Submission of Documents to Department Of Veterans Affairs

☒ **Evidence Intake Center PO Box 4444**
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FAX 1-844-822-5246 or 1-844-531-7818

Veteran: [redacted]	**VSC:** VBA ATLANTA 316
C-File or SSN: [redacted]4	
Street Address: [redacted]	
City, State, Zip: [redacted]	

Date: 7/13/2019	**ATTN:** VBA 318 SUPPLMENTAL INTAKE

From:	**Gordon A. Graham** **Exclusive Contact Requested**
	Title: Nonattorney Practitioner VA #39029 POA Code E1P
	Address 14910 125th Street KP North
	City, State Gig Harbor, WA 98329
Tel: (253)-313- 5377	**Fax (253) 590-0265**
	Email: **gagraham51@gmail.com**

Type of Document Submitted:

☒	VAF 20-0995 Suppl. Claim ~~or VAF 20-0996 Higher Level of Review~~
☐	VAF 21-8940/VAF 21-4192 FOR TDIU
☐	VAF 9 APPEAL TO BOARD OF VETERANS' APPEALS (Legacy)
☐	VAF 21-526EZ CLAIM FOR COMPENSATION
☐	VAF 10182 NOTICE OF DISAGREEMENT (BVA Review)
☐	Privacy Act / Freedom of Information Act (VAF 3288)
☒	Other Subject Matter Expert Independent Medical Opinion attached to Supplemental Claims filing.

Number of Pages Submitted (NOT including this cover sheet): Fourteen (14) pages

VA Directive 6609, NOVEMBER 9, 2007: NOTICE! Access to Veterans records is limited to Authorized Personnel Only. Information may not be disclosed unless permitted pursuant to 38 CFR 1.500-1.599. The Privacy Act contains provisions for criminal penalties for knowingly and willingly disclosing information from the file unless properly authorized to do so.

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

[redacted]

2. [redacted]

3. VA FILE NUMBER *(If applicable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month ___ Day ___ Year ____

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. INSURANCE POLICY NUMBER *(If applicable)*

7. CLAIMANT'S NAME *(First, Middle Initial, Last) (If other than veteran)*

8. CLAIMANT TYPE:

☐ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☐ OTHER *(Specify)*

9. CURRENT MAILING ADDRESS *(Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)*

No. & Street [redacted]

10. TELEPHONE NUMBER *(Include Area Code)*
(253) 313-5377 (law offices)

11. E-MAIL ADDRESS *(Optional)*
gagreaham51@gmail.com

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** *(If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)*

☒ COMPENSATION ☐ PENSION/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ INSURANCE ☐ VETERANS HEALTH ADMINISTRATION
☐ VOCATIONAL REHABILITATION AND EMPLOYMENT ☐ LOAN GUARANTY ☐ EDUCATION ☐ NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR **SUPPLEMENTAL CLAIM.** *Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.*

Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **OPT-IN from SOC/SSOC**

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
Residuals (secondary conditions) of Hepatitis C to include cirrhosis, ascites and esophageal varices.	4/06/2019 BVA appeal decision
	Docket No. 15-22 844A
Please see accompanying legal brief and subject matter Expert Independent Medical Opinion submitted as new and relevant evidence (12 pages).	

PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain **non-federal records**, please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS? No.

LIST BELOW ANY **VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES** THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: *You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.*

15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS
All records are located in the claimant's VBMS electronic folder	2014-2019

PART IV - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature ***will not*** be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative,* or VA Form 21-22a, *Appointment of Individual As Claimant's Representative,* indicating the appropriate POA is of record with VA.

16. **I CERTIFY THAT** the statements on this form are true and correct to the best of my knowledge and belief.

COMPENSATION BENEFIT CLAIMS ONLY:

☒ **5103 NOTICE Acknowledgment** - I certify I have received the notice to this application titled, ***Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits*** as provided at ***www.va.gov/benefits***.
If the box is not checked, VA will send you this information through an electronic communication or written correspondence sent to the address on file with VA if your application is being submitted more than one year after VA provided notice of our decision for any issue listed in item 13.

