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FIRE PENSION BOARD HEARING

March 11, 1980

GERALD ASHBY: For the purposes of the record which you now have, we have a memorandum December 17, 1979, to the Pension Board from Gregory R. Hazelhurst, requesting retirement. We have, apparently, as a part of that, a memorandum from Dr. T.A. Moore, Jr. indicating the basis for the request for retirement. There is a December 12, 1979 letter from Hall Orthopedic Clinic signed by Dr. Oliver E.K. Hall which is in reference to this matter; there is a 9 January 1980 result of physical examination for Dr. Patterson; there is a letter of January 14, 1980 to the Fire Department Pension Fund from Harold Harvey whose the nominated General Manager of Powderhorn Ski Corporation commenting as to the extent which Mr. Hazelhurst has at Powderhorn and, last, there is a January 28, 1980 memorandum from Dr. T.A. Moore, Jr. again, relative to any employment with the Department. Those will all be part of the record.

JOHN ACHIZGER: Gerry there is going to be one additional letter. I don't have copies; can we make copies this morning and distribute them?

GERALD ASHBY: Yes, yes.

JOHN ACHIZGER: This is a report, two separate reports, one original and one follow-up from Dr. Larry M. Copeland, who Greg Hazelhurst has just recently been seeing and would have been here today but, it was too short of notice for him to be here but, I would like to submit these reports from Dr. Copeland.

GERALD ASHBY: Alright, we'll get the copies so the Board can review these. Again, for the record, John Achizger will be representing Mr. Hazelhurst on the presentation to the Board. I have indicated to him that since you have these reports, we're concerned essentially with amplifications of these or any requests that you have. I also indicated to him and he has agreed that as informally as we can conduct this, we will do so that if you want to interject something, you may do so. If you have any questions as we go along, anything that you want to have anybody amplify on, do that. The only consideration we have is that thing won't pick up two voices at once, so you just want to be sure that it is one at a time.

JOHN TASKER: We as Board members do not individually have those letters.

GERALD ASHBY: You'll get them; I'll get them right now. OK

JANE QUIMBY: Jeanne we don't all need a copy of everything, you can make several copies that we can share. We can share Gerry.

GERALD ASHBY: Do you want to wait on Dr. Patterson's before we put Dr. Patterson on?

JANE QUIMBY: Why doesn't he go ahead.

JOHN ACHIZGER: Where do you want the persons to sit Gerry?

GERALD ASHBY: Would you prefer to sit and use this mike right here? Why don't we do that.

DR. PATTERSON: I can probably talk loud enough so I won't need that.

JANE QUIMBY: We'll need to pick it up on the tape, Bill.

DR. PATTERSON: Oh, OK

JOHN ACHIZGER: Dr. Patterson would you , just so we can keep a record of it, we need to ask you a few foundational questions and that's the only reason I'm doing this so, if you don't mind, bear with me just a bit. First of all, state your name, address and occupation.

DR. PATTERSON: William R. Patterson, 550 Patterson Road, Grand Junction, Colorado, I'm an Orthopedic Surgeon.

JOHN ACHIZGER: Dr. Patterson will you very briefly give us your educational background.

DR. PATTERSON: I went to undergraduate school at the Ohio State University and to the medical school at the same place. I interned at the University of Colorado; I had a year of Orthopedic surgery residency at the University Hospital in Columbus, Ohio and then three years at University Hospital in Ann Arbor, Michigan, uh, I've been in practice in Grand Junction since 1967 with the exception of one year when I was on the teaching staff of the University of Michigan in the Orthopedic Department.

JOHN ACHIZGER: Thank you, Dr. Patterson you're acquainted with Greg Hazelhurst, is that correct?

DR. PATTERSON: Yes

JOHN ACHIZGER: And, how did you first become acquainted with him?

DR. PATTERSON: Think I remember but, I'll have to refer to my notes to be sure. Yes, he hurt his knee skiing in 1972 and I took care of him at that time.

JOHN ACHIZGER: Did you have any further contact with him until this recent matter came up concerning his back?

DR. PATTERSON: I saw him fromtime to time between 1972 and the time I saw him with respect to his back. I saw him in 1974 when he hit a dog with his motorcycle and came off the motorcycle and injured his wrist, ankle and foot and he fractured his wrist and then I saw him with respect to his back at first on September 13, 1978.

JOHN ACHIZGER: Throughout all these prior contacts you had with him was there ever any mention made to him by you that he had a back problem?

DR. PATTERSON: No

JOHN ACHIZGER: What was the reason for your contact. Did he come to see you voluntarily or was he referred to you?

DR. PATTERSON: Dr. Moore referred him.

JOHN ACHIZGER: Would you just now, for the Board, narrate your examination and what he described to you has his symptoms and what your diagnosis was?

DR. PATTERSON: When I saw him on September 13, 1978, he said that he had trouble for a year or year andone-half with his back and during that time he worked for the Fire Department for the City of Grand Junction an he felt that

the times that he had to lift patients in awkward positions had caused him difficulty with his back. The pain that he had in his back was down around his belt line which is where most people with back pain complain of it and also had some pain up here about where his chest joins his lumbar spine which is 4-5" higher than most people that complain of back pain have it. He, uh, felt he had a deterioration in his posture in the year or so that preceded his visit into our office. Um, he described his back pain, he also made mention of a specific incident when he had to help lift a person who weighed 200 pounds in an awkward position and at the timewhen I saw him which was the 13th of September, he had been off for a week or two because he had trouble with his back as a result of lifting that man. He had been also seeing Dr. Moore at that time nad has been receiving out-patient physical therapy, uh, in examination of his back, has never been very remarkable, he's athletic looking person and he has essentially normal lower extremities. That's important because it implies that the patient doesn't have an abnormality of a disc that's pinching the nerve or that the nerves that make up the spinal cord as they run out of the back and down the leg. It's an important distinction from our standpoint. It helps distinguish between just mechanical back pain which can be due to muscle ligaments in the back and back pain that's due to an injury of a disc which is frequently more serious and is more likely to be t treatment by an operation. That's about it, now we x-rayed him at that time and he also brought some x-rays with him that had been taken at the Doctor's Clinic which is where Dr. Moore practices. The x-rays of the from the Doctor's Clinic were x-rays of his thoracic spine which is in the area of the spine where your chest is between the base of your neck and the upper part of your low back. Those x-rays I looked at and I thought they were normal and in our office we got x-rays of his lumbar spine which is the your low back. He had a couple of abnormalities that are possibly of some significance. He has six lumbar vertebrae; most normal people will have five. Five is the standard number. When you have an extra one, it's what we call a transitional one. It's usually not exa-tly like a lumbar vertebra, not exactly like the sacrum which is the next large vertebrae below the lumbar spine and consists of five vertebrae that are fused into a single one. Uh, patients that have a transitional vertebrae tend to have narrow discs between their lumbar spine and the sacrum. That's just a normal part of having a transitional vertebrae which occurs in in in in let's say I can't give youan exact figure but something like two or three or four percent of normal people will have an abnormality of their lumbar spine that is as I have described it as they have this so called transitional vertebrae and he had the narrow discs. He did not have evidence of specific disease called ankylosis spondylitis which which is one of the more common causes of back pain thats unrelenting in young men. He did not have evidence of that on his x-rays. And, uh, basically that was the essence of our examination. I, uh, I thought that he would do best under the care of one doctor and he was already seeing Dr. Moore and I just made some suggestions for his treatment and suggested that he continue with Dr. Moore.

JOHN ACHIZGER: How many times did you actually see him then in regards to that problem?

DR. PATTERSON: I, uh, saw him on that occasion which was September 13, 1978 and then I saw him again on January 9, 1980 and that is with respect to his hearing today and he was at that time, sent by the Fire Pension Board at least that is my understanding.

JOHN ACHIZGER: Now your recommendation in your report basically are that you feel the symptoms will continue in about the same level, you feel that it will probably be in his best interest to allow to retire. I think what the Board is concerned about and, uh, rightly so, first of all whether his back problem, his back injury, is work related, in other words, occurred at a time he was performing his duty as a Grand Junction Fireman. Do you have any feeling as to that?

DR. PATTERSON: Well, when you try to pin down the cause of the back pain probably certain things stand out in it but, the things that people do in everyday life also make a contribution to it. It would be unreasonable to think that Greg, who all of know as an athletic active person, had all this trouble with his back at work didn't have any other than his recreational pursuits so that probably if you were fair in apportioning this, a certain amount of it would be attributable to each. But his job does call for lifting in awkward positions and those are the incidents that stand out in his mind and I think that's about what you'd expect.

JOHN ACHIZGER: Would it be fair to say that at least that his work as a Fireman aggravates his back to a point where he is now unable to work in that capacity?

DR. PATTERSON: I think it's fair to say that his work aggravates his back.

JOHN ACHIZGER: I think you've already answered this at just a few minutes ago; do you have an opinion whether as the type of duties required of fireman and I think Greg probably outlined those to you where it calls for heavy lifting that's the primary concern. Fireman do other things but lifting is certainly a part of it. Do you feel that at this particular time Greg is unable to perform that kind of activity and, therefore, disabled from being a fireman?

DR. PATTERSON: I think that I think that I'd have to answer this question by stating this: That I think that if this were the only job in the world that were available to Greg, he would probably be able to find a way to do it. I think that more pertinent questions is is that it is reasonable to ask him to continue performing a job that he states bothers him every day. And, uh, I think the answer to that would be that it probably isn't reasonable.

JOHN ACHIZGER: Taking that one step further, do you think there is a substantial likelihood that if he continues in this occupation he is going to aggravate his back even to a greater degree?

DR. PATTERSON: I think that's fair to say, yes.

JOHN ACHIZGER: I don't have any other questions and I think that because this is an informal, that if the Board would like to direct questions to uh, Dr. Patterson, that'd be fine. Do you have his report?

JANE QUIMBY: Dr. Patterson, I'd like to ask you about the transitional vertebrae uh, is that part of the cause of his back problem that physical?

DR. PATTERSON: It probably is - people that have abnormalities in their lumbar spine are more prone to have complaints about them so it probably makes a contribution.

JOHN TASKER: Dr. Patterson, uh, I know that in some of the recommendations was that, uh, that he stayed away from heavy lifting and eventually his back would get better. A hypothetical situation; say what happens if the next six months to a year the individual doesn't do any heavy lifting? What's the probability of his back going back to normal or will it ever go back to normal? You know as a Board we're able to call them back for physicals.

DR. PATTERSON: Yes

JOHN TASKER: If given a disability at this time, six months later we'll call him back and he doesn't do any heavy lifting, will his back be able to be back to a normal state?

DR. PATTERSON: Probably won't be normal but, I think his complaints will be related to what his activity status is. If he continues to to, uh, pursue about the things that he doing at the present time, I think his complaints will persist at about the same level. If he decides to take a job at the bank and sit at a desk and talks to people and makes decisions like that and doesn't and doesn't uh continue his athletic pursuits, I think he'll have fewer complaints but, the you know, it may not be the healthiest way of looking at it either.

JOHN TASKER: Your saying

DR. PATTERSON: I think his complaints will be activity related and uh, the more he does if he takes up weight lifting as a hobby you know, I think he is in for trouble and if, uh, he decided to be a gymnast or do a lot of trampoline you know, I think those things are likely to cause him difficulty. The less he does, the less complaints he'll have about his back.

JOHN TASKER: What I'm asking is there a point that you that that back will get better if he just stays off of or keeps from abusing it, I guess, or from lifting heavy weights. Is there a point six months or eight months that that back could be good enough that he could come back and be a fireman?

DR. PATTERSON: And do the same work? I think his complaints will probably recur will be my expectation that he continue to have complaints once he back to doing again what he is doing at the present time. I think I understand your question now though but, I believe that also if he had a job where he had minimum activity, his complaints would be minimal also. Why did his, uh, his the things that he does in his time outside of work are also minimal.

JANE QUIMBY: Are there other athletic activities that you can think of that might aggravate this condition? You mentioned weight lifting and that kind of thing.

DR. PATTERSON: Yea, well I know Greg likes to go skiing and you know I think if he took a bad fall skiing you'd probably complain about your back for a while. I think that if you did it regularly you know if you skied every week and you fell every week, the complaints would be pretty much continuous. I think if he had a job where he didn't do any lifting for a month or two his complaints would drop down to minimal level probably.

FRED KNOWLES: Doctor, you would say that uh in the past Greg's Greg's duties have required him to lift fairly heavy wieghts in excess of one hundred up to two hundred pounds fairly regularly if he uh were working in a capacity that this where this was occasional rather than regular lets assume two or three times a month he were required to lift a weight of this magnititude, would you expect him to tolerate that occasional lifting as opposed to the regular lifting that he's been required to perform in the past?

DR. PATTERSON: I think he would be likely to have less trouble but, probably uh, if any of you have had back trouble know that you can get it from just tying your shoe laces or sneezing or something like that and I don't think that you could predict that, uh, that he'll be free of trouble. I think that he'd be less exposed to it so it would be less likely to have it and his complaints would probably be less but, uh, I don't think he'd be free of it.

FRED KNOWLES: Would it be fair to say sir that that in diagnosing a back condition that you well would it fair to separate back ailment from those that can be diagnosed objectively through your diagnostic equipment, x-rays, etc. that is available to you as long as or uh, that you would have to diagnose subjectively?

DR. PATTERSON: Yes, sir

FRED KNOWLES: An, uh, in Greg's case, would how would you proportion the diagnosis of his condition uh, in that regard as to what is subjective, objective or some of each?

