

## Assembly

MINUTES OF MEETING - ASSEMBLY COMMITTEE ON LABOR AND MANAGEMENT - MARCH 27, 1969

PRESENT: CAPURRO, WILSON, LINGENFELTER, MAY, MELLO

ABSENT: WEBB

ALSO PRESENT: W. Howard Gray, Nevada Mining Association  
Richard A. Petty, M.D. - Nevada Industrial Commission  
Keith J. Henrickson, Federated Fire Fighters of Nevada  
Senator Wm. Farr, Captain Sparks Fire Dept. (arrived later)

Chairman Capurro opened the meeting by calling for discussion on SB-224.

Mr. Gray was first to speak and he stated that he was opposed to the bill in its entirety, he felt that before making a decision on same it would take a meeting or meetings with many professional men present. He most objected to Section 3. He said that if Section 3 page 2 was thrown out it left a bill that would at least protect firemen while at the same time left judicial channels open. He he did not mean that he would endorse it then but with this section deleted at least it was a workable piece of legislation.

Mr. Henrickson replied to Mr. Gray that the reason for this clause was because of the costly court litigation brought by NIC, and that it did require a medical examination including a heart cardiogram and pointed out that by leaving out section 3 did not give them a carte blanc and that it was put in to silence opponents to the bill and the wording was not his nor that of the Firefighters.

Mr. Gray said there was no defense if the injury or disability came within the 15 months as contained in this bill. If we are going to use a particular period of time it should be no longer than 12 months, because of information they were now getting and referred to articles on this subject in April issue of Readers Digest and Time magazine inferred there is no such thing as a basic reason for a heart condition and he was objecting to the bill on the grounds that it was poor legislation and he would like to hear from Dr. Petty.

Dr. Petty then told the Committee that he felt this was class legislation, if it was going to apply to this one group otherwise it should apply to all groups and that each case should be decided on its own merits. Most cases, he said, were not limited to some stress caused by a working condition but were caused by some underlying cause - perhaps a pulled muscle or strain etc. might contribute to an earlier existing condition.

Mello: "Are you talking as a doctor and giving your own personal ideas or are your statements based on Medical findings?"

Dr. Petty answered that he was the medical officer for the state. That he had discussed this at a recent meeting with several doctors and that they felt even a cardiogram did not show the cause of a heart condition only that the condition existed.

Mr. Henrickson then said he would like to explain the 15 month instead of 12 month period. In some cases perhaps a man would have the cardiogram in June of this year but he could not get around to a test until perhaps July or August the next year and it protected him on the time limit.

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Assemblyman Capurro then asked Mr. Henrickson how he was bettering them to have 15 months rather than 12 months inasmuch as the cardiogram would have to be taken once during that time.

Mr. Henrickson added that it was a matter of time conflicting and that a period of 13 months would be acceptable to him.

Assemblyman Mello then asked Dr. Petty if he were a heart specialist. Dr. Petty replied that he was not a heart specialist but had considerable amount of experience in industrial diseases and one would find many reports supporting heart diseases as an industrial disease.

When asked to give the cost to NIC Dr. Petty said it would have a cost of approximately \$100,000 but basically until you have experience in something like this it is difficult to figure costs.

When Mr. Mello asked about the effects of smoking on the heart, Dr. Petty said that it effected the muscles and nerves of the heart and described in medical version the dangers of inhaling over a period of time. The question was then brought up as to how many hours a year a fire fighter might inhale.

Senator Farr then addressed the committee and said inasmuch as he had been Chief of the Sparks Fire Department for many years he might be able to answer some of the questions before the committee. He submitted documented data on several questions (see copies attached.) He said he available information on how many fires each man attends. That in 1 year there were 3300 fires and that at one time or another every man is exposed to smoke inhalation. The anticipated life of a fireman was 57 years, this was documented. Senator Farr continued that in his area they have about three cases of smoke inhalation a week, that most men on his crew are exposed three times a week as to how many hours it would be strictly an estimate of two hours a week. Then Senator Farr explained in detail how smoke inhalation affected the body and that it would advance in severe cases to fatality. He said that they furnished masks and did all in their power to see that the firefighters used them but even seconds in getting a mask to a man could be the difference between a man living and dying.