16A. SIGNATURE OF ~~VETERAN OR CLAIMANT OR~~ VA AUTHORIZED REPRESENTATIVE *(Sign in ink)*	16B. DATE SIGNED
Gordon A. Graham	7/13/2019

16C. NAME OF VA AUTHORIZED REPRESENTATIVE *(Please Print)*

Gordon Alexander Graham VA # 39029 POA Code E1P

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

17. **I CERTIFY THAT** by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

17A. SIGNATURE OF ALTERNATE SIGNER *(Sign in ink)*	17B. DATE SIGNED

17C. NAME OF ALTERNATE SIGNER *(Please Print)*

PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

Gordon A. Graham VA #39029
14910 125th St. KP N
Gig Harbor, WA 98329

Dept. Of Vet. Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

7/13/2019

In reply to: BVA Decision 15-22 844A dated 4/06/2019

[redacted]

Extra pages to be appended to VA Form 20-0995 Supplemental Claim

Appellant, through counsel, now submits new and relevant evidence in support of his claims for residuals of Hepatitis C. Please see attached Exhibit A Independent Medical Opinion (IMO) authored by [redacted] M.D. Board Certified Internal Medicine, a subject matter expert in the field of Hepatology and gastroenterology.

Appellant has been asked to opine on the origin of his disabilities beyond that encompassed in Layno v. Brown (1995). As such, his grasp of medicine doesn't permit him to opine on the matter of how he may have acquired the Hepatitis C virus. The failure to endorse multiple risk factors is beyond the scope of his medical prowess and his ignorance should not be fatal to his claim. See Clemons v. Shinseki, 23 Vet. App. 1, 5 (2009).

While appellant may have initially contended his one and only risk factor was immunization by unsanitary needleless jet air injection devices, other equally recognized risk factors are also indicted. Group sharing of a straight razor in a barbershop setting with no autoclaving or sterilization procedures between servicemen is extremely risky. The Layno presumption attaches to this risk as claimant is capable of reporting that which comes to him via his five senses. Claimant is competent to testify on this as it is not incredible. Likewise, his contraction of gonorrhea while on active duty is testament to his high risk sexual behaviour. The STRs confirm this contention.

Likewise, the Secretary's very own Hepatitis Risk Factor Questionnaire explicitly mentions high risk sexual behaviour. Contraction of a sexually transmittable disease would, by most accounts fall into this category. Conversely, being born between the years 1945-1965 is not listed anywhere in the four corners of the Secretary's selfsame Risk Factors Questionnaire. Moreover, contraction of sexually transmittable diseases is not considered willful misconduct. See 38 CFR §3.301(c)(1).

In sum, any and all risk factors for contraction of Hepatitis C in claimant's life occurred during his military service. The correlation of a birthday within a twenty-year window is far too variable to consider a valid risk coefficient. It is also a fairly new metric with few adherents. It is well-known the military is a far greater risk factor in and of itself than a similarly situated civilian re disease/injury.

In the interests of equipoise, claimant has obtained the new and relevant IMO to fulfill the third of the three Shedden requirements. See Shedden v. Principi, 381 F.3d 1163,. 1166-67 (Fed. Cir. 2004). Judge S. Heneks, the Veterans Law Judge (VLJ) in the recent decision this supplemental claim is taken from noted the absence of evidence tying the disease to service. The new and relevant IMO supplies the third element needed to attain entitlement to service connection.