DR. PATTERSON: Greg's complaints are, of course, subjective and they are consistent with their, with what you would expect in a person who has back trouble, they are perfectly consistent with that. That's one thing we look for, uh, uh, the question being reaised hereis I think to put it perfectly clearly is can a person allege that they have back trouble and fool the doctors, certainly they can, but there are ways to kind of detect that. Each time you go through the same questions with them and you ask you know where the pain goes, one time it may go into the left leg and the next time it goes into the right leg and sometimes patients complain of numbness and tingling in their foot for instance and one time it will be in the first and second toes and the nexr time it'll be in the fourth and fifth toes. Those complaints are what we call not consistent. They're not always the sme and they lead you to at least question the accuracy of the information you're being given. In Greg's case, his responses have been perfectly consistent. They have not been substantiated by objective findings other than the fact that he has a little disrythmia, that mean that when you ask him to stand up and bend forward and touch his toes, he doesn't do it in a perfectly smooth manner. He goes down sort of in a ratchet fasion like it hurts a little bit. People who do compalin about their back do move in that manner. He does not have neurologic findings, he does not have numbness, weakness or tingling or reflex changes in his lower extremities, so, uh, that's the lack of an objective finding. He does have x-ray abnormalities which are objective so, uh, his complaints are subjective and he has some findings to substantiate it in the objective area but, his complaints are perfectly consistent with his problem and, uh,

MIKE PETERSEN: Dr. you mentioned that when he uh, did that one test where you bend over was kind of in a ratchet motion, I was wondering if people his age how many people would have this same situation that when they bend over like that they would do it in a similar manner as a person say in the age of 30 years old.

DR. PATTERSON: Most of them

MIKE PETERSEN: Considerable type construction or this type work

DR. PATTERSON: The average patient would do it in a smooth synchronous manner. He wouldn't go down in stages. He would go down smoothly.

MIKE PETERSEN: OK, so it would be an injured patient that would do this. A person that say, uh, a certain percent of the people that age wouldn't have this ailment and consider it just a part of being a little older. What I'm getting at is, I mean that if I was to do it would I go down completely smoothly.

DR. PATTERSON: Chances are, you would.

MIKE PETERSEN: OK

FRED KNOWLES: I have one more question doctor. That being that, uh, if this Board should elect to ask Greg to continue to work in a capacity as a Fireman exclusive of the lifting that has been required of him in the past, the regular lifting in rescue squad duty and should Greg elect to do that, would we, in doing this, jeopardize his back any more than we would a perfectly normal and healthy back; could we worsen his condition to the point that he would have regular problems that what he is currently experiencing?

DR. PATTERSON: I think it would not, uh, you know people live 24 hours a day and their only ordinarily at work 40 hours a week and the things that you do outside your job have a lot to do with your back complaints as well and I think if he had the job where he weren't required to do repeated heavy lifting and then you wouldn't expect his job was contributing to the deterioration of his back.

FRED KNOWLES: I have no further questions.

GERALD ASHBY: Doctor, one question, uh, in the course of these proceedings were you not furnished with a job description and did you relate the report that you did to that job description?

DR. PATTERSON: I was furnished with such a description and I did relate my report to the job description.

GERALD ASHBY: Do you have any other questions?

FRED KNOWLES: Yes, I have one to follow the question on that. Dr. if the rescue squad duties, the lifting, the regular lifting that is required of Greg as running regularly on the rescue squad have been deleted from that job description would that have in any way changed the report that you wrote to the Board?



DR. PATTERSON: I think it probably would have, yes. I think it would have definitely

FRED KNOWLES: Would you please expound on that?

DR. PATTERSON: Well, I tried to answer that question in my answer to the last question in that basically what I am saying is that it's not really fair to just pick out the activity that a person does in their work as being solely responsible for the deterioration of their back if their complaint relates to their back because, uh, many of the other things people do in the course of living have every bit as big a contribution as their work to their complaints about their back, uh, but the thing that ordinarily makes a person who has back complaints worse is repeated lifting and that's the thing that's ordinarily restricted from people that have back complaints. I think it's only fair to say and I'm sure that everybody realizes this, but a persons attitude about life in general and their attitude about their job and whether their satisfied with their job has a lot to do with their physical complaints. A great deal.

FRED KNOWLES: No further questions

GERALD ASHBY: Are there any questions from the Board?

JOHN ACHIZGER: No further questions from me; thank you, I appreciate it.

DR. PATTERSON: Thank you, ok.

JANE QUIMBY: Thank you Dr. Patterson.

JOHN ACHIZGER: Dr. Raley do you want to come...

DR. RALEY: Sure

JOHN ACHIZGER: There's no written report from Dr. Raley. His testimony is very, again, will you state your name, address and occupation?

DR. RALEY: Uh, Francis Raley, St. Mary's Hospital, physician.

JOHN ACHIZGER: Would you very briefly doctor give us your educational background

DR. RALEY: Uh, I graduated from the University of Colorado, interned in residency at the University of Vermont, uh.

JOHN ACHIZGER: Do you have speciality in the practice of medicine?

DR. RALEY: Family practice and emergency medicine.

JOHN ACHIZGER: Dr. Raley are you acquainted with Greg Hazelhurst.

DR. RALEY: Yes

JOHN ACHIZGER: And, how do you happen to be acquainted with him?

DR. RALEY: I've been Greg's advisor in his duties as a paramedic, um, for the Fire Department and also Powderhorn.

JOHN ACHIZGER: Have you been his personal physician in any way in the past few years?

DR. RALEY: No, only other than, uh, curbstone consultation.

JOHN ACHIZGER: How long have you known Greg?

DR. RALEY: Uh, lets see, when I first came to Grand Junction which has been four or five years, five years.

JOHN ACHIZGER: You have never treated him or examined him for his back problem have you?

DR. RALEY: No, other than just making suggestions about his work.

JOHN ACHIZGER: Do you recall, uh, when Greg first mentioned to you the problems he is having with his back?

DR. RALEY: Uh, it's been about a year and one-half ago, I would say, I'd have to reflect on that but, it's been about a year and one-half.

JOHN ACHIZGER: Doctor, the main reason I wanted you to testify here today concerns this activity at Powderhorn. What is your role at Powderhorn as far as Greg is concerned?

DR. RALEY: Well, I've, I've been advisor for the paramedic group, not the paramedic group but, ski patrol in terms of medical matters how they're handling injures, and uh, the appropriate treatment of various problems.

JOHN ACHIZGER: OK, are your a skier yourself?

DR. RALEY: Yes

JOHN ACHIZGER: Uh, I'll ask you a leading question here cause I think I know the answer. Do you have a bad back?

DR. RALEY: Gee, do I have to talk about my problems?

JOHN ACHIZGER: Just one

DR. RALEY: Sure, yea I do and, uh, you know I have a prejudice about backs and it was interesting to listen to Dr. Patterson. Greg when he first began to have problems with his back and I discussed this in terms of his work as a paramedic I talked to him about the the inadvisability of him doing any heavy lifting, uh, telling him that if your back is giving you trouble, the more lifting you do the more problems you're going to have with your back and Greg and I spent a number of of hours discussing this, um, when he'd come in on a paramedic run and, um, I can remember Greg and I talking along the lines of well what can I do what activities can I participate in and, um, as Dr. Patterson indicated, you live 24 hours a day and your only at work 40 hours a week. I think that, uh, you can't be totally sedentary, uh, if you have a bad back and you have to continue to exist and part of that existence is physical exercise. And I, uh, remember taling to Greg about his participation in skiing and I said that well, you know, if you take a fall your going to hurt yourself and your back is going to get worse. But if you ski reasonably, it's good exercise and you need that tone to control your back problem, the muscle tone and so, the question was asked of me, um, should I or can I ski and, I said, sure, I would ski. I wouldn't do any heavy lifting, I wouldn't run a tobogan, um, and uh, don't fall and Greg's a good skier and he doesn't fall very often. I have seen him when he has fallen, but, um that was that was my response and I think that, uh,

that's generally my response to most people with back problems is that they have to participate in some physical exercise. Trampoline is bad news, skiing, if the person has a background in skiing and is a good skier, it's good physical exercise and I think they should continue it.

JOHN ACHIZGER: OK, thank you; I guess trying to sum it up then, it's not inconsistent, uh, for Greg to have back problems that prevent him from doing any heavy lifting but do not prevent him from normal skiing. Is that a fair statement?

DR. RALEY: In my estimation.

MIKE PETERSON: I have a question here. What about activities such as playing fast league softball and football. Would these activities aggravate the back or would he be able to perform them without any problem.

DR RALEY: Well, yea, I think that if you were playing

MIKE PETERSEN: Excuse me, on the football, it wasn't tackle we was just kicking the ball and throwing it and touch type football.

DR. RALEY: I think that would meet with some problems, sure. If you get bonked and take a tumble in football, uh, with the kind of back and that Greg has I think that's that's met with some complications in terms of making his problem worse. Uh, fast pitch softball, uh, again the same, um, you're not doing any heavy lifting, uh, conceivably you can injure your back I guess in a swing but, usually its a leg exercise primarily, yes.

JOHN TASKER: What do you consider heavy lifting, weight wise. I should have asked Dr. Patterson, what do you consider heavy lifting?

DR. RALEY: A person with a bad back I consider anything over 15-20 pounds to become excessive. Depending on how the person lifts, but, you know, once you get over 20 pounds of weight, um, then unless you're very very well versed in leg lifits and not lifting with your back, um, that's the kind of weight that you begin to run into problems with. People have problems with if they have a back problem.

JOHN TASKER: How do you go through life without lifting over 20 pounds.

DR. RALEY: With difficulty. You know, you know, the 30 pounds in the magic number; you know they say you shouldn't lift anything above 30 pounds but, but, people who for example will lift up an object with their hands straight out in front of them and lift it up off a table you know they will almost to the last person will say that hurt. Now, if they can squat down over the object and lift straight up with their legs, then usually that doesn't cause any problems. But, there aren't very many objects you can squat down over and lift up unless its on the floor.

JOHN TASKER: What's the normal weight that a normal person can lift; what's the mean weight of a normal person you'd say.

DR. RALEY: Oh, a person should be able to easily lift 1/2 of their weight without a good deal of difficulty if they're in any physical condition at all. So the normal man should be able to lift um, 75 pounds, 60-75 pounds with ease.

JOHN TASKER: Thats using these procedures of weight lifting?

DR. RALEY: Yea

FRED KNOWLES: Doctor, uh, is your back disorder similar in nature to that of Greg's.

DR. RALEY: Not, its a fracture, old fracture.

FRED KNOWLES: And does it do you have any discomfort or any problems with your skiing, does it cause you problems/

DR. RALEY: All the time

FRED KNOWLES: Does it, and so while your skiing your in some discomfort.

DR. RALEY: Sometimes, it depends on what I'm doing. If I'm skiing reasonably and it usually doesn't cause a-y problems but, if I do something I shouldn't be doing and know that I shouldn't be doing it, then it causes pain.

FRED KNOWLES: But, uh, you don't feel that your injuring yourself further by purusing this sport?

DR. RALEY: That's a hard question to answer. Uh, probably so, but, you know unless I were on a water bed 24 hours a day, probably everything I do, you know, people with chronic back problems anything they do has a potential to injure thier back and its, you know, various graduations of what's better or worse.

FRED KNOWLES: Perhaps the physical exercise that you receive from this sport more than offsets

DR. RALEY: I think it's tremendously important; that's part of the treatment of back problems. I wasn't here when Dr. Patterson talked about that, maybe he did or didn't, but we have a whole series of back exercises that people with back problems go through and um, uh, this can either be taught by a physician or a physical therapist but, uh, muscle tone and conditioning is tremendously important for people who have back problems in terms of helping them to develop other muscle groups to take over the function of the group that or the area that's impaired and, um, I think its totally unrealistic for a person to not participate in some physical activity and to maintain some symbalance of muscle tone and also for acrdiovascular tone uh, you know, some people with back problems can't jog, and, um, they'd rather swim, whatever they can do with the least amount of discomfort is the physical acitivity they should participate in and it varies widely, depends on what the problem in and where the problem is and uh, I think that most physicians will agree that the physical conditioning and maintaining physical tones is extremely important.

FRED KNOWLES: Are you familiar sir with the nature of Greg's back disorder.

DR. RALEY: In taling with Greg and Dr. Patterson, uh huh.

FRED KNOWLES: Do you feel that the limitations that Greg should or must observe are similar to that which you place upon yourself? Due to the differences in condition?

DR. RALEY: Similar

FRED KNOWLES: Similar - do you ride a motorcycle?

DR. RALEY: Do I - only under duress •

FRED KNOWLES: Is it uncomfotable to you?

DR. RALEY: No, no, I think it's crazy. You know and the last injury we had flew to Denver and he died at Stapleton. You know that was last night. Motorcycles are bad thing; you know, not particularly because they cause pain when you ride them but, I mean because you can get killed and that's why I'm against them.

FRED KNOWLES: How do you feel doctor, their affect on the back, especially on a troublesome back, uh.

DR. RALEY: Oh, I think that if your riding a dirt bike a jumping and landing you know, after you've done a 4' jump, sure it's going to hurt your back. I think that's probably is not great significance; you know, with the bikes now they're like riding a Mercedes and they're very comfortable but very dangerous.

FRED KNOWLES: Uh huh, and uh, in Greg's condition here as we understand it, do you feel that uh, the amount that he lifts not speaking about frequency but the amount that he lifts should be reduced considerably below what the average healthy back should lift.

DR. RALEY: Oh absolutely. And I think that Greg's work as a paramedic you know he has to be able to lift anywhere from 20 to 200 pounds plus, youknow, depending on the situation, in very awkward positions, uh.

FRED KNOWLES: Lets assume for a moment that Greg does not continue as a paramedic but, he acts just in the capacity as a fireman

DR. RALEY: Well, uh, you know I know a little bit about the activities of a fireman, if you could absolutely guarantee that lifting would not be a part of his work at any time.