A period of period of discussion followed in which the new methods of determining heart disease, advanced by Dr. Kelly, were discussed and it was stated that Dr. Kelly had said even with the new methods about all a doctor could do was to prescribe diets according to the degree of high chloestrol existing in each case. Mr. Gray said that Dr. Kelly's report actually proved nothing more than the condition of the heart at the time of the examination.

Mr. Mello said he felt that this could be argued forever but that they should not take just one doctor's report on this but if further discussion was to be had they should have several doctors' opinions, that after all they were considering the health and lives of young men and whether or not this was a good or bad piece of legislation.

CHAIRMAN Capurro then announced that because Assembly was convening he would recess this meeting until 12:00 o'clock.

## Assembly

MINUTES OF RE-CONVENED MEETING - LABOR AND MANAGEMENT COMMITTEE - March 27, 1969

PRESENT: Capurro, Mello, Wilson, Lingenfelter, Branch, May

ALSO PRESENT: W. Howard Gray, Nevada Mining Association

Chairman Capurro re-convened meeting and asked for action on AB-352.

Motion to pass AB-352 as amended with "do pass" recommendation

Motion seconded

Motion carried 4 ayes 2 naves

Motion to indefinitely postpone AB-674

Motion seconded

Motion carried unanimously

AB-433 was placed before the committee for action. Chairman Capurro said he felt the <sup>members of</sup> committee were in concurrence that this bill needed amendments

Assemblyman Lingenfelter stated that he felt about the only problems that might develop from this bill would be from gas stations, retail stores, restaurants, etc. where the employees handled the cash register.

Motion to indefinitely postpone AB-433

Motion seconded

Motion carried unanimously

Motion to defer action on SB224 until next meeting.

Motion seconded

Motion carried 5 ayes 1 naye

Mr. Mello then asked that before the NIC made a settlement usually the person was forced to go into court, and that in many cases he was scared to go into court or could not afford it and was actually scared into accepting a lesser settlement.

Mr. Gray replied, that the NIC were noted all over the country for the way their litigations were handled and their settlement on cases. That the problem in some cases was that these were handled by private insurance companies.

Mr. Wilson then asked if it was true that the benefits set up in the State of Nevada were far lower than in most other states. Mr. Gray told him that actually Nevada rated in the top ten or 12 especially since the increased 15%. Mr. Wilson said he knew of cases where the people have tried thru negotiations with the NIC and were really in need of help and nothing was forthcoming. We are supposed to have rehabilitation for them but we do not have. Some people cannot get attorneys and it works a real hardship.

Mr. Mello then asked Mr. Gray if attorneys did not take these cases and he was told that some attorneys did on a reasonable basis but others would take them on percentage. Mr. Gray said he had not represented NIC on many or these cases but on one he did recall they went into court and the man came out with nothing and the attorney came out with nothing due to the nature of the claim.

Mr. Wilson then told the committee that you could not get an attorney in Southern Nevada to handle these cases.

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(re-convened)

Assemblyman then stated that if read the bill correctly there were three classifications and that the wording seemed reasonable.

Assemblyman Branch suggested that if they passed the bill it might have a tendency for the NIC to settle more cases out of court. A general discussion then followed on the aspect of NIC forcing these cases into court.

Mr. Gray was asked what the cost would be and he said that he was no legislative authority that if this bill was passed and put into effect that the estimated costs would be 7-8 million dollars and that he wished the committee would seriously take that fact into consideration.

Mr. Gray was asked what funds the NIC had to meet this measure and where they came from and Mr. Gray said he was not familiar with this phase and it was decided that by asking Mr. Gray this question they were putting him more or less on the spot.

