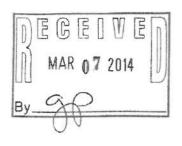
9/11 Health - News and Events - Workers' Compensation 'soard Releases Data on 17

This page is located on the NYC.gov Web site at http://www.nyc.gov/html/doh/wtc/html/news/11142013.shtml



News & Events

New Registry Study Identifies Increased Risk of Heart Disease

Rescue/recovery workers who were highly exposed to the World Trade Center (WTC) disaster and people who developed WTC-related posttraumatic stress disorder (PTSD) may be hospitalized more often for cardiovascular disease, according to a new study from the WTC Health Registry published by the Journal of the American Heart

Researchers linked data for 46,346 Registry enrollees living in New York State to a strice hospital-discharge reporting system that records medical diagnoses. They found 1/2/2heart disease (including hardening of the arteries and heart attack) and 25% sticks related hospitalizations occurring in 2003-2010. Note rescue/recovery werears with high levels of WTC exposure were at 82% higher risk for heart disease houpitalization compared to those with low levels of exposure; women who had PTSD symptorus when they enrolled in the Registry faced a 32% higher risk compared to worr an without PTSD symptoms. Men with PTSD at enrollment were at a 53% higher risk of r ospitalization due to stroke compared with men without PTSD.

Two earlier Registry studies based on self-reported cardiovascular disease diagnosus suggested a similar association. The Registry's first mortality analysis also found an increase in heart-disease related mortality among lower Manhattan residents, area workers and passers-by with higher levels of WTC exposure.

TRyod Too fill out to the Best of my

http://www.nyc.gov/cgi-bin/misc/pfprinter.cgi?action=pri=t&sitename=W/C&printstyle=... 2/25/2014

1.360

Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Any interested party ruly petition the WTC Program Administrator to add a condition to the list of WTC-related health conditions in CCPR §88.! (see page 5, below, for the full list).

Please use this form to propose the addition of a health condition (any recognized medical condition requiring treatment or medication) to the list of WTC-related health conditions. Please use a separate form to propose a different health condition.

Use of this petition forms is voluntary but any petition must include the information requested below, as required by 42 CFR §88.17. Petitions which fail to provide the required information will not be considered by the WTC Program Administrator.

Petitions received includes, attachments and other supporting materials (which are allowed and encouraged, but not required), are the public record and may be subject to public disclosure. Personal information will be redacted prior to public disclosure.

Please TYPE or Pon all information clearly on the form.

If you need more space to provide the required information, please attach additional pages to this form.

Mail or email this form to:

World Trade Center Health Program 395 E. Street, S.W., Suite 9200 Washington, D.C. 20201 WTC@cdc.gov

Public reporting burden of this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0929).

The (Goto A3)
A1. Do you represent an organization? The Yes (Go to A2) In No (Go to A3)
A2. Organization Information:
Name of organization
A3. Name of Individual Petitioner or Organization Representative:
First name Last name
rust name
Position, ii representative of organization
A4. Mailing Address:
Street
City State Zip code
A5. Telephone Number:
A6. Email Address:
是一句。"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
B1. Health Condition Information:
Namé of héalth condition
HEART Attack. If the name of the condition is not known, please provide a description of the condition or the name of the
diagnosis provided by a physician or other healthcare provider.

C1. Describe the reasons the WTC Program Administrator should consider the addition of this health
condition. Explain how the health condition you are proposing relates to the exposures that may have
answered from the Sentember 11, 2001, terrorist attacks. Your explanation must include a medical
basis for the relationship/association between the 9/11 exposure and the proposed health condition. If
you need more space, please attach additional pages to this form.
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Sign your name below to indicate that you are petitioning the V. TC Program Administrator to consider adding a health condition to the list of WTC-related health conditions identified in 42 CFR §88.1.

Signature

2/8/ 3/1/r/

Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. §552a), you are hereby notified of the following:

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 amended the Public Health Service Act (PHS Act) to establish the World Trade Center (WTC) Health Program. Sections 3311, 3312, and 3321 of Title XXXIII of the PHS Act require that the WTC Program Auministrator develop regulations to implement portions of the WTC Health Program established within the Department of Health and Human Services (HHS). The WTC Health Program is administered by the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC). The information provided with this form and supporting documentation will be used by the WTC Program Administrator to consider the disposition of a petitioned-for health condition. Disclosure of this information is voluntary.

Records containing information in identifiable form become part of an existing NiOSH system of records under the Privacy Act, 0920-0147 "Occupational Health Epidemiological Studies, EEOICP: Program Records and WTC Health Program Records, HIS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law.

NIOSH may disclose information in identifiable form to the WTC Health Program Scientific/Technical Advicory Committee (STAC), which may be asked to consider the petition and issue a recommendation to the WTC Program Administrator. Information in identifiable form will be reducted from submitted petition forms and supporting documentation that become a part of the public record (e.g. in conjunction with STAC) consideration or a rulemaking).

List of WTC-related health conditions means the following disorders and conditions, including any other condition added to the list through procedures specified by the Act and under this part:

(1) Aerodigestive disorders:

Interstitial lung disease.

Chronic respiratory disorder [fumes/vapors].

Asthma

Reactive airways dysfunction syndrome [RADS].

WTC-exacerbated chronic obstructive pulmonary dis ase [COPD].

Caronic cough syndrome.

Unper airway hyperactivity.

Chronic rhinosinusitio

Chronic nasopharvngitis.

Chronic languages.

Gast resophageal reflect disorder [GERD].

Sleep apnea exacerbailed by or related to a condition described in preceding puragraphs (1)(i)

through (1)(xi)of this defination.

(2) Mental health conditions:

Positraumatic stress disorder.

Major depressive disorder.

