera no icterus. External Eye: no discharge. Conjunctiva: non-injected. Pupils: equal size.

Ears, Nose, Throat: Oropharynx: normal mucosal membranes.

Lymph Nodes: Lymphadenopathy: no adenopathy.

Cardiovascular: Apical impulse: not displaced. Rate and rhythm: regular. Heart Sounds: normal S1 and S2 and no murmur.

Lungs: Auscultation: clear to auscultation.

Abdomen: Bowel Sounds: normal. Palpation: no guarding or tenderness and non-distended. Liver: non-tender and no hepatomegaly.

Skin: General Appearance no rash or lesions.

Neurological System: Gait: normal. Motor: normal strength and tone.

Assessment / Plan

- 1. Cryptococcal meningitis** - Left, Established (improving) - pt with fluconazole susceptible cryptococcal meningitis. awaiting evaluation of sample for gattii. continue fluconazole 800mg for an additional 2 weeks (total of 4) and will transition to 400mg po daily for 1-2 months thereafter. anticipate 6 months of treatment with oral fluconazole.
have discussed with pt and his wife this plan. they are to see me in one month. he is to see me sooner if develops worsening headache, neck stiffness, confusion, fevers/chills or other concerns. they state understanding they are to also monitor for abd pain and jaundice on fluconazole and see me if these occur.
321.0: Cryptococcal meningitis
 - fluconazole 200 mg tablet - To be submitted on or around 08/01/2014 Take 2 tablet(s) every day by oral route for 30 days. Qty: 60 tablet(s) Refills: 1 Pharmacy: WAL-MART PHARMACY 1829

- 2. CD4 T lymphocyte deficiency** - Established (stable) - recheck cd4 ct in 2 months
279.10: Immunodeficiency with predominant t-cell defect, unspecified

Return to Office

- Temujin Chavez, MD for Follow Up 15 at CID_CAROLINAS INFECTIOUS DISEASE on 08/28/2014 at 03:00 PM
- to see Temujin Chavez, MD for Follow Up 15 at CID_CAROLINAS INFECTIOUS DISEASE on or around 08/31/2014

Encounter Sign-Off

Encounter signed-off by Temujin Chavez, MD, 08/01/2014.

Encounter performed and documented by Temujin Chavez, MD

Encounter reviewed & signed by Temujin Chavez, MD on 08/01/2014 at 12:27am

0000723

POSTON, WILLIAM (id #449015, dob: [REDACTED])

Lab Results**CRYPTOCOCCUS AG, BODY FLUID 10/16/2014 (#3179771, Final, 10/14/2014 9:08am)**

Ordering Provider	TEMUJIN CHAVEZ, MD	Performing Lab	LABCORP BURLINGTON (01) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT BURLINGTON, NC 272153361 Account ID: 39720375			
Specimen/Accession ID	28740431950	Specimen Source				
Specimen Coll. Date	10/14/2014 09:08	Result Status	Final			
Specimen Rec. Date	10/14/2014 16:55	Report Status				
Specimen Reported Date	10/16/2014 16:40					
Report	Result	Ref. Range	Units	Δ	Status	Lab
CRYPTOCOCCUS ANTIGEN, SERUM	POSITIVE	NEGATIVE		Abnormal	Corrected	01
REPORTED POSITIVE CRYPTOCOCCUS AG SERUM TO TIFFANY F ON 10/16/14 AT 2:33PM. FAXED TO 843-674-6410. SF						
CRYPTOCOCCUS AG TITER	1:128	NEG <1:2			Final	01
TITERS >OR= 1:4 ARE PRESUMPTIVE EVIDENCE OF INFECTION. DIAGNOSIS SHOULD BE CONFIRMED BY CULTURE OR MICROSCOPY.						

Lab Result 10/16/2014 (#3177802, 10/14/2014 9:08am)

POSTON, WILLIAM (id #449015, dob: [REDACTED])

10/16/2014 2:33:18 PM
TO: TIFFANY F

FROM: LABCORP LCLS F6

TO: 8436746410

LABCORP LCLS F6

Page 1 of 1 A

ATTN: Carolina Infectious Disease

LabCorp
Laboratory Corporation of AmericaLabCorp Florence
1508 A North Cassina Drive
Florence, SC 29501-6970

Phone: 843-679-0687

Specimen Number 287-404-3195-0	Patient ID 449015	Control Number B0014044156	Account Number 39720375	Account Phone Number 843-674-6400	Route 00
Patient Last Name POSTON		Account Address Carolina Infectious Disease			
Patient First Name WILLIAM	Patient Middle Name	805 S Pamplico Highway Ste B1 FLORENCE SC 29505			
Patient SS# ***-**-****	Patient Phone				
Age (Y/M/D) [REDACTED]	Date of Birth [REDACTED]	Sex [REDACTED]	Fasting	Additional Information	
Patient Address [REDACTED]					
Date and Time Collected 10/14/14 09:08	Date Entered 10/14/14	Date and Time Reported 10/16/14 13:43ET	Physician Name CHAVEZ, T	MPN 1558323543	Physician ID

Then Ordered
Cryptococcus Antigen, Serum; Drawing FeeGeneral Comments
ACC: B0014044156 PID: 449015

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Cryptococcus Antigen, Serum					
Cryptococcus Antigen, Serum	Positive	Abnormal		Negative	01
Cryptococcus Ag Titer	1:128			Neg:<1:2	01
Titers >or= 1:4 are presumptive evidence of infection.					
Diagnosis should be confirmed by culture or microscopy.					

01 BN LabCorp Burlington Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361
For inquiries, the physician may contact Branch: 800-762-4344 Lab: 843-679-0687

POSTON, WILLIAM	449015	287-404-3195-0	Seq #1515

10/16/14 14:33 ET

DUPLICATE FINAL REPORT

Page 1 of 1

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 800-762-4344

©2004-14 Laboratory Corporation of America © Holdings
All Rights Reserved
DOC1 Ver 1.49

CRYPTOCOCCUS AG, BODY FLUID 10/16/2014 (#3177414, Final, 10/14/2014 9:08am)

Ordering Provider	TEMUJIN CHAVEZ, MD	Performing Lab	LABCORP BURLINGTON (01) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT

000075285

POSTON, WILLIAM (id #449015, [REDACTED])

		BURLINGTON, NC 272153361	
		Account ID: 39720375	
Specimen/Accession ID	28740431950	Specimen Source	
Specimen Coll. Date	10/14/2014 09:08	Result Status	Final
Specimen Rec. Date	10/14/2014 16:55	Report Status	
Specimen Reported Date	10/16/2014 13:43		
Report	Result	Ref. Range	Units
CRYPTOCOCCUS ANTIGEN, SERUM	POSITIVE	NEGATIVE	Abnormal
CRYPTOCOCCUS AG TITER	1:128	NEG <1:2	
		TITERS >OR= 1:4 ARE PRESUMPTIVE EVIDENCE OF INFECTION. DIAGNOSIS SHOULD BE CONFIRMED BY CULTURE OR MICROSCOPY.	

CRYPTOCOCCUS AG, BODY FLUID 09/29/2014 (#3063084, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP BURLINGTON (02) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT BURLINGTON, NC 272153361			
		Account ID: 39720375				
Specimen/Accession ID	26840431780	Specimen Source				
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final			
Specimen Rec. Date	09/25/2014 17:02	Report Status				
Specimen Reported Date	09/29/2014 16:39					
Report	Result	Ref Range	Units		Status	Lab
CRYPTOCOCCUS ANTIGEN, SERUM	POSITIVE	NEGATIVE		Abnormal	Corrected	02
CALLED TO REPORT POSITIVE CRYPTOCOCCUS AG SERUM ON 9/26/14, 9/27/14, AND 9/29/14 NO ANSWER. LEFT MESSAGE. SF						
CRYPTOCOCCUS AG TITER	1:256	NEG <1:2			Final	02
TITERS >OR= 1:4 ARE PRESUMPTIVE EVIDENCE OF INFECTION. DIAGNOSIS SHOULD BE CONFIRMED BY CULTURE OR MICROSCOPY.						

CMP, SERUM OR PLASMA 09/29/2014 (#3063083, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP FLORENCE (01) LABCORP FLORENCE SHARON MITCHELL 1508 A NORTH CASHUA DRIVE FLORENCE, SC 295016970
		Account ID: 39720375	
Specimen/Accession ID	26840431780	Specimen Source	
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final
Specimen Rec. Date	09/25/2014 17:02	Report Status	
Specimen Reported Date	09/29/2014 16:39		
Report	Result	Ref. Range	Units
GLUCOSE, SERUM	86	65-99	MG/DL
BUN	8	6-24	MG/DL

00007886

POSTON, WILLIAM (id #449015, dob: [REDACTED])

CREATININE, SERUM	0.84	0.76-1.27	MG/DL		Final	01
EGFR IF NONAFRICN AM	100	>59	ML/MIN/1.73		Final	01
EGFR IF AFRICN AM	116	>59	ML/MIN/1.73		Final	01
BUN/CREATININE RATIO	10	9-20			Final	01
SODIUM, SERUM	137	134-144	MMOL/L		Final	01
POTASSIUM, SERUM	3.8	3.5-5.2	MMOL/L		Final	01
CHLORIDE, SERUM	103	97-108	MMOL/L		Final	01
CARBON DIOXIDE, TOTAL	23	18-29	MMOL/L		Final	01
CALCIUM, SERUM	11.0	8.7-10.2	MG/DL	High	Final	01
PROTEIN, TOTAL, SERUM	6.6	6.0-8.5	G/DL		Final	01
ALBUMIN, SERUM	4.3	3.5-5.5	G/DL		Final	01
GLOBULIN, TOTAL	2.3	1.5-4.5	G/DL		Final	01
A/G RATIO	1.9	1.1-2.5			Final	01
BILIRUBIN, TOTAL	0.2	0.0-1.2	MG/DL		Final	01
ALKALINE PHOSPHATASE, S	81	39-117	IU/L		Final	01
AST (SGOT)	14	0-40	IU/L		Final	01
ALT (SGPT)	11	0-44	IU/L		Final	01

CD4:CD8 RATIO, BLOOD 09/29/2014 (#3063082, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP FLORENCE (01) LABCORP FLORENCE SHARON MITCHELL 1508 A NORTH CASHUA DRIVE FLORENCE, SC 295016970 LABCORP BURLINGTON (02) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT BURLINGTON, NC 272153361 Account ID: 39720375			
Specimen/Accession ID	26840431780	Specimen Source				
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final			
Specimen Rec. Date	09/25/2014 17:02	Report Status				
Specimen Reported Date	09/29/2014 16:39					
Report	Result	Ref. Range	Units	A	Status	Lab
ABSOLUTE CD 4 HELPER	211	359-1519	/UL	Low	Final	01
% CD 4 POS. LYMPH.	12.4	30.8-58.5	%	Low	Final	02
ABS. CD 8 SUPPRESSOR	1226	109-897	/UL	High	Final	01
% CD 8 POS. LYMPH.	72.1	12.0-35.5	%	High	Final	02
CD4/CD8 RATIO	0.17	0.92-3.72		Low	Final	02
WBC	8.6	3.4-10.8	X10E3/UL		Final	01
RBC	4.01	4.14-5.80	X10E6/UL	Low	Final	01
HEMOGLOBIN	13.0	12.6-17.7	G/DL		Final	01
HEMATOCRIT	38.7	37.5-51.0	%		Final	01
MCV	97	79-97	FL		Final	01
MCH	32.4	26.6-33.0	PG		Final	01
MCHC	33.5	31.5-35.7	G/DL		Final	01

00007787

POSTON, WILLIAM (id #449015, dob: [REDACTED])

RDW	12.2	12.3-15.4	%	Low	Final	01
PLATELETS	166	150-379	X10E3/UL		Final	01
NEUTROPHILS	69		%		Final	01
LYMPHS	20		%		Final	01
MONOCYTES	8		%		Final	01
EOS	3		%		Final	01
BASOS	0		%		Final	01
NEUTROPHILS (ABSOLUTE)	5.9	1.4-7.0	X10E3/UL		Final	01
LYMPHS (ABSOLUTE)	1.7	0.7-3.1	X10E3/UL		Final	01
MONOCYTES (ABSOLUTE)	0.7	0.1-0.9	X10E3/UL		Final	01
EOS (ABSOLUTE)	0.3	0.0-0.4	X10E3/UL		Final	01
BASO (ABSOLUTE)	0.0	0.0-0.2	X10E3/UL		Final	01

CRYPTOCOCCUS AG, BODY FLUID 09/26/2014 (#3053894, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP BURLINGTON (02) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT BURLINGTON, NC 272153361 Account ID: 39720375			
Specimen/Accession ID	26840431780	Specimen Source				
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final			
Specimen Rec. Date	09/25/2014 17:02	Report Status				
Specimen Reported Date	09/26/2014 16:39					
Report	Result	Ref. Range	Units		Status	Lab
CRYPTOCOCCUS ANTIGEN, SERUM	POSITIVE	NEGATIVE		Abnormal	Final	02
CRYPTOCOCCUS AG TITER	1:256	NEG <1:2			Final	02
				TITERS >OR= 1:4 ARE PRESUMPTIVE EVIDENCE OF INFECTION. DIAGNOSIS SHOULD BE CONFIRMED BY CULTURE OR MICROSCOPY.		

CMP, SERUM OR PLASMA 09/26/2014 (#3053893, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP FLORENCE (01) LABCORP FLORENCE SHARON MITCHELL 1508 A NORTH CASHUA DRIVE FLORENCE, SC 295016970 Account ID: 39720375			
Specimen/Accession ID	26840431780	Specimen Source				
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final			
Specimen Rec. Date	09/25/2014 17:02	Report Status				
Specimen Reported Date	09/26/2014 16:39					
Report	Result	Ref. Range	Units		Status	Lab
GLUCOSE, SERUM	86	65-99	MG/DL		Final	01
BUN	8	6-24	MG/DL		Final	01
CREATININE, SERUM	0.84	0.76-1.27	MG/DL		Final	01

000078288

POSTON, WILLIAM (id #449015, dob: [REDACTED])

EGFR IF NONAFRICN AM	100	>59	ML/MIN/1.73		Final	01
EGFR IF AFRICN AM	116	>59	ML/MIN/1.73		Final	01
BUN/CREATININE RATIO	10	9-20			Final	01
SODIUM, SERUM	137	134-144	MMOL/L		Final	01
POTASSIUM, SERUM	3.8	3.5-5.2	MMOL/L		Final	01
CHLORIDE, SERUM	103	97-108	MMOL/L		Final	01
CARBON DIOXIDE, TOTAL	23	18-29	MMOL/L		Final	01
CALCIUM, SERUM	11.0	8.7-10.2	MG/DL	High	Final	01
PROTEIN, TOTAL, SERUM	6.6	6.0-8.5	G/DL		Final	01
ALBUMIN, SERUM	4.3	3.5-5.5	G/DL		Final	01
GLOBULIN, TOTAL	2.3	1.5-4.5	G/DL		Final	01
A/G RATIO	1.9	1.1-2.5			Final	01
BILIRUBIN, TOTAL	0.2	0.0-1.2	MG/DL		Final	01
ALKALINE PHOSPHATASE, S	81	39-117	IU/L		Final	01
AST (SGOT)	14	0-40	IU/L		Final	01
ALT (SGPT)	11	0-44	IU/L		Final	01

CD4:CD8 RATIO, BLOOD 09/26/2014 (#3053892, Final, 9/25/2014 2:55pm)

Ordering Provider	T CHAVEZ	Performing Lab	LABCORP FLORENCE (01) LABCORP FLORENCE SHARON MITCHELL 1508 A NORTH CASHUA DRIVE FLORENCE, SC 295016970 LABCORP BURLINGTON (02) LABCORP BURLINGTON WILLIAM F HANCOCK 1447 YORK COURT BURLINGTON, NC 272153361 Account ID: 39720375			
Specimen/Accession ID	26840431780	Specimen Source				
Specimen Coll. Date	09/25/2014 14:55	Result Status	Final			
Specimen Rec. Date	09/25/2014 17:02	Report Status				
Specimen Reported Date	09/26/2014 16:39					
Report	Result	Ref. Range	Units	A ₁	Status	Lab
ABSOLUTE CD 4 HELPER	211	359-1519	/UL	Low	Final	01
% CD 4 POS. LYMPH.	12.4	30.8-58.5	%	Low	Final	02
ABS. CD 8 SUPPRESSOR	1226	109-897	/UL	High	Final	01
% CD 8 POS. LYMPH.	72.1	12.0-35.5	%	High	Final	02
CD4/CD8 RATIO	0.17	0.92-3.72		Low	Final	02
WBC	8.6	3.4-10.8	X10E3/UL		Final	01
RBC	4.01	4.14-5.80	X10E6/UL	Low	Final	01
HEMOGLOBIN	13.0	12.6-17.7	G/DL		Final	01
HEMATOCRIT	38.7	37.5-51.0	%		Final	01
MCV	97	79-97	FL		Final	01
MCH	32.4	26.6-33.0	PG		Final	01
MCHC	33.5	31.5-35.7	G/DL		Final	01
RDW	12.2	12.3-15.4	%	Low	Final	01

00007989

POSTON, WILLIAM (id #449015, dob: [REDACTED])

PLATELETS	166	150-379	X10E3/UL	Final	01
NEUTROPHILS	69		%	Final	01
LYMPHS	20		%	Final	01
MONOCYTES	8		%	Final	01
EOS	3		%	Final	01
BASOS	0		%	Final	01
NEUTROPHILS (ABSOLUTE)	5.9	1.4-7.0	X10E3/UL	Final	01
LYMPHS (ABSOLUTE)	1.7	0.7-3.1	X10E3/UL	Final	01
MONOCYTES (ABSOLUTE)	0.7	0.1-0.9	X10E3/UL	Final	01
EOS (ABSOLUTE)	0.3	0.0-0.4	X10E3/UL	Final	01
BASO (ABSOLUTE)	0.0	0.0-0.2	X10E3/UL	Final	01

Lab Result 07/26/2014 (#2662527, 7/19/2014)

00003090

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/26/2014 06:23:27 COMMUNITY HEALTH SYSTEMS Page 1 of 2

Community Health Systems

Brandywine Hospital - 610-383-8056 201 Reeceville Road, Coatesville, PA 19320	Carolinas Hospital System - 843-674-2160 805 Pamlico Hwy, Florence, SC 29505
Chestnut Hill Hospital - 215-248-8086 8835 Germantown Avenue, Philadelphia, PA 19118	Easton Hospital - 610-250-4208 250 South 21st Street, Easton, PA 18042
Memorial Hospital - 717-843-8623 325 S Belmont St., York, PA 17405	Phoenixville Hospital - 610-983-1272 140 Nutt Road, Phoenixville, PA 19460
Pottstown Memorial Medical Center - 610-327-7175 1600 East High Street, Pottstown, PA 19464	SkyRidge Medical Center - 423-559-6103 2305 Chambliss Avenue, Cleveland, TN 37311
Southside Regional Medical Center - 804-765-5758 200 Medical Park Boulevard, Petersburg, VA 23805	

To: CHAVEZ TEMUJIN TOM

Pages: 2

Date/Time: 07/26/2014 06:23:26

Fax #: 1 843 674 6410

Confidentiality Notice The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of these documents, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

00008491

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/26/2014 06:23:27 COMMUNITY HEALTH SYSTEMS Page 2 of 2

Carolinas Hospital System

805 Pamplico Highway
Florence, SC 29505-
(843) 674-5000

Medical Laboratory Director: Stephen R. Intemann, MD

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Adm Date: 7/17/2014Location: SCC 5E; 505; 1
Attending: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: CHAVEZ, TEMUJIN TOM MD**Bacteriology**

c = Corrected Results @ = Abnormal C = Critical L = Low H = High f = Result Comments i = Interpretive Data * = Performing Locations

PROCEDURE: Cerebrospinal Fluid Culture w/o GS⁰¹ ACCESSION: 380-14-200-00449
SOURCE: CSF BODY SITE:
COLLECTED DATE/TIME: 7/19/2014 15:12 EDT Start Date/Time: 7/24/2014 08:01 EDT

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 7/26/2014 06:15 EDT Gude, Catherine C Medical Technologist
Light Growth Yeast
Identification to follow.