FRED KNOWLES: Occasionally

DR. RALEY: Even occasionally, you know I think that the occasional lifting is going to cause him problems and uh, I think if he could be guaranteed of of what do you do as a fireman that is totally sedentary? Maybe drive the truck and that is all, uh, but anytime that he would have to lift, that runs the hazard of injuring his back further and I would assume as a fireman he's going to be put into a position of occasionally having to stree himself considerably; it's my understanding of a firemen now, you know, thats lifting whatever he has to do whatever he has to get through, um.

MIKE PETERSEN: You stated it would injure his back further, could you tell me exactly what would injure it further, cause I

DR. RALEY: I would say aggravate, that would be a getter term not injure it further.

MIKE PETERSEN: But, I was wondering if you knew about the injury I would like a little more on exactly on what he's injured in his back what has the vertebrae been cracked, has a disc been ruptured, has or is the muscle torn, or what has happened to cause the injury to the back.

DR. RALEY: Dr. Patterson has gone into that and I haven't examined Greg and so, I'm at a real disadvantage to tell you exactly cause I haven't gone over his

MIKE PETERSEN: That is why I was wondering why you could say it would injure his back further if he did have if you hadn't seen the x-rays or did any x-rays or this type thing to his back. I was just wondering.

DR. RALEY: Sure, I think that's a good question. I think that's fair. As I understand, that from Dr. Patterson in discussing this with him, that it's a problem primarily a problem with soft tissue injury and these are typically aggravated by heavy lifting, heavy exercise, falls, and so that's the assumption that I've made. And I had not examined him, have not treated him other than curbside consultation along the line and no you shouldn't be lifting, uh, you should minimize the possibility of re-injuring this or aggravating it.

MIKE PETERSEN: OK, yours is purely on without examination just from what he has told you. What you are telling us now.

DR. RALEY: Dr. Patterson -- yes

JOHN ACHIZGER: I have no further questions. Thank you - doctor; Dr. Moore, would you give us your name, address and occupation?

DR. MOORE: Yea, uh, my name is Dr. Thomas Arthur Moore, Jr., um, I practice at 1060 Orchard, I have an undergraduate degree from the University of Colorado, I graduated from the Chicago College of Osteopathic Medicine and I did an internship at Phoenix General Hospital, I've been in practice in Grand Junction for about 3½ years.

JOHN ACHIZGER: Dr. Moore, lets get right into it with Greg Hazelhurst, when did you first see Greg.

DR. MOORE: Um, I saw him shortly after he injured his back. I think it was on September 1st of 78, I think it was the date of the injury and as Dr. Patterson said he had problem on and off prior to them but, that was the first time he was in enough pain to require being off work and at that time, when I examined him he had you know, this is one place I'll disagree with Dr. Patterson, he said that there were no objective findings, particularly. I don't agree with that. The times that I have examined Greg and this is consistent on numerous occasions, when he comes in he'll have spasm in the paraspinal muscles usually in the lower thoracic and down the entire lumbar into the lumbar sacral region of the back and that's spasms that you can feel with your fingers and uh, we on numerous occasions have treated that with physical therapy, with manipulative therapy and with I think we tried some muscle relaxants early on but that they don't really help that much. Now, as his problems have progressed, we've had numerous times when he's injured it, he's come in and he's been off work for a little while, he's received treatment, he's gotten better and he's gone back to work and it'll happen over again. And, uh, he's been seen by Dr. Patterson and Dr. Hall, we've recently had another Orthopedic surgeon come to town named Larry Copeland and Larry's a friend of mine and I had him go over Greg pretty well. He reviewed all the x-rays that were available and he obtained more x-rays and I've discussed the case with him quite thoroughly and Dr. Copeland is of the opinions that the underlying injury here is a ligamentous injury, you know the vertebrae are held together with ligaments there then overlying overlaid with several layers of muscles and, uh, the problems that arise from this if you have a ligamentous injury where it's torn, um, they don't always heal properly now, that's reflected on physical examination by muscle spasm and especially in the little short muscles that are right down against the spine but also in these big thick paraspinal muscles that you can feel with your fingers, um, Dr. Copeland and myself are both of the opinion that if the forces that cause the problems that Greg has continue, that sooner or later there will be a lot of objective

information available that can be documented by x-rays, and everything else cause he is going to end up with, uh, ih, ligamentous tears that are able to be demonstrated or he is going to end up with degenerative disc disease or he may actually pop a disc clear out and uh, we both feel that the stress that he undergoes with heavy lifting is primarily responsible and you know, I have to agree with Dr. Patterson that it's not all job related but a lot of it is job related and you know the only thing we can advise him to do is to minimize the stress that means a different kind of job and he's got to alter his off-job activities so that he does not have the repeated stress to the same area over and over and over.

JOHN ACHIZGER: Dr. Moore, Greg described to you the duties he performed as a fireman and as a paramedic.

DR. MOORE: Uh huh, yes he did. You know, it's my understanding you know I think any heavy lifting as far as patients go and everything else is totally out and you know, as far as firemen go, from what I understand he's occasionally stuck with carrying hose packs that I imagine weigh more than 20 pounds and, uh, I would agree with 20 pounds as being a reasonable limit for him too. Uh, I personally don't think he should be performing the job period. I just can't see it. I think that it will lead to permanent, irreversable changes in his back. I agree with Dr. Patterson that every examination has been consistent and uh, you know, I have some knowledge of what Greg has gone through to get into the position where he is as far as training and, uh, effort, that he has put into being a paramedica and that's not something that I think he wants to give up lightly. You know, he's put an awful lot of effort into that. It's not an easy position to attain and, uh, Dr. Copeland and I both were very impressed with his motiviation and , uh, the you know, I think he reached a point where thepain was not worth putting up with just to be able to do that particular job there are other jobs that can be done.

JOHN ACHIZGER: Dr. Moore is it your opinion that the lifting that Greg has to do as a fireman and paramedic is basically what has caused his back problems as it now exists?

DR. MOORE: Well, with what knowledge I have of you know, any of his past life, I would say that would probably the primary underlying cause you know I don't know that he's been involved in any auto accidents, any serious skiing accidents or anything else.

JOHN ACHIZGER: OK, I know this isn't the easiest question to answer but, in terms of the prognosis, what if Greg doesn't lift anything heavy for six months doesn't lift anything that weighs over 20 pounds for six months.

DR. MOORE: His back will feel pretty good. As soon as he goes back to lifting, the same problems will come back. I think they'll be in the same locations, and, uh, as if he continues, uh, the location of pain I think will spread and I think he'll have more pain and I think that he'll have changes that will not be reversible.

JOHN ACHIZGER: The Board has brought up some of these other activities that Greg has been engaged in such as skiing, playing softball and touch football, would you

DR. MOORE: Uh huh, well as far as skiing goes, as with Dr. Raley, I've had a little bit of back problems myself, uh, I flunked the draft physical because

of it which didn't at the time really hurt my feelings too bad, but I had a lot of pain for quite a while, and I skied yesterday, I skied last Thursday and people that know how to ski properly like Greg does don't do that kind of damage to their back, you know, skiing for somebody like Greg is from the knees down, he's not sitting there swinging his shoulders around everywhere and I don't think that he's putting an undue amount of stress on that part of his back from skiing, and I agree with Dr. Raley that a big part of any back treatment program is keeping good muscle tone in the para-spinal muscles and that's one way of doing a pretty good job of it. Now as far as football goes, any contact sport I would be totally against. I think that you know it's been pretty well demonstrated that that kids who grow up playing strenuous football and are tackling and blocking and everything have changes that will show up on x-rays, uh, I think that football would be out. Softball, ah, I don't know I, it's conceivable to me that he could play without being injured, I think that the potential for injury occurs is there, you know, it would just depend on the situation.

JOHN ACHIZGER: Go ahead.

JANE QUIMBY: I have a question on the report from Dr. Copeland. It says the patient is allergic to penicillin, etc., uh, he had a ski injury in March of 1979 in which he had external costal separation, that's the first that I had been aware of that, as I recall. Would you explain what that is?

DR. MOORE: Oh.

DR. RALEY: I spaced it out. I saw him in the emergency department at St. Mary's hospital, and I did take care of him in the hospital. Um, and, Greg, I forget the exact circumstances of the fall, I think he caught his tips and went over his skis; anyway, he injured his abdominal wall and had possible costal condal separation.

DR. MOORE: At what level?

DR. RALEY: Uh, that was just perisidal and I was concerned by, uh, uh, an abdominal injury he was hospitalized overnight and discharged the next day.

JANE QUIMBY: Was any of that injury, would any of that injury have contributed to the aggravation of the back.

DR. RALEY: At that time, he did not have any symptoms nor findings referable to his back, it was all in his belly muscles, uh, in that- area

JANE QUIMBY: I'd like to ask one more question that, uh, is on a report from a Dr. R.W. Stewart that is included with the communications from Dr. Copeland.

DR. MOORE: Uh huh.

JANE QUIMBY: In which it states that the right leg is 6 mm. short, as compared with the left.



DR. MOORE: The significance of checking that is that people with back problems frequently will have one leg shorter than the other and it'll, you know, the back compensates. The sacrum tilts then there is a curval form in the lumbar spine and a curve in the thoracic spine. And you frequently have people that'll have pain at the apex of the curves and, uh, a lot of times if you'll put a heel lift in and straighten them up over a probably 3-6 months period of time, a lot of their back problems go away.

JANE QUIMBY: Has that been done?

DR. MOORE: That is probably not a significant difference. Nobody, well, I shouldn't say nobody, but hardly anybody has legs that are exactly the same lengths, but I don't really think that 6 mm is probably significant in most people and probably definitely not in Greg's case.

JANE QUIMBY: Even with the other back problems that he has this is not a contributing factor?

DR. MOORE: Not, not appreciably, I don't think.

JOHN TASKER: Your trend of thought, in reference to Greg when he first visited you and said I assume you're the doctor that sent him back to work on light duty.

DR. MOORE: Yea, right.

JOHN TASKER: Your trend of thought there, you said that he was getting better, OK and that you thought that he would get better

DR. MOORE: Uh huh.

JOHN TASKER: Now all of a sudden later your conversation you said that he'll never get better and if he keeps lifting, he'll, in fact, get worse.

DR. MOORE: Uh, if everybody who came into my office with a complaint of back pain didn't get better, you know you expect most of them to get better because usually what you're dealing with is an episode of acute muscle spasm which is treatable and which is reversible, and it goes away and the first time he came in, I kind of thought he probably would go back to an entirely normal situation. The second time he came in, I felt the same way, but then, after, you know, it happened over and over, there comes a point where you don't expect it to anymore.

JOHN TASKER: Dr. Patterson kind of emphasized on attitude, OK. You can live with this pain, and you can't live with this pain kind of thing. Do you believe in this type of philosophy, too? In other words, maybe he is just tired of his job, he is sick of it and mad at somebody and that has an affect he no longer wants to go to work.

DR. MOORE: Well, I think it's hard to have a significant amount of pain without having a pretty, um, profound affect on your attitude about a lot of thing and, you know, I think that if he has enough pain, he's going to get sick of his job. Uh, it's kind of a circular type of thing. With the subjective findings and the objective findings that I have seen, I really don't think that Greg's problem is very much related to attitude at all. Uh, anybody with

pain undergoes an attitude change. I doesn't matter whether it's back pain or whatever.

FRED KNOWLES: Doctor, did you I think you said that you asked Dr. Copeland to look at Greg and uh, did you provided Dr. Copeland with all of

DR. MOORE: He had everything; he had, uh, the x-rays that we had taken previously he had the x-rays that Dr. Patterson took, um, and then he ordered some more in addition. He, when he first examined Greg, he kind of thought what he was going to find on some of those x-rays was a little either a piece of bone that was, you know, a lot of times with ligamentous injuries, the ligament will tear but it will tear a piece of bone off and you can see that on x-ray. And it's on way you can prove a ligamentous injury. If you're lucky, you know, they don't always do that; sometimes the ligament itself will just tear or the or the fibers will separate. Uh, or he thought he might possibly see, uh, uh, a crack in, uh, ih, the vertebrae somewhere specifically in one part of the vertebrae and he did not see those but, I think that as he states there that sooner or later he will. Uh,

FRED KNOWLES: At this point is the is the damaged ligament would that be an objective or subjective diagnosis.

DR. MOORE: At this point that i's a pretty much subjective diagnosis based on what objective findings are available. You know, nobody's mentioned Copeland mentioned in there and this kind of amazed me you know, anytime Greg sits for any time and straightens up there is a pop. Its always in the same spot and, uh, you know you can hear it and you can feel it.

FRED KNOWLES: Is this extraordinary?

DR. MOORE: Yea, you just don't see that in people very often. You know anybody that moves around a little bit, you will crack and pop and little bit and you know if a chiropractor or osteopath manipulates you'll crack quite a bit usually, but usually you don't get a consistent pop like he's got in the same spot every time. It's also the same place where he hurts most frequently.

FRED KNOWLES: Just want to pursue this for a minute. You, uh, have a good deal of respect for Dr. Copeland's judgement?

DR. MOORE: Yes I do, Dr. Copeland moved here from Cleveland, Ohio he was in practice there about 8 years and, uh, he's just an excellent orthoped. He's he has done a lot of cases for me on a lot of people that have pretty well been worked up previosuly and had very poor result and he has had very good results.

FRED KNOWLES: Dr. Copelands letter he indicates on his report here I feel that it will be quite benefical however, to have a better diagnostic work-up with x-rays. Now will therapy indicated before

DR. MOORE: Yea, there's a follow-up letter there.

FRED KNOWLES: Oh I'm sorry, I didn't read that. Then that

DR. MOORE: That was his initial evaluation on there.

