

Dragon, Karen E. (CDC/NIOSH/EID)

From: Viti, Gina <gviti@yourlawyer.com>
Sent: Monday, February 20, 2012 5:05 PM
To: Middendorf, Paul (CDC/NIOSH/OD); NIOSH Docket Office (CDC)
Cc: 'sheila.birnbaum@skadden.com'; 'feal13@aol.com'; McCauley, Matthew J.
Subject: NIOSH Docket #248 - NIOSH Docket Office - Re: Michael Winter
Attachments: Winters,Michael-Docket 248.pdf

Mr. Middendorf,

Please see attached on behalf of Michael Winter to be added to Docket #248.

Gina Viti (*on behalf of Matthew McCauley*)
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February 17, 2012

Mr. Paul Middendorf
World Trade Center Health Program
Scientific/Technical Advisory Committee
National Institute for Occupational Safety and Health
nioshdocket@cdc.gov
pkm2@cdc.gov

RE: Docket Number: 248

Dear Mr. Middendorf:

This letter is being sent to follow up on Michael Winter's testimony to the Scientific and Technical Advisory Committee on February 16, 2012, and further supplement the record of these proceedings. Mr. Winter came to testify to the committee after being denied acceptance into the World Trade Center Health Program despite being diagnosed with PTSD attributed to the duties he performed on September 11, 2001, which are directly associated with the Shanksville disaster site as well as the other disaster sites and the airspace over the rest of the Country.

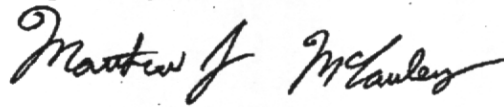
Mr. Winter was employed with United Airlines as a Flight Supervisor on September 11, 2001. On that date, he was present and supervising his staff's direct communication with the flight attendants on Flight 93. He remained in contact with this flight until its conclusion and, thereafter, continued to assist with clearing the national airspace.

As a result of Mr. Winter's direct contact and involvement with the horrific events that took place on September 11th, Mr. Winter suffers from severe Post Traumatic Stress Disorder and is unable to work in the aviation field. His Post Traumatic Stress Disorder and depressive disorder warrant not only medication management but psychotherapy. Mr. Winter has been unable to receive the proper, necessary and recommended medical treatment he requires because he cannot afford such treatments, and therefore, has been unable to recover. Attached please find a report from Mr. Winter's Psychiatrist as well as a clinical summary from Mr. Winter's therapist both of whom contribute the cause of Mr. Winter's Posttraumatic Stress Disorder to his direct involvement on September 11, 2001. These documents clearly attribute Mr. Winter's PTSD to activities that occurred at 9/11 sites and, as such, his appeal should be considered on the merits and not denied because of where he "physically" sat during these events. He oversaw the activities in the airspace over all three disaster locations and did everything in his power to provide a security blanket for those first responders working at the sites in the early hours after the attacks.

As Mr. Winter stated in his plea to the committee, he isn't seeking compensation for the injuries he sustained after September 11th only to be enrolled into the World Trade Center Health Program. Mr. Winter was denied enrollment into the World Trade Center Health Program on September 23, 2011. On November 21, 2011 our office filed an appeal on Mr. Winter's behalf and he again was denied (see attached).

Based upon the records provided and the testimony given by Mr. Winter, we ask this committee to use its power to suggest that Mr. Winter be accepted into the World Trade Center Health Program and receive the benefits he deserves.

Respectfully submitted,



Matthew J. McCauley

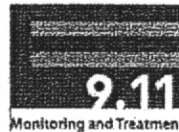
CC via email:

Sheila L. Birnbaum, Esq.
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Mr. John Feal
Feal Good Foundation
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Nesconset, NY 11767
feal13@aol.com

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World Trade Center Health Program



JAN 20 2012

Dear Mr. Winter:

Your letter appealing the determination that you are not eligible for enrollment in the World Trade Center Health Program was received on November 23, 2011. This letter is to inform you of the outcome of that appeal.

In accordance with the regulations at 42 C.F.R. § 88.11(b) governing the World Trade Center Health Program's enrollment appeal process, I appointed a Federal official independent of the Program to review your appeal. The Federal official carefully reviewed the information in both your initial application and appeal letter and has affirmed the denial of your application for enrollment. The Federal official concluded that you were not on site at any of the locations specified in the James Zadroga 9/11 Health and Compensation Act of 2010 (Zadroga Act) and therefore are not eligible for enrollment.