STAINS

Gram Stain

Verified Date/Time/Personnel: 7/24/2014 15:57 EDT Rush, Machele Medical Technologist
No organisms seen.

Order Comments

O1: Cerebrospinal Fluid Culture w/o GS (Culture Cerebrospinal Fluid w/o GS)
process current csf sample for routine and fungal cultures. i am reordering this for csf sample obtained 7/17Patient: POSTON, WILLIAM F
Print Date/Time: 7/26/2014 06:15 EDT
Report Request ID: 8694390Attending: HEALY JR, R JOSEPH MD
MRN: 656956

Page 1 of 1

Lab Result 07/25/2014 (#2659581, 7/19/2014)

0000822

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/25/2014 10:39:47 COMMUNITY HEALTH SYSTEMS Page 1 of 2

Community Health Systems

Brandywine Hospital - 610-383-8056 201 Reeceville Road, Coatesville, PA 19320	Carolinas Hospital System - 843-674-2160 805 Pamplico Hwy, Florence, SC 29505
Chestnut Hill Hospital - 215-248-8086 8835 Germantown Avenue, Philadelphia, PA 19118	Easton Hospital- 610-250-4208 250 South 21st Street, Easton, PA 18042
Memorial Hospital - 717-843-8623 325 S Belmont St., York, PA 17405	Phoenixville Hospital - 610-983-1272 140 Nutt Road, Phoenixville, PA 19460
Pottstown Memorial Medical Center - 610-327-7175 1600 East High Street, Pottstown, PA 19464	SkyRidge Medical Center - 423-559-6103 2305 Chambliss Avenue, Cleveland, TN 37311
Southside Regional Medical Center - 804-765-5758 200 Medical Park Boulevard, Petersburg, VA 23805	

To: CHAVEZ TEMUJIN TOM

Pages: 2

Date/Time: 07/25/2014 10:39:46

Fax #: 1 843 674 6410

Confidentiality Notice The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of these documents, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

00008393

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/25/2014 10:39:47 COMMUNITY HEALTH SYSTEMS - Page 2 of 2

Carolinas Hospital System

805 Pamplico Highway
Florence, SC 29505-

(843) 674-5000

Medical Laboratory Director: Stephen R. Intemann, MD

Patient: POSTON, WILLIAM F

MRN: 656956

Account #: 3686467

Adm Date: 7/17/2014

Location: SCC 5E: 505; 1

Attending: HEALY JR, R JOSEPH MD

DOB/Age/Sex: [REDACTED]

Copy to: CHAVEZ, TEMUJIN TOM MD

Bacteriology

c = Corrected Results @ = Abnormal C = Critical L = Low H = High f = Result Comments i = Interpretive Data * = Performing Locations

PROCEDURE: Cerebrospinal Fluid Culture w/o GS⁰¹ ACCESSION: 380-14-200-00449
SOURCE: CSF BODY SITE: Start Date/Time: 7/24/2014 08:01 EDT
COLLECTED DATE/TIME: 7/19/2014 15:12 EDT

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 7/25/2014 10:11 EDT Jordan Williams, Alma T Sup Laboratory

Light Growth Yeast

STAINS

Gram Stain

Verified Date/Time/Personnel: 7/24/2014 15:57 EDT Rush, Machele Medical Technologist

No organisms seen.

Order Comments

O1: Cerebrospinal Fluid Culture w/o GS (Culture Cerebrospinal Fluid w/o GS)
process current csf sample for routine and fungal cultures i am reordering this for csf sample obtained 7/17

Patient: POSTON, WILLIAM F

Print Date/Time: 7/25/2014 10:11 EDT

Report Request ID: 8631698

Attending: HEALY JR, R JOSEPH MD

MRN: 656956

Page 1 of 1

Lab Result 07/24/2014 (#2649302, 7/19/2014)

000084294

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/24/2014 08:02:25 COMMUNITY HEALTH SYSTEMS Page 1 of 2

Community Health Systems

Brandywine Hospital - 610-383-8056 201 Reeceville Road, Coatesville, PA 19320	Carolinas Hospital System - 843-674-2160 805 Pamlico Hwy, Florence, SC 29505
Chestnut Hill Hospital - 215-248-8086 8835 Germantown Avenue, Philadelphia, PA 19118	Easton Hospital- 610-250-4208 250 South 21st Street, Easton, PA 18042
Memorial Hospital - 717-843-8623 325 S Belmont St., York, PA 17405	Phoenixville Hospital - 610-983-1272 140 Nutt Road, Phoenixville, PA 19460
Pottstown Memorial Medical Center - 610-327-7175 1600 East High Street, Pottstown, PA 19464	SkyRidge Medical Center - 423-559-6103 2305 Chambliss Avenue, Cleveland, TN 37311
Southside Regional Medical Center - 804-765-5758 200 Medical Park Boulevard, Petersburg, VA 23805	

To: CHAVEZ TEMUJIN TOM

Pages: 2

Date/Time: 07/24/2014 08:02:24

Fax #: 1 843 674 6410

Confidentiality Notice The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been filled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of these documents, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

POSTON, WILLIAM (id #449015, dob: [REDACTED])

07/24/2014 08:02:25 COMMUNITY HEALTH SYSTEMS Page 2 of 2

Carolinas Hospital System

805 Pamplico Highway
Florence, SC 29505-

(843) 674-5000

Medical Laboratory Director: Stephen R. Intemann, MD

Patient: POSTON, WILLIAM F
MRN: 656956
Account #: 3686467
Adm Date: 7/17/2014Location: SCC 5E; 505; 1
Attending: HEALY JR, R JOSEPH MD
DOB/Age/Sex: [REDACTED]
Copy to: CHAVEZ, TEMUJIN TOM MD**Bacteriology**

c = Corrected Results @ = Abnormal C = Critical L = Low H = High f = Result Comments i = Interpretive Data * = Performing Locations

PROCEDURE: Cerebrospinal Fluid Culture w/o GS⁰¹ ACCESSION: 380-14-200-00449
SOURCE: CSF BODY SITE:
COLLECTED DATE/TIME: 7/19/2014 15:12 EDT Start Date/Time: 7/24/2014 08:01 EDT

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 7/24/2014 08:01 EDT Jordan Williams, Alma T Sup Laboratory

No growth Day 1

Order Comments

O1: Cerebrospinal Fluid Culture w/o GS (Culture Cerebrospinal Fluid w/o GS)
process current csf sample for routine and fungal cultures. i am reordering this for csf sample obtained 7/17Patient: POSTON, WILLIAM F
Print Date/Time: 7/24/2014 08:01 EDT
Report Request ID: 8510784Attending: HEALY JR, R JOSEPH MD
MRN: 656956

Page 1 of 1

0000866

POSTON, WILLIAM (id #449015, dob: [REDACTED])

From:

12/16/2014 16:53

#009 P.002/007

Billing Summary: POSTON, WILLIAM #449015 (E#449014)

**CAROLINAS MEDICAL
ALLIANCE, INC.**

printed 12/16/2014 04:40 PM

CAROLINAS MEDICAL ALLIANCE,
INC.
PO BOX 11271
BELFAST, ME 04915-4003
billing phone: (866) 949-1433

GUARANTOR NAME AND ADDRESSWILLIAM POSTON
[REDACTED]**PATIENT #**

449015

PATIENT NAME

WILLIAM POSTON

DOB**HOME TELEPHONE**
[REDACTED]

Billing Summary

Claim ID	Procedure	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 409380										
409380	99232	07/19/2014	07/25/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
409380	99232	07/19/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-174.00		
409380	99232	07/20/2014	07/25/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
409380	99232	07/20/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-83.89		
409380	99232	07/20/2014	10/09/2014	TRANSFERIN	DEDUCTIBLE	PATIENT	TEMUJIN CHAVEZ	\$-90.11		\$90.11
OUTSTANDING								\$0.00	\$0.00	\$90.11
409380	99255	07/18/2014	07/25/2014	CHARGE	99255	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$488.00		
409380	99255	07/18/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-237.12		
409380	99255	07/18/2014	10/09/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-250.88		\$250.88
409380	99255	07/18/2014	10/12/2014	PAYMENT	UNAPPLIED	PATIENT	TEMUJIN CHAVEZ			\$-30.00
OUTSTANDING								\$0.00	\$0.00	\$220.88
Claim ID 414094										
414094	99232	07/21/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
414094	99232	07/21/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00		\$174.00
414094	99232	07/21/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$-174.00
414094	99232	07/22/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		

000087297

POSTON, WILLIAM (id #449015, dob: [REDACTED])

From:

12/16/2014 16:53

#009 P.003/007

414094	99232	07/22/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00	\$174.00
414094	99232	07/22/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ		\$-174.00
414094	99232	07/23/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00	
414094	99232	07/23/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00	\$174.00
414094	99232	07/23/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ		\$-174.00
OUTSTANDING								\$0.00	\$0.00
OUTSTANDING COLLECTIONS									\$522.00
Claim ID 414486									
414496	1124F	07/31/2014	08/01/2014	CHARGE	1124F	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
414496	99212	07/31/2014	08/01/2014	CHARGE	99212	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$102.00	
414496	99212	07/31/2014	08/29/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-102.00	\$102.00
414496	99212	07/31/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ		\$-102.00
OUTSTANDING								\$0.00	\$0.00
OUTSTANDING COLLECTIONS									\$102.00
414496	G8420	07/31/2014	08/01/2014	CHARGE	G8420	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
414496	G8427	07/31/2014	08/01/2014	CHARGE	G8427	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
Claim ID 455711									
455711	1124F	09/25/2014	09/29/2014	CHARGE	1124F	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
455711	99212	09/25/2014	09/29/2014	CHARGE	99212	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$102.00	
455711	99212	09/25/2014	10/20/2014	TRANSFERIN	PATIENTTRANSFER	PATIENT	TEMUJIN CHAVEZ	\$-102.00	\$102.00
OUTSTANDING								\$0.00	\$0.00
455711	G8420	09/25/2014	09/29/2014	CHARGE	G8420	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
455711	G8427	09/25/2014	09/29/2014	CHARGE	G8427	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00	
OUTSTANDING								\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 12/16/2014								\$0.00	\$412.99

Billing Summary: POSTON, WILLIAM #449015 (E#449014)

CAROLINAS MEDICAL ALLIANCE, INC.

printed 12/30/2014 09:04 AM

CAROLINAS MEDICAL ALLIANCE,
INC.

PO BOX 11271

BELFAST, ME 04915-4003

billing phone: (866) 949-1433

GUARANTOR NAME AND ADDRESS

WILLIAM POSTON

PATIENT # PATIENT NAME
449015 WILLIAM POSTON

DOB HOME TELEPHONE

Billing Summary

Claim ID	Procedure	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 409380										
409380	99232	07/19/2014	07/25/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
409380	99232	07/19/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-174.00		
409380	99232	07/20/2014	07/25/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
409380	99232	07/20/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-83.89		
409380	99232	07/20/2014	10/09/2014	TRANSFERIN	DEDUCTIBLE	PATIENT	TEMUJIN CHAVEZ	\$-90.11		\$90.11
						OUTSTANDING		\$0.00	\$0.00	\$90.11
409380	99255	07/18/2014	07/25/2014	CHARGE	99255	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$488.00		
409380	99255	07/18/2014	10/09/2014	ADJUSTMENT	CONTRACTUAL	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$-237.12		
409380	99255	07/18/2014	10/09/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-250.88		\$250.88
409380	99255	07/18/2014	10/12/2014	PAYMENT	UNAPPLIED	PATIENT	TEMUJIN CHAVEZ			\$-30.00
						OUTSTANDING		\$0.00	\$0.00	\$220.88
Claim ID 414094										
414094	99232	07/21/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
414094	99232	07/21/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00		\$174.00
414094	99232	07/21/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$-174.00
414094	99232	07/22/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		

414094	99232	07/22/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00		\$174.00
414094	99232	07/22/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$-174.00
414094	99232	07/23/2014	07/31/2014	CHARGE	99232	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$174.00		
414094	99232	07/23/2014	08/19/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-174.00		\$174.00
414094	99232	07/23/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$-174.00
OUTSTANDING								\$0.00	\$0.00	\$0.00
OUTSTANDING COLLECTIONS										\$522.00

Claim ID 414496

414496	1124F	07/31/2014	08/01/2014	CHARGE	1124F	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00
414496	99212	07/31/2014	08/01/2014	CHARGE	99212	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$102.00		
414496	99212	07/31/2014	08/29/2014	TRANSFERIN	OTHER	PATIENT	TEMUJIN CHAVEZ	\$-102.00		\$102.00
414496	99212	07/31/2014	12/12/2014	ADJUSTMENT	COLLECT (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$-102.00
414496	99212	07/31/2014	12/30/2014	PAYMENT	CASH	PATIENT	TEMUJIN CHAVEZ			\$-20.00
414496	99212	07/31/2014	12/30/2014	ADJUSTMENT	RECOVERY (COLLECT PASI)	PATIENT	TEMUJIN CHAVEZ			\$20.00
OUTSTANDING								\$0.00	\$0.00	\$0.00
OUTSTANDING COLLECTIONS										\$82.00
414496	G8420	07/31/2014	08/01/2014	CHARGE	G8420	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00
414496	G8427	07/31/2014	08/01/2014	CHARGE	G8427	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00

Claim ID 455711

455711	1124F	09/25/2014	09/29/2014	CHARGE	1124F	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00
455711	99212	09/25/2014	09/29/2014	CHARGE	99212	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$102.00		
455711	99212	09/25/2014	10/20/2014	TRANSFERIN	PATIENTTRANSFER	PATIENT	TEMUJIN CHAVEZ	\$-102.00		\$102.00
OUTSTANDING								\$0.00	\$0.00	\$102.00
455711	G8420	09/25/2014	09/29/2014	CHARGE	G8420	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00
455711	G8427	09/25/2014	09/29/2014	CHARGE	G8427	PLANNED ADMINISTRATORS - FIRST HEALTH (PPO)	TEMUJIN CHAVEZ	\$0.00		
OUTSTANDING								\$0.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 12/30/2014								\$0.00	\$0.00	\$0.00

000090 \$412.99



willoul

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA										PICA									
1. MEDICARE (Medicare#) ☐ MEDICAID (Medicaid#) ☐ TRICARE (ID#/DoD#) ☐ CHAMPVA (Member ID#) ☐ GROUP HEALTH PLAN (ID#) ☐ FECA BLK LUNG (ID#) ☐ OTHER (ID#) ☐										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 13839887									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Boston, William										3. PATIENT'S BIRTH DATE MM DD YY SEX M ☒ F ☐									
5. PATIENT'S ADDRESS (No., Street) [REDACTED]										6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐									
CITY [REDACTED] STATE [REDACTED]										7. INSURED'S ADDRESS (No., Street) Boston, William									
ZIP CODE [REDACTED] TELEPHONE (Include Area Code) [REDACTED]										CITY [REDACTED] STATE [REDACTED]									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State) [REDACTED]									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? YES ☐ NO ☐									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										11. INSURED'S POLICY GROUP OR FECA NUMBER									
SIGNED [REDACTED] SIGNATURE ON FILE [REDACTED] DATE [REDACTED]										a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL [REDACTED]										b. OTHER CLAIM ID (Designated by NUCC)									
15. OTHER DATE MM DD YY QUAL [REDACTED]										c. INSURANCE PLAN NAME OR PROGRAM NAME									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ If yes, complete items 9, 9a, and 9d.									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Chavez, I										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. [REDACTED]										SIGNED [REDACTED]									
A. 279.10 B. [REDACTED] C. [REDACTED] D. [REDACTED] E. [REDACTED] F. [REDACTED] G. [REDACTED] H. [REDACTED] I. [REDACTED] J. [REDACTED] K. [REDACTED] L. [REDACTED]										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
1. 9/25/2014 9/25/2014 81 5 86360 279.10 \$243.00 01 NPI										20. OUTSIDE LAB? YES ☐ NO ☐ \$ CHARGES									
2. 9/25/2014 9/25/2014 81 5 80053 279.10 \$46.00 01 NPI										22. RESUBMISSION CODE ORIGINAL REF. NO.									
3. 9/25/2014 9/25/2014 81 5 87899 279.10 \$219.00 01 NPI										23. PRIOR AUTHORIZATION NUMBER									
4. 9/25/2014 9/25/2014 81 5 36415 279.10 \$50.00 01 NPI																			
5. 9/25/2014 9/25/2014 81 5 279.10 01 NPI																			
25. FEDERAL ID NUMBER 9/25/2014 IN 81										26. PATIENT'S ACCOUNT NO.									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER [REDACTED] X										27. ACCEPT ASSIGNMENT? YES ☐ NO ☐ (For govt. claims, see back)									
32. SERVICE LOCATION INFORMATION 63072654 X										28. TOTAL CHARGE \$ 019. AMOUNT PAID \$ 30. Rsvd for NUCC Use									
33. BILLING INFORMATION & PH # \$558.00 (\$0.00) \$558.00																			
SIGNED [REDACTED] DATE [REDACTED] a. 1508 A North Cashua Dr Florence, SC 29501										b. Labcorp of America Holdings PO Box 2270 Burlington, NC 27216-2270									



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

TTPICA

PICA

PATIENT AND INSURED INFORMATION

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

2. **PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

DATE _____

SIGNED

~~SIGNATURE ON FILE~~

PHYSICIAN OF SUPPLIER INFORMATION

3: ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

ICD Ind.

20. OUTSIDE LAB?	\$ CHARGES

22. RESUBMISSION CODE	ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

[illegible]

FEDERAL TAX NUMBER 10/1-1991 FINB1

26 PATIENT'S ACCOUNT NO.

27. ACCEPT ASSENTMENT?

28 TOTAL CHARGE	

089 AMOUNT PAID

30. Rsvd for NUCC Use

I, Dr. Mark 3757370 PHYSICIAN OR SUPPLIER X
 INCLUDING DEGREE OR CREDENTIALS
 (I certify that the statements on the reverse
 apply to this bill and are made a part thereof.)

