# 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

#### General Instructions

Any interested party may petition the WTC Program Administrator to add a condition to the list of WTC-related health conditions in 42 CFR §88.1 (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 form 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, including attachments and other supporting materials (which are allowed and encouraged, but not required), are part of the public record and may be subject to public disclosure. Personal information will be redacted prior to public disclosure.

Please TYPE or PRINT 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).

| A. Interested Party Information             |                                            |                                       |
|---------------------------------------------|--------------------------------------------|---------------------------------------|
| A1. Do you represent an organization        | n? □ Yes (Go to A2) ☒ No (Go to A3)        | )                                     |
| A2. Organization Information:               |                                            |                                       |
|                                             |                                            |                                       |
| Name of organization                        |                                            |                                       |
| A3. Name of Individual Petitioner or        | r Organization Representative:             |                                       |
| F- S +S - Su - sell                         |                                            |                                       |
| First name                                  | Last name                                  |                                       |
| Position, if representative of organization | ation                                      |                                       |
| A4. Mailing Address:                        |                                            |                                       |
| Street                                      |                                            |                                       |
|                                             |                                            | * * * * * * * * * * * * * * * * * * * |
| City                                        | State                                      | Zip code                              |
| A5. Telephone Number:                       | 1                                          |                                       |
| A6. Email Address:                          |                                            |                                       |
| B. Proposed WTC-Related Health (            | Condition Information                      |                                       |
|                                             |                                            |                                       |
| RELAPSING                                   | - REMIHINS MS                              | (Autoimmuse)                          |
| Name of health condition                    | *                                          |                                       |
|                                             | A.                                         |                                       |
| If the name of the condition is not k       | known, please provide a description of the | ne condition or the name of the       |
| diagnosis provided by a physician o         | of other heatineare provider.              |                                       |

| C. Basis for Proposing that the Condition Be Added to the List of WTC-Related Health Conditions                                                                                                                                                                                                                                                                                                                                                                                   |
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| 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 occurred from the September 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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# D. Signature of Petitioner

Sign your name below to indicate that you are petitioning the WTC Program Administrator to consider adding a health condition to the list of WTC-related health conditions identified in 42 CFR §88.1.

April 3, 2016

Date

Signature

## **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 Administrator 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, EEOICPA Program Records and WTC Health Program Records, HHS/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 Advisory 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 redacted 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).

#### Narrative

My name is and between and I was a New York City
Police Officer. On September 11, 2001 I was 116 steps from the World Trade Center when the first
building collapsed. I was at the
Manhattan. I was diagnosed as having Relapsing Remitting Multiple Sclerosis on . My
symptoms were slurred speech. I was diagnosed by Dr. at Columbia Presbyterian Hospital, of
the Neurology Department.

There is no history of MS in my entire family tree. I experienced both chronic and acute exposure to the toxins associated with the ground zero debris. I with the assistance of the

vacated the area via and took numerous individuals in the to Bellevue Hospital for treatment for their ground zero related injuries. I spent the next weeks at the ground zero site identifying the body parts of fire fighters and police officers at that same had to be treated the same day of this incident for debris in my eyes.

The conditional odds ratio for autoimmune diseases rose by 13 % for each month individuals spent working at the site (OR 1.13, 95% Cl 1.02 – 1.25), according to Mayris P. Webber, DPH, of the department of epidemiology and population health, Mpntefiore Medical Center in New York, and colleagues. Dr. Mayris also found, the association between acute (arrival time at the World Trade Center (WTC) site) and chronic (months of WTC-related work) exposures and new onset systemic autoimmune diseases among firefighters and Emergency Medical Service workers. We performed a nested case-control study by individually matching each rheumatologist-confirmed case diagnosed between 9/12/2001 and 9/11/2013 (n=59) to 4 randomly selected controls. We found prolonged work at the WTC site, independent of acute exposure, was an important predictor of post-9/11 systemic autoimmune diseases.

I spent approximately months at ground zero in addition to performing security consulting services in the ground zero after the weeks as part of my function in the New York City Police Department's Crime Prevention Division.

According to the article Ground Zero Workers at Risk of Autoimmune Diseases, Autoimmune diseases arise when the immune system launches an abnormal attack on the body's own tissue. The conditions seen in this study – which also include lupus and systematic sclerosis – affect joints, muscles and connective tissues throughout the body.

The diseases were not common. In the 12 years following 9/11, the researchers found 59 new cases of autoimmune conditions among the 13,000 firefighters and other recovery workers who were potentially at risk. But their odds of getting such a diagnosis rose 13 percent for each month they spent at the twin tower site. It is known that Ground Zero workers were exposed to toxins in the dust and debris left behind by the towers collapse, including lead, asbestos, glass fibers and silica.

It is for the reasons stated above as well as the information contained in the references that I petition that the autoimmune disease of Multiple Sclerosis be included as an accepted WTC disease.

### References

http://www.cbsnews.com/news/ground-zero-workers-at-risk-of-autoimmune-diseases/

http://www.medicinenet.com/script/main/art.asp?articlekey=187534

http://www.medpagetoday.com/Rheumatology/GeneralRheumatology/50548

http://consumer.healthday.com/senior-citizen-information-31/misc-arthritis-news-41/ground-zero-workers-at-risk-of-autoimmune-diseases-study-697581.html

http://www.cdc.gov/wtc/proceedings.html#13