Ex. 6 Personal Privacy (PP)

November 20, 2016

Ann Kam
Kauai Pesticide Enforcement Officer
4938A Pua Loke Street
Lihue, HI 96766-1673

Dear Ann,

With the consent of my patient Ex. 6 Personal Privacy (PP) am writing to you with serious concerns regarding his health, the health of his coworkers and the hazards to the environment. I have been his primary care provider for numerous years.

He recently came to me with very concerning respiratory and neurological symptoms, that given the obvious patterns, are likely due to pesticide exposure at his work place. He is now on medical leave and his health has improved dramatically as you can see in the notes from his visits with me.

His symptoms above have worsened over the last 2 years, as the amount of pesticides used at his work place has increased by at least 500%. Given the attached records, presumed illegal activities that are regularly performed involving pesticides at his workplace, *Kokee Resource Conservation Program* are endangering him, his coworkers and our environment. The pollution of the watershed is of particular concern for obvious reasons.

Thank you in advance for your timely response to these serious matters.

Sincerely,

Ex. 6 Personal Privacy (PP)

Marghee's Mobile Medical
Margaret Maupin, APRN, FNP
4015 Waha Road, Kalaheo, HI 96741
Phone: (808)635-2082 Website: www.marghee.com

Date: December 16th, 2016

To: Amy Miller
Senior Policy Advisor
Office of Regional Administration
U.S. Environmental Protection Agency
Region 9
75 Hawthorne St.
San Francisco, CA
94025

Dear Ms Miller,

I am writing to you regarding my concerns about a patient's health and the presumed illegal activities of the company that he has been employed by for the last eleven years, *Koke'e Resource Conservation Program*. His job description is primarily applying pesticides.

I have been this patient's primary care provider for numerous years. He has given me written consent to share his medical records with you. My patient, Eben Manini, DOB 03/03/1964, recently came to me with very concerning respiratory and neurological symptoms. I advised him to go on medical leave, because the pattern of his symptoms was reflective of pesticide poisoning. His symptoms have resolved since he started medical leave.

His symptoms had worsened over the last 2 years before taking medical leave, as the amount of pesticides used at his work place increased by at least 500%. I have taken a detailed history of events and medical problems which you will see in the attached records. I believe that as a health care provider his life was endangered at his place of employment, along with his coworkers and also our environment. The pollution of the watershed is of particular concern for obvious reasons.

Eben recently filed a formal complaint with Ann Kam, Kauai Pesticide Enforcement Officer. Eben has expressed to me that because the state is very behind in responding to pesticide incidents, he is doubtful that his complaint will be addressed any time soon. He has also shared with me that he is comfortable with you contacting him directly. I can give you his contact information at your request.

Sincerely,

Margaret Maupin, APRN

PATIENT
Ex. 6 Personal Privacy (PP)
Ex. 6 Personal Privacy (PP)
AGE 52 yrs
SEX Male
PRN ME603400

FACILITY
Marghee's Mobile Medical LLC
T (808) 635-2082
F (808) 769-6775
4015 Waha Road
Kalaheo, HI 96741

ENCOUNTER
NOTE TYPE SOAP Note
SEEN BY Margaret Maupin APRN
DATE 10/21/2016
AGE AT DOS 52 yrs
Electronically signed by Margaret Maupin APRN at 10/30/2016 09:29 am

Subjective

Patient presents with c/o chronic tension headaches alternating and at times superimposed by severe escalating headache to migraines about 1-4 times a month since he turned 50 years old. Since around 50 y.o. the amount of time he is exposed to pesticides has increased along with the worsening headaches/migraines.

These symptoms occur after being exposed to bright lights such as car headlights (night driving) or exam lights (for instance from eye doctor) and also with exposure to pesticides (esp the odors) that he daily works with at Kokee Resource Conservation Program.