32. SERVO 083 74355Y LOCATION INFORMATION

33. BILLING PR	\$243.00	INFO & PH#	(\$0.00)	\$243.00

Labcorp of America Holdings

~~PO Box 2270~~

Burlington NC 27216-3250 000000

SIGNED _____ DATE _____

ICOBrain Manual available at www.nucc.org

PLEASE PRINT OR TYPE. CR061653

APPROVED OMB-0938-1177 FORM 1-2012

PEE DEE RADIOLOGY GROUP
651 S COIT STREET
FLORENCE SC 29501
PERSONAL & CONFIDENTIAL



ADDRESS SERVICE REQUESTED

002571
0101

6580 4170
STMT DATE: 12/02/14

ACCOUNT NO.	DUE DATE	AMOUNT DUE	SHOW AMOUNT PAID
3686467	Upon Receipt	\$540.89	

MEDICAID SECONDARY NOT ACCEPTED VISA/MASTERCARD/
AMERICAN EXPRESS

WILLIAM F POSTON



PEE DEE RADIOLOGY GROUP
651 S COIT STREET
FLORENCE SC 29501-5256

655257A (PC)

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

PAGE	STATEMENT DATE	DUE DATE	OFFICE PHONE NUMBER	ACCOUNT #	AMOUNT DUE
1	12/02/14	Upon Receipt	(843) 667-8304	3686467	\$540.89
DATE	PROVIDER	EXPLANATION OF ACTIVITY	CHARGES & DEBITS	PAYMENTS & CREDITS	
09/28/14		BALANCE FORWARD	\$1,029.00		
10/01/14		ESSENTIAL CARE/FIXED MEDICA# 10886641		\$0.00	
10/01/14		ESSENTIAL CARE/FIXED MEDICA# 10887651		\$0.00	
10/01/14		W/O PAI - c# 10887651		-\$145.57	
10/07/14		PMT ESSENTIAL CARE PLANNED c# 10915841		-\$136.64	
10/07/14		W/O ESSENTIAL CARE - c# 10915841		-\$205.90	

THIS BILL FOR THE READING OF XRAY'S TAKEN AT
CAROLINAS HOSPITAL SYSTEM OR FLORENCE UROLOGICAL

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
		\$52.46	\$488.43	\$540.89	\$0.00	\$540.89

MESSAGE:
PLEASE USE THE ENCLOSED
ENVELOPE FOR YOUR PAYMENT.
QUESTIONS? CALL (843)667-8304

SEND INQUIRIES TO:
PEE DEE RADIOLOGY GROUP
651 S COIT STREET
FLORENCE SC 29501-5256



(843) 667-8304

000098³⁰³

Store #: 1829
Report Date: 12/26/2014

Connexus Pharmacy System
Wal-Mart Pharmacy10-1829
Medical Expense Summary

Patient: POSTON,WILLIAM,
[REDACTED]

Birthdate: [REDACTED]

Below is a list of your Pharmacy Orders for the date range of:07/01/2014 To 12/26/2014

Wal-Mart Pharmacy,305 COMMERCE DRIVE, MARION SC-29571
NABP Number:4217988 ID: BW5430640 NPI Number :1003833260

Date Filled Date Written	Rx Fill ID	Drug Name NDC	Prescriber Physician NPI	Qty Refill #	Days Supply	Dispense As Written	Patient Paid TP Ref #
07/09/2014	4507349	ACETAMI/CODEIN 300- 60MG TAB	STEWART,THOMAS KEITH	24 0	6	0	\$ 12.10 DRM 38187059
07/09/2014	3494286	00406-0485-01	1922026046				
07/09/2014	7422427	AMOXICILLIN 500MG CAP	STEWART,THOMAS KEITH	20 0	10	0	\$ 4.00 TD140709C4TWI1
07/09/2014	3494182	00093-3109-05	1922026046				
07/24/2014	7425931	FLUCONAZOLE 200MG TAB	CHAVEZ,TEMUJIN TOM	84 0	21	0	\$ 166.84 DRM 38706008
07/24/2014	3505737	00172-5413-60	1558323543				
07/24/2014	7425929	KLOR-CON M20 TAB	HEALY,JOSEPH STEPHEN	30 0	30	0	\$ 18.94 DRM 38705998
07/24/2014	3505738	00245-0058-90	1194899484				
07/24/2014	8835223	MAG OXIDE 400MG TAB	HEALY,JOSEPH STEPHEN	30 0	30	0	\$ 4.00 DRM 38705992
07/24/2014	3505735	76439-0217-12	1194899484				
08/29/2014	7425929	KLOR-CON M20 TAB	HEALY,JOSEPH STEPHEN	30 1	30	0	\$ 18.94 DRM 39863591
07/24/2014	3532612	00245-0058-90	1194899484				
08/29/2014	8835223	MAG OXIDE 400MG TAB	HEALY,JOSEPH STEPHEN	30 1	30	0	\$ 4.00 DRM 39863750
07/24/2014	3532622	76439-0217-12	1194899484				
09/02/2014	7433746	FLUCONAZOLE 200MG TAB	HEALY,JOSEPH STEPHEN	84 0	21	0	\$ 166.84 DRM 39983520
08/29/2014	3535804	00172-5413-60	1194899484				
09/15/2014	7433746	FLUCONAZOLE 200MG TAB	HEALY,JOSEPH STEPHEN	24 1	6	0	\$ 60.18 CMK 142586455851125999
08/29/2014	3546445	00172-5413-60	1194899484				
09/26/2014	7425929	KLOR-CON M20 TAB	HEALY,JOSEPH STEPHEN	30 2	30	0	\$ 18.94 DRM 40819405
07/24/2014	3555350	00245-0058-90	1194899484				
09/26/2014	8835223	MAG OXIDE 400MG TAB	HEALY,JOSEPH STEPHEN	30 2	30	0	\$ 4.00 DRM 40819404
07/24/2014	3555349	76439-0217-12	1194899484				
09/27/2014	7439902	FLUCONAZOLE 200MG TAB	CHAVEZ,TEMUJIN TOM	30 0	30	0	\$ 74.35 CMK 142702945358172999
09/25/2014	3555464	00172-5413-60	1558323543				
11/04/2014	7425929	KLOR-CON M20 ER	HEALY,JOSEPH STEPHEN	30 3	30	0	\$ 18.94 DRM 42052473
07/24/2014	3585273	20MEQ TAB	1194899484				
		66758-0190-92					
11/04/2014	8835223	MAG OXIDE 400MG TAB	HEALY,JOSEPH STEPHEN	30 3	30	0	\$ 4.00 DRM 42052475
07/24/2014	3585275	76439-0217-12	1194899484				
11/07/2014	7439902	FLUCONAZOLE 200MG TAB	CHAVEZ,TEMUJIN TOM	30 1	30	0	\$ 74.35 CMK 143115605568132999
09/25/2014	3588731	00172-5413-60	1558323543				
12/11/2014	7439902	FLUCONAZOLE 200MG TAB	CHAVEZ,TEMUJIN TOM	30 2	30	0	\$ 74.35 CMK 143455998779149999
09/25/2014	3615089	00172-5413-60	1558323543				
12/12/2014	8837065	MAG OXIDE 400MG TAB	HEALY,JOSEPH STEPHEN	30 0	30	0	\$ 4.00 DC1412121YOTO1
12/12/2014	3615674	76439-0217-12	1194899484				

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.**
WAL*MART STORES, INC.

000094304

Store #: 1829
Report Date: 12/26/2014

**Connexus Pharmacy System
Wal-Mart Pharmacy10-1829
Medical Expense Summary**

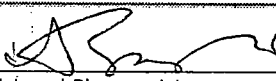
Patient: POSTON, WILLIAM,
[REDACTED]

Birthdate: [REDACTED]

Below is a list of your Pharmacy Orders for the date range of: 07/01/2014 To 12/26/2014

**Wal-Mart Pharmacy, 305 COMMERCE DRIVE, MARION SC-29571
NABP Number: 4217988 ID: BW5430640 NPI Number : 1003833260**

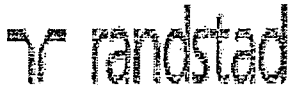
Report Date : 12/26/2014
Attested To By :



Registered Pharmacist

Total: \$ 728.77

****PRIVATE-IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE RETURN TO WAL*MART PHARMACY IMMEDIATELY.
WAL*MART STORES, INC.**



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 06/16/2014 Advice #: 00000022823240
Pay End Date: 06/22/2014 Advice Date: 06/26/2014

William F Poston [REDACTED]	Employee ID: 00005461506 Department: 79361-AccuStaff-Florence Print Location: 0000000125-Shared Service Center	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 1 1 Addl. Pct.: Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	YTD
Regular Earnings	16.000000	36.00	576.00	76.00	1,216.00	Fed Withholding	31.76	220.34
Overtime Earnings			0.00	40.50	972.00	Fed MED/EE	8.07	31.44
						Fed OASDI/EE	34.48	134.42
						SC Withholding	27.00	127.00

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Date
06/26/2014

Advice No.
00000022823240

Deposit Amount: \$454.11

To The
Account(s) Of

WILLIAM F POSTON
[REDACTED]

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$454.11
Total:		\$454.11

NON-NEGOTIABLE

000096 306



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

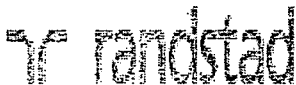
Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 06/23/2014 Advice #: 000000022897076
Pay End Date: 06/29/2014 Advice Date: 07/03/2014

William F Poston [REDACTED]	Employee ID: 00005461506 Department: 79361-AccuStaff-Florence Print Location: 0000000125-Shared Service Center	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 1 1 Addl. Pct.: Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current	YTD			Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Earnings	16.000000	40.00	640.00	116.00	1,856.00	Fed Withholding	180.18	400.52
Overtime Earnings	24.000000	39.00	936.00	79.50	1,908.00	Fed MED/EE	22.56	54.00
						Fed OASDI/EE	96.47	230.89
						SC Withholding	97.00	224.00

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Date
07/03/2014

Advice No.
000000022897076

Deposit Amount: \$1,159.21

To The
Account(s) Of

WILLIAM F POSTON
[REDACTED]

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$1,159.21
Total:		\$1,159.21

NON-NEGOTIABLE

000097 307



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 06/30/2014 Advice #: 000000022966986
Pay End Date: 07/06/2014 Advice Date: 07/10/2014

William F Poston [REDACTED]	Employee ID: 00005461506 Department: 79361-AccuStaff-Florence Print Location: 0000000125-Shared Service Center	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 1 1 Addl. Pct.: Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current	YTD			Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Earnings	16.000000	35.50	568.00	151.50	2,424.00	Fed Withholding	30.96	431.48
Overtime Earnings			0.00	79.50	1,908.00	Fed MED/EE	7.94	61.94
						Fed OASDI/EE	33.98	264.87
						SC Withholding	26.00	250.00
Total:		35.50	568.00	221.00	4,332.00	Total:	98.88	1,008.29
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER-PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Plan 1: EE Only PRE TAX	19.98	59.94	Life: EE Only	0.60	1.80			
			Drug Testing	0.00	10.00			
Total:		19.98 59.94	Total:		0.60 11.80	* Taxable		
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY
Current:	568.00	548.02		98.88		20.58		448.54
YTD:	4,332.00	4,272.06		1,008.29		71.74		3,251.97
Leave Plan	Available Balance	Service Hours	Current Customer Detail			NET PAY DISTRIBUTION		
			2000785268 - SFC Contract Services, Inc. 2202 Paper Mill Road ,Florence SC 29506			Advice #000000022966986 448.54		
						Total: 448.54		

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Date
07/10/2014

Advice No.
000000022966986

Deposit Amount: \$448.54

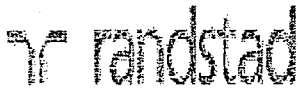
To The
Account(s) Of

WILLIAM F POSTON
[REDACTED]
[REDACTED]

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$448.54
Total:		\$448.54

NON-NEGOTIABLE

000098 308



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 07/07/2014 Advice #: 000000023036990
Pay End Date: 07/13/2014 Advice Date: 07/17/2014

William F Poston [REDACTED] [REDACTED]	Employee ID: 00005461506 Department: 79361-AccuStaff-Florence Print Location: 0000000125-Shared Service Center	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 1 1 Addl. Pct: Addl. Amt:

HOURS AND EARNINGS						TAXES										
Description	Rate	Current	YTD			Description	Current	YTD								
		Hours	Earnings	Hours	Earnings											
Regular Earnings	16.000000	40.00	640.00	191.50	3,064.00	Fed Withholding	66.78	498.26								
Overtime Earnings	24.000000	7.50	180.00	87.00	2,088.00	Fed MED/EE	11.61	73.55								
						Fed OASDI/EE	49.60	314.47								
						SC Withholding	44.00	294.00								
Total:						47.50	820.00	278.50	5,152.00	Total:	171.99	1,180.28				
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS										
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD								
Plan 1: EE Only PRE TAX	19.98	79.92	Life: EE Only	0.60	2.40											
			Drug Testing	0.00	10.00											
Total:			19.98	79.92	Total:	0.60	12.40	* Taxable								
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES			TOTAL DEDUCTIONS			NET PAY				
Current:			820.00			800.02			171.99			20.58		627.43		
YTD:			5,152.00			5,072.08			1,180.28			92.32			3,879.40	
Leave Plan			Available Balance			Service Hours			Current Customer Detail			NET PAY DISTRIBUTION				
									2000785268 - SFC Contract Services, Inc.			Advice #000000023036990			627.43	
									2202 Paper Mill Road ,Florence SC 29506							
												Total:			627.43	

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339

Date
07/17/2014

Advice No.
000000023036990

Deposit Amount: \$627.43

To The
Account(s) Of

WILLIAM F POSTON
[REDACTED]
[REDACTED]

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$627.43
Total:		\$627.43

NON-NEGOTIABLE

000099

309



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339
1-877-601-7453

Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 09/01/2014 Advice #: 000000023612889
Pay End Date: 09/07/2014 Advice Date: 09/11/2014

William F Poston [REDACTED]	Employee ID: 00005461506 Department: 79361-AccuStaff-Florence Print Location: 0000000125-Shared Service Center	TAX DATA: Federal SC State Marital Status: Married Married Allowances: 1 1 Addl. Pct.: Addl. Amt.:

HOURS AND EARNINGS						TAXES						
Description	Rate	Current	YTD			Description	Current	YTD				
		Hours	Earnings	Hours	Earnings							
Regular Earnings	16.000000	40.00	640.00	231.50	3,704.00	Fed Withholding	185.58	683.84				
Overtime Earnings	24.000000	40.50	972.00	127.50	3,060.00	Fed MED/EE	23.08	96.63				
						Fed OASDI/EE	98.70	413.17				
						SC Withholding	99.00	393.00				
Total:						80.50	1,612.00	359.00	6,764.00	Total:	406.36	1,586.64
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS						
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD				
Plan 1: EE Only PRE TAX	19.98	99.90	Life: EE Only	0.60	3.00							
			Drug Testing	0.00	10.00							
Total:			19.98	99.90	Total:	0.60	13.00	* Taxable				
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY				
Current	1,612.00	1,592.02		406.36		20.58		1,185.06				
YTD:	6,764.00	6,664.10		1,586.64		112.90		5,064.46				
Leave Plan	Available Balance	Service Hours	Current Customer Detail				NET PAY DISTRIBUTION					
			2000785268 - SFC Contract Services, Inc. 2202 Paper Mill Road ,Florence SC 29506				Advice #000000023612889 1,185.06					
							Total: 1,185.06					

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339
1-877-601-7453

Date
09/11/2014

Advice No.
000000023612889

Deposit Amount: \$1,185.06

To The
account(s) Of

WILLIAM F POSTON
[REDACTED]

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$1,185.06
Total:		\$1,185.06

NON-NEGOTIABLE

000100

310



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339
1-877-601-7453

Pay Group: ABA-ACC AccuStaff Wells Fargo Business Unit: ACCBU
Pay Begin Date: 09/08/2014 Advice #: 000000023686534
Pay End Date: 09/14/2014 Advice Date: 09/18/2014

William F Poston

Employee ID: 00005461506
Department: 79361-AccuStaff-Florence
Print Location: 0000000125-Shared Service Center

TAX DATA: Federal SC State
Marital Status: Married Married
Allowances: 1 1
Addl. Pct.:
Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current	YTD			Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Earnings	16.000000	31.50	504.00	263.00	4,208.00	Fed Withholding	26.55	710.39
Overtime Earnings			0.00	127.50	3,060.00	Fed MED/EE	7.31	103.94
						Fed OASDI/EE	31.25	444.42
						SC Withholding	23.00	416.00
Total:		31.50	504.00	390.50	7,268.00	Total:	88.11	1,674.75
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Plan 1: EE Only PRE TAX	0.00	99.90	Life: EE Only	0.00	3.00			
			Drug Testing	0.00	10.00			
Total:		0.00 99.90	Total:		0.00 13.00	* Taxable		
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY
Current:	504.00		504.00		88.11	0.00		415.89
YTD:	7,268.00		7,168.10		1,674.75	112.90		5,480.35
Leave Plan	Available Balance	Service Hours	Current Customer Detail			NET PAY DISTRIBUTION		
			2000785268 - SFC Contract Services, Inc. 2202 Paper Mill Road, Florence SC 29506			Advice #000000023686534 415.89		
						Total: 415.89		

MESSAGE:

Log on to www.selfservice.us.randstad.com or contact your Randstad agent for additional payment details including customer contact information.



Temp Force, LP d/b/a Accustaff
3625 Cumberland Blvd, Suite 600
Atlanta GA 30339
1-877-601-7453

Date
09/18/2014

Advice No.
000000023686534

Deposit Amount: \$415.89

To The
Account(s) Of

WILLIAM F POSTON

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	265594759	\$415.89
Total:		\$415.89

NON-NEGOTIABLE

000101

311

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1416804

William Poston,	)
Employee,	)
Claimant,	)
vs.	)
Randstad Temp Force, LP dba Accustaff,	)
Employer,	)
and	)
Indemnity Insurance Company of NA,	)
Carrier,	)
and	)
SFC Contract Services Inc.,	)
Employer,	)
Old Republic General Insurance Company,	)
Carrier,	)
Defendants.	)

CONSENT ORDER

The parties to this claim reached an agreement to resolve the outstanding issues in controversy as to Claimant's Employer in the above-reverenced claim and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. That Claimant, William Poston, alleges that on or about July 9, 2014 while using heavy equipment to move soil at RockTenn Papermill, as a temporary employee through Randstad Temp Force, LP d/b/a Accustaff, working for Contractor SFC Contract Service, Inc. he suffered an injury by accident and /or occupational disease and Claimant has filed a Workers' Compensation claim naming Randstad and SFC as employers.
2. That on or about July 9, 2014, an employer/employee relationship existed between the Claimant, William Poston and Defendant Randstad Temp Force, LP d/b/a Accustaff within the meaning of S.C. Code §42-1-130-150 and that Claimant, William Poston and

Defendant, Randstad are, therefore, subject to and bound by the terms and provisions of the Workers' Compensation Act.

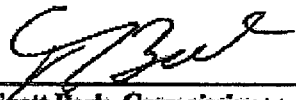
3. Defendant SFC Contract Services, Inc. did not employ Claimant at the time of the alleged accident, illness, or occupational disease. Therefore, SFC Contract Services, Inc. is improperly named in this workers' compensation claim.
4. SFC Contract Services, Inc. and their insurance carrier Old Republic General Insurance Company are not proper parties to this claim and shall be released from any and all liability for any and all alleged accidents, illnesses, or occupational diseases alleged by Claimant with prejudice.
5. All parties agree to dismiss SFC Contract Services, Inc. and Old Republic General Insurance Company with prejudice from this claim without any liability or obligation to pay any benefits.
6. All other issues are held in abeyance for determination at a later time. The remaining parties retain any and all defenses and grounds for relief and no defenses or grounds for relief are being waived.

I find the agreement among the parties set forth above to be reasonable.

NOW, THEREFORE, IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. SFC Contract Services Inc. and Old Republic General Insurance Company are hereby dismissed from this claim with prejudice. All other issues will be held in abeyance and are reserved for agreement by the parties or determination by the Commission at a later time.

AND IT IS SO ORDERED.

