Dear Enrollees:

In this report, you will find recent Registry findings on posttraumatic stress disorder (PTSD), asthma, respiratory symptoms, gastroesophageal reflux symptoms (GERS), rheumatoid arthritis, birth outcomes and other health outcomes. Brief videos explaining some of these findings can also be found at nyc.gov/9-11HealthInfo.

Your participation in our surveys helps make our reports possible. You should have received the 2015 Health Survey recently by mail or email. Enrollees who reported post-9/11 asthma also should have received the 2015 Asthma Survey. These surveys allow the Registry to get a more complete picture of the health effects of 9/11 and help to inform 9/11-related health care.

The Registry continues to encourage enrollees who report 9/11-related symptoms and conditions to apply to the WTC Health Program (WTCHP) for monitoring and/or treatment. Since July 2013, the Registry’s Treatment Referral Program (TRP) has reached out to over 10,000 enrollees and provided WTCHP applications and assistance to almost 7,000 enrollees.

If you have any questions or need a copy of either survey, please contact 866-NYC-WTCR (866-692-9827) or wtchr@health.nyc.gov, or visit nyc.gov/9-11HealthInfo.

Thank you for your continued commitment to the Registry.

Sincerely,

Mark Farfel, ScD
Director
Findings Reported at 2015 Conferences

1. **Asthma:** Working at the Staten Island landfill during the cleanup after 9/11 was associated with new-onset asthma, even after controlling for other risk factors.

2. **Drug-Related Overdose Deaths:** Preliminary results suggest that enrollees who died from drug-related overdoses had 9/11-related exposures and PTSD. This study is ongoing.

3. **Rheumatoid Arthritis:** Preliminary results suggest that enrollees who were caught in the dust cloud on 9/11, had PTSD or served as a responder were more likely to report probable rheumatoid arthritis. This study is ongoing.

4. **Gastroesophageal Reflux Symptoms (GERS):** 9/11-related asthma and PTSD were associated with the persistence and subsequent development of GERS. The combination of either condition with GERS was associated with decreased quality of life.

5. ** Persistent Lower Respiratory Symptoms (LRS) Follow-Up Study:** Many Lower Manhattan residents and workers who participated in a 2010 study were found to have resolved lower respiratory symptoms by 2014. However, participants with PTSD were more likely to have persistent LRS.

6. **Adverse Birth Outcomes:** Among infants delivered to Registry enrollees between September 11, 2001 and December 31, 2010, low birth weight and pre-term deliveries were associated with 9/11-related exposures and probable PTSD during the earlier part of the study period (through 2003). This study is ongoing.

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Registry Highlights in 2015 Publications

1. **PTSD After Hurricane Sandy:** Among adult Registry enrollees who lived in flood zones during Hurricane Sandy, those who experienced a greater number of Sandy-related traumatic events, had a history of 9/11-related PTSD or low social support were significantly more likely to have Sandy-related PTSD 5 to 12 months after the hurricane. (*International Journal of Emergency Mental Health, 2015*)

2. **Chronic Probable PTSD Among Police:** Fifty percent of police enrollees who experienced probable PTSD for the first time following 9/11 continued to have probable PTSD in 2012. PTSD was resolved for the other half of police enrollees experiencing probable PTSD for the first time. (*American Journal of Industrial Medicine, 2015*)

3. **PTSD Among WTC Responders:** Symptoms of PTSD reported by responders were examined over an eight to nine year period. Most responders indicated few or no symptoms of PTSD. Others indicated mild PTSD that worsened over time, higher levels of PTSD that improved over time or symptoms of PTSD that remained consistently high or low. High or worsening PTSD was associated with 9/11-related exposures and adverse circumstances during the study period. (*Journal of Traumatic Stress, 2015*)

4. **Cigarette Smoking and 9/11-Related PTSD:** Smoking prevalence among adult enrollees declined significantly from 12.6 percent in 2004 to 9.2 percent in 2012. Enrollees with PTSD were more likely to be smokers. In 2012, 15.4 percent of enrollees with PTSD were smokers compared to 7.9 percent of enrollees without PTSD. Enrollees with PTSD were also less likely to quit smoking. (*Preventive Medicine, 2015*)

5. **9/11-Related Exposure and Household Disaster Preparedness:** Being prepared was defined by having at least seven of the eight standard preparedness items, such as an evacuation plan, food, water and a radio. Results showed that over one-third of the 4,496 surveyed enrollees were prepared for Hurricane Sandy. High levels of 9/11 exposure were associated with being prepared. (*Disaster Medicine and Public Health Preparedness, 2015*)
New Findings Inside!

The Registry's mission is to:

- Identify and track the long-term physical and mental health effects of 9/11.
- Share findings and recommendations with enrollees, the public, the WTC Health Program and policymakers.
- Respond to health concerns and assess gaps in care for 9/11-related health problems.
- Offer guidance to public health professionals in planning for future emergencies.

Find Us Online

- Visit nyc.gov/html/doh/wtc/html/news/news-videos.shtml to watch videos about the Registry’s recent findings. Check the page often as new research findings are published.
- For a complete list of articles and papers published by the Registry, visit nyc.gov/html/doh/wtc/html/studies/bibliography.shtml.

September 11th Victim Compensation Fund (VCF)

The VCF provides compensation for any person (or personal representative of a deceased person) who suffered physical harm or was killed as a result of 9/11 or the debris removal efforts that took place after the disaster. For more information, please visit www.vcf.gov.