Mr. Wilson then suggested that they get some people over from the NIC to give the committee this information. Chairman Capurro so that the committee could decide if they wanted a hearing. He then said there were three other bills viz., AB-237, AB-238 and AB-496 on which he would like to hear discussion.

Attention was called to line 17 and it was stated that it was like calling in a specialist and that the bill had been introduced by request.

The opinion on AB-238 was if the bracketed words were removed it was deleting the only means by which silicosis could be determined.

On AB-496 the opinion was presented that this encouraged competition from private insurance companies and brought the issue to private insurance companies vs. NIC.

The question was asked as to how many cases of silicosis appeared in the state and if it was as much a problem as previously and Mr. Gray said that they get about an average of two to three cases a year. He said that the cost of silicosis to NIC was not in the number of cases but the prolongation of the disease, Chairman Capurro then produced a letter received on the subject of silicosis from the Washoe Medical Society (see copy attached).

It was then decided that Chairman Capurro call some people from NIC to appear for a hearing on bills AB-73 and AB-74.

Discussion then followed on AB-225. Mr. Wilson said that he had taken this bill from the Ohio statutes, this state had been having problems with contractors not hiring from the minority groups. He was asked if a problem of this nature really existed in this state and he replied that it did, that it was especially true in the Southern part of the state. It was then pointed out that there was on the books a non-discriminatory law but Mr. Wilson said that applied to instances where the operation called for 25 or more employees. Mr. Lingenfelter said he did not approve the bill because of page 2, line 6, which he said might very easily bankrupt a contractor and put him out of business, and he felt that this clause was too stiff.

Motion to pass AB-225 as amended by deleting sub-section 4, page 2, line 6  
with "do pass" recommendation

Motion seconded

There was opposition voiced on AB-224 which previously had been deferred to next meeting.

Motion to pass SB-371 with "do pass" recommendation

Motion seconded

Motion carried unanimously.

Meeting adjourned.

An address by Dr. Maurice Burkholder at the Western Regional Conference of  
the American Association of State Compensation Insurance Funds, Boise, Idaho,  
May 8, 1965

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Members of the American Association of State Compensation Insurance Funds  
and guests.

This forenoon I have been asked to discuss "Heart Attacks in Connection  
with Workmen's Compensation." From a medical standpoint, in the majority of  
cases we are dealing with coronary disease, a chronic progressive illness  
which is often punctuated by sudden worsening in the form of myocardial in-  
farction.

Coronary occlusion is one of the leading causes of death in the United  
States and Canada and probably the most common of the catastrophic illnesses.  
Because of the suddenness with which it strikes, the severity of the pain, and  
accompanying fear of death, it is perhaps the medical emergency most feared  
among the informed population. In spite of the enormous amount of research  
being carried on in the basic aspects of these processes, statistics are  
inadequate and confused, and, as a result, misconceptions still prevail.

The belief is common not only among physicians but also among laymen  
that sudden exposure to a particularly stressful experience may elicit a  
cardiac infarct, at least in pre-disposed people. Almost every physician  
has seen patients in whom myocardial infarction followed soon after some  
unaccustomed, intense physical exertion or emotional shock. In such cases  
it is customary to assume that stress was the underlying cause of the  
cardiac lesion.

This subject has been discussed, evaluated by medical and legal  
committees throughout the world. Medical and legal authorities alike have  
a large area of disagreement regarding the extent of damage and the aggravation  
or acceleration of heart disease that can result from occupational exertion  
and stress.