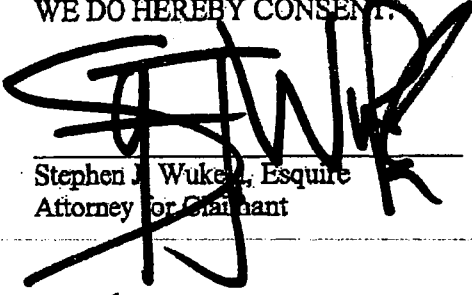
South Carolina Workers'
Compensation Commission

By: 

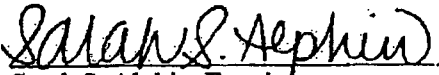
T. Scott Beck, Commissioner

Dated: February 27, 2015
Columbia, South Carolina

WE DO HEREBY CONSENT.


Stephen J. Wuker, Esquire
Attorney for Plaintiff


Christopher C. Mingledorff, Esquire
Attorney for Randstaff Temp Force, LP d/b/a
Accustaff and Indemnity Insurance Co. of N.A.


Sarah S. Alphin, Esquire
Attorneys for SFC Contract Services, Inc. and
Old Republic General Insurance Company

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on February 27, 2015

000104

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1416804

William Poston, Employee,

Claimant,

-vs-

Randstad North America, Employer,

Defendants.

DEPOSITION OF:

WILLIAM FRANK POSTON

Deposition of WILLIAM FRANK POSTON taken before
Laura W. Little, Verbatim Reporter and Notary Public in
and for the State of South Carolina, at Wukela Law Firm,
403 Second Loop Road, Florence, South Carolina, commencing
at 4:07 p.m. on the 16th day of February, 2015.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

APPEARANCES OF COUNSEL:

Attorney for Employee/Claimant:

Stephen J. Wukela, Esquire
Wukela Law Firm
Post Office Box 13057
Florence, South Carolina 29504

Attorney for Employer/Defendants:

Frederick F. Fisher, Esquire
Moore Ingram Johnson & Steele, LLP
885-B Island Park Drive
Charleston, South Carolina 29492

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX

=====

	PAGE-LINE
Direct Examination by Mr. Fisher.	5-4

EXHIBITS

=====

NUMBER	DESCRIPTION	PAGE-LINE
(No Exhibits Introduced)		

Court Reporter's Note:
 ---Indicates Interruption;
 --Indicates Incomplete Phrases or Sentences.

STIPULATIONS

Prior to the giving of any testimony by the witness, it was expressly stipulated and agreed between the parties to this action, through their respective counsel, that:

By Notice and/or Consent, said deposition is being taken in accordance with Section 42-3-160, Code of Laws of South Carolina 1976, and Rule 30 of the South Carolina Rules of Civil Procedure, which shall control the taking of said deposition and its use thereof;

Said deposition shall be taken for the purpose of discovery and/or for use as evidence in the above entitled action, or for both purposes;

That all objections would be reserved until the time of the hearing except as to the form of the question;

Reading and signing of the transcript of testimony by the witness was waived.

1 WILLIAM FRANK POSTON,
2 after being first duly sworn to tell the truth, was
3 deposed and testified as follows:

4 DIRECT EXAMINATION BY MR. FISHER:

5 Q. All right, Mr. Poston, my name is Rick
6 Fisher. We just met. I appreciate you taking the time
7 to speak with me today. As you know, we're here to
8 take your deposition in a Workers' Compensation claim.
9 I represent Randstad, a staffing agency that you worked
10 for some time back. What I'm here to do is just find
11 out how you're doing, you know, what happened, those
12 kind of things. To start, I just need to give you some
13 ground rules. Have you, have you ever given a
14 deposition before?

15 A. No.

16 Q. Okay. Our rules to start require me to
17 instruct you that if you have a question, you don't
18 understand something I'm asking you, ask me to rephrase
19 it. I'll do my best to make it more clear rather than
20 your own attorney. That's just what the rule requires.
21 I won't have a strenuous objection or anything to Mr.
22 Wukela pitching in every now and then, but nonetheless,
23 our rules require you to direct your questions to me.
24 Also because it is a deposition and we are -- it's
25 being taken stenographically or it will be, we will

1 need to give a verbal response rather than uh-huh, uh-
2 uh.

3 A. Yeah.

4 Q. That way the record is clear. Because when
5 it's all said and done, it's just pieces of paper with
6 our words on it, so there needs to be actual words that
7 she can put on the paper.

8 A. Yes, sir.

9 Q. If you need a break, let me know, that's
10 fine. It's not an endurance contest. I'll try to get
11 through this as quickly as I can for you. That being
12 said, are you ready to proceed?

13 A. Yes, sir.

14 Q. Okay. Thank you. And you stated your name
15 was William Frank Poston?

16 A. Yes, sir.

17 Q. Okay. What's your date of birth?

18 A. [REDACTED]

19 Q. And what's your current address, please?

20 A. [REDACTED], [REDACTED] South Carolina.

21 Q. How did that road become [REDACTED]?

22 A. I don't know. My granddaddy -- my
23 grandfather lived there for ever since the forties, I
24 believe.

25 Q. Okay. So it's been in your family---

- 1 A. Yeah.
- 2 Q. ---for ever and ever?
- 3 A. Yes, sir.
- 4 Q. However long before your time?
- 5 A. Yes, sir.
- 6 Q. Okay. Have you lived anywhere else?
- 7 A. I have stayed in Charlotte a couple of years.
- 8 Q. Okay. And how long ago was that?
- 9 A. That was back in the eighties, '79-80.
- 10 Q. Okay. Now, Mr. Poston, since we're here to
- 11 get your testimony even though we're not in a
- 12 courtroom, you're under oath. Is there anything like a
- 13 medication or anything that you've taken that would
- 14 prevent you from being able to give truthful and honest
- 15 answers---
- 16 A. No.
- 17 Q. ---to the best of your recollection?
- 18 A. No.
- 19 Q. Does anyone reside with you at [REDACTED]
- 20 [REDACTED]
- 21 A. My wife.
- 22 Q. Okay. And what's your wife's name?
- 23 A. [REDACTED].
- 24 Q. Does Mrs. [REDACTED] work?
- 25 A. No.

1 Q. Okay. Do y'all have any kids?

2 A. No, sir.

3 Q. How long have y'all been married?

4 A. About, I'm trying to think, eight or ten
5 years, somewhere along there.

6 Q. You had any prior marriages?

7 A. Yes, sir.

8 Q. And when was that?

9 A. Back in early part of eighties.

10 Q. Okay. Does Ms. [REDACTED] have any source of
11 income other than your work?

12 A. She's on Workmans' Comp disability.

13 Q. Okay. How long has she been on Workers' Comp
14 disability?

15 A. Two or three years, I believe, four years.

16 Q. Is she planning to return to work at anytime?

17 A. No. She's on permanent disability now.

18 Q. Okay. So it's permanent?

19 A. Yeah.

20 Q. Okay. Where was she employed when she was, I
21 guess, hurt or injured?

22 A. It was Smurfit-Stone in Latta, South
23 Carolina.

24 Q. Okay.

25 A. The box plant.

1 Q. Has her Workers' Compensation claim otherwise
2 been resolved or is it ongoing?

3 A. Yeah, far as I know.

4 Q. Okay. It doesn't really involve you?

5 A. It doesn't involve me.

6 Q. Okay. I understand you grew up here and
7 spent most of your life here?

8 A. Yes, sir.

9 Q. What's your educational background, did you
10 finish high school?

11 A. I went to 11th grade.

12 Q. 11th grade?

13 A. 11th grade.

14 Q. Okay. And where did you go to high school?

15 A. Marion High School.

16 Q. Have you had any other kind of educational
17 experience?

18 A. No, sir.

19 Q. You taken any classes or received any
20 certificates?

21 A. No, sir.

22 Q. Do you have like a Commercial Drivers License
23 or anything like that?

24 A. No, sir. Just a regular drivers license.

25 Q. Okay. Do you -- are you required to have any

1 kind of special license when you use the big machines
2 that require you to move anything?

3 A. No, sir.

4 Q. No?

5 A. No.

6 Q. And I understand that you've worked for
7 Randstad which is why we're here today. Before you
8 started with Randstad, I guess that was -- was that
9 last summer, is that right?

10 A. Yeah, last May.

11 Q. Last May?

12 A. Or June, I believe it was, when they sent me
13 to them.

14 Q. Okay. Where did you work before you started
15 with Randstad?

16 A. I worked for USA Waste and Recycling driving
17 a truck.

18 Q. What kind of truck?

19 A. It's a roll-off truck that hauls containers.

20 Q. Okay. So it wasn't one that required a
21 Commercial Drivers License?

22 A. No. I've, I've worked at Rock Tenn there
23 hauling ash from the silo to the landfill. That's as
24 far as I drove a truck.

25 Q. Okay. So you weren't on the public roads

1 then?

2 A. No, I wasn't on public roads. It was off-
3 the-road trucking.

4 Q. How long were you employed with -- could you
5 repeat the name of that company again?

6 A. USA Waste and Recycling.

7 Q. Okay.

8 A. I was there two years.

9 Q. Two years. Okay. And why did you leave USA
10 Waste and Recycling?

11 A. I went to work with SSC.

12 Q. Okay. How long did you work at SSC?

13 A. With them through Randstad US -- AccuStaff
14 here in Florence, it's seven months.

15 Q. Okay. So did you find the job at SSC and it
16 just happened to be through AccuStaff?

17 A. No. A friend of mine was telling me about it
18 to start with there, and I went and put in a
19 application with SSC and the man hired me, but they had
20 to hire me through the temp company.

21 Q. Right. Okay. So they handled their
22 staffing?

23 A. Yeah.

24 Q. Okay. And prior to you working at USA Waste
25 and Recycling, where did you work?

1 A. I didn't work nowhere.

2 Q. Okay. How long were you unemployed?

3 A. Probably a year or two.

4 Q. Did you receive unemployment benefits?

5 A. No, sir.

6 Q. You just didn't work?

7 A. Didn't, didn't draw nothing.

8 Q. Where -- where were you working before you
9 were unemployed?

10 A. I worked with E.G. Contractor.

11 Q. And what does E.G. Contractor do?

12 A. E.G. Contractor, they done the road work in
13 subdivisions and stuff.

14 Q. And how long were you at E.G. Contractors?

15 A. About 10 or 11 years.

16 Q. Okay. So that's probably about the -- about
17 the longest time you were with one company---

18 A. Yeah.

19 Q. ---over the past 15 years?

20 A. Yeah.

21 Q. And why did you leave E.G. Contractors?

22 A. The economy went bad and the man retired.

23 Q. Okay. So the business folded?

24 A. Yeah, the business folded up.

25 Q. Okay. What kind of work did you do for E.G.

1 Contractors?

2 A. I was a supervisor; I operated equipment, set
3 grades on the jobs, whatever needed to be done.

4 Q. Okay. And you said that was for roads in new
5 developments or something?

6 A. New developments. Yeah, building roads in
7 subdivisions.

8 Q. About how long in total have you been
9 involved in construction or development?

10 A. About 26 or 27 years.

11 Q. Okay. Most of your entire life?

12 A. Most of my life.

13 Q. Okay. Have you ever been involved in a
14 Workers' Compensation claim?

15 A. No, sir.

16 Q. Now, whether or not there was a claim
17 involved, have you ever been injured on the job?

18 A. No, sir.

19 Q. For any of your employers aside from what
20 we're here for today, have you ever taken a medical
21 leave of absence?

22 A. No, sir.

23 Q. And who is your current employer?

24 A. Who I work for now?

25 Q. Yes, sir.

1 A. I work for Saiia out of Alabama, S-A-I-I-A.

2 Q. Okay. S-A-I-I-A.

3 A. Yeah, that's the way they spell it. It's out
4 of Alabama.

5 Q. Okay. What is -- what do they do at Saiia or
6 Saiia?

7 A. At Saiia, they do construction work.

8 Q. Do they have a local office?

9 A. They got one here at Rock Tenn.

10 Q. Okay. What is Rock Tenn?

11 A. Rock Tenn is a paper mill.

12 Q. Okay. What do you do for Saiia?

13 A. I run a bulldozer, drive off-road trucks,
14 whatever they need me to do.

15 Q. And is Rock Tenn where you were working for
16 AccuStaff, too?

17 A. Yeah.

18 Q. Okay. Has your job changed?

19 A. Yeah. I'm not laying any pipe, haven't laid
20 any pipe anymore so, yeah.

21 Q. Okay.

22 A. I'm just hauling dirt and stuff now building
23 a dike.

24 Q. Okay. Is it the same project generally?

25 A. It's different, I guess, a different job

1 section.

2 Q. Okay.

3 A. You know, 'cause SSC, they were laying pipe
4 and stuff and the company here is just building a dam
5 across the back of the dike.

6 Q. Okay. And what -- what is SSC?

7 A. It's a company out of Louisiana.

8 Q. So is Rock Tenn, I guess, they're just
9 expanding or building new facilities?

10 A. No, they were putting -- when I worked with
11 SSC, they were laying pipe for the wastewater and stuff
12 that runs out into the retention pond.

13 Q. Okay.

14 A. Saiia is building another dike across the
15 back of it, a three-mile dike across the back of the
16 retention pond.

17 Q. Okay. So it's just -- it's different
18 projects that just happened to be at---

19 A. Yeah, at different---

20 Q. ---the same place?

21 A. Yeah, different projects. Just the same --
22 they happened to be at the same job, the same place.

23 Q. Okay. When did you start working for Saiia?

24 A. Let's see, this is my third week, my fourth
25 week there.

1 Q. So just under a month?

2 A. Yeah, about a month. It's my third week
3 there, I believe.

4 Q. Right.

5 A. Yeah, it ain't -- I started about February.

6 Q. At the beginning of the month now?

7 A. Yeah. Yeah, about the beginning of the
8 month.

9 Q. How many hours do you generally work in a
10 shift or in a work week?

11 A. Now?

12 Q. Yes, sir.

13 A. About 10 hours a day.

14 Q. Okay. Is that 40---

15 A. Six -- six, seven days a week. It depends on
16 whether it rains or not.

17 Q. Okay. So you get plenty of overtime?

18 A. I got 61-1/2 hours in last week.

19 Q. That's a good week. And you haven't really
20 been there long enough to tell whether you're going to
21 be working 60 hours every week or?

22 A. It's hard to say.

23 Q. Right.

24 A. It depends on how much it rains.

25 Q. Okay. Y'all don't -- you don't work when it

1 rains?

2 A. No.

3 Q. When you were at SSC, about how many hours
4 did you work in a week?

5 A. The first week we worked 81-1/2 hours.

6 Q. Okay.

7 A. The second week we'd average anywhere from 32
8 to 36 hours.

9 Q. Okay.

10 A. 'Cause they working 10 days straight and four
11 days off, you working 12 hours a day.

12 Q. And was that pretty consistent?

13 A. Yeah.

14 Q. Just one week was---

15 A. 81-1/2 hours and the next week 30 -- 32 to
16 36.

17 Q. Okay. And how much -- what was -- what did
18 you make while you were a SSC?

19 A. 16 dollars an hour.

20 Q. And how much do you make now that you're at
21 Saiia?

22 A. 16 dollars an hour.

23 Q. Okay. Do you have a preference over what
24 kind of shift it is? Do you like to work a lot, and
25 then have some down time or just work 60 hours every

1 week?

2 A. It doesn't matter to me.

3 Q. Just as long as it's work?

4 A. As long as I get paid.

5 Q. Okay. And aside from the jobs that we've
6 been talking about over the past few years, do you have
7 any kind of side jobs or any hobbies that you do that
8 supplement your income?

9 A. None.

10 Q. None? Okay. Now, when you were -- during
11 that time of unemployment like when the economy was so
12 bad, did your -- did your wife support you at the time?

13 A. No, I supported myself.

14 Q. Okay. Through savings or?

15 A. No. Well, I sold some land I owned.

16 Q. Okay. And you still have some more land
17 that's in the family?

18 A. A little bit.

19 Q. A little bit?

20 A. Yeah.

21 Q. About how many acres do you know?

22 A. Not right offhand I don't.

23 Q. Are we talking tens or hundreds or?

24 A. No, probably 10.

25 Q. Ten. Okay. Now, is that -- what part of the

1 -- it's in Marion, is that right?

2 A. Yes.

3 Q. Is it in town or in the country?

4 A. No, it's in the country.

5 Q. Okay. Y'all do any farming or anything?

6 A. No, sir.

7 Q. Okay. Do you have -- I understand your
8 family has been there a while. Do you have any other
9 siblings or cousins that---

10 A. I got an uncle that lives in Marion that
11 worked with the Post Office.

12 Q. Okay. But nobody that lives on that same
13 property?

14 A. No.

15 Q. Okay. I'm going to ask you a little bit
16 about your medical history going back before last
17 summer. Generally speaking, do you have a Primary Care
18 Physician that you see regularly?

19 A. No, just a family doctor I see from time to
20 time.

21 Q. And who is that?

22 A. I think it's Dr. Keith in Marion.

23 Q. Okay. Is it Stuart Keith?

24 A. Yeah. Yeah, Stuart Keith. He's in that
25 folder. I went to him to start with. That's where my

1 wife carried me, and she carried me to the Emergency
2 Room in Marion, and then Dr. Healy's office and after
3 that, I don't remember much.

4 Q. Okay. How long have you been a patient of
5 Dr. Keith's?

6 A. I don't know, off and on six or eight years,
7 ten years.

8 Q. So he'd be the person you'd start with,
9 whatever---

10 A. Yeah.

11 Q. ---versus you're going to the Emergency
12 Department?

13 A. Yeah.

14 Q. Do you have any medical insurance?

15 A. No, sir.

16 Q. When is the last time you had medical
17 insurance?

18 A. When I worked with AccuStaff.

19 Q. Okay. Do you know who their carrier was for
20 that?

21 A. Not right offhand, I don't.

22 Q. Was there a certain amount of time you had to
23 work there before you qualified for insurance?

24 A. No, they started taking out the first -- the
25 first check they give me.

1 Q. Okay. Now, prior to last summer, had you
2 ever been diagnosed with any kind of chronic medical
3 condition?

4 A. No, sir.

5 Q. Okay. And you understand what I mean by
6 chronic?

7 A. Yeah.

8 Q. Like a long-term ongoing thing?

9 A. The only thing I've ever had was common cold.

10 Q. Okay. Did you -- did you go get regular
11 physicals or any kind of annual exams or anything with
12 Dr. Keith?

13 A. No.

14 Q. Just when you were sick?

15 A. Just when I was sick.

16 Q. I glanced at some of your records. Is there
17 -- there is a time where you'd lost a bunch of weight.
18 Is that -- when was that?

19 A. That's been several years ago. I lost
20 weight, 'cause I wanted to. I weighed 255 pounds.

21 Q. Okay.

22 A. Time to lose weight. When I'd bend over to
23 tie my shoe, I gasp for air.

24 Q. I hear you. Okay.

25 A. So I quit -- I backed away from the table and

1 started drinking water and diet drinks.

