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Office of Administrative Law Judges
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Issue Date: 11 September 2012

Case No.: **2012-LDA-00017**

OWCP No.: **02-211717**

In the matter of

LOGAN CORSE,
Claimant,
v.

U. S. TRAINING CENTERS, INC. /
CONTINENTAL INSURANCE COMPANY
c/o CNA,
Employer / Carrier,

And

DIRECTOR, OFFICE OF WORKERS'
COMPENSATION PROGRAMS,
Party In Interest.

DECISION AND ORDER

This matter arises out of a claim for benefits under the provisions of the Longshore and Harbor Workers' Compensation Act, as amended, , 33 U.S.C. § 901 et seq. (the Act), and as extended by the Defense Base Act, 42 U.S.C. § 1651, et seq.

A formal hearing was held in Newport News, Virginia, on May 1, 2012, at which time all parties were afforded full opportunity to present evidence and argument as provided in the Act and the applicable regulations.

The findings and conclusions which follow are based upon a complete review of the entire record in light of the arguments of the parties, applicable statutory provisions, regulations, and pertinent precedent.

STIPULATIONS¹

¹ The following abbreviations will be issued as citations to the record:

JS - Joint Stipulations;

The Claimant and the Employer have stipulated to the following:

1. The alleged injury occurred on January 1, 2011.
2. There was an employer/employee relationship at the time of the alleged injury.
3. The employer was timely notified of the injury.
4. The average weekly wage is \$3,136.05.
5. DOL has jurisdiction under the Defense Base Act.

Issues

1. Whether there was an injury on January 1, 2011?
2. Nature and extent of alleged impairment.

Contentions

The claimant states that in the summer of 2006 he deployed to Iraq to work with diplomatic security at the U.S. embassy in Baghdad. He completed the year-long contract and signed new contracts as necessary until 2011.

His blood pressure readings were essentially normal through 2006.

Mr. Corse stated that he began having headaches in 2007, during which time he was the shift leader for the ambassador to Iraq (Tr., p. 36). He underwent a physical examination performed by the Employer/Carrier 08/18/08, at which time his blood pressure readings were 142/92 and 132/82 (CX-1, p. 2). Psychological testing was conducted in October 2008 and he was cleared for further duty. In December 2010, he went on leave, expecting to return to Afghanistan on New Year's Day (Tr., p. 39).

Mr. Corse saw his dentist on 12/29/10, the provider noting that Mr. Corse's blood pressure reading was 158/103 on the first reading, then 146/109 and finally 139/102 (EX-3, p. 54). He stated that the dentist wanted to call an ambulance to take him to a hospital (Tr., p. 39). He returned to Afghanistan a few days later, the senior medic at Mazer-E-Sharif returning with him. Id. Mr. Corse informed the medic of his concerns, and once they found their way to camp, the medic began what was to be a five-day blood pressure check-up, but after three days the medic stated that Mr. Corse needed to be sent back to the United States (Tr., pp. 39-40). At dinner one night prior to departure, his nose began bleeding, and he had experienced sleeplessness, nervousness and headaches (Tr., p. 40). He stated that he began experiencing the sleeplessness, anxiety and irritability in 2007, when he was the shift leader for the ambassador (Tr., p. 41).

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| TR | - | Transcript of the Hearing; |
| CX | - | Claimant's Exhibits; and |
| EX | - | Employer's Exhibits. |

In his 03/04/11 narrative, Dr. Parman opined that Mr. Corse's hypertension is related to the high-stress work environment in Afghanistan (CX- 1, p. 16). Dr. Parman noted in his reports of 02/14/11, 05/16/11, 01/09/12 and 03/12/12 that Mr. Corse complained of having high stress and anxiety while working overseas (E/C EX-5, pp. 199-205). Dr. Parman noted on 03/12/12 that Mr. Corse had recently sustained a panic attack (E/C EX-5, p. 199). Mr. Corse testified that he is prescribed a particular medication to take when he feels a panic attack is imminent (Tr., p. 46).

Dr. Richard Offutt, a clinical psychologist, stated on 05/26/11 that test results indicate Mr. Corse has PTSD and anxiety disorder NOS (CX- 1, p. 17). He noted that Mr. Corse's "relevant history" is significant for work in the war zone from 2006 to 2011 in the hostile environments of Iraq and Afghanistan.