When the headaches and migraines occur he sees a constant light on the right lateral side and has ringing in his ears, nausea, blurry vision about one hour before they start. The trigger for the less severe headaches and the migraines is usually the pesticides. Generally ibuprofen works for the less severe headaches

He describes the migraines as radiating pain from between his eyebrows to both temples, behind eyes, back of head with blurry vision, blocked fields of vision, floaters, round objects usually to the upper lateral right, rings, severe dizziness, nausea, fatigue, slower cognition and extreme sensitivity to light and sound. Often he hears and feels a throbbing in his head. When he is working with the pesticides he also has periods where he has chest tightness, shortness of breath, fatigue, vision changes and he sometimes has left sided jaw pain. The pain does not awaken the patient up from sleep. No vomiting, diarrhea, weakness of limbs.

If he does not take the rizatriptan at the first sign of the migraine, it lasts typically 3 days and he has to be isolated in a dark room without noise. The migraines are debilitating. He does not feel well enough to eat for those 3 days (except for a small amount of bread or crackers to have something in his stomach). He drinks water, but sometimes has difficulty getting the water, b/c of these severe symptoms and having to maneuver through a dark room (or he has to cover his eyes to avoid light). He reports that the most he is able to do is feed the dogs and that in itself is difficult b/c of his symptoms.

His symptoms have gotten worse over the last couple of years as he has had to increase his exposure to pesticides (increased amounts of time in this poorly ventilated - one small room with a small sliding window room) without protective equipment (except nitrile gloves) and there is no electricity and no flush station for toxic exposure. The room has a solar fan that works only when the sun is out. He has never been offered a respirator, protective clothing or other protective equipment (except the nitrile gloves) and some of the equipment is faulty, leaking primarily Round Up (glyphosate) onto his back at least 10 times while he has been employed with this company (10-11 years).

He takes rizatriptan for migraines from Dr. Rao. The rizatriptan work for this (sometimes he has to take 3 tabs - one per hour x3). If he takes two (one per hour) the migraines usually subside. Takes magnesium daily for prevention of the headaches/migraines. He does not feel that the magnesium works very well.

He is regularly told by his boss that his health is not in danger from the high pesticide exposure. He mentions also that besides the round up, he commonly has to use and mix:

Escort-Special label for Ginger

Escort

Garlon

Honch Plus

Aquamaster

Forest Crop Oil

KleenUp Pro

Nu Film

Silwet L-77

Stalker

Coworkers are also using faulty protective equipment which results in leakage onto their bodies. Some coworkers use cotton backed nitrile gloves that result in exposure to themselves by splashes that soak through the cotton backing. Then often these coworkers do not wash their hands before touching door handles, steering wheels and equipment, resulting in indirect exposure to other coworkers, including this pt. There is a color changing mechanism (a safety feature) involved that shows where the pesticides remain after contamination and the pt sees the identifying color in many areas that he also has to have contact with to do his job.

He keeps a gallon of clean water to rinse off in case of direct exposure and/or an emergency, but others are less careful and spread the pesticides around haphazardly.

When he is in the field where he is applying pesticides and starts to feel sick (tight chest, headaches, vision changes) he moves to another location. When he moves away from the pesticides, the headaches, migraines and chest tightness usually improves and resolves. He has had to take the rizatriptan (from Dr. Rao) 3 times at work. He daily tries to avoid the triggers as much as he can, but his job is primarily mixing and applying pesticides.

Patient also has a history of head trauma associated with loss of consciousness twice; one half hour from bicycle crash (did not got to hospital), dirt bike accident - helmet cracked - LOC for one minute. Pt remembers not knowing where he was at least a couple of times (after head injuries). Pt had recent imaging (ordered by Dr. Rao) and the imaging was negative for any brain damage that may be contributing to these debilitating migraines.

All other ROS are negative except for the ones presented in the HPI.

Objective

General: Appropriately groomed.. in no acute distress, although emotionally distressed by his situation. He is alert and oriented and answers and asks questions appropriately. Eyes: EOM's intact, conjunctivae clear, good eye contact. He cannot tolerate the light pointed at his eyes, so I could do a detailed eye exam. Ears: EAC's clear, TM's normal. Nose: Mucosa swollen bilat, boggy and red. Throat: SI redness, no exudates, no lesions. Neck: Supple, no masses, no thyromegaly, no bruits. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RRR, no murmurs, no rubs, no gallops. Abdomen: Soft, no tenderness, no masses, BS normal. Extremities: FROM, no deformities, no edema, no erythema. Neuro: CN's grossly intact. Skin: Normal, no rashes, no lesions noted. His mood (mildly flat affect) and words reflect feeling disheartened about his health and job situation.