Lastly, counsel would note the precedence set in in Hart v. Mansfield, 21 Vet.App. 505 (2007). In Hart, the Court held that additional development is not permitted "if the purpose was to obtain evidence against the claim," and further noted that if the evidence was insufficient to make a decision on the claim, then the Secretary was required to obtain a medical examination. See also Mariano v. Principi, 17 Vet. App. 305, 312 (2003). "[i]t would not be permissible for VA to undertake such additional development if a purpose was to obtain evidence against an appellant's case, VA must provide an adequate statement of reasons or bases for its decision to pursue further development where such development reasonably could be construed as obtaining additional evidence for that purpose. See 38 U.S.C. § 7104(d)(1); See 38 CFR §3.103(c) Development.

§3.304(c):

The development of evidence in connection with claims for service connection will be accomplished when deemed necessary but it should not be undertaken when evidence present is sufficient for this determination. In initially rating disability of record at the time of discharge, the records of the service department, including the reports of examination at enlistment and the clinical records during service, will ordinarily suffice. Rating of combat injuries or other conditions which obviously had their inception in service may be accomplished pending receipt of copy of the examination at enlistment and all other service records. (2019)

As the evidence of record is already voluminous, the new IMO merely creates equipoise and the benefit of the doubt is for application. See also §§3.102; 4.3.

Respectfully submitted,

Gordon A. Graham VA #39029 POA E1P
Counsel for Appellant [redacted]

Exhibit

A

Independent Medical Opinion

(IMO) by [redacted], MD

Board Certified Internal Medicine

Dr. [redacted]
Board Certified, Internal Medicine

June 16, 2019

[redacted]

Clinical Background Dr [redacted]:
After graduating from UCSF Medical School with Honors in 1984, I completed my residency in Internal Medicine at Beth Israel Hospital in Boston, MA, a major Harvard University affiliate. I am a Board- Certified Internist and Geriatrician with extensive experience in rehabilitation and the full spectrum of internal medicine subspecialties. After working 22 years as a hospitalist in a rehabilitation facility owned by the City and County of San Francisco and serving largely indigent patients with advanced medical problems, I now work for a Program of All Inclusive Care for the Elderly (PACE) in San Francisco and have been a Medical Expert for Social Security Disability since 2013.

Medical Records Reviewed:
VA Records and Decision letters; C File records; C&P/DBQ Exams, SSOCs, and statements from the wife and the Veteran, Medical Source Statement from PA [redacted] Duke University; Private Medical Records from Duke University

Overview of Case:
Mr. [redacted] is a now 64-year-old gentleman who served honorably in the Army from [redacted] 1974. He does not currently have a service-connected disability.
The Veteran has a diagnosis of chronic Hepatitis C infection with Genotype Ia documented since at least 9/1998 with viral load of 5 million copies. Diagnosis was suspected based on blood work done for an insurance physical that found elevated liver enzymes. Hepatitis C antibody blood testing has been available only since 1990 and accurate tests for screening have been widely available since circa 1992 (1). Prior to 1990, there was no test to identify Hepatitis C infections and the disease was called Non-A, Non-B Hepatitis. Typically, individuals that are infected with Hepatitis C go on to have chronic infections in 50-85% of cases. Of those patients who are chronically infected with Hepatitis C (HCV) 5-30% go on to develop cirrhosis over a period of 20 – 30 years. Symptoms of HCV are generally non-specific with the most common being fatigue and sleep disturbances (1). Mr. [redacted] has suffered from fatigue, malaise, joint pains and irritability for decades. Duke University treated the Veteran 4 times with Interferon based treatment regimens. These were unsuccessful due to failure to eradicate the virus or side effects of medications. Eventually, he responded to

Sofosbuvir/Ledipasvir (Harvoni) and Ribavirin in 2012, with sustained clearing of Hepatitis C virus from blood stream.