JANE QUIMBY: It's the second letter there. While you're looking at that- I'd like to ask a question Dr. Moore. Dr. Patterson indicated that Greg has what's called a transitional vertebrae in which that he has six rather than five. In reading through this, I'm not sure that I saw this indicated in this report from Dr. Copeland.

DR. MOORE: It's on one of the x-ray reports.

JANE QUIMBY: You do agree with that

DR. MOORE: Yes

JANE QUIMBY: Ok, and could that have anything to do with his problem?

DR. MOORE: It could have but, whether it does or not, I don't know. Like

JANE Q: Another contributing factor?

DR. MOORE: Yea, you know anyway you slice it, I think that Greg's problems are, uh, as a result of a lot of different things but, you know, with treating backs in general, what you try to do is minimize the stresses and change what can be changed.

GARY THARP: Do you have any further questions, Fred?

FRED KNOWLES: Doctor your, uh, letter to the Board was based upon the job descriptions that was provided to you, is that correct? The job description

DR. MOORE: I didn't get a job description. I just what I know of his job you know, the way I got to know Greg in the first place was when he'd bring people into our emergency department and you know ee'd visit a little then, you know, what I know in general of what paramedics do just through my contact with them over the years. You know, I think with his initial injury as I recall where he first started becoming quite symptomatic was after he had lifted a patient off of a water bed onto a stretcher and then carried him on out and, you know, it's that kind of thing that we need to get him away from.

JOHN ACHIZGER: Gerry, do you have any questions?

GERALD ASHBY: No questions

JOHN ACHIZGER: Thank you Dr. Moore - Greg.

JOHN ACHIZGER: What Greg's going to talk about is repititious and you've heard it before but, again, the recording is being done and we have to make a record. If you'll bear with us a little while as I do want Greg to explain right from step 1 what's transpired. Greg, first of all I want you to state your name, address

GREG HAZELHURST: Greg Hazelhurst, 439 32 1/8 Road

JOHN ACHIZGER: And you're here today becuae you've made application for a Fireman's pension. Is that correct?

GREG HAZELHURST: That's correct

JOHN ACHIZGER: How old are your Greg?

GREG HAZELHURST: 29

JOHN ACHIZGER: What's your education?

GREG HAZELHURST: Um, I've got a fire science degree, 2 year degree from Mesa College. Um, I'm a certified paramedic in the State of Colorado.

JOHN ACHIZGER: What's your work history?

GREG HAZELHURST: From when?

JOHN ACHIZGER: From the time you got out of high school

GREG HAZELHURST: I went to school at Mesa College in 69-70. When I got out of school, I went to work at Powderhorn Ski area full time. I had previously been on the ski patrol while I was going to school, um, was on the professional ski patrol at Powderhorn for approximately 2½-3 years. I also worked during the summer doing various jobs at the area during the summer and then I would work on the ski patrol during the winter. Uh, I became involved in emergency medicine through the ski patrol and consequently through the involvement with the emergency medicine I, uh, got interested in becoming a fireman and became a fireman in 74, 1974, December.

JOHN ACHIZGER: With the Grand Junction Fire Department?

GREG HAZELHURST: With the Grand Junction Fire Department and I've been with the fire department since then and I've also continued to have some involvement with the ski area because of the type of hours I had I was able to continue my work at the ski area.

JOHN ACHIZGER: What type of work did you do at the fire department?

GREG HAZELHURST: Um, I started out, of course, as a line fireman, because of the medical training that I had prior to going to work at the fire department, u, I right of way got involved with the rescue squad became very heavily involved with emergency medical training uh, paramedic training, developed in Grand Junction. I was one of the first people involved with it in thistown, consequently, I became a paramedic after a number of years which we worked on setting up the program and getting involved with the Fire Department and I pretty after probably well really from the beginning was on the squad quite heavy but the last three years, I've been on the squad almost consistently. Also, doing the duties of a fireman, line fireman.

JOHN ACHIZGER: Ok, uh, Greg, lets talk about your back problems. When did you first have any considerable pain or problems with your back?

GREG HAZELHURST: Uh, as far as the considerable pain resulted from the incident which has been discussed on September 1, 1978. Uh, prior to that, um, I it wasn't anything that I felt significant until about the time of September 1st where I had discomfort, occasional discomfort, tight muscles, as in an occupation where there was lifting all the time and I think that everybody within that occupation complains of back pain occasionally because of the stress that you put yourself under. Um, wasn't anything that I couldn't live with at that time. It was just a normal complaint I think that you have.

JOHN ACHIZGER: Will you tell the Board specifically what happened on September 1, 1978.

GREG HAZELHURST: I was, uh, I was just going off shift. We wrok from 8 in the norming till 8 the next morning, we went to a call down off Rosevale to pick up a gentleman who has woken up, he was in his bed, it was a water bed and he was complaining of severe neck spasms, neck pain, uh, said he couldn't move anything and he was laying rigid in the bed and was very sensitive to any movement which we run into quite often with somebody who has any neck or or back problem so, consequently, we had to remove him off the water bed; we had to get him onto a backboard and get him out of the house, uh, its very awkward to get in a situation he had it was king of awkward working. We got him on the backboard; another thing that's frequent is that you cannot always get the stretcher we have on the squad back to the hallway but you can't get it into the bedroom because of the turning, you could get the stretcher in but you couldn't get the guy on it to get him out so, uh, consequently, we had to manipulate him through the ahllway and down around on the backboard which involves a lot of this (Holding hi s arms out to the left of him in a straight fashion) holding the weight out away from your body whatever it may be, um, upon doing that, I felt something give; I had a severe pain in my back, I felt it, um, I didn't drop him or anything - I continued on, got him on the stretcher and brought him out to the sescue squad loaded him into the squad and brought him, um, to the hospital, uh, made a comment to my counter-part who was working with me that I felt that I had done something this time to my back. We had talked about it before as far as the fatigue your back you know, goes through, we were familiar with the conversation in other words, and I said that I think I did something this time and, uh

JOHN ACHIZGER: Who was that you said something to?

GREG HAZELHURST: Mike Page. He was with me that time.

JOHN ACHIZGER: What did you do then after this particular shift as far as your back was concerned?

GREG HAZELHURST: Well I had to do a little recalling. The only thing I do remember is when I went off shift, I was going on a 4-day and uh,

JOHN ACHIZGER: Can you wxplain what you mean by 4-day.

GREG HAZELHURST: We work 3 shifts, 3 24-hour shifts, with a 24-hour shift in between and we work the 3 shifts and we are off for 4 days and we come back and work another 24 hours shift. Um, on this 4 day, I made a trip to Denver; my family lives in Denver and I went over to Denver, um. To my recollection, I do not remember discussing it with my family, I was in a lot of discomfort and I could harldy get around, um, my parents were very concerned about the situation with my back and, um the reason I remember it so well is cause my father had told me that I should see an osteopathic doctor for it, um. that is how I ended up finding going to Dr. Moore because of the recommendation of my father so when I came back the 5th which was the day I was to go return to work, I did return to work, I don't recall what happened the 5th. All of the records show is that I was at work, I was not on the rescue squad, I was on the rural truck, um, I do remember, uh, talking to R.T. the Fire Chief that day and I did fill out an accident report at that time and because I had realized I had injured my back and filled out a report and, uh, concerning it. I made an appointment with Dr. Moore and saw him the next day; I think it was or whenever I didn't return for the next 3 shifts. I was off approximately a week well a total of about 2 weeks.

JOHN ACHIZGER: Would you tell the Board how this progressed as far as your treatment and your attempts to go back to work.

GREG HAZELHURST: OK, I saw Dr. Moore and told him basically I had had previous muscle soreness, tightness of my muscles, stuff like this and explained to him that I felt I had, I felt it was a muscle problem at the time, uh, I didn't feel I had fractured my back or anything it was just really sore type, uh, stiff muscles and nothing that I hadn't been able to live with and so, uh, he said well let's get some x-rays, I want to see what's going on. Took the x-rays he wanted to have Dr. Patterson check me out to make sure I didn't have any bone problems and, uh, I did that, I came back to Dr. Moore and decided he wanted to put me through physical therapy. I went through therapy for at that time, somewhere in the neighborhood of a month, uh, two or three times a week, hot packs, ultrasound and massage and they had attempted to get the muscles relaxed and he also toward the end of therapy gave me manipulation uh, thought maybe I had misaligned a few things and put them back in after about a month and half or so, I went back to work and I guess to my recollection things were feeling like I was ready to go back to work at least he had relieved the intense pain that I had for that period of time. I continued to go back to work which was the end of 78 in December, approximately and into 79 um, I don't have any time frame on when I started having the problems again or how good I felt during those my back has as long as I can remember the last few years, couple of years, has been, uh, reaches a certain level of just uncomfortable all the time to where it really bothers me to the point where I am now where I say it's more than I want to put up with. Um, during those first couple of months of 79, uh, apparently things were going along OK. Gradually, I started having more trouble, the popping in my back became more pronounced, more frequent, uh, muscle spasm, the knots in my back were beginning to it was all the way up and down my back and uh, it just progressively got worse throughout the whole of 79 pretty much 24 hours a day, 7 days a week, um, it was becoming very difficult again to even lift the kits that we carry to the houses and uh, of course, doing any of the lifting of just normal stooping and picking up the stretcher, uh, doing lifting correctly let alone doing it when you don't have much choice as to holding things away from your body which that's where the problem has been really, uh, obvious as any lifting I have to do as far as holding something away from my body, um, I went to Dr. Moore, uh, see I had gone to Osteopathic Hospital some time prior to that on my own and went through a session of therapy cause my back, it was during the summer when I through some physical therapy on my own, of course, Dr. Moore knew about it but I just said I think the muscles are getting tight again, let's try and get them relaxed. Um, It didn't do any good. At that point, they just couldn't get the muscles relaxed. The physical therapist was kind of amazed at the fact that whatever he did it just didn't seem like the muscles would relax. Uh, I continued to work until this fall, I don't know the time frame on when I went to uh my supervisor and informed them that I was going to have to do something else at this point cause, uh, my back was beginning to bother me to the point where I didn't feel I was going to do my job efficiently. I went to Moore again and he started really investigating. He had mentioned that Dr. Copeland was coming the first of the year, uh, throughout this thing and he wanted him to check me out and uh, said that he wanted me to get off the heavy lifting. I informed him that I could go on a light duty. I was under the impression that there was a light duty that I could be put on and not have the involvement of lifting and he started putting me through therapy again which uh, he didn't at this time do any manipulative stuff because it had proven to be just very brief and uh, relief in other words as soon as I walked out of his office, it was almost like it he hadn't done anything and, uh, so at that point where they had said that he wanted

me off of duty for a month, uh, on restricted duty. At the end of that month, um, he did write a letter back to the City informing them of what the situation was as far as my work duties were concerned and involvement I was having and there was kind of uh, a misunderstanding or something as far as the lines of it was kind of left up to me as far as long as the symptoms. He put in the letter you have as far as long as the symptoms are present that uh, that would be the only reason I should continue at the job I am doing. Uh, the symptoms never really went away, but I did go back onto duty and consequently, the work load became heavier and uh, I finally got to the point where I was it just wasn't doing any good. I was doing the lifting everytime I went out and lifted or did any strenuous activity, uh, I was two or three days where I felt it and uh, I just decided that at that point I was you know, the only choice I had was to get away from it and that's about where we're at now. I haven't been doing any heavy lifting uh, I've been away from the department for since the middle of January and, uh, since somewhere around in October I can't remember when it was when I went on the light duty, I did very little the last day I did work at the fire department. I had to run on the rescue squad and we had a core zero which involves a resuscitation of somebody who has expired, um, it becomes very strenuous, you don't have the choice of letting someone else do the lifting. I was put in a situation where I had to do the lifting, it is very difficult to lift dead weight and, maneuver them around. At that point, I said I've had enough and that was the last day that I worked.

JOHN ACHIZGER: What kind of treatment has Dr. Copeland been giving you?

GREG HAZELHURST: Uh, I went to see Dr. Copeland and, of course, he said that before he made any determination at all, he wanted to get some more x-rays and various things and suggested the first time I saw him that I he felt that he would like to put me in a brace for 4 months and try that. He has also feels that I have definitely some inflammation in my spine and has given me some medication to reduce that inflammation and uh,

JOHN ACHIZGER: Are you wearing a back brace now?

GREG HAZELHURST: Yea

JOHN ACHIZGER: How does your back, as you sit there right now, how does your back feel?

GREG HAZELHURST: Uh, just uncomfortable. I'm good for about 15 minutes in a chair and I start scooting around, uh, driving a car even become very uncomfortable for, you know, 15-20 minutes, just it's been that way for some time, uh, its kind of hard to explain how you hurt but, uh.

JOHN ACHIZGER: There has been testimony quite a bit already about the your activities at Powderhorn, would you tell the Board about those?

GREG HAZELHURST: Well...from the time I started or lately?

JOHN ACHIZGER: Well, I think what we're concerned about is what you've been doing the past couple years since your back's been giving you a lot of trouble.

GREG HAZELHURST: OK, well, uh, since I went to work for the fire department, um, with the type of schedule that I have, in other words I get off at 8 o'clock in the morning, uh, if I get off at 8 and go to the ski area, I get there late, um, consequently, my job as an active ski patrolman has since deteriorated

in other words, I have done more of, uh, organizing the ski patrol, I do have a lot of involvement with the ski patrol, uh, I'm in charge of the ski patrol at Powderhorn which has come within the last couple of years, um, I'm in charge of all the mountain safety, um, I'm in charge of all the emergency medicine that goes on, I set up all the procedures for the ski patrol, um, I have all the involvement to do with the doctors that work at the ski area, uh, setting up procedures, uh, forms, consent forms, and just a numerous amount of duties that I have involved with. I am part of the management at Powderhorn um, I am now the longest standing employee at Powderhorn other than Harold who's the manager and, consequently, in the last ten years I've, uh, come to know the ski business so, um, there's just a numerous amount of things that I can get involved with at Powderhorn as far as running the operation at Powderhorn, uh.