Under the Zadroga Act, 42 U.S.C. §§ 300mm - 300mm-61, section 300mm-21 and the regulations promulgated to implement the Zadroga Act, 42 C.F.R. Part 88, section 88.4, enrollment is available to responders on site at specified locations related to the World Trade Center disaster or "at the site" of the terrorist-related aircraft crashes of September 11, 2001, at the Pentagon or Shanksville, Pennsylvania. I regret to inform you that you do not meet the current eligibility criteria for a responder under the Zadroga Act. The documents you provided in your application and appeal indicate that you worked as a supervisory air traffic controller on September 11, 2001, and that you supervised air traffic controllers in contact with one or more of the planes involved in the terrorist-related aircraft crashes on that day. The Zadroga Act defines responders based on individuals' job types and work locations and states that responders must have been present at specific locations; an exemption to this statutory proximity requirement is not provided.

This decision constitutes the final action of the World Trade Center Program Administrator on your appeal of the denial of your enrollment application.

Sincerely,

A handwritten signature in black ink, appearing to read "John Howard".

John Howard, M.D.
Administrator, World Trade Center Health Program

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Via Federal Express

December 7, 2011

John Howard, M.D.
WTC Health Program
327 Columbia Turnpike
Rensselaer, NY 12144

RE: Michael Winter (DOB

Dear Dr. Howard:

As you are aware we represent Michael Winter and filed an appeal on his behalf on November 21, 2011.

In further support of Mr. Winter's appeal, enclosed herein please find a report from

We remain hopeful that the original denial of Mr. Winter's application is being reconsidered and that he will be granted access to the Healthcare Program so that he can have access to the health benefits he so desperately needs and deserves.

Please contact me at your convenience if there are any questions or concerns. In addition, we would welcome an in person discussion about this case if it would further assist your review of the case.

Respectfully Submitted,

Matthew J. McCauley

CC via email:

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November 28, 2011

Parker Waichman Alonso LLP
Attn: Gina Viti
111 John Street, Suite 1400
New York, NY 10038, (New York Co.)

Re: Michael Winter)

Michael Winter first presented with his wife, _____, for family therapy on 1/15/2009. Primary presenting issue was _____. Secondary issues reported primarily by _____ Winter, were multiple family problems related to changes in Michael's behavior that began in 2001 and continued to present. Michael's behavioral changes had affected work, relationships and lifestyle.

Both Michael and _____ reported that life had been very good and that Michael had a great work history with multiple promotions until 2001. While Michael had always suffered minor anxiety due to a challenging childhood, he had managed to overcome this and been successful in his life and work.

Michael had moved upward career-wise until he reached his career peak in April 2001 becoming a flight dispatch manager for United Airlines overseeing approximately 300 employees. As Flight Dispatch Manager, Michael was present on the flight-control floor and directly supervised the air flight dispatcher who monitored two of the flights that were crashed by terrorists on September 11, 2001. During the hours that followed the first plane crash, Michael was at the center of United Airlines' response to the terrorist take-over of aircrafts. He encouraged his supervisees to get flights safely landed, helped draft a message to flight crews in the air warning of possible terrorist attacks, and comforted his supervisee who was tracking a hijacked plane through to its crash in a field. In the days and nights that followed 9-11, Michael was at his post helping to bring home the surviving planes and doing damage control in a company hit hard by the terrorist attacks.

Michael continued to work for United Airlines following 9-11. Initially, he was responsible for reorganization and downsizing directly related to the 9-11 events. Gradually, he was demoted until he resigned (after his sick-leave was exhausted) in November of 2003 due to acute anxiety.

Winter reported that the marriage had been very satisfying and that family life had been "great" up to September 2001. After that, everything gradually seemed to fall apart. Michael began to be moody and easily irritated, he began to work more from home and to shut himself away, he seemed impulsive and anxious, his relational interaction patterns changed. _____ indicated that Michael had become a different man, someone _____ no longer knew or understood. A string of job-related failures followed these changes in Michael's behaviors.

Michael's presenting symptoms included irritability, physically withdrawing from the outside world, lack of joy in daily living, panic attacks, moodiness, constant vigilance, emotionally withdrawing from his wife and children, avoidance of discussions involving events of 9-11, emotional numbing, intrusive memories, sleep issues, problems concentrating and focusing, hopelessness about his future, overwhelming guilt which he attached to failing his family by not being able to provide for them financially, and problems presenting at his then current job which he linked to the anxiety of "walking past airplanes" on his way to his office (employed by a private air company). Shortly after family therapy concluded, Michael took a leave of medical absence – anxiety related – from his private airline job and then terminated his employment completely.