He opined that Mr. Corse has PTSD and anxiety disorder, NOS, and that the chronic/severe PTSD condition is a direct result of Mr. Corse's combat experiences.

Dr. Offutt recommended continuing psychological treatment and anti-depressant medication.

Dr. Remington, who performed an examination for the employer, stated that hypertension was well controlled and not shown until the dental treatment in late 2010. Claimant's counsel states that his client was working for the employer until early 2011.

While Dr. Parman states that blood pressure is fairly well controlled the physician feels that overseas duty would lead to elevation of blood pressure and possible complications.

Dr. Offutt opined on 05/26/11 that Mr. Corse has significant difficulty in establishing and maintaining effective work and social relationships and that he cannot adapt to stressful circumstances (CX-1, p. 17). By 12/01/11, Mr. Corse had completed a twelve-week education group on Posttraumatic Stress Disorder at the Shepherd Center (CX- 1, p. 18).

Mr. Corse contends that the Employer/Carrier have failed to provide substantial evidence to rebut the presumption that he is unable to perform his usual work due to his work-related injuries.

He contends that because Dr. Remington has no apparent expertise in psychiatry, he should be found to be entitled to disability benefits based on his psychiatric injury alone.

The Employer/Carrier provided no vocational evidence in order to establish the existence of suitable alternative employment. Should the Court find that Mr. Corse has established that he cannot perform his usual job due to a work-related injury, Mr. Corse contends that the Employer/Carrier have failed to meet their burden to provide evidence that he is not entitled to temporary total disability benefits.

The employer acknowledges that the claimant began working for the company in 2006 and that he was subject to mortar and rocket attacks. His last job was at a new consulate where his job was to set up policies and procedures and recruiting for embassy security (T p 29). By the time claimant left, he was in charge of 45 third country nationals, 15 local nationals and a handful of Americans (T p 29).

Claimant testified he started having headaches in 2007 (T p 36). He denied having persistent or chronic headaches prior to this time (T p 36). He also denied having high blood pressure prior to his deployment (T p 36). He testified his headaches became increasingly more frequent and bothersome during deployment (T p 38). Claimant did not seek any medical treatment (T p 38).

In December 2010, claimant was on leave and went for a dental checkup (T p 39). They took his blood pressure and wanted him to go to the hospital (T p 39). Claimant refused and flew back to Afghanistan (T p 39).

Upon returning home, claimant began treating with Dr. Parman for his hypertension (T p 43). Claimant is also treating with Dr. Offutt who has diagnosed him with post-traumatic stress disorder.

While in the military in 2003, the claimant received shrapnel wounds and a brain injury. He receives VA compensation.

The claimant's last work with the employer was in an administrative position. While on leave at home a dentist found him to be hypertensive. In January 2011, he told Dr. Parman that he had had anxiety since the incident in 2003.

Claimant told Dr. Offutt, his psychologist, that he first experienced PTSD symptoms in 2003 with he felt a direct threat of harm or death (T p 70). He also gave Dr. Offutt a history of other IED attacks in 2003 (T p 70). There was no history to Dr. Offutt of any precipitating events while in the employ of U.S. Training Centers (Carrier Ex 6 pg 209)

The record reflects several elevated or borderline blood pressure readings prior to 2006. Dr. Parman's records show controlled readings in May 2011 and in March 2012.

Dr. Remington reviewed Dr. Parman's records from a hypertensive standpoint. Dr. Remington finds no contradiction to the claimant being able to return to his job at U.S. Training Centers (Carrier Ex 11 pg 2).

Dr. Remington correctly notes that there is no indication that claimant's high blood pressure was elevated during claimant's deployment with U.S. Training Centers (Carrier Ex 11 pg 6).

In the instant case, U.S. Training Centers has rebutted the statutory presumption in the following manner:

With regard to PTSD, claimant gave a history to Dr. Offutt of PTSD related to the incident in 2003 when several IED's exploded. Claimant suffered from physical and psychological issues. Per Dr. Offutt this is the history behind the PTSD diagnosis. Claimant did not work for U.S. Training Centers during the incident. The claimant never told Dr. Offutt, at his initial visits, of any incidents at U.S. Training Centers.