2 Q. Yes, sir. Well done. So what -- what did
3 you get down to, from 255 to what?

4 A. To about 160-170.

5 Q. Okay. And you don't have anything like
6 diabetes?

7 A. No.

8 Q. No arthritis, anything like that?

9 A. Nothing like it.

10 Q. No high blood pressure?

11 A. No.

12 Q. Okay. So back when you started with
13 AccuStaff, I guess it was May of 2014?

14 A. Yeah, June. About June.

15 Q. About June of 2014?

16 A. Yeah.

17 Q. So when you started there your health was?

18 A. Fine.

19 Q. Prior to contracting your illness, were you
20 taking any medications regularly?

21 A. No, sir.

22 Q. Now, your new company, with the Saiia or
23 Sega, will you eventually be getting health insurance
24 through them?

25 A. Yes, sir.

1 Q. Okay. You just have to be there?

2 A. I have to be there 30 or 60 days, I believe,
3 is what they told me.

4 Q. Okay. So once that---

5 A. Once they send me a package, I'll fill it out
6 and turn it back in.

7 Q. What kind of stuff or hobbies or activities
8 you do outside of work?

9 A. Mostly just work.

10 Q. Just work?

11 A. Yes, sir.

12 Q. What about you don't fish or hunt?

13 A. I fish a little bit ever when I get the
14 chance to go. Most of the time, I'm working.

15 Q. Okay.

16 A. I quit hunting about 10 years ago.

17 Q. Right. Okay. What about working on the
18 house or the farm or anything?

19 A. No, unless something tears up around the
20 house, I don't fix it.

21 Q. Okay. Do you do any kind of contract labor
22 outside of your job?

23 A. No.

24 Q. All right. Let me go into a little more
25 depth about your employment with AccuStaff. When you

1 started around in June, May or June of 2014, what was
2 your understanding of what your job was going to be?
3 Was it just the laying of---

4 A. With SSC?

5 Q. Yes.

6 A. They hired me for off-road truck driver, but
7 I helped lay pipe, too.

8 Q. Okay. So were you working on that piping
9 project as soon as you started?

10 A. No. It was afterwards.

11 Q. Okay. So you weren't doing anything else on
12 the site?

13 A. No, I was driving off-road truck and laying
14 pipe.

15 Q. Okay. What kind of -- when you say driving
16 the off-road truck, is that like a dump truck?

17 A. It's a big Volvo dump truck.

18 Q. Okay. And what kind of stuff do you haul
19 around in it?

20 A. Dirt.

21 Q. Okay. And when you were laying the pipe for
22 the drainage project, what kind of equipment did you
23 use?

24 A. Well, the guy that was running the trackhoe
25 there he'd he dig the ditches, put the rock in it, and

1 we'd lay the pipe in the ditch and put it together.

2 Q. Okay. When you lay the pipe in the ditch, do
3 you have a crane or any kind of?

4 A. You use the trackhoe to lay it.

5 Q. Okay. And did you operate the trackhoe?

6 A. No.

7 Q. Okay. So what, what did you do?

8 A. I was running the off-road truck and laying
9 pipe.

10 Q. Okay. Did you get in the, in the ditch to
11 lay the pipe?

12 A. Yes, I got in the ditch also.

13 Q. Okay. Working the -- I guess, helping
14 getting the pipe down?

15 A. Pipe down in the ditch and helping put it
16 together.

17 Q. Okay. Now, when you were -- before y'all had
18 laid the pipe, did y'all have -- was there anything
19 else there?

20 A. No. There's a ditch there and the ditch --
21 we dug another ditch right beside it and that's where
22 the pipe went.

23 Q. Okay. So before rather than having a
24 drainage pipe, there was just a ditch that went into
25 the pond?

1 A. There was just a ditch running down through
2 there.

3 Q. Okay. How big was that pipe?

4 A. A 60-inch pipe.

5 Q. About how long was it?

6 A. Twenty-foot long.

7 Q. Twenty feet?

8 A. The pipe was.

9 Q. Okay. Were there several pipes that you put
10 together?

11 A. Yeah, there was quite a bit of it put
12 together. Probably, roughly, I'd say a thousand, 1500
13 feet.

14 Q. Okay. And that was from the facility to the
15 drainage pond?

16 A. From the facility that where we were working
17 at, what they had already tied in, another company had
18 already done.

19 Q. Okay. So that -- you were just kind of
20 taking the pipe to where it needed to go?

21 A. Yeah.

22 Q. About how -- I understand you got sick at
23 some point during the project. About how much of the
24 pipe had you gotten down by then?

25 A. Probably three or 400 feet.

1 Q. Okay. Has it since been completed?

2 A. Yeah, the job has.

3 Q. Now, aside from Dr. Keith up in Marion, is
4 there a pharmacy you use up there?

5 A. Wal-Mart.

6 Q. Wal-Mart, okay. Who all worked with you when
7 you were at SSC?

8 A. Mickey McDonald, Mike Hough, Kevin Allen,
9 David Hough, Keith Gay and Lucas Gay.

10 Q. So there were about six of you?

11 A. Travis Draper.

12 Q. Okay.

13 A. Yeah, that was it.

14 Q. So less than 10 folks out there?

15 A. Yeah.

16 Q. Okay. And were they all employed by
17 AccuStaff?

18 A. No, most of them was employed by SSC.

19 Q. Okay.

20 A. Just me and Travis Draper was employed by
21 AccuStaff.

22 Q. Okay. And which one had told you about the
23 project and how to get signed on with AccuStaff?

24 A. Well, Tee Draper, told me about the job with
25 SSC. David Hough is the one who sent me to AccuStaff,

1 my supervisor.

2 Q. And were they out there with you every day?

3 A. Yes, sir.

4 Q. Had you ever done a project like this before?

5 A. I have laid pipe before, yeah.

6 Q. Right. I understand there was something --
7 an issue with the soil.

8 A. It was contaminated dirt.

9 Q. Okay. And you wouldn't have had any idea?

10 A. No.

11 Q. Do you know if SSC or, what's the name of
12 that, or Rock Tenn, you know, had all of the project
13 approved and everything?

14 A. As far as I know, they had everything
15 approved.

16 Q. Okay. You don't know if there were any
17 licensing issues?

18 A. No, not that I know of.

19 Q. No violations?

20 A. I know everything that runs through that mill
21 and wastewater, sewage and everything goes out that
22 ditch.

23 Q. Oh, really?

24 A. Yeah.

25 Q. Does the ditch -- is there any kind of lining

1 at the bottom of it?

2 A. No.

3 Q. It's just dirt?

4 A. Dirt.

5 Q. Okay. And whatever they put through it?

6 A. And whatever comes through it.

7 Q. Okay. About how far was the ditch from where
8 y'all were putting down pipes?

9 A. Less than 10 feet.

10 Q. Okay. So it was really right there?

11 A. Yeah, it was right beside it.

12 Q. Do you know how long those other guys were
13 out there working before you started?

14 A. They were there two or three months before I
15 started with them. Yeah.

16 Q. Okay. And during this whole time were they
17 still using that ditch that was alongside the pipe?

18 A. Yeah, the mill did, yeah.

19 Q. Okay. What did it look like?

20 A. Just a bunch of different colored water
21 running through it.

22 Q. Oh, really?

23 A. Yeah.

24 Q. Okay. So it was liquid?

25 A. And it stunk like Hell.

1 Q. And you could see, I guess, the oil and
2 whatever?

3 A. You could see whatever, I mean, you know,
4 just water running through the ditch is what it looked
5 like, different color water.

6 Q. Okay. Did they give you any kind of mask or
7 anything?

8 A. No.

9 Q. What about glasses?

10 A. Safety glasses.

11 Q. Okay. But nothing like---

12 A. No.

13 Q. ---to give you any indication that there was
14 something wrong with that sludge or whatever it was?

15 A. No.

16 Q. Was it just liquid stuff or were there parts
17 like---

18 A. It was all kind of stuff comes through it,
19 plastic, you know, I don't know.

20 Q. Okay.

21 A. It was a little bit of everything.

22 Q. Right. It wasn't all -- there was just a
23 bunch of junk in it?

24 A. Yeah.

25 Q. Okay. And all this went to a retaining pond,

1 is that what it was?

2 A. Yeah.

3 Q. And at some point, you started feeling bad?

4 A. Yes. I started having headaches.

5 Q. Okay. Just generally speaking, do you know
6 how long you were working before you started getting
7 headaches?

8 A. No. I worked there about a month-and-a-half
9 before I started having headaches. That first week of
10 July, I started having headaches and the second week of
11 July, I was having the severe headaches and dizzy
12 spells. The third week of July, my wife put me in the
13 hospital.

14 Q. Okay. But prior to that -- I guess prior to
15 July, you'd been working and everything was fine before
16 then?

17 A. Everything was fine.

18 Q. When you were out there working, did it get
19 better when you went home or was it just gradually over
20 time it got worse and worse?

21 A. Yeah, it just kept getting worse and worse.

22 Q. Okay. So no matter if you were at work or at
23 home, it kept getting worse?

24 A. Yeah.

25 Q. Okay. Did you ever talk to any of the other

1 guys at the site about that?

2 A. Yeah, I talked to Mickey McDonald, and I
3 talked to my boss man about it, David Hough.

4 Q. Did they share any concern about what may be
5 happening?

6 A. Mickey told me I needed to go see a doctor
7 which, finally, my wife carried me to see the doctor,
8 you know, but I was thinking -- I thought I was
9 catching a cold, you know.

10 Q. Right.

11 A. So after I seen my doctor, you know, he said
12 there was a possibility of meningitis, Dr. Keith told
13 me to start with, but he gave me some medicine to take
14 there and it didn't help none, and then my wife carried
15 me, like I say, to the Emergency Room and they done
16 some tests. I don't know what all they done, but then
17 she carried me to Dr. Healy's office.

18 Q. Right.

19 A. And from there, when I went to Dr. Healy's
20 office, he put me straight in the hospital.

21 Q. Okay. So once you -- once you went to the
22 doctor, you continued to go back?

23 A. Yeah.

24 Q. And then, eventually, you went to the
25 hospital---

1 A. Yeah.

2 Q. ---under Dr. Healy's care?

3 A. Yeah.

4 Q. Had any of those other guys complained about
5 getting headaches or anything?

6 A. No.

7 Q. They seemed to be tolerating it?

8 A. They tolerated it, I guess. They didn't none
9 of them get sick from it that I know of.

10 Q. And did they wear any masks or---

11 A. No.

12 Q. ---respiratory things?

13 A. No.

14 Q. Okay. So when you went to Dr. Keith you were
15 still working?

16 A. Yes, sir.

17 Q. Did you continue to work until Dr. Healy put
18 you in the hospital?

19 A. I worked till I think it was 9th day, that
20 was the last day I worked there, and then my wife
21 carried me to the doctor that -- I think it was that
22 Thursday or Friday, and then she carried me to the
23 Emergency Room, and I didn't work none the next week
24 and she carried me to Dr. Healy's office, and that's
25 when he put me in the hospital.

1 Q. Okay. So once you went to Dr. Keith and the
2 ER in---

3 A. Marion.

4 Q. ---Marion, you didn't---

5 A. I didn't work no more.

6 Q. Okay. Had you ever had an occasion where
7 you'd get headaches like that?

8 A. No.

9 Q. You don't -- you don't suffer from headaches
10 generally?

11 A. No.

12 Q. Now you mentioned the headaches kept getting
13 worse and worse. What other kind of symptoms did you
14 start to notice?

15 A. I was having dizzy spells. I was running a
16 fever.

17 Q. Were you able to sleep?

18 A. Very little.

19 Q. And were you taking over-the-counter stuff
20 too?

21 A. I took what Dr. Keith prescribed for me
22 there, but it didn't help none.

23 Q. Okay. Do you know what that was?

24 A. I can't remember. I can't recall it. I
25 believe it's on your printout that I give you.

1 Q. Yeah, it's right.

2 A. Okay.

3 Q. This is your attorney's stuff right here so.

4 A. Okay. That's where Wal-Mart printed it out
5 for me, 'cause it was on there 'cause I remember seeing
6 it, 'cause I had asked them from the first month it was
7 from July 1st till whatever is the last day I bought
8 stuff from them. I can't remember.

9 Q. August or September or something?

10 A. Yeah, January is the last I bought some stuff
11 from them.

12 Q. Okay.

13 A. I've been paying for my own prescriptions
14 myself.

15 Q. Okay. So at some point did you, I guess,
16 lose your insurance with AccuStaff?

17 A. No. They sent me a Workmans' Comp card there
18 to get my prescription and stuff, but it wasn't no
19 good.

20 Q. Okay.

21 A. I mean, I don't know why they sent it, 'cause
22 the card wasn't no good.

23 Q. Do you know who sent that to you?

24 A. Workmans' Comp, I guess, whoever, you know,
25 because it was a Workmans' Comp card.

1 Q. Okay.

2 A. I carried it to the drugstore that they had
3 recommended me to use, you know, and it wasn't no good.
4 So I went back to Wal-Mart and paid, paid for it out my
5 pocket.

6 Q. Now, aside from the Workers' Comp, did you
7 have insurance though AccuStaff?

8 A. They took out a little bit of insurance.

9 Q. Okay. But you're not sure what was covered?

10 A. I'm not sure what it covered.

11 Q. Do you recall at some point where your --
12 because you hadn't worked in a month or something that
13 you'd stopped being covered by health insurance?

14 A. As far as I know.

15 Q. As far as you know?

16 A. Yeah. As far as you know, I was still
17 covered because, I mean, you know.

18 Q. Nobody sent you a packet?

19 A. They didn't send me nothing. When I went
20 back to work, they kept taking it out. They kept
21 taking it out of my check, so I guess they caught up,
22 you know, for the month-and-a-half I was out.

23 Q. Okay. When did you go back to work?

24 A. September 1st.

25 Q. How long did you continue to work with

1 AccuStaff?

2 A. Through January 29th, I think it was. I
3 think that was the last day I worked.

4 Q. Were you still working on that project?

5 A. Yeah.

6 Q. Digging the ditch?

7 A. We was still, yeah, putting in pipes and
8 stuff, yeah.

9 Q. Okay. And then come January 29th, that was
10 your last day there?

11 A. The last day. The job ended, yeah.

12 Q. Okay. So the project was finished?

13 A. The project was through.

14 Q. And did they just tell you that there's no --
15 you got to find something else?

16 A. Yeah, pretty much so.

17 Q. Okay. Or you could just wait around until
18 they had something else?

19 A. Yeah, that or they supposed to be doing some
20 more work at the mill as soon as they get the contract
21 signed, but I don't know when it'll come through.

22 Q. Okay.

23 A. I ain't worried about now. I got a job.

24 Q. Right. And that's -- is that project you're
25 working on now, is that on a schedule? Is it supposed

1 to end or is it ongoing?

2 A. I'm not sure.

3 Q. Okay. So as long as that project is going
4 on, you'll be doing your job there?

5 A. Yeah. Well, with Saiia, they got three years
6 out there from what I was told.

7 Q. Okay.

8 A. So I'll be there three years at least.

9 Q. Right. So when you started with them, I
10 guess, they just started out there, is that right?

11 A. Yeah. They had been out there two or three
12 months.

13 Q. So if somebody at AccuStaff called and said
14 we've got this other thing lined up, you'd say I don't
15 need it?

16 A. No, I don't need it. I got a job.

17 Q. Okay. When you first started getting the
18 headaches, were, were you at work or where were you?

19 A. Yeah, I was at work.

20 Q. You were at work?

21 A. Yeah.

22 Q. And that's when you told Mr. McDonald and Mr.
23 Hough about it?

24 A. Yeah.

25 Q. I understand you don't recall everything

1 about your course of treatment, but once you were
2 admitted to the hospital, how long were you in the
3 hospital, do you know?

4 A. About seven days.

5 Q. How long?

6 A. Seven days.

7 Q. Seven days?

8 A. Yeah, I believe it was.

9 Q. What kind of floor was it, was it just a
10 regular hospital room? Were you in the ICU or
11 anything?

12 A. They had me on the fifth floor of Carolinas,
13 I believe. I can remember that.

14 Q. Okay. Is that where Neurology is?

15 A. I'm not sure.

16 Q. And where was the hospital at Carolinas, was
17 that here in Florence?

18 A. In Florence here, yeah.

19 Q. And you were being treated by Dr. Healy then?

20 A. Dr. Healy. Dr. Healy and Dr. Chavez.

21 Q. Okay. Is Dr. Chavez a neurologist, too?

22 A. No, he's a disease doctor.

23 Q. Okay. Is he affiliated with Dr. Healy or?

24 A. I guess so. I'm not sure.

25 Q. Okay. Had you met Dr. Chavez before you were

1 admitted to the hospital?

2 A. No.

3 Q. Okay. So he was probably the physician on-
4 call?

5 A. I guess. I'm not sure.

6 Q. When you returned in September, from
7 September until the project ended in January, had you -
8 - did you continue to work 60 hours a week?

9 A. Yeah.

10 Q. Okay. The same schedule?

11 A. Yeah, the same schedule before. We worked 10
12 days on, off four.

13 Q. Okay. What about the same people there?

14 A. The same people were working there.

15 Q. Okay. Any of those guys come over to Saiia
16 with you?

17 A. Uh-uh.

18 Q. No?

19 A. No.

20 Q. I guess some of them were SSC employees who
21 were working there?

22 A. Yeah. Yeah.

23 Q. Do you know if SSC is still working -- doing
24 any work around town?

25 A. Not, not around Florence. I think they got

1 work in Augusta right now.

2 Q. Okay. Did those guys go to Augusta?

3 A. That's where they were from, most of them.

4 Q. Okay.

5 A. Two of them went back to Louisiana, the rest
6 is in Augusta.

7 Q. So they just came with the job and left with
8 job?

9 A. Yeah.

10 Q. Now, when you were admitted to the hospital -
11 - well, let me back up. When you first went to see Dr.
12 Healy, was that at his office?

13 A. Yeah, I seen him at his office, went to his
14 office and seen him. He put me straight in the
15 hospital.

16 Q. Okay. So you went to the hospital that same
17 day?

18 A. Yeah.

19 Q. And you were there for the next seven days?

20 A. Yeah.

21 Q. Okay. And did Dr. Healy or Dr. Chavez tell
22 you about this meningitis that you had contracted?

23 A. They didn't tell me nothing to start with,
24 'cause I was unconscious, you know, most of the time.

25 Q. Yeah, I understand you have some memory

1 issues?

2 A. Yeah, I couldn't remember. I didn't---

3 Q. Didn't know where you were?

4 A. I didn't know where I was at.

5 Q. Okay. At some point when you were, I guess,
6 recovering, did you wonder why you were in the
7 hospital?

8 A. Yeah, I did and my wife told me why I was in
9 the hospital. Like I say, I don't remember a whole lot
10 about it.

11 Q. Okay. And they were giving you medications
12 while you were there?

13 A. Yeah.

14 Q. Taking tests?

15 A. Yeah.

16 Q. I understand they did a spinal tap and MRIs
17 and all sorts of tests on you?

18 A. Yeah.

19 Q. Okay. And one of the doctors, someone
20 eventually told you that you had meningitis?

21 A. Yes.

22 Q. Did they explain what kind of meningitis it
23 was?

24 A. They just told me I had the spinal meningitis
25 is all they said, I mean, you know.

1 Q. Well, I mean, did they say it's viral, it's
2 bacterial, it's fungal?

3 A. They -- I guess it's bacterial.

4 Q. Bacterial. And did they tell you that it was
5 probably from all that stuff in the soil?

6 A. No, they, they didn't say nothing about it to
7 start with. Dr. Healy is the one that mentioned about
8 that it was Workmans' Comp related, you know, 'cause I
9 caught the stuff on the job.