JOHN ACHIZGER: Greg, would you tell the Board the general duties of a ski patrolman uh, as relates to any kind of lifting, heavy lifting?

GREG HAZELHURST: Um, ski patrolmen, of course, is the person who transports people off the mountain. They pick up a tobogan at the top of the mountain where they're stationed, run the tobogan down and, uh, do any first aid that is necessary on the hill, splinting, stopping bleeding, whatever, they load the person into the tobogan, um, I will say in most cases, uh, we are dealing with leg injures, we usually put a splint on them, uh, we even if, uh, there is any lifting involved, usually, uh, the person can help you considerably because it's usually their leg and they we make that part of our training because we do have, um, a basket that we put em in and one of our main points in our training is to get the people to help you as far as putting your hands down, lifting yourself up, we lift the leg and I'd say in most cases people help themselves when you are involved unless we have a back injury or something like that and then we usually have around 6 people there that do the lifting, uh

JOHN ACHIZGER: How about bringing a tobogan down the mountain with or without someone in it. Is that stressful to one's back?

GREG HAZELHURST: Well, to someone, uh, who is not trained it could be very awkward, it could be very strenous because you'd probably be fighting it, uh, same way with skiing. You can go up there if you are proficient at skiing you definitely fight it, and uh, its very difficutl. Somebody thats trained and is uh uh a good skier, the tobogan pretty much goes down the mountain by itself and all you do is guide it and it uh, really is actually very little effort unless you have to pull it or tug it in a flat spot or something like tha

JOHN ACHIZGER: Since September of 1978 when you first had a severe pain in your back, have you lifted anyone on the mountain at Powderhorn or brought a tobogan down or do any heavy lifting in regards to your work as a ski patroler?

GREG HAZELHURST: Uh, its kind of hard to recall every day for the last since that time. I would at this time be willing to make the statement that I have not brought a tobogan off the mountain for 2 years to my knowledge I wouldn't say that, its true, I'd swear to it. And as far as any heavy lifting, uh, I just don't have that much involvement with the active part of bringing people off the mountain, uh, most of my involvement is advisement in the patrol room to my patrolmen, uh, I'm the highest trained person up there other than one other new trained paramedic uh, which was just trained this year, uh, but up until that point, I was the highest one trained there other than the doctors that ski up there so, I have a lot to do with the advisement of what we do with people, what stuff should be done from that point on so most of the people I



have involvement with are already on a bed, they are in the patrol room, uh, any involvement that I might have would be helping them out to an ambulance or something along that nature, uh, but we usually have plenty of people there and I just really don't have that much involvement with that. I couldn't say that I haven't done it but, I would say that if I did it probably could count them on one hand and it probably wasn't me just doing it by myself. I won't say probably I know you don't like to hear that work, I definitely had people helping me and we just don't move people with one or two people. We usually have plenty of people to help roll somebody out of the first aid room.

JOHN ACHIZGER: Are there any records that are kept at Powderhorn about the involvement of the ski patrolmen in particular incidents?

GREG HAZELHURST: Yea, I have a record on all of our activities in the area. They tell what patrolmen are involved, where the accident was, uh, the reports have changed through the years and some of them are clear in one area one year and not so clear in the other as far as who brought the toboggan down, uh, situations like this but they're pretty accurate records as far as the involvement of people with the accident.

JOHN ACHIZGER: Since September of 1978, well first of all, have you yourself reviewed those records recently?

GREG HAZELHURST: Yes, I have.

JOHN ACHIZGER: And have you reviewed them since September of 1978; that day forward? How many times does your name appear as far as being involved in a particular incident?

GREG HAZELHURST: Since 1978?

JOHN ACHIZGER: Since the time of your injury.

GREG HAZELHURST. Um, I don't have any exact number but, in 78 probably my name has shown up on a report, uh, maybe 10 times maybe 12 times.

JOHN ACHIZGER: What is what's the basic nature of your involvement in those 10-12 incidents?

GREG HAZELHURST: Uh, the majority of the cases we have on the report we have uh, how the person arrived at the ski patrol room. Either by toboggan, walk in, or other. Um, the majority of my cases where my name shows up on the reports were walk ins where the people walked into the patrol room, uh, I'm around the bottom, uh, about 98% of the time so, consequently if patrolmen are on the hill if somebody comes into the patrol room they will call for me somewhere and I'll go and check the person out, fill out a report and that's what, the other involvement maybe a couple, three or four times, uh, my name has shown up being on the hill, Um, either taking pictures, uh, two of the situations were right down at the bottom in front of the lodge which my being down at the bottom am called often times to come up to a situation at the bottom. We have ski-dos on the mountain where often times a piece of equipment is needed, a splint, or oxygen or something like that and I will be the one who runs it up to the sight. All the involvement that I've had I know since 78 doesn't really have any indication that I was the one involved with bringing a toboggan down, but I did show up on the mountain so.

JOHN ACHIZGER: To the best of your recollection, since September 78, it's true when that you did not bring a toboggan down nor lifted anyone to the degree

that seriously bothered your back. Do you have those records with you today?

GREG HAZELHURST: Yea, they're right over here.

JOHN ACHIZGER: We have them if you'd like to look at them. They are pretty thick but you're free to look at them later if you want to.

GREG HAZELHURST: Have about 900 accident reports and my name shows up on them 18 times in the last 3 years.

JOHN ACHIZGER: How does general skiing bother you?

GREG HAZELHURST: Well, uh, contrary to what the main part of discussion is and I'm sorry I haven't had much input into this discussion, one of my biggest complaints is to myself and frustrations is that I work at a ski area and I never get to ski. Um, I do occasionally get out on the mountain. I have to go out and check things out, I use my skis as transportation, uh, I at one time used to do a lot of skiing and I skied hard but, con., lately it's a matter of getting around the mountain, I ski very conservatively most of the time, once in a while you know you go out and get a little good snow and you turn them on a little.

JOHN ACHIZGER: Why don't you tell us about that injury in 79?

GREG HAZELHURST: In 1979, I fell and we don't really know or I don't really know what caused the injury; it's either I have a skool can I carry in my chest and either my knees came up and hit me in the chest causing cartilage damage in my ribs we thought, I thought I had broken a rib at the time, uh, it wasn't a real, uh, bad crash, I didn't go flying out, I just fell and came down and went like this (knees to chest) and hit my chest.

JOHN ACHIZGER: Did it bother your back?

GREG HAZELHURST: No, not anymore than normal. Skiing does not bother my back, uh, to this point, I can't say that skiing you know, I have learned a lot in this last year and  $\frac{1}{2}$  just like everybody else has, um, I've always been an athletic person, I'm not the type of guy that sits at a desk all the time and I'm out, I'm active and I could probably agree to what you have, maybe I have done some things that with back problems, I shouldn't be doing, uh, I am learning to accept that also. It's very difficult to, uh, just say well today I'm not going to from this point on I going to you know sit around and do nothing. I'm learning that I'm going to have to find out what is back causing my back to hurt. I haven't done enough skiing to say that skiing does hurt my back, the amount of skiing that I have done doesn't hurt my back, it's been very conservative skiing. I go up and come down the mountain and put no stress on my back whatsoever. I can go out and probably ski very fast through a lot of bumps and I could probably without having any other activity come off of that mountain and my back would probably be sore, yes. Um, I'm learning to understand that myself and uh, if it boiled down to the point that I'm going to have to reduce my skiing, I'll accept that, uh, I can't I'm not trying to justify anything that I've done in the past. I've done it and I can accept that

JOHN ACHIZGER: What about the participation in softball?

GREG HAZELHURST: Well, uh, to me it's not very strenuous, it's more recreation. I do play the fast league during the summer. I have ever since I got on the Fire Department, I play with the firemen, I also play slow pitch, um, it amounts to 8 games a year, one a week, uh, go out and do a lot of running, uh, the only thing I could think of that might injure my back would be uh, a head on with a guy at second base or possibly swinging the bat, uh, I've been lead off batter and, uh, the coach invariably makes me bunt so, I don't get to swing

the bat too much but, I think it's kind of silly myself because its just kind of I don't think its a contact sport. Is just something all the old men do and there a lot of them with bad backs and a lot of them that have heart conditions and they go out and they enjoy themselves and I don't think its anything thats strenuous.

JOHN ACHIZGER: Greg, prior to September of 1978, when you had this injury did you ever see any doctor before about your back?

GREG HAZELHURST: No, Dr. Moore is the fist doctor I did see. That was the first real incident that I had with my back other than normal occupational discomfort from the type of job that I do.

JOHN ACHIZGER: OK, this is, you already mentioned its hard to tell someone how you hurt but, I want you to try to explain to the Board as best you can because this isn't everywhere they can't see it you have to tell them. They have to be told about what's happening. I want you to tell them how it feels when you try to lift someone or something thats heavy 150-200 pounds.

GREG HAZELHURST: Tell em how, uh. Um, it you want me to tell them how it hurts to lift something or,

JOHN ACHIZGER: I want you to tell them how you hurt when you have to do it.

GREG HAZELHURST: God, why do I have to do this? Why don't you just crucify me?

JOHN ACHIZGER: Tell em where

GREG HAZELHURST: Well, its right in the middle of my back and on down lower uh, I lift something anduh, it jsut the muscles, uh, it feels in the spine, uh, is just its just a pain. The way I've described it to the doctors, uh, because the things thats bothering me besides the fact that when I uh, do lift something heavy and it does hurt, it aggravates it and the next time I lift something it hurts more and it depending on how much I do, it keeps getting worse and also the fact that uh, even if I don't do anything, I've got this constant what I've explained to the doctors as fatigue pain. It just aches uh, its always there and never goes away. All it does is depending on what I do it gets worse I have not been able to alleviate that fatigue type aching pain thats there all the time and that it depending on if I aggravate it any that it becomes worse. I get limited motion, uh, I move from side to side as long as I'm just sitting here like this there is just a burning type ache uh, if muscles just in spasm and tight and uh, depending on what activity I do, uh depends on er limit makes may back uh more uncomfortable less movement or that fatigue pain thats there all the time becomes worse all the time. It stays there all the time. I uh, the last, um, greater part of 1979, uh, I just don't remember a day when I didn't have the back pain 24 hours a day. Its just hanging in there all the time.

JOHN ACHIZGER: Greg do you enjoy your work as a fireman and paramedic?

GREG HAZELHURST: I definitely did.

JOHN ACHIZGER: How many years did you spend at that?

GREG HAZELHURST: Well, as far as the paramedic training, uh, been hitting it pretty hard for the last five years, real intense. Training, studying, testing.

JOHN ACHIZGER: Would you like to continue at the Fire Department if you could?

GREG HAZELHURST: Well of course, you know you but I think this is very easy in that your out to make it look good. A guy puts in that much involvement is probably the hardest I've worked for anything up until this point as far as accomplishments, career, whatever, uh, uh, definitely put a lot of time in it and its just not something you want to say goodbye to. I hope I can keep involvement with it in any way I can. I just got to the point where I'm wondering how far I can go with the thing. I definitely would like to continue I mean I'm not saying. How you,

JOHN ACHIZGER: When you started with the Fire Department as a paramedic did that look like a career for you?

GREG HAZELHURST: Oh yes, I had had no intentions of discontinuing it. Uh, the type of um, situation that I was getting myself in when I went to the Department I was pretty much aware of why I was working there and that you know its the type of job that pays off after you put in your 20 years and you just have that in mind uh, while your working there. That you're going to be there for the term.

JOHN ACHIZGER: I'll turn him over to you.

FRED KNOWLES: May I ask for a 5 minute recess?

GARY THARP: It's open for questions from the panel now whoever wants to start it can go ahead.

JANE QUIMBY: Greg, I have several questions. Uh, some of them you've already answered but I jotted them down so, uh, what have you been doing since mid-Janaury when you haven't been with the Fire Department?

GREG HAZELHURST: Uh, I've been as far as my physical activity. I've tried to totally stay away from any specially lifting.

JANE QUIMBY: You've been working at Powderhorn?

GREG HAZELHURST: Well, I'm not working per se. I've got a lot of involvement with up the ski patrol and I pretty much couldn't walk away and not have some involvement with it. Um, I'm more or less volunteering my services to the ski patrol and Harold was put in the hospital a while back and me being the one that had to be around to make sure things were going ok, and I've been up there, yes.

JANE QUIMBY: I guess that was part of my question when you mentioned that you were part of the management and I was wondering if you had physical activity and I'm sure there are times when you have to carry something for somebody or do that kind of thing or move furniture around or something like that.

GREG HAZELHURST: Well, uh, you know I could definitely step into any type of moving stuff, I bring stuff to the ski area uh, pick up stuff down here, a lot of things I've been doing is, uh, I work in the office down here in town. I do a lot of writing as far as we're writing a lot of organizational procedures and stuff like that. And that's been pretty much what I've been doing, uh, consequently, the area being up there and the office being down here and also

equipment and stuff like that, parts and things that we need for our cats and stuff, um, I do a little of that running of the stuff, um, I definitely have occasions where I could get in there and lift things in the back of my truck and not but, what i've been doing is even asking the ladies to pack the stuff in which is very hard to do, but

JANE QUIMBY: Well, if we're going to be equal you ought to be able to do that.

GREG HAZELHURST: So, I've been consciously doing that and the people know that I have the problem that I have, and uh, I've been able to avoid it I've just don't do it.

JANE QUIMBY: My next question was have you altered your off-work activities and I think you, uh, very well I realize it's not softball or baseball season, but, it's getting touch football season maybe. Do you exercise regularly? Dr. Patterson mentioned and I also noticed in the other reports that it was suggested there are back exercises that you can do. Do you do those regularly?