Panie disorder.

Ceneralized anxiety disorder.

Anxiety disorder [no] adhervise specified].

Depression [not otherwise specified].

Acute stress disorder.

Dysthymic disorder.

Adjustment disorder.

Substance alrese.

(3) Musculoskeleini disorders for those WTC responders who received any treatment for a World Trade Center (WTC)-related musculoskeleial disorder (as defined in this section) on or before September 11 2003:

Low back pain.

Carpai tunted syndrome [CTS].

Oiner must closkeled! disorders.

HAD A HEARTACK) IN

DUE too W.T.C.

Nassau University Medical Center

2201 Hempstead Turnpike • East Meadow, NY 11554 • Tel (516) 572-1303 • Fax (516) 228-0922

DIVISION OF PULMONARY & CRITICAL CARE MEDICINE

Dear Sir /Madam:

Following is a summarized report on the clinical assessment of Mr.

patient has been followed at Nassau University Medical Center, East Meadow, N.Y. as part of the WTC Medical Monitoring Program as well as in my office. He was first seen on Patient was involved with rescue and recovery operations after the World Trade Center disaster of September 11, 2001

Pt is a , non smoker who works for the New York City Department of Highways, In his usual job he experiences exposures to asphalt and cement as he spends a great deal of time digging up the roadways. He does have a respirator mask that he is supposed to wear on that job, and he has been doing so for over years. He reported to have been involved in rescue and recovery operations at the World Trade Center site after the disaster of September 11, 2001 with a total duration of exposure of approximately 1100 hours. He was asked to respond to the WTC disaster site on the evening of September 11, 2001. Prior to that date Mr. was in good health and he weighed pounds. Patient reported use of a facemask or other respiratory protective device intermittently during the period of exposure. Patient recalls one episode in particular of exposure to a "green cloud of gas" that sickened him and other nearby workers.

Past Medical History: Patient has no past medical history of

At the time of his initial examination Mr. complained of the following persistent symptoms which began or worsened on or after September 11, 2001: chest pain and tightness, productive cough, shortness of breath with and without exertion, wheezing, and sputum production, facial pain and pressure, sinus and nasal congestion, dizziness, sore throat, pain in his hands with tingling in his fingers,

Initial Physical Examination:

Height , Weight

lbs, Blood Pressure 124/80 mm Hg. Pulse. 76 Respiratory rate

16

Eyes: conjunctivitis

Nose/Throat: excessive tissue in throat

Examination of the neck revealed stridor on forced expiration

The physical exam had no other significant findings.

Liver enzymes were mildly elevated, the remaining blood tests revealed no clinically significant abnormalities

Pulmonary Function Test: VC: 3.27 (73 % predicted), FEV1: 2.65 (73 % predicted),

FEV1/FVC: .81

Interpretation: restrictive pattern of abnormality with a bronchodilator response

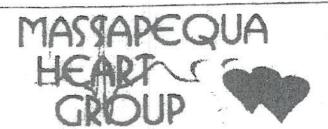
Chest X-ray: no evidence of acute pulmonary disease

Medication:

In summary: Mr. had been extremely healthy up until his acute exposure at the WTC and since that time he has had development of multiple complicated medical problems. His history and MCT and review of records clearly show that he has developed with significant and he is currently treated on a complex regimen of medications, which he will need to continue he had some non specific interstitial changes on x-ray that bear watching for the possible development of future silicosis. At this time Mr. is and for his previous occupation, as he could not tolerate exposure to the previous environment of dust, chemical fumes, asphalt or cement exposure.

Clinical Diagnosis:

Sincerely.



DO, FACO DO, FACO DO, FACO MD, FACO MD, FACO

NSLIJ Medical Group

850 Hicksville Road, Suite 104 Seaford, NY 11783 Fel: (516) 798-0141 Fax: (516) 798-0694 www.massapequaheartgroup.com

Patient Name: Date of Birth:

To whom it may concern

11/23/2011

after he sustained a heart attack, and underwent subsequent intra-coronary artery stenting in . Mr. spent significant time at the World Trade Center site after the attacks on September 11, 2001. It is my understanding that he was there as part of his job, not as a volunteer. It is my opinion that the stress and anxiety associated with this work was a contributing, and likely the precipitating event in his cardiac event. I therefore believe that his cardiac care should be covered under Workers Compensation.

MD, FACC

cc:

CAN, get more medical Records if need.



STATE OF NEW YORK WORKERS' COMPENSATION BOARD PO BOX 5205

BINGHAMTON, NY 13902-5205

(866) 681-5354

State of New York - Workers' Compensation Board

In regard to

WCB Case #

NOTICE OF DECISION

keep for your records

at the involving the claim of At the Workers' Compensation hearing held on HAUPPAUGE hearing location, Judge Michael Rubino made the following decision, findings and directions:

had a work related injury Myocardial Infarction. No compensable DECISION: The claimant lost time. Prima facie medical evidence exists Myocardial Infarction. Employer/Carrier failed to file the Notice of Controversy (C-7) within 25 days from the date of mailing of a notice (EC84) that the case had been indexed. Employer is barred from pleading: no employer/employee relationship no accident no injury arising out of or in the course of employment. Medical treatment and care, as necessary, for established sites of injury and/or I find late C7. I find no explanation of same. conditions, is authorized. .Correct date of accident is Accordingly, I find 25(2)(b). No further action is planned by the Board at this time.

Claimant -Social Security No. -WCB Lase No. Date of Accident -District Office -

Hauppauge

Employer -NYC Dept of Transc; rtation Carrier -City of New York Coller ID No. -Carrier Card No. -Date of Filing of this Decision

ATENCION:

and a comparantiente cuva numero de telefono aparece al