With regard to the high blood pressure/hypertension, the records reveal that:

claimant suffered from elevated blood pressure prior to his deployment with U.S. Training Centers

his hypertension high blood pressure diagnosis was made at the end of a 40 day R&R

there is not one documented incident of high blood pressure while the claimant was working

claimant's high blood pressure/hypertension is controlled

When all the evidence is weighed in this claim, the proper interpretation is that claimant's PTSD is not related to his work with U.S. Training Centers and that claimant's high blood pressure/hypertension is not related to his employment with U.S. Training Center.

Evaluation of this Evidence

At the hearing, the claimant testified that he injured his shoulder, back, and knee while he was in military services. He served with the National Guard in Iraq and his unit was attached to Blackwater Contractors. The firm name changed to U. S. Training Centers, and he was hired by that company when he returned to the states. He passed the employment physical examination and went to Iraq in 2006.

He spent five years in Iraq and Afghanistan, and was subject to numerous rocket attacks. His later duty involved protection of important visitors. In 2010, he was in charge of a guard force of some 60 people.

His headaches began about 2007 but there was no indication of hypertension until the dental appointment in late 2010. He returned to Afghanistan in January 2011 but his blood pressure readings were so high that he was sent back to the states. At that time, he had nosebleeds and headaches.

The claimant stated that he developed a hand tremor while he was overseas. Dr. Parman told him that his high blood pressure was related to his work and that he should not return to his previous work. Dr. Offutt related a post-traumatic stress disorder to his job.

In 2011 and in 2012, he received some payments from the Army Reserves while he was being medically evaluated. He was granted Veterans Administration compensation of \$3,100.00 per month beginning in February 2012, for a 100% rating.

In 2003, while in the military he was injured when an IED exploded. He had shrapnel injuries plus trauma to the back and head. In 2011, the VA treated him for memory loss and disorganized thinking.

In 2011, the Shepherd Spinal Center addressed mental and physical issues. In late November 2010, he came home on a forty day leave. During this period, a dentist diagnosed hypertension. The claimant acknowledged that he informed Dr. Offutt in 2011 that he experienced PTSD symptoms in 2003, while he was in the service. He was qualified as a firearms instructor but was unable to find a job in that capacity. A recent blood pressure reading was 136/92, and he mentioned blurring of his vision. (Tr 74).

Treatment records at Kennestone Hospital begin in 1990. In April 2002, a tumor was removed from the right posterior back. (Ex 4, p 159). In June 2005, he reported difficulty in breathing through his nose. Surgery included repair of a deviated nasal septum. (EX 4, p 159). In March 2008, he underwent treatment for a pituitary adenoma.

Records from the employer show a blood pressure reading of 133/87 in June 2006. In August 2008, the readings were 142/92 and 132/82. In October 2008, the claimant passed a psychological interview. (CX 1, p 5).

Dr. Kriegel recorded a blood pressure reading 112/88 in March 2002. Another reading in that month was 120/90. In May 2004, the reading was 118/76. A nevus was removed from the right thigh in May 2005. Blood pressure was 120/78 at that time. (EX 9).

The claimant went to a dentist on December 29, 2010, and his medical history mentioned hypertension. Blood pressure readings were 158/103, 146/109, and 139/102. He returned in March 2011 and the reading was 131/70, on medication. (EX 3).

The employer's clinic took blood pressure readings from January 4 to 8, 2011 in the morning and in the evening. The diastolic readings ranged from 92 to 110. On January 9, 2011, it was decided to send the claimant back to the United States. (CX 1; EX 7).

On February 1, 2011, the claimant informed Dr. Parman that he was sent back to the states due to uncontrolled hypertension and could not return until the disorder was under control. Blood pressure was 150/90 and medication was provided. On February 14, 2011, blood pressure was recorded as 118/78. In early March, the reading was 134/78. At that time Dr. Parman stated

Corse has been diagnosed with hypertension, which is related to the high stress work environment in Afghanistan. In my medical opinion, returning to his previous duties in Afghanistan would cause further elevation of blood pressure and lead to potential complications. (CX 1).

In March 2011, the claimant was seen several times by Dr. Offutt, a psychologist.

Preliminary test results of the psychological evaluation indicate: PTSD and Anxiety Disorder NOS. Relevant history is significant for six (6) combat deployments. The first deployment was with activated National Guard H121 Long Range Surveillance-Airborne (LRS-ABN) in 2003 in Iraq during which the patient experienced significant PTSD symptoms with a direct threat of harm (death) to himself. IED attack June 2003, two more IED attacks in July 2003.