The physician faces the difficult task of deciding when some effort or stress at work played a significant role in the precipitation of such an occurrence on the background of pre-existing arterial disease. The disparity in testimony of medical witnesses and a gradually developing tendency towards more liberal awards have led in some states to the granting of claims to almost any individual having a heart attack at work; until it has become, in effect, sickness insurance rather than industrial insurance. Industry, feeling no responsibility for the medical care of the end stages of degenerative disease, has often closed its doors to applicants with heart disease, and this position is not unreasonable in view of the above. However, with the older segment of our population increasing in number, the prospect of retiring practically all individuals with heart disease regardless of their capacity to work is not only wrong, but an impossibility from an economic and social standpoint.<sup>1</sup>

It was--and is the intent of the Workmen's Compensation Laws that an employee sustaining an injury out of and in the course of employment shall recover a stipulated amount from the employer or his insurer, regardless of negligence, and in return for this shall forego his right to sue his employer at common law for injuries within the act. Legislators have amended and updated the Workmen's Compensation Laws of the various states in many ways during the past 50 years. But instead of being resolved, the handling of heart cases has become confused and burdensome through new and sundry meanings that the courts have given to "accident" and "in the course of employment". In some states, the compensable heart cases that are creating volumes of "decisional law" have included those of a receptionist overzealous about the details of her office, a gas station attendant confronted with a rush of business on a holiday morning, a bookkeeper whose attack occurred five minutes after walking up a single flight of stairs, and a school bus driver that put chains on his bus tires before starting out one morning in



a snow storm and then later had a myocardial infarction.<sup>2</sup>

During the past 10 years especially, the increase in such cases has injected a half dozen or more troublesome problems into the Workmen's Compensation system. Not only employees, employers, and their insurers are involved. The public, many legislative bodies, and even surviving heart patients are affected.<sup>2</sup>

First, the original concept of workmen's compensation is being changed into a form of general health insurance. Second, and perhaps most important, both the efficiency and the intended benefits of the system are weakened by the diversion of funds to unqualified cases at the expense of cases for which the system was devised. Third, the "non-accident" heart cases could become an unforeseen drag on the workmen's compensation system inasmuch as they are not amenable to control through loss prevention measures. Fourth, the trend is mitigating against hiring or retaining cardiac cases. Fifth, sound medical opinion is being flouted. Sixth, courts could become more congested. Seventh, consumers and the competitive economic position of some states may suffer.<sup>2</sup>

Cardiac cases, like others in the Workmen's Compensation system, are usually won or lost before the trier of the facts, normally a Workmen's Compensation commission. But usually, too, the medical testimony is in conflict. Court affirmance of the rendered decision is likely to follow as a matter of routine since the Workmen's Compensation cases courts can only review questions of law. In early cases, courts held to the traditional concept of "accident" as an unexpected, fortuitous, and catastrophic incident; they looked only to the cause of heart attacks and not the result. Gradually but steadily there has been a shift in emphasis from "cause" to "result" by the sanctioning of awards for the results of normal exertions and for the end results of degenerative disease processes such as heart disease, as well as for the consequences of personal acts not directly related to unemployment.



workmen's compensation system. Benefits of all types in New Jersey have nearly doubled since 1951. By contrast, heart awards and settlements in that state have increased ninefold.<sup>2</sup>

In New York State, one of the first to adopt the workmen's compensation program, the number of compensated heart cases increased to 1,220 (1959) with a total monetary cost of about \$10,000,000 exclusive of medical and hospital cost, whereas in 1947, there were only 167 cases costing around \$1,000,000. The average cost per New York case was around \$8,000 in 1959, exclusive of medical and hospital costs, making these cases the most costly in the various categories of disability.<sup>2</sup>

Why this has happened in New Jersey, New York, and elsewhere, with the resulting drag on the Workmen's Compensation system, is partly explained by the higher death rate from disease of the heart. It has increased from about 173 per one hundred thousand of population at the time the compensation system was introduced to about 365 in current statistics. Deaths from disease of the heart totaled 668,170 in 1961, or almost one death out of every three in a total of 1.7 million from all causes. Some authorities estimate that 500,000 persons with coronary disease of clinical significance are being added yearly to the labor market. Between 60 and 65 million workers are probably in the "coronary age group".

