

OFR73008

TYPE OF RECORD: PERMANENT

CATEGORY OF RECORD: MINUTES

CITY DEPARTMENT: ADMINISTRATIVE SERVICES

YEAR: 1973

MINUTES
FIREMEN'S PENSION BOARD

August 15, 1973

The Grand Junction Firemen's Pension Board met at 8:30 A.M., August 15, 1973 at City Hall. City Manager, Harvey Rose presided. Board members present were: City Treasurer, Victor Vance; Firemen Cecil Campbell, Eldon Avery and Clarence Cooper. Board member absent Neva Lockhart. Also present was City Attorney, Gerald J. Ashby. Fireman Edward Billings was present together with his counsel, Mr. Richard W. Arnold of the firm of Traylor, Harshman, Palo and Cowan, Attorneys at Law. The meeting was called to order by City Manager, Harvey M. Rose. He stated the subject of business this meeting was the proposed disability retirement of Edward B. Billings.

Mr. Rose reported that a report by Dr. Gene Paul Smith had been read by Mr. Rose and Mr. Ashby and copies would be distributed to the Board members.

Mr. Ashby stated there were three options for the Board to consider.

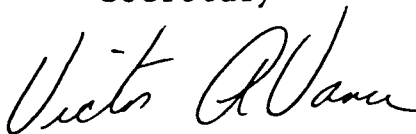
1. Straight retirement for a service connected problem.
2. Conditional retirement for in service connected problem with no reexamination until after 12 months.
3. Determine if whatever Mr. Billings is suffering from is something he has done, reference made to his drinking of alcohol with no retirement.

Mr. Arnold was asked if he had any comment, of which he had none.

Copies of Dr. Smith's letter were distributed to the Board members for their review and a meeting set up for August 22, 1973, 8:30 A.M.

The meeting was adjourned.

Secretary



G. PAUL SMITH, M. D.
LYNN A. JAMES, M. D.
KENNETH M. MATCHETT, Jr., M. D.

Internal Medicine
GRAND JUNCTION, COLORADO
81501

August 3, 1973

Patricia L. Bittle,
Personnel Assistant
City of Grand Junction
P. O. Box 968
Grand Junction, Colorado 81501

RE: Fireman's Retirement Board examination of Edward Billings

Dear Ms. Bittle:

Enclosed please find copy of history and physical examination on Mr. Billings done in my office on July 30, 1973.

Laboratory studies revealed Sed Rate 3, WBC, 5,700, Hemoglobin 16.0, Hct 51. Platelets adequate. Differential 41 segs, 42 lymphs 16 monos 1 eosinophil. Stool was normal. Urinalysis: Amber, pH 5, Specific gravity 1.024, Microscopic 30-40 WBC and 10-15 rbc.

SMA test showed Calcium 8.8, phosphorous 3.1, Blood Sugar 105, Urea Nitrogen 11, Uric Acid 7.5, Cholesterol 235, Total Protein 7.5, Albumin 4.3, Globulin 3.2. Bilirubin 0.3, Alkaline Phosphatase 77, LDH 255, Transaminase 155.

Chest Xray was done and a PA and left lateral view and revealed the following:

PA view reveals slightly horizontal position of the heart. Size and contour are within normal limits. Moderate tinting of the diaphragm near the midline noted on the right. Costophrenic angles are sharp. Lung fields are relatively clear with a minimal increase in bronchovascular pulmonary parenchymal markings. Hilar shadows are moderately full, within the limits of normal. Lateral view reveals the PA diameter to be satisfactory. Pulmonary artery shadows seen at the upper limits of normal. Anterior and posterior cardiac windows are adequate. Thoracic skeleton where visualized appears normal.

Pulmonary function test with vitalor was accomplished, revealing the forced vital capacity of 3.5 liters which would be considered approximately 78% of normal and the FEV₁ level of 2.8. These findings indicate a slight restriction of lung function.

Electrocardiogram of 7-30-73 revealed that the T-waves deteriorated somewhat in Leads I, AVL and V-6. Diagnosis of sinus tachycardia and evidence of myocardial pathology present. The previous graph of 5-31-73 indicated an abnormal resting electrocardiogram with aggravation of the abnormalities after exercise.

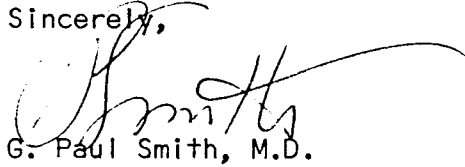
CONCLUSIONS: This 35 year old fireman has illness involving his liver, his heart and his weight. His lungs are not significantly involved though a minimal restriction of expansion and vital capacity is apparent. The cause of his abnormalities include the following; probably in order of importance: Alcoholism, obesity, cigarette smoking, fire smoke exposure, tension anxiety and arteriosclerosis. His condition would seem theoretically to be reversible, at least to a moderate extent by modifying

or correcting his etiological factors.

Medical diagnoses include: Early cirrhosis of the liver or fatty metamorphoses, alcoholic myocardopathy plus some degree of arteriosclerotic heart disease, a minimal degree of restrictive lung disease of undetermined type, influenced by obesity as well as smoke exposure.

Mr. Billings should not continue employment as a fireman until his condition has improved. His condition should not be a direct result of his duties as a fireman.

Sincerely,

A handwritten signature in cursive script, appearing to read "G. Paul Smith".

G. Paul Smith, M.D.

GPS/ms

cc: Richard Arnold