Both Michael and _____ seemed to attribute his job-related failures and their financial problems to Michael's "acute anxiety" – a diagnosis given by a psychiatrist shortly after September 2001. When this therapist attempted to follow-up with questions, Michael shut down and redirected focus of therapy onto "family" issues.

Therapist's initial impression – one that was supported by data that gradually came to light across family therapy sessions - was that Michael suffered from Post Traumatic Stress Disorder related to his involvement as a front-line supervisor during the 9-11 terrorist attacks. Therapist had experience with clients suffering war-related PTSD as a college counselor working with Viet Nam veterans attempting to return to college in the late 80's and early 90's. Therapist expanded her knowledge and experience with PTSD in the late 1990's and early 2000 by developing specialties in domestic violence treatment, prevention of school violence, and grief and loss – all of which include training in diagnosis and treatment of PTSD. Therapist is certified in Critical Incident Stress Management and volunteered for several years with the Pinellas County CISM team. CISM teams debrief first responders in an effort to reduce incidents of PTSD, open channels of communication between first-responders and mental health assistance, and identify those first-responders most at risk for PTSD.

It would seem that United Airlines did not have a CISM team in 2001. If so, Michael as a "the buck stops here" supervisor with direct responsibility for the safety of United Airlines planes, crews and passengers would have been debriefed very soon after 9-11. He would have been made aware of the on-going availability of CISM team members with whom he could talk about such things as a) anxiety related to reporting to work on the flight-management deck, b) flashbacks, c) sleep issues, d) irritability and mood changes, e) emotional withdrawal, and f) desire to avoid reminders of the traumatic event – without jeopardizing his job or potential for further promotions. The EAP at United Airlines might also have been a source of debriefing and awareness of the potential for their employees to develop PTSD following traumatic work-related events. From Michael's report none of this was offered to him.

After Michael shut down in the initial session, therapist made gentle attempts across the family therapy – cautious to avoid "planting" memories or triggering overwhelming flashbacks - to expand both Michael and _____ awareness of PTSD and of the potential to treat it. Michael at that time seemed more willing to live with a lifetime of PTSD symptoms and be treated for an anxiety disorder not related to trauma, rather than admit that it was possible that he had PTSD. He seemed to think that having PTSD would be letting his United Airlines workers and crews down yet again by being "weak" in the face of this trauma. _____ seemed more open but unwilling to ask Michael to discuss his role in the traumatic events of 9-11 and the weeks following 9-11. She seemed to feel that he had "done enough" by being brave across the day of 9-11 and the days that followed – when he stayed at his post for long hours bringing all the surviving crews and aircrafts "home" and being part of the team reorganizing the then "threatened" United Airlines. Michael left family therapy when the _____ had improved.

Michael scheduled an appointment for a consultation on May 11, 2010 to discuss his continuing work and life issues. He indicated that something had happened that made him wonder if this therapist had been

correct about the PTSD. He reported that a few nights prior to this session, he and [redacted] had watched the movie Flight 93. They had been given the movie some time ago by a friend and had started to watch it but had decided that it was "too violent" and had turned it off. When they started the movie on this occasion it opened with a message from United Airlines flight-control warning that there had been terrorist attacks on planes and that the crew needed to take precautions. Michael reported that this was a message that he had helped write and send. Immediately upon seeing this, he experienced a flashback and became emotionally overwhelmed. He began crying and felt out of control. He indicated that he now could understand and accept the possibility that he had been suffering from PTSD. Michael seemed at that point to recognize that his avoidance of this diagnosis could actually be part of his PTSD symptom pattern. Therapist referred Michael for a second opinion, which he obtained from Dr. [redacted]. Dr. [redacted] concurred with the PTSD diagnosis and referred Michael for treatment with a therapist who was on Michael's insurance providers list.

At the May 11 consultation, this therapist also suggested that Michael contact United Airlines to determine what types of support – mental health treatment, support groups, help with Social Security disability applications, etc. – were in place for their employees with 9-11 related traumatic issues. These are services that the airline might have put in place due to the extensive risk of PTSD related to the traumatic nature of 9-11. Michael reported that United Airlines said that the time for him to apply for assistance had "run out." Therapist encouraged Michael to contact 9-11 organizations for assistance, but, he again reported that he had been turned away.