10 Q. Okay.

11 A. Breathing all the dust and dirt and stuff.

12 Q. Is that what Dr. Healy told you that would
13 cause that meningitis?

14 A. That's what he told me.

15 Q. And about -- that was in July, right?

16 A. Yeah.

17 Q. It's pretty hot out there?

18 A. Yeah.

19 Q. And it was dry, too?

20 A. Yeah, it was pretty dry.

21 Q. Okay. So it was stirring up the dust?

22 A. Dust was flying.

23 Q. Okay. Was Dr. Healy the only one that talked
24 to you about what caused the meningitis?

25 A. As far as I know, yeah.

1 Q. Okay. Somebody may have told you, but you
2 wouldn't remember it?

3 A. I wouldn't remember it.

4 Q. Okay. And when did Dr. Healy talk to you
5 about it being from the dust that you were working
6 around?

7 A. It was after I was released from the
8 hospital.

9 Q. Okay. So while you were in the hospital, he
10 didn't talk about it with you?

11 A. No. Uh-uh.

12 Q. And when you were admitted to the hospital,
13 there's a lot of medical bills that your attorney will
14 be providing to us. Did you have health insurance when
15 you were at the hospital, do you know?

16 A. No, not except for what AccuStaff took out,
17 you know.

18 Q. Okay. So you don't know what was covered and
19 what wasn't?

20 A. And what wasn't, no.

21 Q. When did Dr. -- I understand it was after you
22 were released from the hospital, when did Dr. Healy
23 tell you that it was likely from the dust that you had
24 been working around?

25 A. Probably after I seen him a couple of times.

1 Q. Okay. And that was before you'd gone back to
2 work?

3 A. Yeah.

4 Q. Okay. So even though you'd been out of the
5 hospital for a little while, you were still, I guess,
6 at home?

7 A. Yeah, I was at home taking medicine.

8 Q. So you were just at home and not working for
9 about a month, is that -- or a month-and-a-half?

10 A. A month-and-a-half, yeah.

11 Q. Do you know what kind of medications you were
12 taking?

13 A. I got the prescriptions at the house, but I
14 can't tell you what they were.

15 Q. Okay. Was it something to help -- was it a
16 bunch of medications?

17 A. Yeah, it's three different kinds, yeah.

18 Q. Okay. Probably one to---

19 A. One was---

20 Q. Antibiotic?

21 A. ---an antibiotic and the other two, I ain't
22 sure what, what they was for.

23 Q. Maybe for the swelling or for the pain or
24 something?

25 A. I ain't sure.

1 Q. Okay. And did you take all of those as they
2 were prescribed?

3 A. Six months of it, yeah.

4 Q. Six months of it?

5 A. Yeah.

6 Q. Okay. So you just finished taking it?

7 A. Yeah.

8 Q. And when was that in January?

9 A. I finished it up last week, I believe.

10 Q. Okay. When is the last time you saw Dr.
11 Healy?

12 A. It's been back in, I think, November. I
13 think was the last time I went to him.

14 Q. Okay. We're going to see Dr. Healy in a
15 minute. I just wanted to check with you on it. Now,
16 when you went back to work back in September, Dr. Healy
17 give you the okay to go back?

18 A. Yes, sir.

19 Q. Okay. When he released you from -- I guess
20 he didn't release you from his care yet, but he told
21 you it was okay to go back to work?

22 A. He told me it was all right to go back to
23 work if I felt all right.

24 Q. Okay. But even did he say stay away from
25 that ditch or anything?

1 A. He told me to stay away from everything I
2 could, but I mean, you know, you have to get around
3 stuff when you work.

4 Q. Right. Okay. So you just did your best to?

5 A. Done my best. So far, I feel fine.

6 Q. Right. Was it still -- I guess September is
7 still pretty hot---

8 A. Yeah.

9 Q. ---and dry and about the same as when you
10 were working?

11 A. About the same, I guess, other than when it
12 rains.

13 Q. And when you last saw Dr. Healy in November,
14 did he schedule a time for you to follow up with him?

15 A. No, he really didn't.

16 Q. Okay.

17 A. The secretary and none of them didn't give me
18 no, no definite time to come back, so I hadn't been
19 back to him.

20 Q. Okay.

21 A. I figured if they wanted me to come back,
22 they'd call me.

23 Q. Right, okay. So around -- since November,
24 have you been feeling okay?

25 A. Yeah.

1 Q. Okay. When did you start feeling like
2 yourself again?

3 A. Probably in September.

4 Q. Back when you were back at work?

5 A. Back when I started back to work, I started
6 feeling -- I was feeling fine -- well, I felt fine in
7 August but the doctors, they wouldn't let me go back to
8 work.

9 Q. Sure. You're probably still at risk with
10 your---

11 A. Yeah.

12 Q. ---immune system and everything?

13 A. I guess so.

14 Q. Did anyone tell you about that you were at
15 risk due to your immune system?

16 A. Uh-uh. No, sir.

17 Q. As far as you know when you returned back to
18 work, you were feeling good and you were in decent
19 health?

20 A. Yeah.

21 Q. So the last time you saw Dr. Healy, did -- I
22 understand they didn't make an appointment or anything,
23 but did he give you an explanation about what you
24 should expect in the future?

25 A. No, he sure didn't.

1 Q. Okay. Did he, did he take any additional
2 tests, then?

3 A. No. We just sat down and had a talk and he
4 asked me how I was doing, and I told him fine.

5 Q. Do you know when the last time you had blood
6 drawn or had an MRI was?

7 A. Let's see, December 30th was the last time I
8 had blood drawn.

9 Q. Okay.

10 A. I got to go back to Dr. Chavez March 16th, I
11 believe it is. I was planning on scheduling it the
12 same day that y'all -- we was supposed to have that
13 hearing---

14 Q. Right.

15 A. ---at the thing, then y'all changed the date.

16 Q. You're trying to -- yeah, I understand.

17 A. Well, I was trying to take off one day of
18 work, you know.

19 Q. Right. Yeah. Okay. So even if---

20 A. See, I was, I was scheduled to have that
21 hearing at 1:15, you know, and I said, well, I'll just
22 schedule my appointment to Dr. Chavez at 9:45 that
23 morning, you know.

24 Q. Okay. You sure you didn't schedule it for
25 1:30?

1 A. No.

2 Q. Okay. So after you -- although you last saw
3 Dr. Healy in November, after you were discharged from
4 the hospital, you continued to see Dr. Chavez, is that
5 right?

6 A. Yeah. I seen Dr. Healy and Dr. Chavez.

7 Q. Okay. And did Dr. Chavez prescribe you any
8 medications aside from what you got from Dr. Healy?

9 A. Yes, the antibiotics I believe come from
10 Chavez.

11 Q. Okay. So once your -- I guess your mental --
12 you were back to yourself, Dr. Healy wasn't doing a
13 whole lot more for you?

14 A. No, not really.

15 Q. Okay.

16 A. Other than giving me -- other than
17 prescribing the medicine that, you know, that I'd have
18 to take for six months, him and Dr. Chavez.

19 Q. Right. Okay. And when is the last time you
20 saw Dr. Chavez?

21 A. December 30th.

22 Q. Okay. That was December 30th. Have you
23 talked about the results of your blood tests?

24 A. Yeah, I got to go back and take another test
25 the 16th of March to find out exactly what, you know,

1 what's going on with my blood system.

2 Q. Okay. Now, back in December 30th when you
3 saw Dr. Chavez, did he give you any kind of idea of
4 what you should expect in the future?

5 A. No. No. No, basically he didn't.

6 Q. Okay. So he said I'll see you in three
7 months?

8 A. Yeah, pretty much so.

9 Q. Did Dr. Chavez give you any kind of
10 explanation about how you were doing?

11 A. From what he told me I was doing fine.

12 Q. Okay.

13 A. And then they drew blood that day and a
14 couple, two or three days later, his nurse called me
15 and told me -- that was supposed to have been the last
16 time I seen him, you know, December 30th, and then they
17 scheduled me an appointment on March 2nd, so I changed
18 it to the 16th to coincide with y'all's hearing, you
19 know.

20 Q. Right.

21 A. It didn't work out that way.

22 Q. Okay. So you'll probably see Dr. Chavez
23 again?

24 A. Yeah. I got to go back and draw more blood.

25 Q. Okay. So at least one more time?

1 A. At least one more time.

2 Q. What about as far as going forward not just
3 with the treatment for now, like is it going to affect
4 you in five years or two years?

5 A. Well, I hope it don't.

6 Q. Did any -- did any physician---

7 A. They ain't nobody -- ain't nobody said
8 nothing to me about it.

9 Q. So you don't expect that it's going to be a
10 long-term issue?

11 A. No, I don't expect it to be, but you never
12 know.

13 Q. Was there a point when you were unable to
14 really function?

15 A. Yeah.

16 Q. Couldn't drive or anything?

17 A. Couldn't -- yeah, couldn't drive, couldn't
18 hardly walk.

19 Q. Oh, really?

20 A. Yeah, I mean it's -- like I say, I was losing
21 my balance, being dizzy as Hell. I just couldn't
22 function.

23 Q. How were you feeling once you got out of the
24 hospital?

25 A. I was weak.

1 Q. Weak?

2 A. Yeah, real weak.

3 Q. Still had a lot of medications?

4 A. Had a lot of medications, taking a lot of
5 medications.

6 Q. All right. Now, once you got sick aside from
7 the doctors, did you have to fill out a report or
8 anything for like a safety inspector or anyone at the
9 insurance company or anything?

10 A. Not that I know of.

11 Q. Did you get paid for any of that time that
12 you were out between July and September 1st? Can you
13 give a verbal?

14 A. Nobody -- nobody paid me anything.

15 Q. And you didn't receive any kind of checks
16 from an insurance company or a disability company?

17 A. No.

18 Q. I understand you when you went back to work
19 you were basically doing the same thing. Were you
20 still driving the truck?

21 A. Yeah.

22 Q. Okay. You didn't have any issues doing your
23 job?

24 A. No.

25 Q. Has any of your doctors, have they put you on

1 any kind of work restrictions?

2 A. No.

3 Q. Since you've been discharged, what kind of
4 tests have you had? I understand you get your blood
5 drawn every three months or so?

6 A. Yeah.

7 Q. Anything else? Have you had an MRI or?

8 A. No.

9 Q. Okay. Are there any other physicians you're
10 seeing presently other than Dr. Chavez or Dr. Healy?

11 A. No.

12 Q. Now, have you been receiving the bills from
13 all these healthcare providers?

14 A. Of course.

15 Q. Okay. Have you paid any of them or you just
16 give them to your lawyer?

17 A. I've been paying Dr. Healy and Dr. Chavez a
18 little along and along when I go to see them.

19 Q. Sure. I understand. And you don't know
20 what's been covered by insurance versus what you're
21 responsible for?

22 A. No.

23 Q. And aside from contracting the meningitis,
24 have you had any other kind of illness or injuries
25 while you were at AccuStaff?

1 A. No.

2 Q. Okay. Did Dr. Healy help you or tell you to
3 report to the insurance company about Workers' Comp?

4 A. Well, as soon as I got out of the hospital,
5 I, I filed it, you know, told -- called AccuStaff and
6 told them I wanted to file it on Workmans' Comp because
7 I felt like it was work related because I've never been
8 sick in my life other than a common cold.

9 Q. And to your knowledge, nobody has paid those
10 medical bills yet, have they?

11 A. No.

12 Q. Okay. And nobody has paid your wages for the
13 time you missed?

14 A. No.

15 Q. And you don't -- you don't anticipate that
16 there is going to be future medical care or treatment
17 other than what's coming up with Dr. Chavez?

18 A. That's it.

19 Q. Okay. But you don't know for sure what?

20 A. I don't know for sure, but as far as I know,
21 that's it.

22 Q. All right. I'm about to wrap this up, but
23 there --

24 MR. FISHER: I wanted you to be back in here,
25 of course. I'm wrapping it up, but there is -- I'm

1 still covering the waterfront.

2 MR. WUKELA: This is the good part? Okay.

3 MR. FISHER: No, no, covering the waterfront.

4 Q. I don't want you to take personal offense
5 when I ask you these questions. Have you ever been
6 involved in a lawsuit?

7 A. No, sir.

8 Q. Have you ever collected unemployment
9 benefits?

10 A. Yes, sir.

11 Q. Okay. And was that before you worked at the
12 E.G. Construction?

13 A. Yeah. A long time before then.

14 Q. A long time ago. And I asked you earlier,
15 you haven't been involved in any other Workers'
16 Compensation claims?

17 A. No, sir.

18 Q. And you've never been treated for any kind of
19 infection or---

20 A. No, sir.

21 Q. ---respiratory illness or anything?

22 A. No, sir.

23 Q. Have you ever been treated for drug or
24 alcohol abuse?

25 A. No, sir.

1 Q. Have you ever been ordered by a Court to
2 undergo any kind of mental health---

3 A. No, sir.

4 Q. ---or substance abuse counseling?

5 A. No, sir.

6 Q. Okay. Have you ever seen a psychiatrist or
7 mental health counselor?

8 A. No, sir.

9 Q. Have you ever collected any Social Security
10 Disability benefits?

11 A. No, sir.

12 Q. Do you smoke?

13 A. Yes, sir.

14 Q. About how much?

15 A. About a pack a day.

16 Q. What about alcohol, do you drink?

17 A. Yeah, a little bit.

18 Q. About how much?

19 A. I don't know. Probably a 18-pack a week.

20 Q. Has any doctor -- I guess, all the doctors
21 have told you you probably shouldn't smoke?

22 A. Yeah.

23 Q. Okay. You ever tried quitting?

24 A. I quit for five-and-a-half years and started
25 back.

1 Q. Why did you start again after all that effort
2 to stop?

3 A. Well, it wasn't that hard to stop smoking. I
4 just got aggravated on the job one day when I worked
5 with E.G. Contractors and picked up a cigarette and
6 went back to smoking.

7 MR. WUKELA: I thought you were going to say
8 it was when you lost all that weight made you go to
9 back.

10 A. No.

11 Q. It probably helped to lose that weight,
12 didn't it?

13 A. Back -- back then when I worked with E.G.
14 Contractors is when I lost the weight.

15 Q. Yeah. Okay. All right. I'm done asking you
16 questions. If I haven't covered anything about this
17 claim, please enlighten me?

18 A. I believe you got everything covered.

19 Q. Okay.

20 MR. WUKELA: That's it.

21 Q. That's it.

22 A. Thank you, sir.

23 Q. I appreciate it.

24 (THERE BEING NO FURTHER QUESTIONS,
25 DEPOSITION CONCLUDED AT 5:07 P.M.)

1 STATE OF SOUTH CAROLINA)

2 COUNTY OF DARLINGTON) CERTIFICATE

3 I, Laura W. Little, Verbatim Reporter and
 4 Notary Public in and for the State of South Carolina,
 5 certify that I did have William Frank Poston appear
 6 before me at 4:07 p.m. on the 16th day of February,
 7 2015 at the Wukela Law Firm, 403 Second Loop Road,
 8 Florence, South Carolina; that the witness was duly
 9 sworn and cautioned to tell the truth, the whole truth,
 10 and nothing but the truth; that the foregoing pages
 11 constitute a true and accurate transcript of his
 12 testimony given at that time and place.

13 I certify that I am not of counsel or kin to
 14 any of the parties, nor am I interested in any manner
 15 in its outcome.

16 IN WITNESS WHEREOF I have hereunto set my
 17 hand and seal this the 28th day of February, 2015.

18 Laura W. Little

19 Laura W. Little, Verbatim Reporter

20 Notary Public, State of South Carolina

21 My Commission Expires September 21, 2015

22

23

24

25



Claimant's Name: William F. Poston Employer's Name: Randstad North America
Address: 3335 Poston Dr. Address: 11405 Bluegrass Parkway
City: Marion State: SC Zip: 29571 City: Louisville State: KY Zip: 40299
Home Phone: _____ Work Phone: () - Carrier: Indemnity Ins. Co. of N. America
Preparer's Name: Christopher C. Mingledorff Preparer's Phone #: (803) 302-0002

Claim for workers' compensation benefits is made based on the following grounds:

Injury ☒ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$722.04 2. AWW: \$1,083.00 Date of Injury: 07/09/2014
3. Type of injury and body part(s): head, whole body
4. Facts in controversy: Employer denies that Claimant sustained an injury or illness arising out of or in the course of employment on or about the date set forth in the Form 50. Additionally, to date, Employer and Carrier are not in possession of or aware of any medical evidence establishing a causal link between claimant's work with the Employer and Claimant's fungal meningitis infection. Employer has retained an expert to collect soil samples from Claimant's job site, and is awaiting the results of that investigation. Employer denies that any penalties or interest is owed to Claimant as alleged in Claimant's Form 50.
5. Legal issues involved: See response to number 4.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Claimant; all witnesses identified by Claimant; David Duffy (Expert); Andrew Rice (Expert); and any witnesses needed to rebut the allegations of Claimant.
8. Exhibits: See APA submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See APA submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. R. Joseph Healy, 805 Pamplico Hwy., Ste. A130, Florence, SC 29505;
Dr. Thomas K. Stewart, Marion Medical Group, 1205 North Main St., Marion, SC 29571; Dr. Temujin Chavez, Carolina's Infectious Disease, 805 Pamplico Hwy., #125, Florence, SC 29505.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: N/A

Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

Verify the contents of this form are accurate and true to the best of my knowledge.

**Verify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen J. Wukela, Esq., address Wukela Law Firm
1 Second Loop Rd., Florence, SC 29504 on the 26th day of June, 20 by; ☒ first class postage ☒ certified mail ☐ personal service.**

Nature: [Signature] Email: For ccmingledorff@mijs.com
Date of hearing: July 7, 2015 Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

)

)

)

)

)

)

)

)

)

;

)

)

)

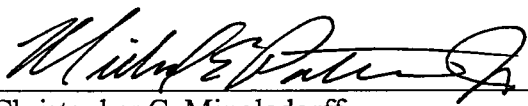
)

)

YOU ARE HEREBY NOTIFIED the Employer/Carrier will also rely upon the APA submissions submitted by Claimant. You are further notified the following witnesses may be called on behalf of the Employer/Carrier:

- (1) Claimant;
- (2) any witnesses listed by Claimant;
- (3) David Duffy;
- (4) Andrew Rice; and
- (5) any witnesses necessary for rebuttal.

The Employer/Carrier reserves the right to cross-examine any expert submitted by Claimant pursuant to 1-23-330(3).


For Christopher C. Mingledorff
South Carolina Bar No. 71670
MOORE INGRAM JOHNSON & STEELE, LLP
4000 S. Faber Place Drive, Suite 300
Charleston, South Carolina 29405
(843) 302-0002 – Telephone
(843) 302-0003 – Facsimile
Attorney for Employer/Carrier

Charleston, South Carolina
June 26, 2015

) BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION

5

;

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

—

Stephen J. Wukela, Esquire
403 Second Loop Road
Florence, SC 29504

Wich E. Patton Jr.