Assessment

Diagnoses attached to this encounter:

- Toxic effect of pesticides [ICD-9: 989.4]
- Intractable migraine with aura [ICD-10: G43.119], [ICD-9: 346.01], [SNOMED: 423683008]
- Shortness of breath [ICD-10: R06.00], [ICD-9: 786.05], [SNOMED: 267036007]
- Tightness of chest [ICD-10: R07.89], [ICD-9: 786.59], [SNOMED: 23924001]

Plan

Labs for now; RBC cholinesterase inhibitor, heavy metals urine and serum. He was told that he has to NOT consume fish and other marine life for 3 days before heavy metals testing in urine and serum

I am recommending he take FMLA. I believe that toxic pesticide exposure is the cause of his symptoms. Therefore, I rec he find another job where he can avoid toxic exposure.

He has made many attempts to report the toxic exposure and breaking the laws (which happens at least once a week - going by the labels) and also to report faulty equipment. He has reported to his boss and Ann Kam, state ag dept with little to no results.

Cont with Dr. Rao and take the triptans as directed.

F/u Wednesday to continue interview and build on the plan, including more lab tests.

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PATIENT

Ex. 6 Personal Privacy (PP)

AGE 52 yrs
SEX Male
PRN ME603400

FACILITY
Marghee's Mobile Medical LLC
T (808) 635-2082
F (808) 769-6775
4015 Waha Road
Kalaheo, HI 96741

ENCOUNTER

NOTE TYPE	SOAP Note
SEEN BY	Margaret Maupin APRN
DATE	10/26/2016
AGE AT DOS	52 yrs

Electronically signed by Margaret Maupin APRN at 11/09/2016 04:50 pm

Subjective

Pt presents for f/u migraines and pesticide exposure illness.

Pt reports that 2-3 months ago he made a complaint to the office manager at his work place about how the toxin identifying dye was on the steering wheel of the work truck. This dye is used to alert people to the contamination of toxins. Pt said that this also happened about 2 weeks ago. He said that he saw the office manager write down the incident (when pt reported the incident to her), but he was not asked to sign anything. He has never seen a pesticide report form at his work. He believes that no formal report was written up and therefore is concerned that the exposure incidents are not being reported through the correct channels to best protect the workers and the environment. He also reports that the organization was cited (8-9 years ago) after it was found that children were playing in areas of Kokee where the contamination alert dye was identified and was seen on the children who had come to Kokee for an excursion. The citing occurred after Ann Kam saw evidence of the children being exposed b/c the children had dye on them. She (Ann Kam) happened to be on this excursion with the children so she witnessed the children in danger. My pt remembers Ann Kam saying "we have zero tolerance for children being exposed".

Pt reported that this year he saw a state employee of DNLR, (the invasive weed specialist). She told him that he needs to wash his belt (that holds his pouches, side sprayer, etc) more often b/c she could smell the chemicals from his belt. Pt reports that the belt is often soiled with pesticides and that it is washed approx once a month at the bosses (Katy Castle) home machine.

Pt reports that on Monday of this week, 10/24/16, a volunteer was wearing a side pouch sprayer and the pesticide leaked onto his clothes. He was not offered any assistance in clean up and it was known that his clothes were soiled with liquid pesticide. This resulted in him wearing the soiled pants (that were wet with pesticides) throughout the rest of the work day (for hours).

Pt reports another incident that happened on Monday 10/24/16 (same morning). He was working in the "mixing (pesticides) room" The pt was with a co-worker in the room and noticed that the approved drinking water containers were in the pesticide mixing room below the mixing table. By law/label the drinking containers are not supposed to be in the pesticide room. And also the drinking containers were situated in a place where if the pesticides were to drip, the drips could leak onto the drinking water containers. When the co worker was mixing the pesticide (a surfactant), the cap broke and the co-worker took the cap off of the drinking water container and replaced the pesticide container cap with the drinking water cap.