GREG HAZELHURST: Uh huh, the thing that we've throughtout this whole investigation into my back problem which the reason this thing has hung on so long is Dr. Moore didn't mention it but he put me in a very small, uh, category with people with back problems. If I was in a situation of most people that come to him with back problems, and he has told me this that they probably would have said there was, uh, you know, nothing they could do. Uh, Dr. Moore has been very investigative, and so has Dr. Copeland, uh, been very investigative as far as, you know, I just lost the question.

JANE QUIMBY: And the final one

GREG HAZELHURST: What was the question again?

JANE QUIMBY: Oh, you're fine. You've took care of what I wanted. Uh, the final one was one that the attorney had asked you earlier about how you liked your work, and I would just liek to reiterate that for me again. You feel that, as I understood you, you felt that up to a point, you are willing to put up with the discomfort that you had in your work, and now you feel that it's impossible for you to continued with the discomfort that you have.

GREG HAZELHURST: That's very fair. Everybody's asking me to tell them how much I hurt and where it hurts, and how long it hurts, and uh, let me tell you it's been hurting for a long time, uh, I was advised by my doctor, uh, Moore, Raley has mentioned it to me, uh, over a year ago that, uh, you know, it's obvious that you have something contributing to the problem that you're having. What is that problem? I tell them what I do, they know what I do, they figure it's contributing to it. They, uh, made implicatiions that, uh, maybe it would be best if I did look for something else to do, uh, consequently, um, in the past year with the thing, and the fact that the thing has not been able to be alleviated, I can't get rid of the back problem, OK, so what do you do? Did that answer it, er.

JOHN TASKER: Greg, I want to ask you a question in reference to how many ski patrolmen are up at Powderhorn?

GREG HAZELHURST: Well, we have 8 full-time during the week; we put on

JOHN TASKER: How many a shift? I would say

GREG HAZELHURST: OK, I was going to say that; we put on up to 12 on Wednesday and Thursday that are full-time during the week; we have, uh, 60 or 55 volunteer ski patrolmen who cover the mountain on the weekends. We put on 25 a maximum of 24 on a weekend day.

JOHN TASKER: So, you average 20 a day is up there; ski patrolmen

GREG HAZELHURST: Not during the week

JOHN TASKER; I mean average all I mean put them all together

GREG HAZELHURST: 18

JOHN TASKER: So how many days a year is the ski patrol open or ski season Three months?

HAROLD HARVEY: 131 days

JOHN TASKER: What I'm getting at his, um, what would you say of these 900 uh, calls you had, the average person up there, how many would he, uh, have answered to?

GREG HAZELHURST: Well, this is the thing, you're it's hard to get an average 'cause a full-time patrolman who is up there 5 days a week and with the less amount of patrolmen, you get involved more than a volunteer patrolman who may come up once a month.

JOHN TASKER: Let's say out of the 900 do you think the majority of them contributed 30-35 calls? What I'm just saying is that you made it sound like 18 times. That's 2% and I'm wondering what the average of

GREG HAZELHURST: With any involvement with

JOHN TASKER: Yea

GREG HAZELHURST: With first aid

JOHN TASKER: Yea, yea

GREG HAZELHURST: I'd say it would be higher than that. I was thinking more of involvement as far as taking them off the mountain which would be less but as far as any involvement with first aid, I'd say, uh, God, I don't know; a lot.

JOHN TASKER: These 18 you're talking just about first aid. OK

GREG HAZELHURST: That's my name showed up on a report. Involved with some ski patrol accident.

JOHN TASKER: So then 25-30% of the time an individual's name would show up on these reports.

GREG HAZELHURST: Yea, especially someone that is up there most of the time. That's why it's hard for me to say that 'cause some people just don't have the involvement to really have the exposure. I have the exposure what I'm saying is that I have the exposure- I'm up there, but I'm not doing the work that is being said that I am.

MIKE PETERSEN: Greg, you stated that, he asked you that if you had seen a doctor over a back injury prior to, uh, I was wondering if you had any prior injury that you didn't receive any medical treatment from but would be of any substantial injury to you that was not treated? Previous or prior to your, uh, the one injury on the squad.

GREG HAZELHURST: Uh uh

MIKE PETERSEN: Then the only injury that you

GREG HAZELHURST: That's the only time that I've ever

MIKE PETERSEN: Is on that one particular squad call. OK, thank you.

JOHN ACHIZGER: Greg, I need you to answer that more specifically. I don't think you got on the recording your answer.

GREG HAZELHURST: Yes.

JOHN ACHIZGER: Well, I think the answer to the original question was no.

GREG HAZELHURST: Oh,

MIKE PETERSEN: I don't know about the recording; but he told me, and I was satisfied with his answer.

JOHN ACHIZGER: Just so we can clear that because we have to make a record. The original question was did you ever go or not go to a doctor even though he had a back injury prior to September, 1978?

MIKE PETERSEN: Correct.

JOHN ACHIZGER: And your answer to that is

GREG HAZELHURST: Did I ever not

MIKE PETERSEN: Did you ever, I'll just

GREG HAZELHURST: Start over.

MIKE PETERSEN: For the recording, I'm going to re-ask my question to Greg. Did you ever have any back injury that was not seen by a physician other than the squad?

GREG HAZELHURST: No.

MIKE PETERSEN: Thank you.

JANE QUIMBY: I have one other question, Greg, I'd like to ask you. Do you have other factors of dissatisfaction with your job as a fireman?

GREG HAZELHURST: Does anybody here? Of course, I mean, I have dissatisfaction with the ski area I've been working at for 10 years. I've had dissatisfaction with jobs that I've worked at before.

JANE QUIMBY: I guess I'm wondering the, the extent of, of other which would have to do with your attitude.

GREG HAZELHURST: Well, um, all I can do is related to you with the type of job that I've been involved with. Uh, there is many articles out right now, uh, one of the big things with paramedic type work is the burnouts in them. They become very burned out, you get you just get to a point where you definitely are getting too much of it, and um, I've definitely had that, I will admit that. It's you go pretty intense, real intense, for a short period of time, and I guess a guy says he needs a break, and I guess I've said this.

JANE QUIMBY: If you did not have the back injury, would you consider fulfilling your career as a fireman?

GREG HAZELHURST: Yes, I am sure I would still be doing that.

FRED KNOWLES: Greg, I have a few questions I've written down here I'd like to ask you. Does, uh, this the injury occurred in September of '78 is that correct? And I think you have stated earlier that after, after subsequent to that, that you were treated, and I think you had some time off you were off for a period of time there, and, uh, if I understood you correctly and then late '78 and on in- to '79 perhaps to and '79 you had very little back problems and then they began to reoccur in that time, is that so?

GREG HAZELHURST: I didn't- that's what I tried to state, I'm not clear at this time at what level my back was as far as not having any pain. I didn't say that, I said I can't remember what level it went to but I assume because I went back to work, that I felt I could do the job. I didn't say that I didn't have any problems.

FRED KNOWLES: So you just don't recall what the severity was?

GREG HAZELHURST: No, I sure don't- I just know that it's been very uncomfortable throughout this whole thing, and I don't know what level it got to as far as not hurting at all or not having any trouble. But, apparently, it was to where I at least alleviated the, the bad pain problems that I had and felt I could go back to work. They had progressively got worse from that point on.

FRED KNOWLES: You stated that that injury occurred prior to being off for 4 days and during those 4 days, if I understood you correctly, you went to Denver over the 4-day.

GREG HAZELHURST: Right.

FRED KNOWLES: What was your mode of transportation on that trip?

GREG HAZELHURST: I was trying to think of that the other day if I did make that trip on the motorcycle or not - I don't know, I honestly don't know that- what I took.

FRED KNOWLES: Uh, just prior or shortly prior to your discontinuing at the department, we worked together on a fire a Valley Federal. During that salvage and overhaul portion of which we had to lift a heavily- loaded tarp; debris into a dumpster over there and it was an awkward position that you, you didn't complain at that time of any pain from that. Were you uncomfortable at that time?

GREG HAZELHURST: Yea, but if you will also notice, I wasn't too much involved with that lifting, you know, you got up on top of the thing and I was down on the ground, and we had about 4-5 guys there, and uh, I, uh, I didn't do a whole to do it. I did help drag the thing. There was four of us on the tarp, and drug it down the stairs which wasn't all that difficult, uh, but if you'll



remember, I stood back and I do remember that 'cause I was the ground.

FRED KNOWLES: No, I didn't recall that- as I recall, you were lifting.

GREG HAZELHURST: The hardest thing I did on that fire was I was the one that carried all the hoses into the building. Fortunately, there wasn't anyone else around, and I was the one that got the hose packs and carried them in, and I did feel it.

FRED KNOWLES: But you did, you were experiencing some discomfort at that time.

GREG HAZELHURST: Yep.

FRED KNOWLES: As an aftermath of that did that

GREG HAZELHURST: Yea, I was uncomfortable, very uncomfortable for about 3 days after that. I definitely felt that. This is when things started coming to a where I was saying I, I'm getting involved with stuff that I feel it's getting to the point where I shouldn't be doing it.

FRED KNOWLES: Is that to say that after the 3 days, you began to feel some better?

GREG HAZELHURST: Huh?

FRED KNOWLES: You saide for 3 days afterward you felt

GREG HAZELHURST: Very uncomfortable; yea, I had a lot of

FRED KNOWLES: Is that to say that after the 3-day period you began to

GREG HAZELHURST: Things eased off, sure, I didn't do anything

FRED KNOWLES: You weren't running on the rescue squad then?

GREG HAZELHURST: N. Um, I don't remember the time sequence 'cause I did get put on the squad that last day, and I don't know how close it was. I know that fire came in there, and then they started putting me on the squad, and I had to ride the squad 'cause Mike wasn't there and, uh, I got hit pretty hard and the first 5 hours of that shift and that was when I said that was it.

FRED KNOWLES: Greg, are you presently a paid employee of Powderhorn? Are they paying you, are you now getting paid?

GREG HAZELHURST: No.

FRED KNOWLES: You're strictly volunteer?

GREG HAZELHURST: I'm perfectly aware that I can't make any money.

FRED KNOWLES: Just one last question, and that is, uh, to ask you if you recall a telephone conversation between you and myself on September, October last at a time that the, uh, position was coming available for the coordinator of the paramedic program. Do you recall that conversation in which you indicated a great deal of interest in, uh, that position, do you do you recall further any feelings that you expressed to me about your attitude toward the Fire Department at that time?

GREG HAZELHURST: I can't recall, specifically, no.

GREG HAZELHURST: I'll tell you, I definitely was interested in the job, um, a year ago, um, I was advised that, um, I should look for something else to do which I thought of quite a bit. I definitely, because of the problem I was having, was thinking of doing something else, um, I won't know until this whole thing is over with what having the typing of back problems that I have contribute to your attitude to your general getting along with people which has changed considerably, um, um, I'm going to be interested to see if it does have that relation, um, it definitely doesn't put you in a light that you get along with people very well and get along with situations as easy you might do if you were perfectly comfortable, um, um, my attitude did change, I'll be perfectly honest with you, and maybe I have had some reservations about what I'm doing. I notice that I became involved with a lot of negativism which anybody here knows that there is down there, um, I found myself getting right into the same rut, and I noticed it and for people that I have discussed it with, I became aware of that and found that it was hurting nobody but myself, um, I can't give you any explanation for that, um, but I have a lot more positive attitude now than I had last summer where I felt I was, uh, making such comments that I'm sure you're probably making reference to, uh, I don't think that there's I wouldn't put the people that probably make the same statements that I do or did are a minority down there. I think those comments are made quite frequently by a number of people involved with the Fire Department, um, it's definitely, uh, one of the most unusual environments that I've ever been in with as far as what you're talking about as far as, uh, the talk that goes on, the, um, way that people enjoy their jobs, uh, I think there's an attitude that's there, and I felt myself with that same attitude, and I will, and I probably said it what you're talking about as far as my attitude toward the job.

JANE QUIMBY: Us that don't work at the Fire Department don't know what you're talking about, I'm sorry

JOHN TASKER: I have two questions, Number 1 is what is this paramedic job, coordinator paramedic -is that getting out of the Fire Department?

GREG HAZELHURST: Yea, right. The reason I was interested in that job was because the salary, uh

JOHN TASKER: What is the job?

GREG HAZELHURST: The MS Coordinator for the County.

JOHN TASKER: Oh, OK.

GREG HAZELHURST: And, I was a likely candidate for the job because of my involvement with what I've had with the paramedics. Because of the fact that I knew the way my back situation was, uh, at that time, I had no, I didn't have any idea of a pension, I just felt that I was in a situation where I was having problems with my back, I wasn't telling anybody about it, I was working, I continued to work with my back problems, and I did it to the point where I finally said, uh, that I can't do it any longer, I was thinking of doing another job this one was something that I had an opportunity to get into. The salary was more than I was making and, uh, I thought it might be a worthwhile endeavor, uh, just furthering because of the involvement I've had with emergency medicine. The salary was since dropped down to less than what I was making as a fireman, and I didn't feel the, uh, involvement that I would have and the time that I would have to spend with the job was warranting the salary they were going to pay, and I lost interest in the job, and that's why I didn't go for it.

MIKE PETERSEN: I have a question. Greg, sometime in the future if a job is created within the structure of the Fire Department, seeings as how if you'd be put on pension it will be for quite an extended period of time. I think there is 21 years until you become eligible under normal retirement conditions. Would you be willing, are you going to be willing to come back to work at that time? If this job, like I said in 21 years a lot could happen in the structure of the department.