Unfortunately, at the time of diagnosis in 1998, a liver biopsy demonstrated Mr. [redacted] already had Stage 4 of 4 cirrhosis of the liver. Repeat liver biopsy on 8/21/03 documented moderate chronic active hepatitis Stage 3-4/4 and Stage 4/4 cirrhosis. The Veteran's chronic liver disease decompensated in August of 2013. Laboratories revealed a markedly elevated alpha feto-protein (AFP) of 61; liver enzymes (AST/ALT) of 125/100 (modest elevation); Albumin of 3.3 (low) and Bilirubin of 2.7 (high). The Veteran developed a large volume of ascites (intra-abdominal fluid). An Abdominal Ultrasound 8/19/13 was consistent with cirrhosis and a large volume of ascites was present. He was treated with Furosemide and Aldactone for his ascites. Esophageal varices (Grade II) and portal hypertensive gastropathy were seen on an upper endoscopy (EGD) 8/28/13. Repeat EGD done 9/11/13 for band ligation, successfully eradicated the existing varices. His cirrhosis is chronic, however, with ongoing constitutional symptoms, a risk of decompensation and increased risk of hepatocellular cancer.

There are multiple known risk factors for contracting the Hepatitis C virus, which involve some form of blood contact. Hepatitis C is a blood borne pathogen that shares this mode of transmission with Hepatitis B and HIV virus. Some of these risk factors were elucidated in a case control study from the United States involving 2316 HCV positive blood donors (2) and in Mexico City blood donors (3) in whom the following independent HCV risk factors were identified:

IDU (Injection Drug Use) (OR = 49.6; 95% CI: 20.3-121.1), blood transfusion in non-IDU (OR = 10.9; 95% CI: 6.5-18.2), sex with an IDU (OR = 6.3; 95% CI: 3.3-12.0), having been in jail more than 3 days (OR = 2.9; 95% CI: 1.3-6.6), religious scarification (OR = 2.8; 95% CI: 1.2-7. 0), having been stuck or cut with a bloody object (OR = 2.1; 95% CI: 1.1-4.1), pierced ears or body parts (OR = 2.0; 95% CI: 1.1-3.7), and immunoglobulin injection (OR = 1.6; 95% CI: 1.0-2.6) (2)

KNOWN RISK FACTOR	***N (%)***
No known risk factor	*7 (4.7)*
Injection Drug or intranasal cocaine use	*71 (48)*
Sharing of razors and toothbrushes	*65 (44)*
Body/ear piercing	*63 (42.6)*
Recipient of blood (products) before 1992	*62 (41.9)*
Sexual exposure	*55 (37.2)*
Occupational exposure to blood	*47 (31.8)*
Tattooing	*25 (16.9)*

(3).

Mr. [redacted] has 3 potential identified risk factors for Hepatitis C infection (2,3,4). There is no history of injection drug use or blood transfusions, piercing or incarceration, but he does have a history of sharing of razors, potential sexual exposure and military exposure to blood from Jet Injection devices used for immunizations. The Veteran's provider at Duke University's Medical Clinic, PA [redacted] opines in a letter dated 1/23/15, that the cause of Mr. [redacted]'s HCV infection was accidental blood exposure due to jet immunization while in the military.

The Veteran's year of birth does put him at higher risk of HCV infection but so does the fact that Mr. [redacted] is a Vietnam War era Veteran. **While studies document a 2.6% prevalence of HCV as a result of Mr. Robinson's age cohort, his status as a Veteran confers an even higher risk of HCV infection, between a 5% and 22% prevalence of HCV** (5,6,7)

Historically, birth between 1945 and 1965 has been associated with HCV infection in the United States. In an NHANES survey from 2003 to 2010, approximately 80 percent of patients with chronic HCV in the United States were born between 1945 and 1965; the prevalence of HCV among this group was 2.6 percent (5)
Various studies in VA facilities have shown hepatitis C prevalence rates between 5% to 22% among veterans. (7)

Importantly, Mr. [redacted] either in response to questionnaires or based on his C File records is documented to have:

1. Received 8 immunizations using jet injectors (standard practice during the era) while in the active duty military. These injectors were used on multiple individuals to administer vaccines quickly. These jet injectors have been documented to result in contamination of the injector with blood and transmission of blood borne pathogens such as Hepatitis B (9,10,11,12).