Pt speaks of another incident when they were camping/working in the field years ago in Alaka'i Swamp. The drinking water they were offered was given to them from a gas can (the can had been used for gas or a similar solution 8-9 years ago) and Katy Castle told them that this was the only container for drinking water that was available at the time. The pt reports that the drinking water smelled and tasted like petrochemicals. **One intern got sick with severe diarrhea and she was escorted out.**

Also, pt thinks that Katy had made her own concoction of chemicals to use in Kalalau (for use by the workers), b/c the identifying dye was purple. One of the workers asked what were they spraying (because it was purple which was unknown to them) and she answered "Garlon" which is always red, never purple. The pt has never seen a purple dye from the pesticides. It was a hot and still that day. **Several of the workers felt nauseous, headache.**

He also reports that 7 years ago he witnessed seeing some type of granule pesticide at his work place that was unapproved and was being prepared to be distributed in the forest as directed by his boss. The pt refused to use this unapproved chemical that his boss had the intention to have applied by the workers. These unapproved chemicals had been addressed and sent to Katy Castles home address before preparation to use in the forest. This was reported to Ann Kam and the chemicals were sent back to the manufacturer.

Pt reports that some of the containers with pesticides have been stored for 12 or more years and that the labels were not ever updated until the office manager started updating labels recently. Until then they were using outdated information from outdated labels. He reports that Ann Kam checked (site visits) on the containers twice in 10 years.

Pt also reports that pesticides are supposed to be approved/permitted for the forest (and wetlands) in Kokee and that they are generally not approved/permitted and some are not even approved for use in the state of Hawaii. He shares that these chemicals are made for agriculture use and not for use in the watershed areas.

At one time a volunteer asked why the warnings signs for pesticides was posted on the old mixing shack and not the shack that was in use. There is no posting on the current mixing room.

Pt continues to talk about the use of faulty equipment that results in leaking onto his back and onto other co-workers backs and other body parts at least 10 times in the last 10 years). And Katy Castle rarely offers means for cleaning the pesticides off of them or changing their gear.

Pt reports that every day in briefings 5 point safety protocols are discussed with the workers/volunteers, but some of the protocols that are discussed are not followed through with. An example is .....when Ann Kam is in the field, she mandates no spraying if the vegetation is wet. The boss, Katy Castle, however, directs the workers to spray even if the vegetation is wet or she suggests that they spray under the tree top canopy where is is slightly dryer, which results in dangerous exposures to the land and water ways, etc also. Also spraying is only supposed to occur within certain wind speeds and within a certain amount of rainfall, but they are directed by Katy Castle to spray regardless of the wind speeds or the rainfall.Katy Castle also directs workers to spray in the swamp which leads to water tributaries, which the pt says is not following the label/law.

This pt has now gotten in the habit of asking for only a fist bump when he greets them, b/c he does not feel right about exposing others to the toxins the workers are being exposed to regularly.

The pt appears very knowledgeable about soil types, wildlife and other natural resources. His family is the only family in Kokee that owns and runs a cattle ranch.
It is interesting (stated by pt) that the state soil tests are not the same as independent lab tests. He wonders how this can be.

The pt also reports that at one time (years ago) he reported that he saw a helicopter (funded by the nature conservatory) spraying over waterways which is illegal. The nature conservatory report back to him only the name of the pilot. The nature conservatory rep had no other information that he shared with the pt.

I have received and reviewed some of his medical records and 3 years ago he had surgery to remove chronically inflamed nasal tissue and he also had to have surgery to repair his nasal septum. He has no history of cocaine use of snorting at all. He only tried cigarettes and drinking alcohol as a teen.

