

Gladys D. Broome
572 McDonald Circle
Cheraw, SC 29520

March 24, 2015

Phone Work: 910-997-8440 Ext 6

The Honorable Nikki R. Haley
Office of the Governor
1205 Pendleton Street
Columbia, South Carolina 29201

Dear Governor Haley:

I need your help and I don't know of any other way to say it. Will you please help me? Governor Haley for the past 21 years I have applied for service connected compensation through the Department of Veteran Affairs based on my deceased husband's injuries from his period service in the US Army. He passed away on January 23, 1994 and I have been denied five times since that time. At the time of his death he was receiving 100% VA disability based on his service connected injury and un-employability. I applied again two years ago and received my fifth denial notice two weeks ago on March 12, 2015.

The reason stated for the continued denials is that he died from lung cancer which he was not diagnosed by any doctor as having. In other words the Chesterfield County Coroner mistakenly put Lung Cancer instead of Lung Disease associated caused by his service connected phlebitis which caused and aggravated his lung disease.

I have enclosed a copy of the death certificate and a copy of the medical statement derived from years of his medical records that clearly state he did not have lung cancer. **All these years I have been trying to prove that he didn't die from lung cancer and I learned recently that the VA does not consider the medical records just the death certificate.** Long story short when I sought to have it corrected the Chesterfield Health Department referred me to the state DHEC and the state DHEC referred me back to the present coroner who refuses to help me. I am being denied benefits from a mistake on a death certificate. **I am the informant on the death certificate and no autopsy was completed.** I said lung disease and he wrote lung cancer. He died at home and I was upset by his death at the time the coroner asked me these questions in our bedroom while his body laid there, but I knew he had not received a diagnosis of cancer so I don't think I would have said cancer. I need a correction on the death certificate "cause of death" changed to "lung disease & post-phlebitic-syndromes" not natural causes and no one will take the time to help me. Medical summary is enclosed.

After 21 years of no compensation, I am now almost 64 years old, have no retirement benefits and cannot make my house payment and live off my Social Security so I have to continue to keep working until I die and not receive the Social Security because I'm working. My health is not good and I have had a mini stroke. Please help me by authorizing the correction and contacting the Columbia Regional VA ("File # XC 24520572" and #24 520 572; 319/212/SR; CSS 247885671) to avoid the two to three year wait each time I apply. They can reverse their decision with the corrected death certificate.

Signed


Gladys D. Broome

Cc: Eleanor Kitzman, DHEC Director, PO Box 11280 Columbia, SC 29211 & 2600 Bull Street, Columbia SC
Enclosed check: \$30.00, DHEC Application, medical statement and copy of death certificate.

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE CHESTERFIELD COUNTY HEALTH DEPARTMENT

FEB 0 3 1994

Robert W. Hoffman
COUNTY REGISTRAR

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK

STATE BIRTH NUMBER

STATE FILE NUMBER

1. DECEDENT'S NAME First: JAMES Middle: CLAYTON Last: BROOME SR		2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) JAN 23, 1994
4. SOCIAL SECURITY NUMBER 250-48-9409	5a. AGE - Last Birthday (Years) 58	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Mo., Day, Year) Feb 16, 1935	7. BIRTHPLACE (City, and State or Foreign Country) Cheeraw, S	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) YES	
9a. FACILITY NAME (If not institution, give street and number) 101 McDonald Circle		9b. PLACE OF DEATH (Check only one; see instructions on other side) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9c. CITY, TOWN, OR LOCATION OF DEATH Cheeraw		9d. COUNTY OF DEATH Chesterfield	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Gladys Drake	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) TRUCK DRIVER	12b. KIND OF BUSINESS/INDUSTRY Independent Truck
13a. RESIDENCE - STATE SC	13b. COUNTY Chesterfield	13c. CITY, TOWN, OR LOCATION Cheeraw	13d. STREET AND NUMBER PO BOX 1512
13e. ZIP CODE 29520	14. Was Decedent of Hispanic Origin? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)	15. RACE - American Indian, Black, White (Specify) BLACK	16. DECEDENT'S EDUCATION (Specify only highest grade completed, Elementary/Secondary (0-12), College (1-4 or 5+) NO
17. FATHER'S NAME First: Tom Middle: MICHAELS Last: _____		18. MOTHER'S NAME First: MARY Middle: BROOME Maiden Surname: _____	
19a. INFORMANT'S NAME (Type/Print) Gladys D. Broome		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PO BOX 1512 Cheeraw, SC 29520	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fisher Hill Cemetery	
20c. LOCATION - City or Town, State Cheeraw, SC		20d. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) [Signature]	
21a. FUNERAL DIR. LICENSE NO. 1796		21b. NAME AND ADDRESS OF FACILITY Hemming Funeral Home PO Box 202 Cheeraw, SC. 29520	
21c. EMBALMER (Signature) [Signature]		21d. EMBALMER LICENSE NO. 1488	
22a. LICENSE NUMBER (of facility) 484		22b. DATE SIGNED (Month, Day, Year)	
23a. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23b. To the best of my knowledge, death occurred at the time, date, and place stated: 23a. Signature and Title	
24. TIME OF DEATH 18:05 PM		25. DATE PRONOUNCED DEAD (Month, Day, Year) 1-23-94	
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) Yes		27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → NATURAL CAUSES		Approximate Interval Between Onset and Death Months	
a. TERMINAL LUNG CANCER		b. Months	
c. _____		d. _____	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY
30c. INJURY AT WORK? (Yes or No)		30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify)		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
31. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
33a. SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. [Signature]		33b. LICENSE NUMBER	33c. DATE SIGNED (Month, Day, Year) 1-27-94
34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) ROBERT B. ROBERTSON - CORONER OF CHESTERFIELD County		35. REGISTRAR'S SIGNATURE [Signature]	
36. DATE FILED (Month, Day, Year) JAN 27, 1994		37. _____	