For

Christopher C. Mingledorff

South Carolina Bar No. 100390

MOORE INGRAM JOHNSON & STEELE, LLP

4000 S. Faber Place Drive, Suite 300

Charleston, South Carolina 29405

(843) 302-0002 – Telephone

(843) 302-0003 - Facsimile

Attorney for Employer/Carrier

PLACE HOLDER FOR
EXPERT REPORT
NOT YET PROVIDED



Claimant's Name: William F. Poston Employer's Name: Randstad North America
Address: 3335 Poston Dr. Address: 11405 Bluegrass Parkway
City: Marion State: SC Zip: 29571 City: Louisville State: KY Zip: 40299
Home Phone: _____ Work Phone: () - _____ Carrier: Indemnity Ins. Co. of N. America
Preparer's Name: Christopher C. Mingledorff Preparer's Phone #: (803) 302-0002

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☒ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$722.04 2. AWW: \$1,083.00 Date of Injury: 07/09/2014
3. Type of injury and body part(s): head, whole body
4. Facts in controversy: Employer denies that Claimant sustained an injury or illness arising out of or in the course of employment on or about the date set forth in the Form 50. Additionally, to date, Employer and Carrier are not in possession of or aware of any medical evidence establishing a causal link between claimant's work with the Employer and Claimant's fungal meningitis infection. Employer has retained an expert to collect soil samples from Claimant's job site, and is awaiting the results of that investigation. Employer denies that any penalties or interest is owed to Claimant as alleged in Claimant's Form 50.
5. Legal issues involved: See response to number 4.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Claimant; all witnesses identified by Claimant; David Duffy (Expert); Andrew Rice (Expert); and any witnesses needed to rebut the allegations of Claimant.
8. Exhibits: See APA submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See APA submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. R. Joseph Healy, 805 Pamplico Hwy., Ste. A130, Florence, SC 29505; Dr. Thomas K. Stewart, Marion Medical Group, 1205 North Main St., Marion, SC 29571; Dr. Temujin Chavez, Carolina's Infectious Disease, 805 Pamplico Hwy., #125, Florence, SC 29505.
11. Impairment rating(s); body part(s); physician and date of opinion: None.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen J. Wukela, Esq., Wukela Law Firm, 403 Second Loop Rd., Florence, SC 29504 on the 13th day of July, 2015 by: ☐ first class postage ☒ certified mail ☐ personal service.

Signature: [Signature] Email: ccmingledorff@mijs.com
Date of hearing: July 15, 2015 Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Revised 7/13

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
COUNTY OF MARION	)	WORKERS' COMPENSATION
	)	COMMISSION
	)	
WILLIAM F. POSTON,	)	
Claimant,	)	
vs.	)	WCC FILE NO.: 1416804
	)	
RANDSTAD NORTH AMERICA,	)	AMENDED
	)	NOTICE OF WITNESSES
	)	AND WRITTEN REPORTS/PHYSICIAN
Employer,	)	OR OTHER EVIDENCE TO BE
and	)	INTRODUCED ON BEHALF OF
	)	EMPLOYER/CARRIER
INDEMNITY INSURANCE OF	)	
NORTH AMERICA,	)	
	)	
<u>Carrier.</u>	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
STEPHEN J. WUKELA, ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE EMPLOYER/CARRIER, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence on behalf of the Employer/Carrier, to wit:

Employer/Carrier will rely on APA submitted by Claimant; and

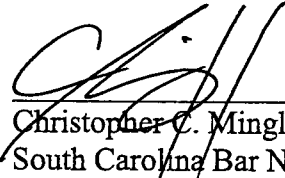
EXHIBITS

TAB	DOCUMENT	DATE OF REPORTS	NO.
1	Deposition Transcript of Claimant, William Poston	February 16, 2015	1 - 59
2	Deposition Transcript of Dr. Robert Joseph Healy, Jr.	February 16, 2015	60 - 86
3	Deposition Transcript of Dr. Tamujin T. Chavez	March 20, 2015	87 - 146
4	Expert Report of David A. Duffy	July 10, 2015	147 - 159
5	CV of David A. Duffy	July 10, 2015	160 - 161

YOU ARE HEREBY NOTIFIED the following witnesses may be called on behalf of the
Employer/Carrier:

- (1) Claimant;
- (2) any witnesses listed by Claimant;
- (3) David Duffy;
- (4) Andrew Rice; and
- (5) any witnesses necessary for rebuttal.

The Employer/Carrier also reserves the right to cross-examine any expert submitted by
Claimant pursuant to 1-23-330(3).



Christopher C. Mingledorff
South Carolina Bar No. 100390
MOORE INGRAM JOHNSON & STEELE, LLP
885-B Island Park Drive
Charleston, South Carolina 29492
(843) 302-0002 – Telephone
(843) 302-0003 – Facsimile
Attorney for Employer/Carrier

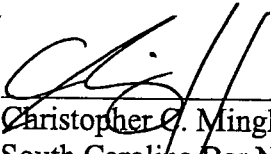
Charleston, South Carolina
July 13, 2015

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
COUNTY OF MARION	)	COMMISSION
	)	
WILLIAM F. POSTON,	)	
	)	
Claimant,	)	
	)	WCC FILE NO.: 1416804
vs.	)	
	)	
RANDSTAD NORTH AMERICA,	)	CERTIFICATE OF SERVICE
	)	
	)	
Employer,	)	
and	)	
	)	
INDEMNITY INSURANCE OF	)	
NORTH AMERICA,	)	
	)	
Carrier.	)	

This is to certify that a copy of the foregoing AMENDED Pre-hearing Brief and Notice of Witnesses, has been served upon all party(s), by placing a copy of the same in the United States mail, first class postage prepaid, addressed as shown below on this 13th day of July, 2015.

The Honorable Susan S. Barden
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Stephen J. Wukela, Esquire
Wukela Law Firm
403 Second Loop Road
Florence, SC 29504



Christopher C. Mingledorff
South Carolina Bar No. 100390
MOORE INGRAM JOHNSON & STEELE, LLP
885-B Island Park Drive
Charleston, South Carolina 29492
(843) 302-0002 – Telephone
(843) 302-0003 – Facsimile
Attorney for Employer/Carrier



ESIS, Inc.
Health, Safety & Environmental
525 W. Monroe Ave
Chicago, Illinois

773.499.9441 cell

david.duffy@esis.com

David A. Duffy, CIH
Practice Leader, Occupational Disease

July 10, 2015

Mr. Michael Milone
Senior Claim Representative
ESIS, Inc.
4900 Cox Rd, Ste 250
Glen Allen, VA 23060

Client: Randstad
Location: RockTenn CP, LLC - 2202 Paper Mill Road Florence - South Carolina
Claim: Poston, William - Heavy Equipment Operator
Claim Number: C540C9239989
Date of Assessment: June 17, 2015

Dear Mr. Milone:

I had the opportunity to review the above-noted claim file, as well as direct a site inspection and collection of appropriate samples for testing. The claim file includes medical notes regarding Mr. Poston's medical condition, the medical testing that was conducted and the diagnoses of *Cryptococcus meningitis*. The medical file indicated that Mr. Poston's condition was due to *Cryptococcus neoformans*. The results for the field soil tests for *Cryptococcus neoformans* and a description of those tests are included herein. In order to address this claim, the following should be understood about the alleged causative agent.

I. *Cryptococcus* Fungus:

Cryptococcus neoformans is a fungus that lives in the environment throughout the world. For one serotype, it exists primarily in the tropical and sub-tropical areas of the world and is associated with the eucalyptus tree. For another serotype (*neoformans*) it is closely associated with pigeon guano. *C. neoformans* is the serotype associated with this claim. Most people who are exposed to this particular fungus never experience adverse reaction or disease. According to the CDC, *C. neoformans* infections are extremely rare in people who are otherwise healthy. Most cases occur in people who have weakened immune systems, particularly those who have HIV/AIDS. *C. neoformans* is sometimes referred to as an opportunistic fungus for this reason.

C. neoformans infections are not contagious. Research indicates that people may be exposed to *C. neoformans* in the environment when they are children. Most people who breathe in *C. neoformans* never get ill from it after exposure. However, in people who have weakened immune systems, *C. neoformans* can stay hidden in the body and cause infection many years later when the immune system becomes too

weak to fight it off. *C. neoformans* is an encapsulated fungus and as such, can exist in the body for longer periods of time.

II. Habitat

C. neoformans has shown a strong association with desiccated avian excreta, especially pigeon guano. This fungus has been obtained more frequently from dry droppings than from moist droppings. It has also been isolated from old dried accumulations of bird droppings in buildings, but not from fresh, wet droppings. The precise link between birds and *C. neoformans* infection remains unclear as birds are not infected but serve as a vector.

The relationship between *C. neoformans* and pigeon guano is well established. The fungus will grow and reproduce prolifically on pigeon guano. Pigeon guano provides resource requirements and the physical conditions necessary for growth and reproduction. Testing has shown that growth is limited to the guano and does not occur in soil. Even soil in close proximity to the guano will not support reproduction. Soil does not offer the nutrients needed for growth. *C. neoformans* will not grow in water and does not grow well in wet guano. Desiccated guano is the best habitat. The fact that soil is not a growth environment explains the fact that *C. neo* is cosmopolitan and can grow in urban and rural environments, as long as the proper guano is present. Heavy rains which physically dilutes or washes the guano away will retard or minimize growth. The more concentrated the guano, the more growth occurs. The rate of growth and development in other bird guano is less than what occurs in pigeon guano.

III. Life Cycle:

C. neoformans has been isolated from old dried accumulations of bird droppings in abandoned buildings, but not from fresh wet droppings. *C. neoformans* is known to grow and multiply in pigeon guano for as long as the guano is intact and dry. *C. neoformans* will continue to multiply as long as it has the needed growth factor. This growth niche is thought to have developed over many years. The relationship is hypothesized to be one where certain components of the guano are associated with the fungus's development of melanin, which it needs to grow and survive. There is evidence and research that indicates that *C. neoformans* will not grow in uncontaminated soil and will not grow even in close proximity to guano contaminated soil. However, since *C. neoformans* is an encapsulated fungus, it has the ability to exist for many years outside of its viable habitat, as evidenced by the findings of this fungus in old, unused birds' nests. It is also known to stay in the dormant state in the soil for long periods of time, just as it can remain in the human body for similarly long periods.

IV. Soil Testing:

On June 17, 2015 I directed the collection of soil sampling for the purpose of assessing the potential presence *C. neoformans* at the above referenced location. The chain of custody and lab results are attached to this report, which contain data as developed during this soil collection. Appendix I includes the results of the soil sampling, Appendix II, the chain of Custody and Appendix III, a handwritten map of the tested areas.

The laboratory methodology used to detect *C. neoformans* included the culture of sterile TransPorter swab samples provided and cultured by EMLS Analytical laboratory. Soil samples were collected by Mr. Andrew Rice. Soil collection occurred at the above referenced location using 22 swab samples among three separate work areas within the referenced property:

PLEASE READ CAREFULLY

This Company has undertaken a survey of your premises, equipment, or operations (whichever is pertinent to the type of insurance applied for or provided) for the purpose of supporting the functions of risk underwriting. In accepting this report, you understand that ESIS loss control services are not a substitute for, nor does it excuse you from, fulfilling any legal duty you may have to provide a safe workplace, premises, product or operation. ESIS loss control services are not intended as a substitute for advice from legal counsel, nor are they intended to supplant any duty to provide a safe workplace, operation, product or premises. Any duty to implement ESIS' recommendations rests with the client not with ESIS. (Rev. U-10/2015)

- Area 1 is where Mr. Poston was removing and graded backfilling soil for a new drainage system.
- Area 2 is where the soil Mr. Poston was removing was deposited
- Area 3 is "gravel pit" on the property where sand and clay were used to backfill Area 1

Area 1 is the primary area that Mr. Poston was performing work. The area was approximately 100 x 500 ft. in size with multiple drainage grates and graded with a depressed in the center running the length of the property (depressed in the center and gradually raised) along the perimeter. An access road runs through the width of Area 1. 15 swab samples were collected in Areas 1. Swab samples were collected in an even (scatter) throughout the area while collecting samples in both raised and depressed areas as well as close to and away from drainage grates.

Area 2 is an area located approximately 100 yard from Area 1 where soil was deposited from Area 1. Area 2 was approximately 100' X 100' in size produced with multiple, what looked to be, dump truck loads of soil. Three swab samples were collected in this area assess the presence of *C. neoformans* in soil that once existed in Area 1. Samples were collected along the perimeter of and approximately 20 ft. into this area. Samples were taken evenly around half of the perimeter and from varying soil types.

Area 3 is gravel pit located approximately ¼ of a mile from Area 1. Material (sand and clay) was removed from Area 3 to backfill Area 1 after the drainage system was installed. Much of the terrain of Area 3 had changed since the work was performed in Area 1. 2 soil samples were collected in a location of Area 3 that seemed to remain intact since the work was performed in Area 3. A template with a 2" x 2" cutout was used to collect samples within.

Swabs samples were packed and shipped in an insulated cooler with freezer packs on June 17, 2015 with the chain of custody to EMLS Analytical, Inc. for processing. The package was received by EMLS Analytical, Inc. on June 18, 2015.

A review of the 22 soil test results showed that *C. neoformans* was not detected. Soil samples were collected in designated areas, sent to the EMSL laboratory, where each was plated on growth media to determine if *C. neoformans* was present. In all cases, there was no growth of *C. neoformans*. The sampling data is attached hereto, as well as the chain of custody.

V. Claim Review:

Mr. Poston was a heavy equipment operator, which he used to move soil for this job. *C. neoformans* is ubiquitous in our environment. Wherever birds and specifically pigeons roost, feed, or habitate, droppings will be present. Not all droppings contain *C. neoformans*. Only when the bird is a vector will you find the fungus in the droppings. Droppings are generally less prominent in open areas and fields, but more common where the birds roost and perch. *C. neoformans* can remain in its normal habit or a hostile habitat for many years, due to its encapsulated structure.

Exposure to *C. neoformans* is common in many areas, rural and urban, for both kids and adults. As noted above, exposures do not equate to disease. Our cellular macrophage defense system can eliminate the fungus or in other cases, the fungus can remain dormant, as our immune system is capable of containing the fungus as well. This biological pathway is well defined. For those who harbor the organism, if the immune system breaks down, *C. neoformans* can activate within the lung and pass along through to the central nervous system and cause meningitis. This too, is well documented.

PLEASE READ CAREFULLY

This Company has undertaken a survey of your premises, equipment, or operations (whichever is pertinent to the type of insurance applied for or provided) for the purpose of supporting the functions of risk underwriting. In accepting this report, you understand that ESIS loss control services are not a substitute for, nor does it excuse you from, fulfilling any legal duty you may have to provide a safe workplace, premises, product or operation. ESIS loss control services are not intended as a substitute for advice from legal counsel, nor are they intended to supplant any duty to provide a safe workplace, operation, product or premises. Any duty to implement ESIS' recommendations rests with the client not with ESIS. (Rev. U-10/2015)

The soil sampling on this construction site did not show the presence of *C. neoformans*. Twenty five samples were collected. Rain and water, such as flooding, standing water, etc. can adversely affect pigeon guano and removed or retard fungal habitats and growth. If the construction area was wet or flooded or had water run-off, then the likelihood of fungal growth is considerably less.

Thank you for the opportunity to address the issues presented by this claim. If you have any questions regarding this report, please do not hesitate to contact me at david.duffy@esis.com or 773.499.9441.

Sincerely,

David A. Duffy, CIH

David A Duffy

Practice Leader, Occupational Diseases
ESIS, Inc.
Health, Safety & Environmental

c: Christopher C. Mingledorff, Moore Ingram Johnson & Steele, LLP - CCMingledorff@mijs.com

PLEASE READ CAREFULLY

This Company has undertaken a survey of your premises, equipment, or operations (whichever is pertinent to the type of insurance applied for or provided) for the purpose of supporting the functions of risk underwriting. In accepting this report, you understand that ESIS loss control services are not a substitute for, nor does it excuse you from, fulfilling any legal duty you may have to provide a safe workplace, premises, product or operation. ESIS loss control services are not intended as a substitute for advice from legal counsel, nor are they intended to supplant any duty to provide a safe workplace, operation, product or premises. Any duty to implement ESIS' recommendations rests with the client not with ESIS. (Rev. U-10/2015)

APPENDIX I

Sample Results



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077 (800)220-3675

Client: ESIS
33 Arch Street, Suite 2900
Boston, MA 02110
Attn: David Rice
Project: Randstad-Florence, SC-C. neoformans

EMSL Reference: 37150772
Date Received: 6/15/15
Date Analyzed: 7/1/15
Date Reported: 7/3/15

**Cryptococcus neoformans Identification by Viable Culture for the Analysis
of Swab Samples (EMSL Method: M028)**

Lab ID Number	Sample	Sample Type	Location	Media	Fungal Identification	Raw Count	Count (CFU/swab)	CRU (CFU/swab)
509772-1	1	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-2	2	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-3	3	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-4	4	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-5	5	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-6	6	Swab	See Map	BSA	None Detected	ND	NA	NA

EMSL Analytical is responsible for the identification and quantitation of fungi on the client supplied sample and interpretation of these data are the responsibility of the client.
Bordet-Gibco is a selective medium and therefore is not exhaustive for all fungi that could be present.
All data is reported to three significant figures.

BSA = Bordet Gibco
ND = None Detected
NA = Not Applicable
CFU = Colony Forming Units

[Signature]

Farbod Makhoul, M.S.
Microbiology Lab Manager

EMSLAP Accreditation (E-09/2006)

EMSL Analytical (Cinnaminson, NJ) is accredited by the American Industrial Hygiene Association (AIHA) to the ENLAP accreditation program for specified field(s) of testing as documented on the scope of accreditation.



EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077 (800)220-3675

Client: ESS
33 Arch Street, Suite 300
Boston, MA 02110
Attn: Drew Rose
Project: Randstad-Financia, SC-C. neoformans

EMSL Reference: 371509772
Date Received: 6/15/15
Date Analyzed: 7/1/15
Date Reported: 7/2/15

**Cryptococcus neoformans Identification by Viable Culture for the Analysis
of Swab Sample: (EMSL Method: M028)**

Lab ID Number	Sample	Sample type	Location	Media	Fungal Identification	Raw Count	Conc. (CFU/Swab)	CEL (CFU/100cm ²)
509772-7	7	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-8	8	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-9	9	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-10	10	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-11	11	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-12	12	Swab	See Map	BSA	None Detected	ND	NA	NA

EMSL Analytical is responsible for the identification and quantitation of fungi in the client supplied sample and interpretation of these data are the responsibility of the client.

Birdseed Agar is a selective medium and therefore is not substitution for all fungi that could be present.
All data is reported as the significant figures.

BSA = Birdseed Agar

ND = None Detected

NA = Not Applicable

CFU = Colony Forming Units

Farhad M. Mousavi

Farhad Mousavi, M.S.
Microbiology Lab Manager

EMSL AP Accreditation ID# 100114

EMSL Analytical (Cinnaminson, NJ) is accredited by the American Industrial Hygiene Association (AIHA) in the EMLAP accreditation program for specified field(s) of testing as documented on the scope of accreditation.



EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077 (800)220-3675

Client: ESS
13 Arch Street, Suite 2900
Boston, MA 02110
Area: Dress Room
Project: Randstad-Financia, SC-C. neoforma

EMSL Reference: 371509772
Date Received: 6/25/15
Date Analyzed: 7/1/15
Date Reported: 7/1/15

**Cryptococcus neoformans Identification by Viable Culture for the Analysis
of Swab Samples (EMSL Method: M029)**

Lab ID Number	Sample	Sample Type	Location	Media	Fungal Identification	Raw Count	Conc. (CFU/swab)	CRL (CFU/swab)
509772-13	13	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-14	14	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-15	15	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-16	16	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-17	17	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-18	18	Swab	See Map	BSA	None Detected	ND	NA	NA

EMSL Analytical is responsible for the identification and quantitation of fungi in the client supplied sample and interpretation of these data are the responsibility of the client.

Birdseed Agar is a selective medium and therefore is not exhaustive for all fungi that could be present.

All data is reported to three significant figures.