Recurrent and intrusive distressing recollections, difficulty concentrating, sleep disruption, irritability with anger outbursts, feelings of detachment or estrangement from others, markedly diminished interest in activities, restricted range of affect, hyper vigilance, exaggerated startle response, and flashbacks of trauma.

Diagnostic Impressions:

Axis 1: 309.81 PTSD
 300.00 Anxiety Disorder, NOS

Plan:

1. Patient has a service connected psychiatric disability (309.81, 300.00) which severely impacts his level of occupational and social functioning. He has significant difficulty in establishing and maintaining effective work and social relationships, and cannot adapt to stressful circumstances.
2. Continue psychological treatment with the undersigned. (EX 6, p 209).

In mid-March 2011, Dr. Parman recorded blood pressure as 112/70. In mid-May, the reading was 118/82. 120/80 was the reading in January 2012.

On December 1, 201, the claimant was given a certificate for completing a 12-week education group on posttraumatic stress disorder. (Cx 1).

In May 2012, Dr. Remington reviewed records and evaluated the claimant for hypertension control. Recorded history indicated that

Mr. Logan Corse was first employed Blackwater Security in 2006. At that time, the patient was involved in security detail for high-level political appointees to Iraq and Afghanistan. During the course of his employment, he ultimately became a detail leader and was moved from country to country as protective services were required. Initially, his physical examination documented no ongoing chronic medical problems. He had been exposed to an IED explosion in 2003 while serving the military. The patient has not received any hypertensive control or medical therapy other than treatment for his physical injuries at that time. He recovered, was released or retired from the military and sought employment with Blackwater.

The patient was employed intermittently for Blackwater between 2006 and 2011.

In summary, Dr. Kriegel's blood pressure evaluation between 2002 and 2005 indicated pressures consistently in 120/80 range. There is a gap in blood pressure numbers between 2006

and Dr. Parman's evaluation in December of 2011 and at some point during 2011 clinic or physician has started him on blood pressure medication that initially was recorded as Diovan.

At no time in the records provided to us here, however, has there been any uncontrolled hypertension.

The patient has had a tremor that apparently developed after the accident in 2011 and this tremor has improved with medical therapy including trazodone. The tremor apparently is worse with stress and Zoloft has been prescribed by psychiatrist for post-traumatic stress disorder.

PHYSICAL EXAMINATION: The patient is pleasant, in no apparent distress. The patient's blood pressure was 130/85, pulse 68, weight 200 pounds. At this visit, the patient's blood pressure medication included Diovan 80 mg q.d., Bystolic 10 mg q.d., Zoloft, trazodone, and Nexium.

CONCLUSIONS:

1. The patient's diagnosis appears to be hypertension, clinically stable under medical therapy.
2. According to the patient during examinations up until the event in January of 2011, blood pressure has not been recorded an abnormality. The patient has been in the military as well as reserve forces and physical examinations during those visits did not lead to hypertensive conclusions and the patient had no evidence of medical therapy until January of 2011. Since that time, the patient has required medical therapy. The assumption then is that the patient's blood pressure seemingly was related to the event in 2011.
3. The patient's blood pressure has apparently been well controlled at least by records that we have for review and from December of 2011 until present.
4. From hypertensive standpoint, we see no contraindication to the patient being able to perform as a detail leader as related to blood pressure control. Whether stress would change his level of control is not clear, but adjustments to medication would be possible I believe to keep him under control.
5. We see no reason at this point, however, to make adjustments.

In June 2012, Dr. Remington stated

1. The patient's clinical diagnosis is hypertension, stable, well controlled. We do not have any dates when a therapy was initiated, but apparently it was noted at the time he was to be reappointed with XE Services in January of 2011. This was the first recorded episode of hypertension reported of the patient. The patient was not employed by XE Services at that time.
2. There is no indication that his blood pressure was elevated during the time he was employed by XE Services. He was not on any medication during

any of the employed or deployed segment between 2006 and 2011.

3. Blood pressure has been well controlled by documentation that were provided to us since December 2011 through 2012. Blood pressures available to us from Dr. Kriegel in 2002 through 2005 were also normal. This was on no medication,

4. The hypertensive condition is controlled. From a hypertensive standpoint, we see no contraindication to him returning to work as a detail leader.

Medication should be continued and blood pressure monitored at that site, but at this point, there is no contraindication to him proceeding on with full employment.

Our recommendations would be that he has received maximal medical relief of his hypertension and no adjustments are required at this point. (EX 11).