If employees incapacitated by diseases of the heart, or their dependents are increasing in granted benefits, it is inevitable that Workmen's Compensation system will be burdened with an undue and ever increasing load. In 1961, more than 43 million workers had disabling injuries in job accidents, and 13,500 were killed.<sup>2</sup>

Compensation payments that year totalled almost 1.3 billion, of which almost 2/3 were paid by private insurance firms. The total was twice that paid a decade earlier. Compensated heart deaths, for which awards go to the widow

and dependent children, can cost employers and insurers from \$10,000 to \$25,000. Sums are higher if a long period of disability is followed by death with resultant dependency benefits to the family. Judgements up to a \$100,000 have been rendered in some heart attack cases.<sup>2</sup>

Insurance rates to employers remain remarkably low in spite of continuous benefit increases and broadening of coverage through judicial decisions. Whether or not rates can be held on the low side depends upon the judicious handling of heart cases in the future. *Cand* This low rate level is credited in large part to the progress which management, labor, and their compensation insurers have achieved in safety, loss prevention, and rehabilitation. While the labor force has grown in 25 years from 42.5 to 62.5 million, deaths from on-the-job accidents have increased slightly to the total of about 1.9 million, but the injury rate has dropped steadily. Now, the effect of all this in reducing workmen's compensation premium rates may be nullified if increasing numbers of dubious heart claims, often more liberally awarded, are superimposed on the system.<sup>2</sup>

Threatened too is the long-time and intensive program that management, insurers, and others have carried on to rehabilitate and to re-employ handicapped workers. A recommendation, "the cardiac, with relatively rare exceptions, not only can but should work", most eminently voiced by Dr. Paul Dudley White, has been widely implemented by employers and their insurers through rehabilitation and suitable placement of such workers. Insurance rates are not increased when the worker's heart condition is known, so that he can be placed in a proper job. But rehabilitation officials and others are becoming concerned that such companies are shying away from hiring or retaining cardiac cases. Some industries are known to have stopped taking back their own cardiacs because of the growing liability of future attacks. Rehabilitated persons, particularly those with heart conditions, are finding it difficult to obtain employment anywhere. Thus the liberality being injected into the heart award cases may be defeating its own purpose.<sup>2</sup>

An added worry for industrial medical directors and others charged with the responsibility in the Workmen's Compensation program is that too many of the heart-case awards are not based on sound medical opinion. This may be explained in part by the comparative newness of the cardiovascular specialty in medicine. 40

But as long ago as 1921, Dr. White made a pronouncement to which he has made further reference in recent years, "I said (in 1921) there is not, so far as I know, any industrial heart disease. Today we might say that there are rare exceptions to that rule, but they are extremely rare. Industry is not responsible for heart disease."

Experts generally are in agreement that the usual duties to which an employee is accustomed will not precipitate a coronary occlusion. For instance, 400 specialists in Internal Medicine throughout the United States, more than 50% of whom had cardiovascular subspecialties, replied to a questionnaire of 7 questions on the problem submitted in 1957 by the Moreland Investigation Commission of Workmen's Compensation in New York. Their general opinion (almost 94%) was that work to which a man is normally accustomed over a period of years involving no unusual exertion does not produce heart disease, although a majority of physicians felt that work had some relationship to heart disease.<sup>2</sup>

No one responsibly connected with workmen's compensation would ever say that someone suffering a direct trauma to the heart should not be compensated to the fullest extent of the law, or that someone engaged in unusual and sustaining heart attack as a result of that work should not receive all the benefits allowed. The employee should and must be given the benefit of any doubt. At the same time, employers should not be saddled with a kind of false responsibility in the area of heart disease by the considerable amount of loose medical testimony. <sup>2</sup> *we agree*

Giving employees undue and overweighted benefit of doubt, as has been done in recent years, threatens to have some self-defeating consequences for workmen's compensation in matters of litigation and controversy. One of the reasons for adoption of the system to do away with excessive litigation and economic waste

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so that the employee could be payed promptly when he was injured. Thereby, too, it was intended to eliminate some of the large contingent fees collected by lawyers as the result of negligent suits which were instituted by the servant against his master.<sup>2</sup>