GREG HAZELHURST: Sure, it would depend on the job, um, um, I've been doing a lot of investigation work for that part of the department. It's not something that I am anxious to do, it's not something I was cut to do and consequently, if I had to spend the next 15 years doing something that, uh, that if I was within that department and could avoid it, I may stay on the department; but if I'm said that this is the only job that you can do and it's something that I don't feel I want to spend the next number of years doing, uh, I may have to say I wouldn't accept it. But you,

GERALD ASHBY: What you're saying, Greg, is that you recognize that you might suffer loss of pension. So you are saying that in relation to the pension.

GREG HAZELHURST: Sure, I'm perfectly aware of that fact. You know, everybody wants to spend their life somewhat in what they want to do. I've been doing what I wanted to do and I've done it as hard as I can and now, if I'm said that you are going to do this and it's not something that you, yourself, is in favor of, then definitely I would have to question whether I wanted to do it or not in lieu of the pension.

GERALD ASHBY: Thank you.

FRED KNOWLES: I'd like to ask Greg to recall a recent phone conversation between he and myself that took place after you applied for this pension and, uh, one in which I asked you to how you would feel about accepting a position at a sub-station or as working light duty position such as in the Fire Arson investigation or fire prevention program. Uh, would you, would you mind repeating what your answer to me was when I proposed this to you?

GREG HAZELHURST: Oh, as best of my knowledge, I said that, uh, I didn't feel like I wanted to be treated as a special entity within the Fire Department and that, um, that I was going to be alleviated from my normal duties, I was going to be somebody who was going to be sent to a sub-station and from my indication that's a place where you know, kind of shuffle you off in the corner, um, try to keep you away from work, and everybody is going to be, you know, what the heck's going on here, and this guy is treated special and I didn't feel that I, uh, would be comfortable in that position, and I felt like I had better things to do than be shoved in a corner and treated specially because I had, uh, a situation that was keeping me from doing the normal fireman's duties. Just to make the situation less frequent which in, uh, your estimation as far as I can tell, that you feel that as long as I put in a less frequent chance of having any pain, that I can tolerate it, and so, consequently, if I'm put at at sub-station if I only have to lift one or two times a day rather than 10 or 15, then at least I will only have to tolerate it once in a while rather than all the time, and I just didn't feel that that was the question so I had a negative response to that. I just don't feel that I should be treated specially, um, for something this is very difficult for me to do 'cause I'm not somebody that goes around and complains about how bad I hurt probably the biggest mistake I've been is I've continued to work down there when I shouldn't have been. Nobody, everybody talks about the extra-curricular activities, nobody's really

even thought about the fact that I've been working down there doing my job that involves a lot of strenuous heavy lifting and haven't said a whole lot to anybody about it. Now the question's been brought up and, um, well, I don't think anybody's even questioned the fact that I've been doing my job under a lot of pain, and, uh, I finally said to heck with this. It's not worth the effort that I'm putting out for what I'm getting in return.

FRED KNOWLES: I have no further questions.

JOHN ACHIZGER: Greg, I just have one other question. Have you been offered a job in any capacity with the Fire Department that does not involve heavy lifting? Not even on an occasional basis? Not any lifting?

GREG HAZELHURST: No.

JOHN ACHIZGER: I have no other questions.

GERALD ASHBY: OK.

JOHN ACHIZGER: OK, Harold, would you state your name and address?

HAROLD HARVEY: Harold Harvey, Mesa, Colorado, Manager, Powderhorn Ski Area.

JOHN ACHIZGER: Harold, how long have you known Greg Hazelhurst?

HAROLD HARVEY: Ever since he moved here. I was trying to think while we were talking. I guess about 15 years. 10.

JOHN ACHIZGER: How many of those years have you been his employer or supervisor?

HAROLD HARVEY: About 8, I think.

JOHN ACHIZGER: The past 8 years?

HAROLD HARVEY: Yea.

JOHN ACHIZGER: The past 8 years. Would you tell the Board the type of work Greg has done over those 8 years, and what his job duties have been both earlier and currently?

HAROLD HARVEY: Ok. Earlier, Greg started out as a ski patrolman doing regular ski patrol activities and then about 3 years ago, uh, he moved into the management level and has progressed that way more every year, especially the last 2½ years, and, uh, I don't know how much any of you know about ski areas, but there is a lot more that goes on than just plain skiing. And, uh, the safety aspects, it's a year-round operation; so many things must have to be addressed. And as it relates to right now, the last year, uh, I don't know if you're aware of the Senate Bill that was just put into effect in July or not, and, uh, any of you that have read that Senate bill as it relates to ski, ski safety legislation, all the entities that go into that, that's a full-time job almost in itself, and that has nothing to do with skiing. And, uh, I'm not going to sit here and say that Greg doesn't ski because he does, and, uh, but he does not ski at this present time or the last 2 years in a capacity as a ski patrolman. And by that, I mean bringing toboggans down, lifting people and so forth. Um, and I think if you would like to review the records, and we have to maintain a very good record for our insurance companies, you

can find for yourself the number of times that he has been related with a toboggan. The other things that we're involved with is, um, uh, we just now finished, I think it was in December, a new operations and safety plan for the Forest Service that's about that thick (showing with fingers approximately 4½"), and we have to relate everything as an operation and safety standpoint. We were the first ones, guinea pigs, if you want, to have a new operating plan with the Forest Service under the new guidelines that they have. I think it took us about 4 months to accomplish that, and at the same time, we're building the master plan for Powderhorn which, uh, incorporates, uh, fire protection, all the safety plans that go into the new activities with as they relate to new lifts and summertime activities, and so there is a lot of book work that Greg is involved in. I know I've missed quite a few of them, but, uh, generally, he is a management person and, uh, you probably think I do a lot of skiing. I've been on the mountain twice this year and skied three days at Winter Park; so, when you do get into these positions, well, your skiing goes way downhill. Um, to my best recollection and you're probably going to ask me, uh, I cannot remember the last time that Greg brought a toboggan down. It'd have to be a couple of years ago, to the best of my recollection, and, uh, Greg is involved in First Aid treatment, and, uh, the First Aid room, and, uh, we have completely remodeled our First Aid facility in the last year, and Greg has taken command of that and through doctors' help here in Grand Junction, we have created an entirely new system for the way we handle accidents, and the doctor, the day, and those type of things, and, uh, we now administer IV's, oxygen and all that type thing that we did not do two years ago. Um, I know I've missed quite a few things; but that's generally the duties. I did send a letter to kind of outline it.

JOHN ACHIZGER: I don't have any other questions.

HAROLD HARVEY: Yes,

JOHN TASKER: Listening to what the doctor says about weights, uh, let's say 30 pounds and being in a management capacity, you kind of vagabond everything, OK.

HAROLD HARVEY: Yea, we're chief cook and bottl washers. There's no doubt about it.

JOHN TASKER: Does that, and you and Greg are good friends and I hate to see friends in pain or anything, doesn't that kind of bother you, knowing that he can only lift 30 pounds, and he is a management position, and he has to do a lot of things, for example, in your letter, uh, you said down here, uh, you know, in reference to the toboggan or medical treatment, it says would fall under emergency situations?

HAROLD HARVEY: Yes.

JOHN TASKER: Doesn't that kind of scare you now? Or how do you feel?

HAROLD HARVEY: Well, the way I look at is, uh, first of all, Greg is in all charge of all ski patrol and safety activities up there, and as stated a minute ago, we have normally have all adequate numbers to take care of any accident. First of all, Greg wouldn't be up there at a duty station, and when an accident is phoned in you take care of, you from a duty station, not from wherever Greg may be. Uh, to answer your question, I guess I don't feel any worse about that than I would if he was driving to Powderhorn and there was a car accident. He would stop and take care of that. If we had a

major catastrophe up there, I think the help Greg could give us would be far exceed what injury he would do to himself, and I think you'd do the same thing. I know I would, and that is an emergency situations I'm talking about.

JOHN TASKER: I'm talking about lifting in general, you know, there is a lot of work in in the area of resorts, and everything you lift's heavy.

HAROLD HARVEY: Well, sure there is, uh, it's not, it's not repeated. I don't know how to exactly answer that because I haven't been following Greg around with a pencil, if you know what I mean.

JOHN TASKER: Your routine

HAROLD HARVEY: My routine? I don't do that much lifting.

GREG HAZELHURST: Carry change out of your truck.

HAROLD HARVEY: Yea, change, cash change, um, I don't really know how to answer that - it would be more in light of a daily routine than it would be, I mean you, as a person, are going to lift so many things every day, and, uh, we don't send Greg out to pick up toboggans and bring them into the control room or heavy boxes of material, um, I don't have a pat answer for that. I don't worry about Greg because, first of all, he, you know, he knows, what his limits are now he can only do certain things and, uh, all of us pass our limits occasionally and, uh, you end up sick or hurting or whatever from that, we all do it.

JANE QUIMBY: You just said it disturbs me a little bit.

HAROLD HARVEY: Yea

JANE QUIMBY: Greg said that earlier in his conversation that he didn't want to feel like somebody special in, in the department where he is going to be put someplace where everybody was going to know he needed special treatment and they were going to do it for him or something. You're saying exactly the same thing. Does that bother you, Greg?

HAROLD HARVEY: No, I'm not.

JANE QUIMBY: You said we're not giving Greg things to do that we know are beyond his limits. We're not giving him heavy things to do- that's how I interpreted it.

HAROLD HARVEY: No, he asked me about the management level, and I said we are not giving him things to do at that management level that details a lot of heavy lifting. Uh, OK, for instance

GREG HAZELHURST: Can I say something?

JANE QUIMBY: Yea.

GREG HAZELHURST: If something needs to be done, such as far as toboggan needs to be pulled or some of that type of, I may get light of the fact that it has to be done. That's part of my job, to find somebody to do that. In other words, I mean all of us here, R.T. is the boss of the Fire Department, but he doesn't get out there and run the hose and all. He's a boss, he's the one that delegates those duties to people and creates the organization, and that's what I'm getting involved in as far as.

JANE QUIMBY: You know, it sounded to me like as if you were saying we give Greg those type of jobs because we know he has some limits.

HAROLD HARVEY: No, but it was kind of a job category classification is more or less the question and, uh, did I really feel bad about Greg having to do all this heavy lifting. Well, there isn't any, is what I'm saying due to the job.

JOHN TASKER: You've got a good job then.

HAROLD HARVEY: Well, I don't know but, uh, you know, it's just like we're all talking about how do you separate skiing from back injuries, I really don't know, uh, I'm not a doctor, and I don't pretend to be but, uh, in Greg's duty is a management level, it's not a active ski patrolman, it's just like I keep my card current, and, uh, I've been a ski patrolman for years, and I haven't run a toboggan for 6 years so, uh, don't know what you say about that.

GERALD ASHBY: Is that it for the Board?

JOHN ACHIZGER: Thanks.

HAROLD HARVEY: Thank you.

JOHN ACHIZGER: Would you state your name, address and occupation?

BOB BOLLEN: Yea, I'm Bob Bollen, and I'm from Mesa, Colorado.

JOHN ACHIZGER: What's your occupation?

BOB BOLLEN: I'm three years in ski patrol. I'm a rural paramedic.

JOHN ACHIZGER: Where are you employed?

BOB BOLLEN: Powderhorn Ski Area during the winters and a carpenter during the summer, locally.

JOHN ACHIZGER: During the ski season, Bob, what days do you work?

BOB BOLLEN: Ah, during the past three years, I've worked Monday through Friday; but just recently, 'cause of advancement, I work Sunday through Thursday.

JOHN ACHIZGER: And you've been working up there for how long?

BOB BOLLEN: This is my third year on patrol.

JOHN ACHIZGER: And have you been acquainted with Greg Hazelhurst since that time?

BOB BOLLEN: Yea, pretty much from the day I started patrol. He trained us.

JOHN ACHIZGER: OK, would you tell the Board, uh, what kind of activities you've been involved in as far as a ski patrolman that Greg's also been involved in over these past couple or three years. I mean directly related to the same incident activity.

BOB BOLLEN: OK, Greg, being a advanced in first aid, otherwise a paramedic well-trained, uh, our ski patrol is trained and we are very pushed in this when they get into a situation where they are not sure what they are doing, otherwise not sure how to handle it, they will report to us, and we're all on radios, and either Greg or I, depends on whose closer to the situation, will go and help the ski patrol through the medical situation otherwise on the hill or in the first aid room. Uh, because of our advanced training. Uh, as far as physical, physically handling toboggans, I do that cause I am a patroller, that is my job, uh, Greg, again, is not on the mountain, and he is not stationed at a duty station; so, therefore, he is there for further, uh, advice to the patroller and not as a, as a physical person to help handle victims. We have plenty of help in that category.

JOHN ACHIZGER: As far as heavy lifting or stress on your back, what activities as a ski patrolman do you have?

BOB BOLLEN: OK, I do have to handle a toboggans, going to the scene of an accident, we'll run high speeds, and we do run a fast speed, a controlled speed, uh, and at the scene, we do have to load the victims in, uh, it depends on the seriousness of the injury whether we help them a lot or they help themselves. Uh, from there, we have to run the toboggans the rest of the way down the mountain, uh, which again, depends on how well, you're trained, how much stress it is on your body. Once at the patrol room, we have to carry the victim on a, on a stretcher from the toboggan inside the trail room; it can be hazardous, uh, you're walking on very unstable situations with ski boots, and they can slip. Uh, the stress agin is the same as just carrying 75-100 at one end of the stretcher.

JOHN ACHIZGER: To the best of your recollection, Bob, over the past year and ½, since approximately September, 1978, has Greg been involved in any of this activity, uh, the heavy lifting or working a toboggan?

BOB BOLLEN: Well, even before that date, since I've known Greg, I have never seen him doing any physical activity as far as running toboggans, lifting victims, none at all that I can think of, and I've really though this over since Greg talked to me 3 or 4 weeks ago and I can just never think of any. Even in the training program, he is a verbal voice talking to you and not a demonstrator.