   Fact superseded theory when a Med-E-Jet caused an outbreak of several dozen cases of hepatitis B among patients in a California clinic, Subsequent clinical, field, bench, animal, and epidemiologic studies added more evidence that MUNJIs (Multi Use Needless Jet Injector) could transmit pathogens between patients... after injections with saline of volunteers who carried hepatitis B virus, 8% of subsequent injections into vials—representing the next vaccinees in a clinic or mass campaign—were found to contain hepatitis B antigen.[245] High-speed microcinematography also revealed extensive splash back from the skin during injection with MUNJIs (Jet injectors)...This body of evidence supports the conclusion that the design of MUNJIs (Jet Injectors) is inherently unsafe for use in immunization settings, and any reuse of fluid pathways or unsterile components that are in direct or indirect contact with consecutive patients should be abandoned. (9)

I do not agree with VA arguments that because the above noted studies documented transmission of Hepatitis B virus and not specifically HCV that these findings are not applicable to transmission of HCV. These studies were done at a time when no blood test existed for HCV. HBV and HCV (as well as HIV) are blood borne pathogens that are transmitted by contact with blood and body fluids. Therefore, these results are entirely applicable to HCV. Due to the documented risk of transmission of blood borne pathogens, immunization jet injectors of the type used during the early 1970s when Mr. [redacted] was in the military, ceased being used by the US Military in 1997 (9).

2. Having shared razors while in the military. It is noted that use of razors to clean shave new recruits during military basic training was a common practice and that razors were not sterilized between uses. Mr. [redacted]'s responses to questionnaires in his medical records support that he did indeed share razors. (13,14,15)

   ...barber shop shaving was associated with both parenterally transmitted hepatitides (B&C) ... the role of beauty treatments in transmitting hepatitis B and hepatitis non-A, non-B (Hepatitis C) should not be underestimated (13)

   Using other people's razors or sharing razors can be a risk factor for infections transmitted by blood, including HCV infection, as the users can be exposed to contaminated blood. In this study, both using other people's razors and sharing razors were significant risk factors in univariate analysis. These two variables are highly correlated; using other people's razors was included in multiple analyses. Similarly, in Chinese blood donors, razor sharing increases the risk of HCV infection as much as 29 times (95% CI, 12.89 to 66.00). (14)

3. Having a sexually transmitted disease (gonorrhea) while on active duty. Risk of sexually transmitted diseases increases if a person has multiple sexual partners or has casual partners (16). While risk of HCV transmission is low with long-term monogamous relationships (17), risk is higher in individuals with multiple sexual partners and STD clinic patients:

   Among people in so-called "high risk" groups (gay men, prostitutes, people with multiple sex partners, people seen at STD clinics), sexual transmission of HCV appears to be more common. (18)

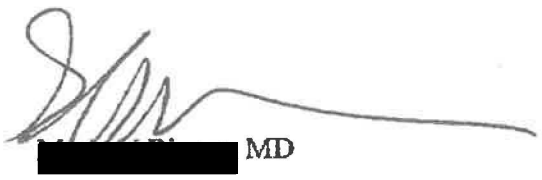
4. Giving himself a tattoo during his time in active duty military with what he believed to be a clean needle. It is possible that the needle used for the tattoo was contaminated, as microscopic amounts of blood contamination are difficult or impossible to see and can transmit blood borne pathogens.

SUMMARY & CONCLUSIONS:

Based on his medical records, Mr. [redacted] has been infected with Hepatitis C for four decades or more. The time course of his illness is consistent with infection in the time frame of his active duty military service. He now has advanced complications of chronic Hepatitis C infection, including cirrhosis with esophageal varices and ascites. The Veteran has some of the traditional risk factors for Hepatitis C. While on active duty, the Veteran was immunized 8 times, most likely with jet injectors, and he shared shaving razors. These two sources have been documented to result in transmission of blood borne pathogens such as Hepatitis C in the medical literature. Additionally, Mr. [redacted] had a sexually transmitted disease while he was in the military, putting him at higher risk for the potential for HCV infection if he engaged in unprotected sex with someone who was infected with Hepatitis C. It is also possible that while he believed the needle he used to draw his tattoo was clean, it may have been contaminated.