BSA = Birdseed Agar

ND = None Detected

NA = Not Applicable

CFU = Colony Forming Units

[Signature]

Farbod Neshouei, M.S.
Microbiology Lab Manager

EMLAP Accreditation ID# 1180144

EMSL Analytical (Cinnaminson, NJ) is accredited by the American Industrial Hygiene Association (AIHA) in the EMLAP accreditation program for specified Field(s) of Testing as documented on the scope of accreditation.



EMSL Analytical, Inc.
200 Route 130 North, Cinnaminson, NJ 08077 (800)220-3675

Client: ESIS
33 Arch Street, Suite 2900
Boston, MA 02110
Attn: Drew Rice
Project: Randstad-Financo, SC-C, neofarmans

EMSL Reference: 371508772
Date Received: 6/18/15
Date Analyzed: 7/1/15
Date Reported: 7/3/15

***Cryptococcus neoformans* Identification by Viable Culture for the Analysis
of Swab Samples (EMSL Method: M028)**

Lab ID Number	Sample	Sample Type	Location	Media	Fungal Identification	Raw Count	Conc. (CFU/swab)	CRL (CFU/swab)
509772-19	19	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-20	20	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-21	21	Swab	See Map	BSA	None Detected	ND	NA	NA
509772-22	22	Swab	See Map	BSA	None Detected	ND	NA	NA

EMSL Analytical is responsible for the identification and quantitation of fungi on the client supplied sample and interpretation of these data are the responsibilities of the client.

Birdshot Agar is a selective medium and therefore is not exhaustive for all fungi that could be present.

All data is reported to three (3) significant figures.

BSA = Birdshot Agar

ND = None Detected

NA = Not Applicable

CFU = Colony Forming Units

Farhad Mahdavi, M.S.
Microbiology Lab Manager

EMLAP Accreditation (Lab 1001154)

EMSL Analytical (Cinnaminson, NJ) is accredited by the American Industrial Hygiene Association (AIHA) in the EMLAP accreditation program for specified field(s) of Testing as documented on the scope of accreditation.

APPENDIX II

Chain of Custody

Order ID: 371509772



Materials Science Chain of Custody

EMSL Order Number (Lab Use Only)

371509772

EMSL ANALYTICAL, INC.
 200 ROUTE 130 NORTH
 CINCINNATI, NJ 02977
 PHONE: (800) 220-5375
 FAX: (858) 858-1580

Company: <u>ESIS</u>		EMSL Bill to: ☒ Same ☐ Different NEW! In Different state instructions to Customers	
Street: <u>20 Rue</u>		Third Party Billing requires written authorization from third party	
City: <u>Rose</u>	State/Province: <u>ME</u>	Zip/Postal Code: <u>03904</u>	Country: <u>US</u>
Report To (Name): <u>Draw Rice</u>		Fax #:	
Telephone #: <u>207-337-5171</u>		Email Address: <u>Andrew.Rice@esis.com</u>	
Project Name/Number: <u>Randstad - Florence S.C.</u>			
Please Provide Results: ☐ Fax ☒ Email ☐ Purchase Order:		U.S. State Samples Taken In: <u>SC</u>	
Turnaround Time (TAT) Options - Please Check			
☒ 2 Week		☐ Expedited (Please call for information) TAT:	
Test Type			
☐ Common Particle ID (large particles)	☐ Combustion-by-products (soot, char, ash, carbon black)	☐ MMVF's (fibrous glass, mineral wool, RCF's)	
☐ Full Particle ID (environmental dust)	☐ FTIR/NIR (Polymers, Lubricants)	☐ Particle Size (Sieve, Microscopy, or Laser-select one)	
☐ Basic Material ID (solids)	☐ X-Ray Fluorescence (elemental analysis)	☐ Combustible Dust (Core Module, MIE, MEC, Kst etc.)	
☐ Advanced Material ID (liquids and solids, industrial residues)	☐ X-Ray Diffraction (Crystalline Particles)	☐ Petrographic Examination of Concrete, Soil, Stone	
☐ Physical Testing (Tensile, Compression, etc.)	☒ Other (Please Explain): <u>One Cryptosporidium was found. Also found E. coli.</u>		
All orders for clients who do not have established accounts with EMSL Analytical must be accompanied by payment in form of a check or credit card. After your first order, EMSL reserves the right to establish an account and assign credit terms of Net 30 or COD based on credit evaluation and/or frequency of sample submittal. To establish a permanent account, you must be able to submit samples on a regular basis at a minimum of five times per year. EMSL reserves the right to make adjustments or changes to this policy as deemed necessary by business requirements.			
Samplers Name:		Samplers Signature:	
Sample #	Sample Description	Volume	Date/Time Sampled
1	Swab samples	2" x 2"	6-17-15 10:30 AM
2			
3			
4			
5			
6			
7			
Client Sample # (s): <u>22</u>		Total # of Samples: <u>22</u>	
Relinquished (Client): <u>Draw Rice</u>		Date: <u>6-17-15</u>	Time: <u>2:30 pm</u>
Received (Lab):		Date:	Time:
Comments:			

EMSL Analytical, Inc. - Material Safety Data Sheet - 11-2012-2011

Page 1 of 2 pages

Page 3 Of 4

Order ID: 371509772



Materials Science Chain of Custody

EMSL Order Number (Lab Use Only)

371509772

EMSL ANALYTICAL, INC.
 200 ROUTE 130 NORTH
 CRANFORD, NJ 08077
 PHONE: (800) 220-3875
 FAX: (352) 858-4950

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Description	Volume	Date/Time Sampled
8	Swabs Samples	MOZB	10:30-10:40
9			6-17-15
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
Comments/Special Instructions:			

Page 2 of 2 pages

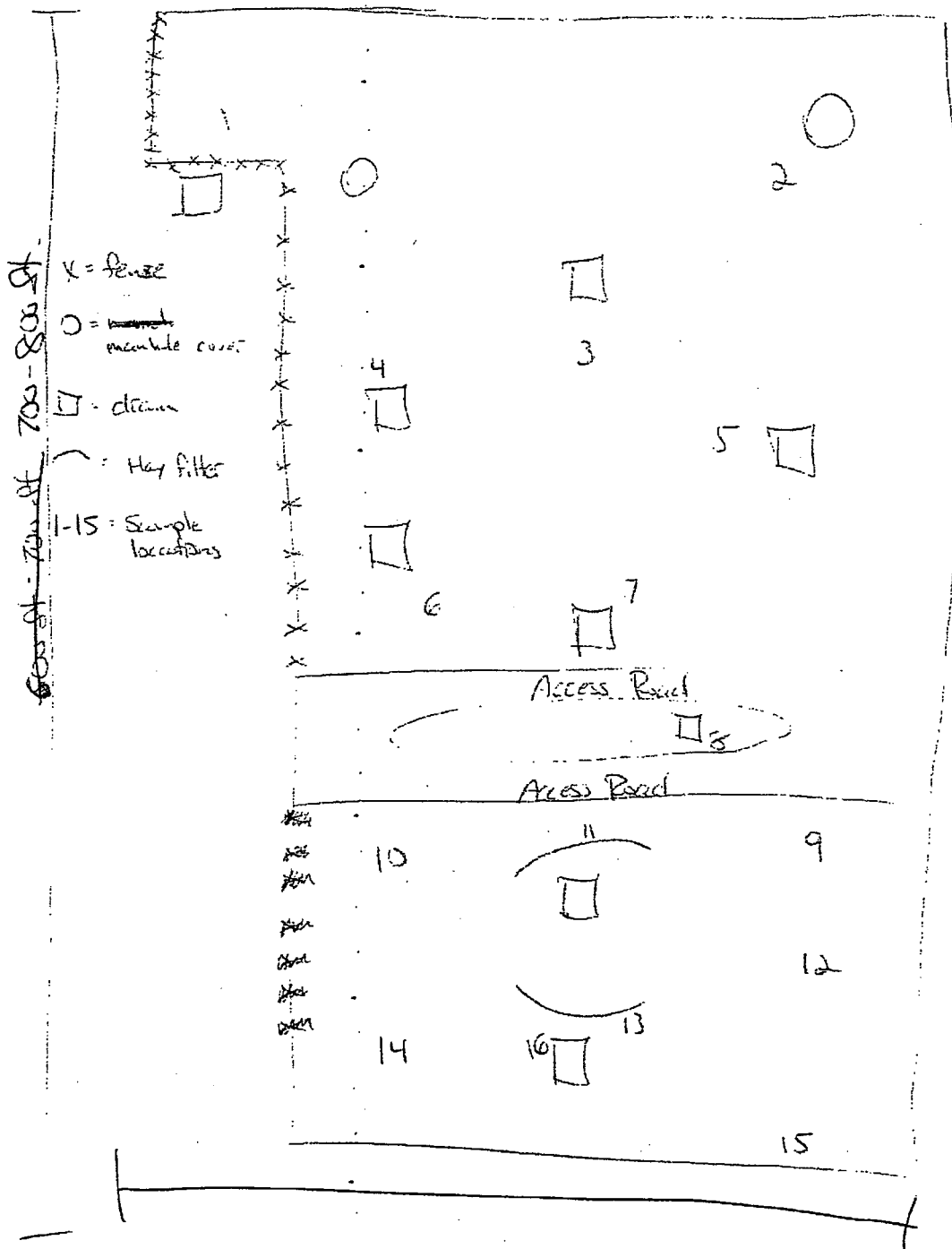
Copyright © 2005 - 2015 EMSL Analytical, Inc. All Rights Reserved.

Page 4 Of 4

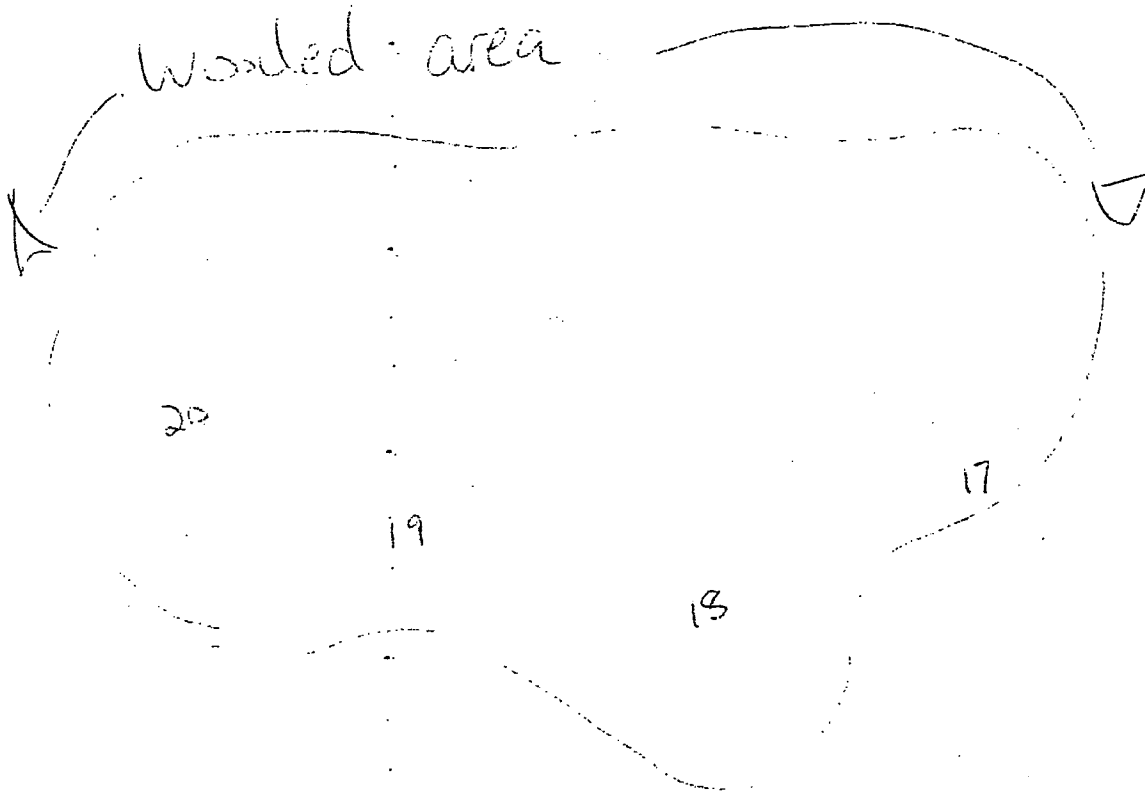
APPENDIX III

Sample Locations

Area 1



Area 2
(Deposit Area)



17-20 - Sampled locations

Area 3

lower area

↑↑↑↑↑
↑↑↑↑↑

- D = team drops
JR

21-22 = sampled
Area

Raised
Area

Access to / from
Area 1 and Area 2

Technical Specialties

Qualitative and Quantitative Assessments of Chemical, Physical and Biological Exposure Potentials

Industrial Hygiene Program Development and Gap Analysis

Comprehensive Personal Protective Equipment Program Design

Ventilation System Evaluation and Design

Implementation of Effective and Compliant Hearing Conservation Programs

Noise Source Mitigation

Occupational Disease Risk Assessment

Occupational Health Assistance with OSHA Regulations; Auditing

Education

B.S., Microbiology
Bowling Green State University

MS, Occupational Health & Toxicology
University of Michigan

JD, DePaul University College of Law

Certifications/Accreditations

Board Certified Industrial Hygienist
#2209CP

American Industrial Hygiene Association (AIHA) (National)

Illinois Bar Association

Past Member AIHA Law Committee; Product Liability and Law Committees;

American Academy of Industrial Hygiene

David Duffy, CIH, is the Principal Consultant for ESIS, Inc. - Health, Safety and Environmental (ESIS). Mr. Duffy is responsible for the delivery of professional industrial hygiene services to meet client's needs and to all business sectors including the oil and gas, chemical, manufacturing, healthcare, pharmaceutical, aerospace, food and beverage, and construction industries. With over 35 years in HSE applications, Mr. Duffy has broad-based experience in identifying occupational health and safety concerns and performing gap analyses, then developing effective and efficient solutions for clients.

Mr. Duffy earned a Bachelor of Science Degree in Microbiology from the Bowling Green State University and a Master's of Science Degree in Occupational Health and Toxicology the University of Michigan. Mr. Duffy earned his law degree from the DePaul University College of Law and is licensed to practice law in the state of Illinois. He holds multiple certifications, including Board Certification in Industrial Hygiene. Mr. Duffy has expertise in compliance with OSHA and also served as an expert witness in cases involving occupational disease claims.

Representative Experience

Workplace Exposure Assessments - Qualitative and Quantitative

- Proficient in systematic reviews of operations and processes; anticipating, recognizing, evaluating and developing control strategies for occupational disease exposures. Has extensive experience with exposure assessments for industrial chemicals, biological and physical agents. Based on these qualitative assessment reviews, relative risk ratings are assigned to help formulate sampling plans and prioritized control plans with defined targets at the corporate, facility, and process unit level.
- Develop and execute exposure assessment plans designed to comply with best practices as well as regulatory requirements. Quantitative exposure assessment plans include processes for data evaluation and recommendations including specification and design of controls and subsequent follow up assessments.
- Development of comprehensive personal protective equipment programs and matrices based on exposure potentials and hazard assessments.
- Development of engineering control strategies to mitigate significant exposure risks. Control strategies are tailored to specific contaminants and industrial processes, including training and maintenance program development, and validation by statistical data analyses.

Health and Safety Audits

- Review of site processes, equipment, number of employees and contractors, and other pertinent site-specific elements.
- Perform comprehensive review of site programs, records, representative documents (JSA's, SOS's, permits, etc.), OSHA logs, incident reports, and near-misses.
- Interview of site employees from various functions, including management, operations and maintenance, and HSE.
- Site walkthrough.
- Findings presented using either client-preferred format or proprietary format.
- Assessment results highlight both strengths and gaps, overall safety culture, recommended corrective actions prioritized by both risk and across-the-board potential for safety improvement.

Work History

- **Principal Consultant:** ACE Health, Safety and Environmental: 1999 to the present – Responsible for the Occupational Disease Claims Investigation program for ESIS Claims and external customers. Conducts occupational disease claims investigation and occupational disease risk assessments for a variety of clients. Qualified as an expert witness in numerous cases involving occupational diseases. Testified on a variety of toxicological issues. Visiting instructor in Industrial Hygiene for the International Safety Academy, 1985-1989. Guest lecturer on occupational diseases and industrial hygiene for Illinois Manufacturing Association and local and national Risk Management Conferences. Guest lecturer on occupational diseases and toxicology for Michigan Industrial Hygiene Society. AIHCE presentations on occupational disease and coolant mist exposure, peracetic acid toxicity and fritted impinger monitoring methodologies. Continues to conduct field exposure assessments for a variety of clients.
- **Senior Consultant,** CIGNA Risk Control Services, 1987 to Present - Responsible for field, report and project quality audits and reviews, major client account management and marketing presentations. Responsible for project development for client base nationwide. Responsible for client industrial hygiene, OSHA, EPA and regulatory consultations. Conduct external client and internal training of field and management personnel. Consultation and project development for asbestos-related matters. Consultation with corporate and field litigation staff on occupational diseases and industrial toxicology.
- **Environmental Health Specialist,** INA Loss Control Services, Inc., 1978 to 1987 - Responsible for air, noise and radiological surveys for a variety of customers nationwide. Performance of risk assessments and health hazard evaluations for customers. Develop and implement recommendations for the control of health hazards. Conduct training in areas of industrial hygiene, toxicology and engineering.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

RECEIVED
JAN 06 2017
SC Court of Appeals

WCC File No. 1416804

William F. Poston, Claimant Appellant,

vs.

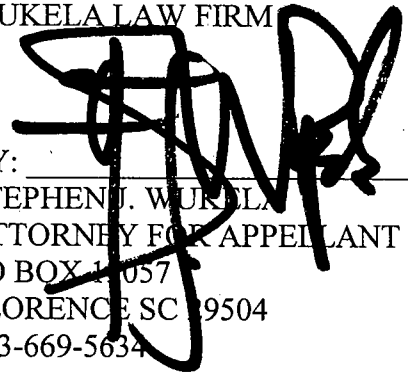
Randstad North America, Employer and
Indemnity Insurance Co. of N.A., Carrier, ... Respondents.

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the Record on Appeal complies with the Supreme Court Order of August 13, 2007, in that there are no personal data identifiers included in the Appellant's Record on Appeal, or they have been redacted where necessary.

Dated: January 5th, 2017

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
ATTORNEY FOR APPELLANT
PO BOX 10057
FLORENCE SC 29504
843-669-5634

RECEIVED

JAN 06 2017

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1416804

William F. Poston, Claimant Appellant,

vs.

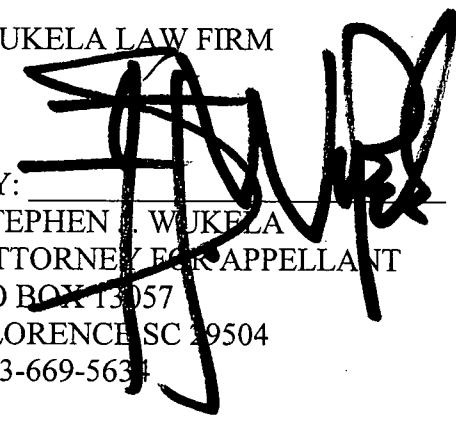
Randstad North America, Employer and
Indemnity Insurance Co. of N.A., Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

Dated: January 5th, 2017

WUKELA LAW FIRM

BY: 
STEPHEN E. WUKELA
ATTORNEY FOR APPELLANT
PO BOX 13057
FLORENCE, SC 29504
843-669-5634