Name of Decedent: For Use By Physician Or Institution
Pronouncing Physician Only →
See ↑ Definition On Other Side
See Instructions On Other Side
See Definition On Other Side
30e.
DHEC 670 Rev. 1990

Mark Levin MD

6 Gel Court, Monsey NY, 10952

*File #
24-520-572/10*

April 1 21, 2014

To whom it may concern,

I am a licensed and board-certified physician in internal medicine and medical oncology. I am licensed in the states of New York and New Jersey, I am certified by the American Board of Utilization Review and Quality Assurance and have a Worker's Compensation Number in the state of New York. I am responding to your inquiry in the matter of James Broome. To this end, I reviewed the hospital records that were provided to me.

My opinions are based on the information currently available to me and they are to reasonable degree of medical certainty.

Medical History:

Mr. Broome born on 2/16/1935, age 58 at time of death had primarily pulmonary and Deep Venous Thrombosis related issues; he also suffered from arthritis and hypertension. He stopped smoking in the early 1970s. According to the medical records dated back to 1987 and those from Dr. Penn in 1991 it appears that Mr. Broome suffered multiple embolus and was transported by ambulance to another facility for treatment and/or surgery. He was considered unemployable because of post-phlebitic syndromes due to leg injuries in early 1950s. He suffered from occupationally related restrictive lung disease (See, for example, consultation note from 1/17/90, signature illegible). His diffusion capacity was only 24% of predicted on 1/18/1990; the highest recorded value of DLCO is 55% of predicted.

He suffered a collapsed lung in 1991 and had multiple hospital stays and surgeries in the subsequent years. Notably, his chest x-rays have always showed interstitial markings, hilar shadows, honeycombing and various radiologic abnormalities. Consistent with post-phlebitis syndrome. Bronchial washings and bronchoscopy on 1/17/1990 were negative for cancer. He had a pneumothorax in September, 1991. On 11/12/1993, a chest x-ray reported a 7cm soft tissue mass. A CAT was planned, but apparently never performed; a biopsy was also postponed and never performed.

Mr. Broome died at home on Jan 23, 1994. No medical exams were completed to determine cause of death. His death certificate indicates his wife as the informant and lists lung cancer and natural causes on the on the

death certificate. Mr. Broome's wife denies providing the term "lung cancer" to the coroner.

My opinion:

In my opinion, since no medical examination was performed at the time of death and no biopsy was performed to determine cancer the assumption and diagnosis of cancer does not fit within the standard of care and can only be seen as conjecture on the part of the coroner. As an oncologist, I would not be able to certify the diagnosis of cancer or to plan any therapy based solely on chest x-ray findings. Without a tissue diagnosis, even a presumption of cancer cannot be made. I note that the large soft tissue density of 7 cm in size was not seen on the many prior imaging studies and that sputum cytology did not show cancer cells. In these circumstances, it was much more likely to have been a confluence of structures artifactually appearing as a soft tissue density.

In my opinion Mr. Broome's service connected disability of post-phlebitis was a possible direct cause of death but it was a definite contributing factor to his death.

Sincerely,

A handwritten signature in cursive script, appearing to read "M Levin".

Mark Levin, MD

6 Gel Court

Monsey, NY 10952

Phone: (845) 406-2183

Website: www.cancer-treatment-today.org

Profile:

Dr. Levin was Clinical Associate Professor of Medicine 1/2008 - 6/2008; prior to that time he had been Associate Professor while a full-time attending at the University Hospital in Newark. Prior to 2004 had been an Associate Clinical Professor of Medicine at Weill-Cornell College of Medicine. He is currently in private practice in Bergen County, New Jersey. He is first author of over thirty academic articles, chapters and several books. Over the past two decades he held the positions of Interim Chief of Hematology and Oncology at the New Jersey Medical School, Director of the Cancer Center at Holy Name Hospital in Teaneck, NJ; Chief of Hematology and Oncology and Chief of Service at Lincoln Medical Center and concurrently Director of the Cancer Center of the Northern Manhattan + Network of the Health and Hospitals Corporation in New York City; and Co-Director of Oncology at Brookdale University Hospital and Medical Center in Brooklyn, New York. He developed and ran two clinical research programs as well as a community advocacy group. He was listed several times as the best in his specialty by the Castle Connolly Guide to Americas top Doctors. In addition to Board Certification in Internal Medicine and Oncology and eligibility in Hematology, Dr. Levin is certified by the American Board of Quality Assurance and Utilization Review.