Objective

General: Normotensive, in no acute distress. He does seem disheartened about his health and the condition of the environment due to the chemical contaminants. Eyes: conjunctivae clear, good eye contact. Cannot use a light to check his eyes, b/c the light triggers migraines. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RR, no murmurs, no rubs, no gallops. Neuro: Physiological, no localizing findings. Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

Intractable migraine with aura [ICD-10: G43.119], [ICD-9: 346.01], [SNOMED: 423683008]

Toxic effect of pesticides [ICD-9: 989.4]

Plan

Pt has been told that he cannot get FMLA through the company he works for. He will be getting counsel on this. He is also looking into temporary disability. I am continuing to stress to him that he needs to avoid pesticide exposure and keep a diary of symptoms, exposure or nonexposure. I also advised very frequent fluids. And vigorous exercise to assist in elimination of pesticides. I do not think that he is working in a safe environment and also his quality of life is being effected negatively and the exposure is putting him at risk of facing a shorter than average life span. I will continue to see him every 1-2 weeks to monitor his symptoms and any challenges and also assistance he is getting to be in a safer environment. If his symptoms stay the same when he removes himself from the exposure, I will of course consider other possibilities for the cause of his health problems he is having.

PATIENT

Ex. 6 Personal Privacy (PP)

AGE 52 yrs
SEX Male
PRN ME603400

FACILITY
Marghee's Mobile Medical LLC
T (808) 635-2082
F (808) 769-6775
4015 Waha Road
Kalaheo, HI 96741

ENCOUNTER
NOTE TYPE SOAP Note
SEEN BY Margaret Maupin APRN
DATE 11/02/2016
AGE AT DOS 52 yrs
Electronically signed by Margaret Maupin APRN at 11/09/2016 05:03 pm

Subjective

Pt presents for f/u migraines and pesticide exposure symptoms. Pt reports that he has filed for FMLA with his employer. He decided to not pursue temporary disability.

Since being on FMLA (away from the workplace) pt reports that he had 2 minor headaches (11/1/16 and 11/3/16). He drank a lot of water, rested for half an hour and the headaches went away. He did not have to treat them with medication. He also reports that he has much more energy than he did when he was working with pesticides (his job) a short time ago (one week?). He said that when he worked at his job he felt significantly sluggish 50% of the time and now he feels sluggish 25% of the time. He has not had migraines, shortness of breath or wheezing since he started FMLA a week ago. He has felt stronger riding his bike. He has followed through with the treatment plan from me which was avoiding pesticides, engaging in regular vigorous exercise as much as he feels he can and drinking a lot of water.

Historically with this job the pt always feels better on the weekends when he is removed from the pesticide exposure at the job.

Pt reports that the chemical labels at his work do not say that a respirator is required, but they do say that they need to be mixed in a well ventilated area. Many times when in the field the vegetation is very dense and then the workers are getting increased exposure because of lack of circulation. In my medical opinion this is when respirators should be used. Again, the mixing room is without electricity and has one sliding window. There is a solar fan, but it runs only if the sun is out.

He also reports that there has been an oil leak in one of the company vehicles and that he complained to his boss about the noxious fumes. It is still not fixed and Katie Castle has told him that they don't have the money to fix it. Also the gasoline containers are transported within the truck cab and he immediately starts getting headaches when he smells the gasoline.

Pt shares that when he is working whatever is mixed and how much, where, etc is entered into a log and then into a data bank. He said that the regular amount years ago was a few quarts and now it can be as much as 5 gallons. Pt reports that the amount of pesticides used daily has significantly increased over the years, esp in the last 2+ years. This is around the time that his symptoms started.

Pt also shares that in the past they used "drizzle bottles" that can be applied directly to the weeds. Now the equipment results in a mist, widening the exposure area and the higher likelihood of exposure to the workers. He reports that in the first 8 years they manually removed weeks but in the last 2 years the weeds are denser and there is less circulation of air.

Pt also reports that they are directed to spray in the swamps which leads to tributaries and that this is illegal. Katy Castle still directs the workers to spray in the swamp. He reports that the pesticides are meant for agriculture, not watersheds.

Pt also reports that b/c there are very few grants (much less than before) they are directed to spend every work day mixing and spraying chemicals. The workers used be assigned (some of the time) to trail cleaning, making steps on the trails, working with children's groups to educate about native species. They are not directed to do these assignments anymore.