The employer evaluated the claimant's performance for the period from mid-July to mid-November 2010. He was rated as above average in all categories. (CX 9).

Causation and Section 20(a)

Claimant's Prima Facie Case

The claimant has the burden of establishing a *prima facie* case of compensability. He must demonstrate that he sustained a physical and/or mental harm and prove that working conditions existed or an accident occurred that could have caused the harm. *U.S. Indus. v. Director, OWCP*, 455 U.S. 608, 616 (1982); *Kelaita v. Triple A Mach. Shop*, 13 BRBS 326, 330 (1981). Once the claimant establishes these two elements of his *prima facie* case, Section 20(a) of the Act provides him with a presumption that links the harm suffered with the claimant's employment. *See Kelaita*, 13 BRBS 326; *Hampton v. Bethlehem Steel Corp.*, 24 BRBS 141, 143 (1990). The presumption is a procedural device and is not a substitute for substantive evidence of the injury that the claimant must present. *Universal Mar. Corp. v. Moore*, 126 F.3d 256, 262 (4th Cir. 1997) (*citing U.S. Indus.*, 455 U.S. at 614 n.7).

A work-related aggravation of a pre-existing condition is an "injury" under Section 2(2) of the Longshore Act. *Gardner v. Bath Iron Works Corp.*, 11 BRBS 556 (1979), *aff'd sub nom.*, *Gardner v. Director, OWCP*, 640 F.2d 1385 (1st Cir. 1981); *Preziosi v. Controlled Industries*, 22 BRBS 160 (1989). If a work-related injury contributes to, combines with, or aggravates a pre-existing disease or underlying condition, the entire resultant disability is compensable. *Director, OCP v. Newport News Shipbuilding & Dry Dock Co.*, 138 F.3d 143, 138, 32 BRBS 48, 50 (CRT) (4th Cir. 1998); *Rajotte v. General Dynamics Corp.*, 18 BRBS 85 (1986).

The claimant was not on the job but was still on the employer's payroll when hypertension was first noted in December 2010.

It is pertinent to note that there are no Veterans Administration medical records or a list of service connected disabilities on record. The claimant may have developed PTSD following his military injuries in 2003 but there is no mention of such impairment while working for the employer.

The only psychological evidence of record is from Dr. Offutt who reported PTSD and anxiety in early 2011.

Thus, I find Claimant has established a *prima facie* case of compensability by demonstrating that he sustained hypertension while working for the employer and that a psychiatric disorder commenced during his employment or was aggravated by such work. Clearly the working conditions in combat zones could have led to these problems.

Employer's Rebuttal

Since the Section 20(a) presumption has been raised, the burden shifts to the employer to rebut the presumption. In order to rebut the presumption, the employer must produce substantial countervailing evidence that the claimant's condition was not caused, aggravated, or contributed to by the work accident. *Brown v. Jacksonville Shipyards, Inc.*, 893 F.2d 294, 297, 23 BRBS 22, 24 (CRT) (11th Cir, 1990); *Swinton v. J. Frank Kelly, Inc.*, 554 F.2d 1075, 1082, 4 BRBS 466, 477 (D.C. Cir. 1976), *cert. denied*, 429 U.S. 820 (1976).

When aggravation of or contribution to a pre-existing condition is alleged, the presumption also applies, and in order to rebut it, the employer must establish that the claimant's condition was not caused or aggravated by his employment. *Rajotte v. General Dynamics Corp.*, 18 BRBS 85 (1986); *LaPlante v. General Dynamics Corp./Elec. Boat Div.*, 15 BRBS 83 (1982); *Seaman v. Jacksonville Shipyards*, 14 BRBS 148.9 (1981). See *Hensley v. Washington Metro. Area Transit Auth.*, 655 F.2d 264, 13 BRBS 182 (D.C. Cir. 1981), *cert denied*, 456 U.S. 904 (1982), *rev'g* 11 BRBS 468 (1979) (employer must establish that aggravation did not arise even in part from employment).

The employer states

that the claimant was first diagnosed with high blood pressure after 40 days of rest and relaxation at home. His high blood pressure was first diagnosed at a dental appointment.

The claimant never actually worked after his dental appointment. He happened to travel back to Afghanistan with a medic and told the medic what his dentist said. The medic, after monitoring his blood pressure for a few days sent him back home to the United States for medical treatment. There was no inciting or precipitating event that sent him home.