Authorities in the field believe it is fair to say that in the past, only 10% or less of all cases in the country entered litigation. This was cited as a good record on the basis of which progress and improvement could be built in the future. But compensation officials fear that the dockets and courts may be swamped in the wake of liberal and high award heart cases. Attorneys have now all the more reason for proceeding with heart cases.<sup>2</sup>

Finally, the cost and consequences of all this come to bear upon the general public, the consumer, and the economic welfare of the various states. Compensation is an insurance mechanism that routes the costs of the employee benefit thru the employer and the insurance carrier and transfers it to the consumer. In other words, every person who buys the manufactured product or service helps to pay the bill.<sup>2</sup>

While the problem of heart disease as related to industry and in connection with workmen's compensation has grown too fast, become too complex to be resolved with any one solution, a number of corrective measures have been advocated by those concerned with responsibilities and consequences of workmen's compensation system. Among these measures, the following are some more widely discussed:

(1) To insure that workers with cardiac problems are placed in suitable jobs and to detect heart ailments before they result in attacks, there should be more stringent examinations of employees and of job applicants.

(2) Insistence by industry that the administrative fact finders and adjudicators who are appointed in the workmen's compensation system are of such caliber that they will be completely fair in their evaluation of the evidence before them.

(3) Establish and broadcast accepted medical criteria for determination of causation of heart attacks. Such criteria not only would serve to raise the caliber of medical testimony in this field but also would be of tremendous assistance to the legal profession in defending heart claims that are not the responsibility of industry.

(4) Develop more equitable methods for resolving medical controversies through impartial medical opinion by panels of qualified doctors.

(5) Inasmuch as coronary thrombosis, like a good many other diseases, is not primarily due to work but to other causes, it should be removed from litigation in the courts under the category of Workmen's Compensation and taken care of by some form of health insurance.<sup>3</sup>

(6) While endorsing improvements of workmen's compensation laws which will help achieve intended goals, all parties to the program should support legislation that will correct gross inequities introduced into the law by court interpretation.

(7) In the absence or failure of all other remedies, there is a definite need for amendment of the compensation laws. The heart case and other typical degenerative disease cases have become so blended into the compensable cases that not only stricter standards of proff should be developed, but also the concept of "arising out of and in the course of employment" should be more sharply defined.<sup>2</sup>

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3. J.C. PATERSON, M.D.: Minority Report of the Committee on the Effect of Strain and Trauma on the Heart and Great Vessels, CIRCULATION, Volume XXVIII, August, 1963.



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## Information on SB-224 Firefighters "Heart Bill"

**Generalities-** In all states and cases cited, after extensive hearings and presentation of evidence, each recognized that firefighters could actually claim heart disease as an occupational disease and hazard. We are prepared to present this same evidence to you, time permitting, and can substantiate any statement herein if you so desire.

States having "Heart Bill" legislation for firefighters are; Pennsylvania, Florida, Connecticut, Massachusetts, Colorado, Iowa, Ohio, N. Dakota, S. Dakota, Minnesota, California, Kansas, Wisconsin, Vermont, Georgia, Michigan, Tennessee.

Kansas Supreme Court ruled in favor of firefighter heart case and noted- "if employment (particularly hazardous in firefighting) exposed the worker to a greater hazard than that facing the public at large.." Note- (Ruling made before 1965 "Heart Bill" for firefighters was passed creating the same assumption clause as is in SB-224.

Michigan Supreme Court - Recognized that heart disease is an occupational disease peculiar to firefighters.

Minnesota Supreme Court- Upheld 4 separate cases pertaining to; 1. Presumption principle.. 2. Constitutionality- "the apparent high percentage of occurrence of coronary sclerosis among firemen demonstrates that the legislature was not arbitrary in providing for them as a class..... the statute is undoubtedly constitutional." 3. Occupational designation. 4. "Contraction" onset. 5. Causal relationship, with or without medical concurring opinions.