The following concerns emerged from family therapy and consulting sessions:

- 1) Why would a major airline not have either a CISM team or an EAP team trained to identify signs and symptoms of PTSD and provide early intervention to lessen the severity of trauma reactions?
- 2) If the airlines did have a CISM or if their EAP was trained in stress management, why was Michael, as the supervisor directly responsible for the safety of those planes, not debriefed or tracked for the emergence of PTSD symptoms?
- 3) Following the traumatic events of 9-11 where the individual supervised and supported by Michael during the event was treated for PTSD, why were Michael's efforts to seek help from the EAP for anxiety-related symptoms not a signal to the EAP that he should be assessed for PTSD?
- 4) Why did the emergence of signs and symptoms of PTSD that would seem to be visible in the workplace not trigger the EAP to follow up with assessment for PTSD? Signs and symptoms at that time for Michael included:
 - Irritability as marked by argumentativeness, quickness to anger, difficulty getting along with supervisors
 - Difficulty concentrating
 - Poor job performance that was in direct contrast to his earlier performance
 - Self reports of sleep issues
 - Taking excessive time off for "anxiety" related illnesses where that was not the case before 9-11
 - A mild anxiety problem that following 9-11 became "Acute" (Note that PTSD is a form of acute – and chronic - anxiety linked directly to a traumatic event.)
 - Avoidance of the trauma as evidenced by his denial of a link between his development of "acute" anxiety and the events of 9-11
 - Avoidance of the trauma as evidenced by his overwhelming anxiety at the thought of returning to the flight floor to work as an air traffic controller (a job demotion that followed 9-11 events)

- His willingness to walk away (i.e. resign) from a CAREER that he had built over many years as evidence of avoidance of the "scene of the trauma" for Michael.

- 5) Why was the airlines permitted to establish a time-limit on seeking PTSD-related compensation linked to 9-11 events when often PTSD symptoms go undiagnosed for decades? Note the WWII veterans who reported to the VA with PTSD symptoms following the release of the movie *Saving Private Ryan*. Around 2005, this therapist assessed and diagnosed a WWII veteran with war-related PTSD. The US Army then provided him with a retroactive disability pension.
- 6) Why were the airline personnel who "responded" to the attacks of 9-11, not automatically viewed as "first-responders" and accorded the same opportunities for treatment and support?

It is my opinion that Michael Winter continues to suffer from PTSD symptoms that are directly related to the events of his professional position and responsibilities with the aircraft that were hijacked on September 11, 2001. Michael was indeed a "first responder" on that date and a professional who stayed "on duty" to bring the remaining planes and crews home safely. I support his becoming a beneficiary of the World Trade Center Health Program, remuneration and support from United Airlines as his employment responsibilities seemed directly linked to the traumatic events triggering his PTSD, and Social Security Disability as his PTSD symptoms directly interfere with his ability to work again in the field for which he is trained and in which he has long-standing experience. Michael needs funding not only to live and provide for his family, but to get the mental health treatment that he needs to recover from this trauma.

12.5.11
Date

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Via Federal Express

November 21, 2011

John Howard, M.D.
WTC Health Program
327 Columbia Turnpike
Rensselaer, NY 12144

RE: Michael Winter (DOB)

Dear Dr. Howard:

We represent and submit this appeal on behalf of Michael Winter, who was a Supervisory Air Traffic Controller for United Airlines on September 11, 2001. Mr. Winter's initial application was denied because he was not "physically present" at one of the designated sites (Exhibit A). However, as is explained in further detail below, it is clear that he was directly involved with one of the sites, given his direct contact with flight 93 and, thereafter, his involvement to clear the airspace to ensure the safety at all of the sites as well as the entire Nation.

Mr Winter was employed with United Airlines as a Flight Supervisor on September 11, 2001. On that date, he was present and supervising his staff's direct communication with the flight attendants on Flight 93. He remained in contact with this flight until its conclusion and, thereafter, continued to assist with clearing the national airspace.