JOHN ACHIZGER: I have no questions. OK, that's it thank

GERALD ASHBY: Oh, I think that for the purpose of the Board, apparently Fred has had some conversations he feels are relevant to your inquiry, and you should get those on the record while those guys are here, uh, by way of testimony indicated what Greg had said to him what the conversation was so that that may be considered also.

FRED KNOWLES: Are you asking me for that, uh

GERALD ASHBY: You're not going to have it in the record unless you put it in.

FRED KNOWLES: Well, I would, I would say that on September and September, October of '79, Greg and I had a telephone conversation one evening while on duty at different stations, uh, I can recall the content of the conversation; but, of course, to relate it verbatim, I would be unable to do so. Uh, basically, that, in that conversation, Greg indicated great dissatisfaction with his employment, his intention, as he revealed it to me, was to terminate his employment with the department, and, uh, he was very hopeful that this



coordinator's position, the paramedic program would materialize, it would give him an out, but it was indicated to me that regardless of how that went, it was his intention to terminate employment with the department. I think, as I recall his words, were he had had it, the stresses that developed but, uh, no longer made the compensation that he received worth the stress, that, uh, and it was mental stress without any reference to back pain or physical pain. Uh, subsequent conversation that took place after he has applied for this disability pension I was very interested in exploring the possibility that giving Greg the opportunity to continue as a full-time employee, which, in my opinion, somebody really interested in working at the profession would, should be very anxious to, to accept such an offer willing to continue at full pay rather than reduced to half pay. His, uh, reply to me was that he was definitely not interested working at the department in any capacity other than that which he had been trained. He would not consider substitution duty, he felt it was, as he said in his own words, being put on a shelf, out of the mainstream of the activity and that he would not be interested in any position, and to work at any station other than that station that he was trying to be working at, uh, I was disappointed from that point of view 'cause I think if things were, perhaps, a little different, that Greg's injury had taken place at a time and place that did not entitle him to be considered for pension, then he, uh, then he would be very thankful for the opportunity to continue to work or even the fact that he may be due, due to this injury, entitled to a disability pension, given the option of continuing to perform in some capacity at full pay, it would seem to be preferential. It appears that Greg does not view it that way. Uh, Greg cares to alter anything I've said here or feels that I haven't related these conversations accurately while I would be happy for him to do so.

GREG HAZELHURST: Do I need to go over here? Well, your memory is a lot better than mine, and I can't use specific words that's definitely in the stuff statements that I've made. On the conversation, I think the general opinion of the thing is correct, I, you know, definitely was, the thing that you are throwing in here about the involvement with the pension is, at that time, I had no way even thought of a pension. The white of the pension came to me when, after that point where my back had really started bothering me, um, and right at the end of the year, was when I decided to right up from Thanksgiving the first of December, right in there, when I decided to put in for the pension. I was very much against the fact of even thinking of putting in for the pension. I wasn't worried about the pension, didn't even occur to me. I just wasn't thinking pension, OK, when I had that discussion with you, um, what finally convinced me to put in for the pension was I had been made to realize that I was, um, eligible we may say, I had, after seeing three doctors that all said the same thing, I said, hum, maybe there is something wrong, and I am eligible. The fact that the pension, um, law was changing the first of the year, uh, made me, um, a little more, maybe I shouldn't say, premature, but, um, the reason I put in for the pension at the time I did was because of the change in the pension law, and I fell under the old pension law, and you know, it was worth it to me if I put in for it, of course, I found out since that I would have been covered because of the injury falling under the old pension anyway, but, I didn't know that at the time. Who knows if I would even have the pension in by now if it hadn't of been for that, I don't know. Um, but I just wanted to make a point that when I talked to you, I wasn't considering the pension as far as me being, I felt that it was just a muscle problem that I was having and I didn't talk about, I didn't cry to people about it and tell you that was my problem, I definitely was upset, both times I talked with you, I was upset and, uh, I can't, um, disagree, um, with the fact that I have made negative comments about the job that I was working, I just don't think that's real unnatural.

I think definitely because of the fact I am requesting what I am and you can come up with this and say, uh, that I have in the past said that I was dissatisfied with my job sure, you know, you can throw all you want out, but, I think the question is whether I've injured my back on the job, and as a result of that injury, can I continue to do the job, whether I want to or not to a certain extent. Just because I made a statement in the past that, uh, I have had dissappointments in my job, uh, I just don't think that's very unnatural with any job, especially when you put in for a period of time. It's human.

JOHN TASKER: Who brought the pension to your attention?

GREG HAZELHURST: My father, he told me he had been watching me over the last year and one-half, they've been real concerned about my back and my dad told me

JOHN TASKER: Is he a fireman?

GREG HAZELHURST: No.

JOHN TASKER: How did he know about the pension law? I'm just a little curious.

GREG HAZELHURST: Well, he didn't know anything about the pension laws, he just knows that I've been paying into a pension fund for the last five and one-half years and now I'm entitled to it, and he said that if you didn't put in for it, he would come over and personally put it in because he felt I was deserving of it, and at that point, I decided maybe I was.

GERALD ASHBY: May we have the record indicate what the relationship is, if any, between you and Fred Knowles at the time of these conversations?

GREG HAZELHURST: Me and Fred have been very good friends. Probably I've let Fred know my emotions probably and my feelings probably more than any person at the Fire Department.

GERALD ASHBY: You didn't have any rank relationship? Any supervisory relations

GREG HAZELHURST: Well, Fred's on my crew, and I work, you know, depending on where we're stationed he's a lieutenant and I'm a paramedic and I'm working under Fred, depending on where I'm involved whether he's my direct supervisor or if he's at another station with his crew there and it's been in and out, but any time I have any involvement with Fred on a fire or anything like that, even though we come from different stations, he would be my supervisor.

GERALD ASHBY: This was not a supervisory relationship at the time of either of these conversations?

GREG HAZELHURST: No, it was personal.

GERALD ASHBY: Were there anymore questions in regards to this instance? Thank you.

GERALD ASHBY: I would like to have R.T. Mantlo, Chief, indicate something in relation to the departments and give something before the Board to consider.

Would you give us your name, address and occupation?

R.T. MANTLO: My name is Robert Tilman Mantlo, uh, I go by R.T. I'm the Fire Chief for the City of Grand Junction.

GERALD ASHBY: My question to you would be, is there any present position within the Fire Department that you could say would not require any lifting?

R.T. MANTLO: I've indicated to the Board with two letters in direct answer to this question; at this time, no, there is none that there is no position that I could put any fireman at that wouldn't involve lifting at this time.

GERALD ASHBY: Now, when the consideration was being given to perhaps putting Greg in a sub-station, uh, this related how to a measure of lifting?

R.T. MANTLO: Well, at the time he first come back from Dr. Moore, it was light duty and light duty in such at that Fire Department, we don't have. And, uh, if there is such a thing as light duty, well, they are assuming it would be at a fire station, or at, excuse me, a sub-station, and actually, if I looked at it as a permanent assignment, I would doubt this statement because there is only three men at a sub-station and if I was looking at a permanent assignment for a man that was supposedly light duty, why it would probably be at Station 1 rather than Station 3 'cause there is only 3 men there, and if they get involved in a situation why it's going to require all three of them., and, uh, on a permanent assignment, it would probably wouldn't be at a sub-station.

GERALD ASHBY: All right. Does anybody have any questions as to that?

JOHN ACHIZGER: I don't have any questions.

FRED KNOWLES: R.T., not on the subject of that, but, uh, are you aware of any other firement that, uh, in your employ now that, uh, are firemen that have been firemen for a number of years that have back ailments that trouble

R.T. MANTLO: Yea, I think that's a common ailment, a back problems, but the back problem that you're referring to, I have back problems, you have back problems, we all have problems with their back, but under the job description that we have as a fireman, I wouldn't hire a man with a bad back with a known bad back or neither would I keep a man in my employment that had gone to a doctor and have got a report that a bad back that he did have a bad back and that it could aggravate him or something like that -- I just don't have any place on the, on our department for a man with a bad back; but that's not to say that all of us haven't had back aches and we all work hurt so to speak.

FRED KNOWLES: But, but occasionally, there are individuals on the department that suffer from chronic back ailments that are permitted to take sick leave, are permitted to be off for a period of time with the back problem and for it correct and subsequently return to service and that's all.

R.T. MANTLO: Well, as Chief of the department, and, uh, and any good employee that I have and Greg was a good employee, uh, I would give him this consideration but, also I have to look at it, uh, Chief of the City of Grand Junction if somebody comes in with documented proof that they have a back problem, well, there is a liability situation that we're looking at there and I don't know exactly how we'd handle that type of situation. I wouldn't if he came in with that type of documented proof then as Chief of Fire Department, I would probably suggest that he apply for a pension or find other employment, or whatever the case may be.

FRED KNOWLES: If I were to come to you with from my doctor with x-rays and reports that this man has a disc problem that causes him on occasion discomfort and lifting and performing his duties, you would recommend that I retire?

R.T. MANTLO: Yes, that's what the pension law is all about. It states right in there the old pension law and that I'm sure I don't have to remind you of it but for those who might not know, uh, it doesn't even have to be job-related if he has a bad back and he brings in a documented proof there is a phase of the old law that says he gets a percentage of that, also the new law states exactly the same things; so, uh

FRED KNOWLES: But for if I came to you with this evidence, you would rather, you would ask me to retire, you would not want to continue to work me?

R.T. MANTLO: Well, if you brought the documented proof, of course, I guess what you're asking me is that if you wanted to continue to work and there wasn't a liability, I'd have to check with the City Attorney, the City Manager and and go by their say so on it, but, yes, if you're entitled to a pension, I wouldn't.

FRED KNOWLES: Well, I don't think that what we're looking at here I don't think any of us are having any problem with whether the injury exists; the problem here is how limiting is this injury; what I frankly gathered from listening to Dr. Patterson is that, uh, it appears we're not to continue for Greg to continue to lift in a position where lifting is going to be required then, it is not going to further jeopardize his back condition. As a matter of fact, he answered that question directly.

R.T. MANTLO: That's a determination the Board has to make.

FRED KNOWLES: It appears it's a matter of just how much discomfort is a man willing to put up with to continue his profession. Greg has made that election obviously, but, from your point of view, I was interested in knowing how you felt, apparently you feel that if there is some documentation that he's as there is then he has some discomfort and, uh, chronic back problems and from your point of view, you'd prefer that he'd terminate his employment.

R.T. MANTLO: In direct, no, that isn't what I said. In direct answer to your question, if this pension board turns Greg down and he comes back to me, and I'll go to the City Attorney of the City of Grand Junction, and he tells me the City has no liability at all, and we're perfectly all right, I would work Greg from now to day 1, that's exactly what I'd do.

GERALD ASHBY: Thank you. Is there anything more that the Board wants to hear or uh, any other evidence you wish to inquire?

GARY THARP: I've got a question I'd like to ask Fred on these phone conversations with Greg. Uh, have you ever heard other men threatening to quit, you know, get disgusted or such and say I'm going to find other employment or I'm going to do something at a different period of time?

FRED KNOWLES: Yes, I have heard this. Uh, and we hear them from time to time.

GARY THARP: Quite frequently- pretty near every individual.

FRED KNOWLES: I view the difference here as in this case the man is discontinuing his employment. It's the only case that I know of, Gary, where a man says and upon more than one occasion, I might add, that I've had it with this job. I'm not going to pursue employment here anymore, I'm going to terminate my employment and then, subsequent to that, applies for a disability pension. That's the difference here, Gary, but in answer to your question, Gary, yes.

GARY THARP: Boy, I have a hard time relating 'cause I've said the same thing myself. I've threatened to quit but to relate being disgusted and quitting and having an injury and a pension, I can't quite connect the two and that's the reason. When you asked him about taking in a different conversation about taking a different job in the department if a job was offered to him, uh, a desk job or something, you know, where it wouldn't injure his back and you were disappointed in him not wanting to, would you? Would you jump at a chance to take a different

FRED KNOWLES: If I was physically impaired, Gary, to where, if very conceivably that my employability and my employer says here's an opportunity for you to continue on to retirement as a fully-paid employee, yes, I think in view of that, I would consider it.

GARY THARP: Well, then I would say that would change from individual to individual because if it was myself, knowing how I like to get out and the such like Greg and that to be couped up in an office or something where I couldn't do anything, uh, I'm afraid I would be like him, I couldn't I'd be reluctant to accept it from my own state of mind.

FRED KNOWLES: The difficult thing here to live with is the fact that I'm injured, I'm impaired and that's the difficult thing to live with -- from there the opportunity to continue as a fully-paid employee is a tremendous offer.

MIKE PETERSEN: Yea, I'd like to say something right here. Really, Greg don't have any choice if there is a job open and the pension board states directly in the pension that he can be assigned to this position but there is no position to assign him to. The Chief has already made this clear so we really have no position to put him in at this time if he was granted his pension and so, we're really talking of something that has no importance here because there is nowhere to do it. Now, if at such time this position is created in the Fire Department within the next 21 years, then, yes, we can recall Greg and, yes, we can ask him if he will take it and if he doesn't take it, we have the option of taking him off of pension but that option is not open for us at this particular time, and so I really see no sense in discussing it.

GARY THARP: It was brought up earlier is why I wanted an answer to it.

GERALD ASHBY: OK, may we do this with the Board, if there is no further evidence, again, I would like to have you consider some of this late stuff received plus considering this evidence if there is any more that you want to hear back, we can play it back to you. I'd like to sit down with you early next week sometime and make some decision based on what you've heard here today.

end of tape- general discussion regarding setting up of next meeting between Gerald Ashby and the Board members.