Tennessee Supreme Court - Upheld claims of heart disease in firefighters (before "Heart Bill" was passed creating an assumption) on basis of "arising out of and in the course of employment" part of workmans compensation law - allowed testimony of a "possibility of a causal relation".

Nebraska Supreme Court ruled - Heart disease in any firefighter "resulted in the line of duty." Note- (State does NOT have a "Heart Bill") - Law reads; "death ~~is~~ is caused by or is the result of injuries while in the line of duty."

Hawaii "Heart Bill" (effective 1-1-66) says "in the case of firemen, the cumulative effect of the inhalation of smoke, toxic gases, chemical fumes, and other toxic vapors on the heart, lungs and respiratory system shall be construed as an injury received or disease contracted while in the performance of their duty and-- as the cumulative result of some occupational hazard for the purpose of determining total disability retirement under this section."

Occupational Experience of Wage Earners - by Dubin and Van Name.  
"Firemen rank first in having cases of cardiovascular diseases."

(Keith J. Henrikson)



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Modern Medicine - article by Dr. Nathaniel E. Reich - "Strenuous occupations such as fire-fighting have an adverse effect on the cardiovascular system; hypertension, coronary thrombosis, the anginal syndrome, and manifestations of accelerated atheromatous changes are especially likely to occur in firemen."

Dec/Jan 1968-1969 issue of TRIAL magazine says; 1. 12 states have heart laws which legally presume heart disease to be caused by the "hazardous" nature of fire-fighters employment. 2. Other states require "legal dicta" to prove "unusual strain" or "unusual exertion" in order to qualify for benefits. 3. When stress is "unusual" or "excessive", an opinion that it played a "causative" role in an acute coronary artery thrombosis is scientifically justified. 4. Angina Pectoris, caused by "deficient oxygenation of heart muscle", results from "conditions of acute emotional or physical stress." 5. "Myocardial infarction can be considered medically as being causally connected to "employment when factors such as "strenuous physical effort," "shock", "and other stressful exposures" are present.

Dr. Hughes W. Day - Kansas City, Kansas - says; "A firefighter, who is exposed to inhaling smoke over a period of 20 years, generally ends up with chronic disease of the heart and lungs."

Metropolitan Life Insurance Company - Survey statistics - Compared causes of death during the ages of 50-64 of firefighters to industrial workers. Firefighters have 31% higher death rate from nephritis, 12% higher accidental or undefined violence. 11% increase in organic heart diseases, 25% higher principal cardio-vascular renal diseases, 29% higher cerebral hemorrhage, apoplexy, and paralyses.

National Board of Life Insurance Underwriters Statistics - Life expectancy of firefighter is 57 years - for the average working american male is 67 years.

We have been unable to find any instances in states enacting "Heart Bills" for firefighters (a very few include police) that the coverage has been broadened to include other groups of employees or that costs to their systems have been large and excessive or hurt their funding in any way.

International Association of Firefighters death and injury surveys and national statistics, as pertains to the heart and firefighting, are on accompanying pages attached hereto.

(Keith J. Henrikson)



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March 6, 1969

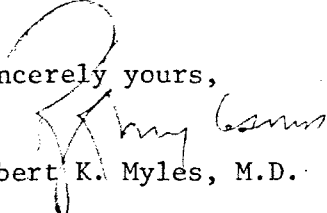
Honorable Randall V. Capurro  
Nevada State Assembly  
Carson City, Nevada 89701

Dear Mr. Capurro:

In reply to your letter of February 19, 1969 to the Washoe County Medical Society regarding A.B. 238, we have gone over the proposed changes presented in the bill. We feel that the deletion of the words "producing fibrous nodules" will not change the bill in any way so far as the interpretation of silicosis. The disease still must be diagnosed by x-ray examination and/or biopsy or autopsy material. The picture of fibrous nodules is not the only picture of silicosis.

Even though the diagnosis may be made, compensable silicosis is paid on disability, not on a simple definition of the disease and I think that as long as we keep this in mind, the change in the bill can be recommended.

Sincerely yours,

  
Robert K. Myles, M.D.