As a result of Mr. Winter's direct contact and involvement with the horrific events that took place on September 11th, Mr. Winter suffers from severe Post Traumatic Stress Disorder and is unable to work in the aviation field. His Post Traumatic Stress Disorder and depressive disorder warrant not only medication management but psychotherapy. Mr. Winter has been unable to receive the proper, necessary and recommended medical treatment he requires because he cannot afford such treatments, and therefore, has been unable to recover. Attached please find a report from Mr. Winter's Psychiatrist (Exhibit B) as well as a clinical summary from Mr. Winter's therapist (Exhibit C) both of whom contribute the cause of Mr. Winter's Posttraumatic Stress Disorder to his direct involvement on September 11, 2001. These documents clearly attribute Mr. Winter's PTSD to activities that occurred at 9/11 sites and, as such, his application should be considered on the merits and not excluded because of where he "physically" sat during these events.

Mr. Winter applied for health coverage benefits under the James Zadorga 9/11 Health and Compensation Act of 2010 and received the enclosed denial letter (Exhibit A). Although Mr. Winter was not physically present at "Ground Zero" or any of the other designated sites, he certainly was a First Responder to the terrorist attacks of September 11th and has injuries and effects from said involvement.

The underlying purpose of the James Zadorga 9/11 Health and Compensation Act of 2010 was to assist those responders who suffered illnesses attributed to the 9/11 attacks. It is clear that Mr. Winter's case fits within those criteria, regardless of where he sat.

We have filed this Appeal Pro Bono on behalf of Mr. Winter and will continue to represent him as such until he receives the benefits he deserves. We are proud to work with the Feal Good Foundation and believe that Mr. Winter's case embodies the purpose of why the Zadroga Act was passed.

As such we respectfully request that the original denial of Mr. Winter's application be reconsidered and that he be granted access to the Healthcare Program so that he can have access to the health benefits he so desperately needs and deserves.

Please contact me at your convenience if there are any questions or concerns. In addition, we would welcome an in person discussion about this case if it would further assist your review of the case.

Respectfully Submitted,



Matthew J. McCauley

CC via email:

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World Trade Center Health Program



Date: **SEP 23 2011**

Michael Winter

Dear Mr. Winter,

The World Trade Center Health Program (WTCHP) has reviewed your application for enrollment as a responder. After careful consideration of your application materials, we regret to inform you that we determined that you are not eligible and/or qualified for enrollment under the requirements specified in Section 3311 of Title XXXIII of the Public Health Service Act (the James Zadroga Act), 42 U.S.C. § 300mm-21. This decision was based on the following reason(s):

The activities that you described on the application form do not qualify you for entrance into the WTC Health Program. The James Zadroga Act of 2010 requires that WTC Responders must have worked or volunteered onsite in rescue, recovery, debris cleanup, or related support services in lower Manhattan (south of Canal St.), the Staten Island Landfill, or the barge loading piers.

If you believe this decision was made in error, you may appeal the decision by sending a written letter to the WTC Program Administrator at the address provided below. The letter must be sent within 60 days of the date of this notification letter. The information you submit with your appeal should include a complete explanation of the specific reasons you feel the decision is incorrect. A copy of your initial application is enclosed with this letter. You may wish to review your initial application to ensure that it included accurate dates, complete addresses, names, and telephone numbers and provide any corrected information as necessary, in your appeal. You may include with your appeal letter any relevant information that was not previously provided to the WTC Program Administrator. **Please note that all appeal letters must be signed and such signature denotes that the information you have provided is truthful.**

This determination will become final 60 calendar days from the date of this letter unless you file a timely administrative appeal.

If you have questions about this letter, please send your inquiry to the mailing address provided below.

Sincerely,

A handwritten signature in black ink, appearing to read "John Howard", written over a horizontal line.

John Howard, M.D.
WTC Program Administrator

ADDRESS FOR APPEAL OR QUESTIONS REGARDING APPEAL:

WTC Health Program
327 Columbia Turnpike
Rensselaer, NY 12144

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November 3, 2011

Parker Waichman Alonso LLP
Attn: Gina Viti
111 John Street, Suite 1400,
New York, NY 10038, (New York Co.)

**Re: Michael Winter (DOB:) seeking to become a beneficiary of
World Trade Center Health Program**

I am writing on behalf of Michael Winter, who has been under my psychiatric care since May 26, 2010, when he presented with severe symptoms and signs consistent with Posttraumatic Stress Disorder (PTSD) and an associated severe episode of Major Depressive Disorder. His presenting symptoms of PTSD were directly related to his occupational duties on September 11, 2001, as a flight following supervisor for United Airlines and to his supervision of all of the United Airlines flights that day, particularly Flight 93 (he was present and supervising his staff's direct communication with the flight attendants on Flight 93).