Education/Licenses:

MD, MBA, Licensed in NY, NJ and CT.

Primary Area of Expertise:

Oncology



Vital Records Birth/Death Application

A photocopy of a current government, school or employer photo identification of the applicant must be submitted with all requests. Applications without proper identification will be returned unprocessed.

Name of applicant: Gladys D. Broome Day phone number: 910-997-8440 Ext 6 Wkr
Address: 572 McDonald Circle
City: Cheraw State: SC Zip code: 29520

Note: Mail from Vital Records will not be forwarded by the USPS.

Address certificate to be mailed to if different than applicant's address:

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____

Your relationship to person named on the certificate. (Check one - will be used to determine entitlement)

Self Adult child Family member (specify) Widow
 Parent Legal Guardian Legal representative (for whom?) _____

For what purpose are you requesting this certificate? Request for cause of death correction. see attached verifications.

By signing this application, I understand that making a false application for a vital record is a felony under state law.

Signature of applicant: Gladys D. Broome

BIRTH CERTIFICATES

Full name: _____
First Middle Last Suffix
Date of birth: _____ Sex: _____ City of birth: _____ County of birth: _____
Name of mother prior to any marriage: _____
First Middle Last
Name of father: _____
First Middle Last
Mother's state of birth: _____ Father's state of birth: _____
Were parents married at time of birth: Yes No Number of children born in SC to this mother? _____
Name at birth if ever changed for any reason other than marriage: _____
Specify the number and type of certification(s) requested: (Long form recommended)
 Birth long (\$12) Additional long (\$3 each) Birth short (\$12) Additional short (\$3 each)
Total fees submitted: _____

DEATH CERTIFICATES

Name of deceased: James Clayton Broome
First Middle Last Suffix
Date of death: 01/23/1994 Sex: Male Age at death: 58 City/County of death: Chesterfield
Specify the number and type of certification(s) requested:
1 Death long (\$12) 1 Additional long (\$3 each) _____ Death short (\$12) _____ Additional short (\$3 each)
1 Death statement (\$12) 1 Additional statement (\$3 each)
Total fees submitted: \$30.00 Cause of death corrected

Send completed application/photocopy of identification to: **SC DHEC - Vital Records**
2600 Bull Street, Columbia, SC 29201

OFFICE USE ONLY SFN: _____ DCN: _____

South Carolina SC USA **DRIVER'S LICENSE**

DL#: 001902306 **BROOME, GLADYS D**
31 MCDONALD CIR
CHERAW SC 295207604

DOB: 06-30-1951
Issued: 06-04-2012
Expires: 06-30-2022
Class: D
Sex: F
Weight: 188
Height: 5-08
Restrict: None
Endorse: None

06-30-1951

Gladys D Broome

13038 D 2
Mark E. Miller
Governor

Mailing Address is
572 Mc Donald Circle
Cheraw SC 29520

		<h2>CUSTOMER'S RECEIPT</h2>			
SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE	Pay to <i>SC DHEC</i>	Address <i>2600 Bull St Columbia SC.</i>			KEEP THIS RECEIPT FOR YOUR RECORDS
	Serial Number 22115696005	Year, Month, Day 2015-03-25	Post Office 283790	Amount \$30.00	
		<h2>POSTAL MONEY ORDER</h2>			
Serial Number 22115696005		Year, Month, Day 2015-03-25	Post Office 283790	U.S. Dollars and Cents \$30.00 THIRTY DOLLARS & 00¢ *****	
Pay to <i>SC DHEC - Vital Records</i>	Address <i>2600 Bull Street Columbia, SC 29201</i>			Memo <i>Death Certification Correction</i>	
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⑆000008002⑆		22115696005			

Original sent to
DHEC - Director

Please advise of
any additional
costs.

CUSTOMER'S RECEIPT



SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION
**NOT
NEGOTIABLE**

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Pay to

SC DHEC
2600 Bull St
Columbia SC

Serial Number 22125696005

Year, Month, Day 2015-03-25

Post Office 283790

Amount \$20.00

Clerk 0003

POSTAL MONEY ORDER



Serial Number 22125696005

Year, Month, Day 2015-03-25

Post Office 283790

U.S. Dollars and Cents \$30.00

THIRTY DOLLARS & 00¢ *****

Amount

Pay to SC DHEC - Vital Records

Clerk 0003

Address 2600 Bull Street

Columbia SC 29201

Memo Death Certification Correction

00000080021

22125696005

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