Based on my professional experience, training and review of the medical records and under penalty of perjury, it is more likely than not that Mr. [redacted]s Hepatitis C was contracted during his time of active duty either due to immunizations he received from jet injectors, from high risk sexual contact, from his tattoo or from razors used for shaving multiple soldiers without body substance isolation precautions.

Signed,



[redacted] MD

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17. Sexual Transmission of Hepatitis C: A Rare Event Among Heterosexuals https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4659344/
18. Sexual Transmission of HCV https://www.hepcassoc.org/news/article27.html

MEDNICK ASSOCIATES

CONFIDENTIAL AND PROPRIETARY

Curriculum Vitae

[redacted]

On Lok Senior Health Services, San Francisco, CA

Primary Care Physician 5/10 – 8/13 and Intake Physician 8/13 – 5/18

Primary Care Physician in PACE Program (Program of All Inclusive Care for the Elderly). Providing primary care and medical coverage for low income urban seniors and disabled adults many with psychiatric and substance abuse co-morbidities.

San Quentin State Prison, San Quentin, CA

Contract Physician 9/2013 – 9/1/14

Provided Primary Care to inmates at State Prison 2 days a week in the Receiving and Reception Area

Laguna Honda Hospital, San Francisco, California

Senior Attending Physician and Co-Director of Admissions Unit

03/1988 – 05/2010 Medical Director and Chief of Medicine 7/1998 – 6/1999

Responsibilities include pre-admission screening including pre-admission medical record review, evaluation and stabilization of new general skilled nursing, treatment of acute and chronic medical conditions, coordination of interdisciplinary team assessment, leading to long-term care unit placement. Extensive experience with management of advanced dementia and associated behavioral disturbances, management of chronic psychiatric illness and substance abuse.

Central California Women's Facility, Chowchilla, CA

Contract Physician 12/08 – 7/09

Attending Physician providing primary care to inmates.

Dates Attended	Institution & Location	Degree or Title	Major/Subject
07/1993 – 01/1994	UCSF at Highland Hospital	Chief Resident	Internal Medicine
07/1992 – 06/1993	UCSF at Highland Hospital	Residency	Primary Care Internal Medicine
10/1987 – 02/1988	Harvard Medical School at Beth Israel	Pain Fellow	
10/1985 – 09/1987	Harvard Medical School at Beth Israel	Resident	Anesthesia
06/1984 – 05/1985	Kaiser Hospital, Oakland	Internship	Internal Medicine
08/1980 – 05/1984	UCSF School of	M.D. with Honors	

	Medicine		
08/1974 – 05/1979	Cornell University College of Arts & Sciences	A.B. magna cum laude, Sociology with distinction in all subjects	

Postgraduate Honors

1984 – present Alpha Omega Alpha Honor Medical Society Member
1983 – present Resident of the Year, Highland General Hospital/Kaiser Martinez

Academic Appointments

1983 – 2010 Clinical Associate, Internal Medicine, UCSF.
10/1985 – 02/1988 Clinical Fellow in Anesthesia, Harvard Medical School at Beth Israel Hospital, Boston.

Licenses, certificates, etc.

1987-present Medical License, California G061715
1993, 2005, 2014 Certified, American Board of Internal Medicine
1994, 2005 Certificate of Added Qualification in Geriatric Medicine,

1 Eden Alternative Associate
1 Reiki Master Certification
1 Fellow of American College of Geriatric Specialists

2016 CPR

Research

1978 – 1979 Cornell University, Department of Sociology – Conducted original research on life course decision-making among young women, utilizing statistical techniques on a longitudinal database.

Language skills

Native Spanish speaker