His presenting problems were triggered several months prior to May 2010, by an attempt to watch the movie *Flight 93*, which a friend had given him. Prior to watching the video, he had some mild symptoms of PTSD. The movie triggered full blown, severe PTSD symptoms including intense flashbacks, recurrent, intrusive thoughts of the events of 9/11, panic attacks, hypervigilance, emotional numbing, muscle tension, avoidance of reminders, uncontrollable crying, feelings of guilt, and exaggerated startle responses. Flashbacks and recurring thoughts also involved the United Airlines flight that crashed into the World Trade Center

Since the emergence of severe symptoms of Posttraumatic Stress Disorder, he has been unable to work in the aviation field.

Impairing symptoms of depression included severely depressed mood, inability to experience pleasure, social isolations, feeling hopelessness, thoughts of suicide, lack of motivation, low energy, and poor sleep. With treatment, his depressive disorder has improved, but has not remitted.

His Posttraumatic Stress Disorder and depressive disorder has warranted not only medication management but individual psychotherapy. He has been unable to receive psychotherapy with the recommended frequency because he cannot afford such treatments, which has stalled his recovery. Nonetheless, he is committed to getting

better and has improved to limited degree with the psychotherapy he has been able to obtain.

It is my opinion that Mr. Winter continues to have impairing symptoms of Posttraumatic Stress Disorder that are directly related to his involvement with the hijacked United Airlines flights on September 11, 2001, and I am writing in support of him becoming a beneficiary of the World Trade Center Health Program. Though he was not physically at ground zero, he was among the first responder to the terrorist attack on 9/11/2001, and has had lasting, mental health problems from those events. I support compensation for him due to lost productivity from associated occupational impairment, but more so for provision of resources in order for him to receive necessary treatments. With receipt of more regular/frequent treatment, he has a favorable prognosis of improvement in his conditions and for a return to occupational functioning so that he can better support himself and his family.

I hope you find this information helpful in your consideration of providing benefits to Mr. Winter.

Respectfully,

cc: Chart

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Family Psychology Associates

Strengthening relationships...improving lives.

CLINICAL SUMMARY

Date: Oct. 24, 2011

RE: Michael Winter

Date of Birth:

This clinical summary is provided in response to the client's request for information.

Mr. Winter began psychotherapy services here on 7-14-11 and he continues in treatment currently. Presenting problems included symptoms of overwhelming anxiety, worry, fear, insomnia, intrusive thoughts and memories of 9/11, depression, very poor self confidence, social anxiety and an inability to work.

It was determined that Michael had experienced severe trauma and developed Post Traumatic Stress Disorder as a result of the events of 9/11 and in subsequent extremely stressful circumstances with his work involving air traffic control. At the time of 9/11 Michael was in the position as a supervisor in air traffic control operations overseeing the flights involved in the 9/11 tragedy. He witnessed conversations and the events leading up to the crashes and the deaths of passengers and staff of the flights. Despite Michael and the staff doing their jobs to the best of their abilities, following 9/11, Michael suffered greatly and gradually his functioning deteriorated. He increasingly had problems in his job, as did many other workers, whereas prior to 9/11 he was a well respected, competent and effective employee. His job performance and interactions at work became more and more difficult due to severe stress, anxiety, and dramatically decreasing self esteem. These problems are consistent with Post Traumatic Stress Disorder Symptoms, with which Michael has been diagnosed. Michael changed jobs and worked with a new company in the same type of position, however, his PTSD symptoms grew and his difficulties persisted at work, eventually causing him to leave that position. He sought medical and psychotherapy help after identifying his problems with returning to work.

Mr. Winter attends weekly to bi-weekly therapy sessions regularly. Treatment has focused on: 1) Improving daily functioning; improving coping skills and stress management 2) Addressing causes of anxiety, depression and poor self confidence 3) Resolving traumatic experiences and decreasing post traumatic stress disorder symptoms. 4) Improving ability to function more productively – interpersonally, socially and occupationally.

Overall, progress has been slow but steady and it is hoped that Mr. Winter will eventually be able to work again, although this is not likely to be in his previous field. He is not recommended to return to his previous position at this time. He requires additional time and treatment to further decrease his serious problems with anxiety and depression in order to be able to effectively cope with a job.