Pt reports that there has never been an OSHA visit since he started working there 11 years ago.

Objective

General: Normotensive, in no acute distress. He does seem disheartened about his health and the condition of the environment due to the chemical contaminants. Eyes: conjunctivae clear, good eye contact. Cannot use a light to check his eyes, b/c the light triggers migraines. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RR, no murmurs, no rubs, no gallops. Neuro: Physiological,

no localizing findings. Skin: Normal, no rashes, no lesions noted.

Assessment

No migraines since leaving his job.
No shortness of breath since leaving his job.
No chest pain since leaving his job.
No allergies symptoms since leaving his job.
He did have 2 short lived minor headaches that resolved with rest and fluids. He did not need any medications for them.

Diagnoses attached to this encounter:

Intractable migraine with aura [ICD-10: G43.119], [ICD-9: 346.01], [SNOMED: 423683008]

Shortness of breath [ICD-10: R06.00], [ICD-9: 786.05], [SNOMED: 267036007]

Tightness of chest [ICD-10: R07.89], [ICD-9: 786.59], [SNOMED: 23924001]

Allergic rhinitis [ICD-10: J30.9], [ICD-9: 477.9], [SNOMED: 61582004]

Toxic effect of pesticides [ICD-9: 989.4]

Plan

He is on FMLA now. Advised avoid work place.
Continue regular vigorous exercise as tolerated.
Push fluids.
Eat healthy foods, esp fresh fruits and veggies.
F/u with Dr. Rao as advised.
I requested records from Dr. Rao and expect to have had them reviewed by myself by his next visit with me in one week.
I asked him to keep a diary of symptoms of any kind, especially headaches and respiratory symptoms. I gave him a form to write down symptoms, activity and possible exposure.
I plan to order labs at his next visit, after I review Dr. Rao's lab results for this pt.
Please call me with any questions or concerns.

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PATIENT

Ex. 6 Personal Privacy (PP)

AGE 52 yrs
SEX Male
PRN ME603400

FACILITY
Marghee's Mobile Medical LLC
T (808) 635-2082
F (808) 769-6775
4015 Waha Road
Kalaheo, HI 96741

ENCOUNTER

NOTE TYPE	SOAP Note
SEEN BY	Margaret Maupin APRN
DATE	11/09/2016
AGE AT DOS	52 yrs

Electronically signed by Margaret Maupin APRN at 11/09/2016 08:21 pm

Subjective

Since last visit pt reports no headaches, no medication needed. Energy is up to 75% "conservatively". Still biking (3 long rides last week and 2 shorter). 165 miles total in 3 days of biking. No SOB or chest tightness. No other symptoms that he had in the past when he was being exposed to pesticides. Still eating the same - no change. 1-2 days watery eyes for about 10 minutes each time (since last visit with me) - eyes sl sensitive when it is cooler and wind is blowing into his eyes. One time was when he was driving down the mountain with window down. 2nd time - at home. Morning cooler air triggered the watery eyes 2nd time.

All other ROS neg

Objective

General: Normotensive, in no acute distress. He does seem disheartened about his health and the condition of the environment due to the chemical contaminants. Eyes: conjunctivae clear, good eye contact. Cannot use a light to check his eyes, b/c the light triggers migraines. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RR, no murmurs, no rubs, no gallops. Neuro: Physiological, no localizing findings. Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

- Intractable migraine with aura [ICD-10: G43.119], [ICD-9: 346.01], [SNOMED: 423683008]
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- Tightness of chest [ICD-10: R07.89], [ICD-9: 786.59], [SNOMED: 23924001]
- Allergic rhinitis [ICD-10: J30.9], [ICD-9: 477.9], [SNOMED: 61582004]
- Toxic effect of pesticides [ICD-9: 989.4]

Plan

Continue to avoid pesticides.
Regular vigorous exercise as tolerated.
Fasting labs ordered. Pt informed.
Continue healthy diet and high fluid intake.
Keep symptom diary.
Dr. Rao's records reviewed and will be entered into the chart.
Will f/u with pt when lab results come in.

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Free cloud based EHR