The employer argues that

The record is clear that claimant had elevated blood pressure prior to December 2010, that he had been home for 40 days when high blood pressure was noted, that while he returned overseas for a few days he never worked after his R and R and that his high blood pressure is controlled. Dr. Remington finds there is no contradiction to claimant proceeding with full employment. As claimant himself stated to Dr. Parman, he can return to work when his blood pressure is controlled.

While some of the blood pressure readings prior to December 2010 were borderline none were clearly elevated and the claimant was not taking medication for such a disorder. When hypertension was diagnosed the claimant was on paid leave after five years of working for the employer. The overseas work was not hospitable, and I do not find that the section 20(a) presumption has been rebutted as to hypertension. I do note that it appears to be controlled on medication and should not restrict the ability to work.

The employer argues that

Post Traumatic Stress Disorder is not a result of his job with U.S. Training Centers. This contention is not supported by the evidence in the record.

The history claimant gives to Dr. Offutt is devoid of any mention of problems stemming from his employment with U.S. Training Centers. The claimant related significant PTSD symptoms in 2003 when he was injured.

Dr. Offutt finds claimant suffers from PTSD and anxiety disorder. Dr. Offutt notes that attacks bring on recurrent and intensive distressing recollections, sleep disruption and hyper vigilance among other symptoms. As a result of this Dr. Offutt finds claimant suffers from PTSD and has a service connected psychiatric disability (Carrier Ex 6).

It is clear from the records of Dr. Offutt, that claimant suffers from PTSD due to the 2003 incidents while he was with the National Guard. There is no evidence contained in the record that supports the contention that the PTSD symptoms are due to the claimant's work at U.S. Training Centers.

The undersigned would note that neither military nor VA records are on file. The present record relies on the claimant's statements as to events in 2003, resulting PTSD, and VA awards of compensation (for unspecified disability).

For the sake of argument the undersigned will conclude that PTSD preexisted work with the employer and, therefore, the section 20(a) presumption is rebutted.

Therefore, this administrative law judge must weigh all of the evidence and resolve the case on the record as a whole.

Under the substantial evidence rule, the administrative law judge's findings must be

based on such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. *See DelVecchio v. Bowers*, 296 U.S. 280 (1935).

Dr. Offutt does rely heavily on the claimant's reports of exploits in 2003. As noted before the record does not contain a true documentation of a psychiatric impairment prior to 2011.

The claimant's work with the employer involved after being in a hostile environment with marginal living conditions.

The claimant worked for the employer for five years and his psychological profile was not remarkable during that time. It became apparent in early 2011 that the hazardous duty assignments had taken their toll. Clearly any underlying psychiatric impairment was aggravated while the claimant worked for the employer.

Thus, the employer is responsible for treatment of hypertension and PTSD.

As previously indicated hypertension is well controlled and should not limit vocational endeavors. However, PTSD is another matter. Dr. Offutt stated that the psychiatric disability severely impacts his level of occupational social functioning. He has significant difficulty in establishing and maintaining effective work and social relationships, and cannot adapt to stressful circumstances.

Dr. Offutt recommends that the claimant continue psychological treatment. The claimant completed a course in PTSD therapy in late 2011. The reports from Dr. Offutt imply that the claimant cannot return to his previous stressful work with the employer. The employer has not provided an assessment by a vocational expert as to the claimant's employability since January 2011. Therefore, the claimant is entitled to temporary total disability.

ORDER

1. The employer is to pay temporary total disability compensation to the claimant from January 2, 2011 and continuing at the maximum compensation rate in effect at that time.
2. The employer is to provide all necessary treatment for the Claimant's hypertension and for a post-traumatic stress disorder.
3. Interest at the rate specified in 28 U.S.C. § 1961 in effect when this Decision and Order is filed with the Office of the District Director shall be paid on all accrued benefits and penalties, computed from the date each payment was originally due to be paid. *See Grant v. Portland Stevedoring Co.*, 16 BRBS 267 (1984).
4. All monetary computations made pursuant to this Decision and Order are subject to verification by the District Director.

5. The Claimant's attorney, within 20 days of receipt of this order, shall submit a fully documented fee application, a copy of which shall be sent to opposing counsel, who shall then have ten (10) days to respond with objections thereto.

RICHARD K. MALAMPHY
Administrative Law Judge

RKM/ccb
Newport News, Virginia