

OF74011

TYPE OF RECORD: PERMANENT

CATEGORY OF RECORD: MINUTES

CITY DEPARTMENT: ADMINISTRATIVE SERVICES

YEAR: 1974

## MINUTES

### FIREMEN'S PENSION BOARD

NOVEMBER 29, 1974

The Grand Junction Firemen's Pension Board met at 8:30 a.m. with City Manager, Harvey Rose presiding. Board members present were Cecil Campbell, Clarence Cooper, Eldon Avery, Victor Vance and Patricia Bittle.

The meeting was called to order by Harvey Rose. Pat Bittle read a letter dated November 27, 1974, submitted by Paul W. Wubben, M.D., concerning the health status of Edward Billings. (Copy of letter attached.) The Board Members had previously received copies of a letter dated 10-21-74 as well as progress notes submitted by G. Paul Smith, M.D. (Copy of letter and progress notes attached.)

After considerable discussion concerning the two letters which depict definite inconsistencies in test results, it was moved by Clarence Cooper and seconded by Victor Vance that Dr. Wubben be requested to continue the necessary medical procedures and tests in order to provide the Pension Board a conclusive report with which to work. Motion carried unanimously.

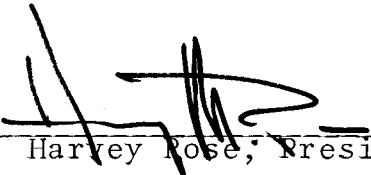
The Board also directed Pat Bittle to write a letter to Mr. Billings asking him to outline the steps he has taken to improve his general physical condition and the treatment he has undergone for his alcohol problem since the August 22, 1973, Firemen's Pension Board meeting which granted him a conditional disability pension. Mr. Vance noted the first paragraph, Page 2 of the minutes of the August 22, 1973 meeting: "Mr. Vance told Mr. Billings that he would like to impress upon him and recommend highly that he go into a program of physical training and alcohol treatment so he could get back on the job."

Pat Bittle presented the Board with a statement from Mesa Laboratory in the amount of \$11.50 and a statement from G. Paul Smith, M.D., Lynn A. James, M.D., and K. M. Matchett, M.D., in the amount of \$75.00, both of which dealt with the examination of Edward Billings. Victor Vance moved that Pat Bittle write a letter of authorization to Richard Smith for payment of these statements as well as future statements concerning investigating the disability of Edward Billings. The motion was seconded by Cecil Campbell and carried unanimously.

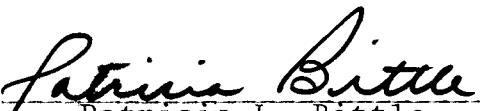
Cecil Campbell presented the following letter to the Board:

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There being no further business to be brought before the Board, the meeting was adjourned.

  
\_\_\_\_\_  
Harvey Rose, President

Attest:

  
\_\_\_\_\_  
Patricia L. Bittle  
Secretary to the Board

Attachments: (2)

PAUL D. WUBBEN, M. D.  
601 CENTER  
GRAND JUNCTION, COLORADO  
81501

November 27, 1974

TO WHOM IT MAY CONCERN:

RE: BILLINGS, Edward

I examined Mr. Edward Billings on November 25, 1974. Dr. Smith had previously examined him, which report you have.

Dr. Smith read his chest x-ray as being abnormal. Dr. Burns, a radiologist, read his x-rays as being normal.

Dr. Smith did some pulmonary function tests in his office which showed significant improvement and were read as being within normal limits.

A treadmill exercise electrocardiogram was done at St. Mary's Hospital that was read as negative (meaning no abnormal changes in EKG with exercise).

Full pulmonary function tests plus arterial blood gases were done in St. Mary's, and the results are not consistent with each other. We feel that these must be repeated next week when Mrs. Ambrosich, the chief technician, will be present to run them. Dr. James, head of the pulmonary testing unit, will confer with me, and together we will write the report.

I think Mr. Billings is an alcoholic. His liver edge is three (3) fingers below the right costal margin and firm. The liver tests done by Dr. Smith, however, are normal. Mr. Billings has had the odor of ethyl alcohol about him whenever I've seen him; his face is florid; his speech and thinking ability are slower (as they could be in an alcoholic).

I think final disposition should be delayed until the rest of the pulmonary function tests are done.

Yours truly,

  
PAUL D. WUBBEN, M. D.

PDW/dl

Internal Medicine  
GRAND JUNCTION, COLORADO  
81501

October 21, 1974

Mrs. Patricia Bittle  
City of Grand Junction  
P.O. Box 968  
Grand Junction, Colorado 81501

RE: Edward Billings

Dear Mrs. Bittle:

Mr. Billings was in my office for thorough investigation 9-23-74. Please refer to previous letter, including his previous history & physical examination.

Enclosed find a copy of progress notes including an interval history and system review and physical examination.

The present chest Xray reveals some diffuse interstitial or mixed alveolar densities of a very mild degree present in the periphery of the mid lung areas bilaterally. This appears to be longstanding and represents fibrotic change, possibly industrial exposure. Transverse cardiac diameter is  $5\frac{1}{4}$ " which is within normal limits. The lateral view reveals a rather straight spine but adequate PA diameter. Findings relatively unchanged from previous.

SMA-12 tests at the present time reveal: Calcium 11.3, Phosphorous 5.0, Blood Sugar 117, Urea Nitrogen 13, Uric Acid 9.2, Cholesterol 255, Total Protein 8.4, Albumin 4.4, Globulin 4.0, Total Bilirubin 0.4, Alkaline phosphatase 70, LDH 160, Transaminase 33. In 1973 the calcium and phosphorous levels were normal, now are slightly elevated. The uric acid, previously elevated slightly, is more significantly elevated to 9.2. The total protein has increased slightly. The LDH test and the SGOT both have changed from abnormal to normal levels. In general these seem to favor improvement in the liver condition we felt was due to alcoholic overindulgence. There has been some deterioration in the other tests which is not easily explained. Certainly a recheck evaluation of the Calcium, Phosphorous and uric acid and possibly proteins may be warranted.

Pulmonary function tests were repeated and reveal significant improvement. His vital capacity changed from 3.5 to 4.7. The FEV<sub>1</sub> level increased from 2.8 to 3.5. These results would indicate a satisfactory and within normal limit pulmonary function.

Electrocardiogram reveals abnormal anterolateral T-waves. The present one has the changes inferiorly that were not obvious in July of 1973, possibly an extension of abnormality. The heart rate itself is more rapid than that seen previously.

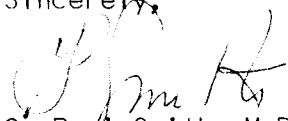
CONCLUSIONS: Mr. Billings has shown some deterioration in objective evidence of heart disease with more indication of ischemic heart disease. He shows improvement in regard to lung disease and much better pulmonary function.

Mrs. Patricia Bittle

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A recent illness, viral or bacterial may have contributed to the results of the examination done on September 23 this year. Recheck EKG certainly is indicated.

Sincerely,

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

G. Paul Smith, M.D.

GPS:md