

March 27, 2022

To: Doctor John Howard M.D. (Administrator of the World Trade Center Health Program)
395 Street , S.W. Suite # 9200
Washington , D.C.

From: 

Subject: Including Amyotrophic Lateral Sclerosis (ALS) Lou Gehrig's disease already
diagnosed in numerous Rescue Workers

Doctor Howard,

Amyotrophic Lateral Sclerosis (ALS) Lou Gehrig's disease, diagnosed in numerous 9/11 Rescue Workers has now reached a threshold where it is statistically larger than the general population. We made a Public Comment in the "Research Funding Cycle" FY2022 Docket number (CDC-2021-0071 ; NIOSH-341) We mentioned the tremendous amount of "Lead" found in the World Trade Center dust on studies already done, on the toxicity of the World Trade Center dust. The burning chemicals that include cancer causing dioxins and the polyaromatic hydrocarbons which are the byproducts of burning fuels have a chemical in it that is "Suspect" in causing or triggering ALS. (1) A study done in Science Daily on April 17, 2008 titled Chemical Exposure may Increase Risk of ALS. It also seems that members of the United States Air Force had higher rates of ALS, and that maybe the result of "jet fuels". One particular chemical found in diesel fuels is also 'Suspect' in causing ALS. (2) The World Trade Center Dust was made up of large and very fine particulate matter and very fine and ultra fine particles. These highly toxic particles are known to cause serious health problems as they traveled directly through the nasal cavity to the brain.

Not every one maybe susceptible to ALS as there is also a gene (C90RF72) that plays a major roll in developing ALS. Mutations in more than 30 different genes have been linked to ALS. This gene, (defect) makes a protective protein found in the brain. This neurodegenerative disease is characterized by the death of motor neurons, which are the nerve cells that control muscle movements. Apart from genetic mutations, a variety of biological, lifestyle, and " ENVIRONMENTAL" factors are thought to play a role in developing ALS. The World Trade Center Health Program already has included cancers that have no "Causation" like leukemia. Electrical shock has also been linked to an increased risk of ALS. The bacterial neurotoxin (BMAA) found in the Chamorro people of the Island of Guam during WW II passes the blood brain barrier where it gets incorporated into the brain. This BMAA is found in aquatic organisms. Gene's associated with ALS can be traced back to the Vikings over 1500 years ago. It would seem to me the Viking's where smelting metals including "lead" to make the weapons. Heavy metals are considered another possible " causation" to ALS.

(3) The ALS Association has continued to support investigations into the way environmental factors may interact with genetics to produce ALS. Extensive data on environmental exposures continue in the hope of finding and identifying "GENE-ENVIRONMENTAL" interactions that lead to ALS. This (gene - environmental) hypothesis would seem to point to a combination of factors needed to be present in order to trigger this disease. Statistically the numbers of 9/11 Rescue Workers coming down with ALS may not be as high as other World Trade Center related and covered diseases and cancer's now associated with exposure. The funding to study the effects of the World Trade Center collapse should be done on ALS as the numbers now compared to the General Population are larger. Researchers believe that an unidentified toxin could be triggering ALS, Parkinson's and Alzheimer's with symptoms changing as a result of the LEVEL of exposure to toxins. The World Trade Center collapse and this Health Program open the door to fund a study that could pin point causation.

(4) I would like to point out the recent legal challenge in the Supreme Court of the State of New York County, Part 8 Index # 152707-2021 Cathleen Hanson -v- Dermont Shea, N.Y.C.P.D. Police Commissioner. Cathleen Hanson's husband was a N.Y.C Police Detective and 9/11 Rescue Worker who died of ALS. In this Court challenge Cathleen Hanson had a post-mortem toxicology report done that clearly shows Hansons brain tissue and fluid tested positive for heavy metal toxicity, antimony. Antimony (Sb) is a potential nerve poison. Nerve agents attack the nervous system and that is exactly what ALS is doing.

We would like a study done on ALS and believe it should be considered a World Trade Center condition. World Trade Center diseases and cancers are all "presumptive" most are provable based on "Peer reviews" done already. Please ,consider ALS as part of a study and "Peer review" as the funding to do this is available.

Thank You,

[REDACTED]

- 1) Science Daily on April 17,2008 "Chemical Exposure may increase risk of ALS"
- 2) World Trade Center study on toxic air 2018
- 3) ALS Association
- 4) NYState Supreme Court Cathleen Hanson -v- Demot Shea 01/24/2022

SUPREME COURT OF THE STATE OF NEW YORK NEW YORK COUNTY

PRESENT: HON. LYNN R. KOTLER, J.S.C.

PART 8

Cathleen Hanson

INDEX NO. 152707-2021

- v -

MOT. DATE

Dermot Shea et al

MOT. SEQ. NO. 001

The following papers were read on this motion to/for _____
 Notice of Motion/Petition/O.S.C. — Affidavits — Exhibits
 Notice of Cross-Motion/Answering Affidavits — Exhibits
 Replying Affidavits

ECFS DOC No(s). _____
 ECFS DOC No(s). _____
 ECFS DOC No(s). _____

Petitioner is the widow and beneficiary of Michael Hanson, deceased, a former Detective of the New York City Police Department. Hanson was a first respondent to the 9/11 World Trade Center recovery effort and has since passed away. In this CPLR Article 78 proceeding, petitioner seeks an order annulling respondents' denial of petitioner's application for World Trade Center accidental death benefits ("AD benefits"). According to his death certificate, Hanson died on October 19, 2018 in Middle Hope, New York. His cause of death was listed as respiratory failure as a consequence of amyotrophic lateral sclerosis ("ALS").

Respondents are Dermot F. Shea, as Police Commissioner of the City of New York and Chairman of the Board of Trustees of the Police Pension Fund, Article II, The Board of Trustees of the Police Pension Fund, Article II (the "Board of Trustees") and the Medical Board of the Police Pension Fund, Article II (the "Medical Board"). In challenging respondents' denial of her application for AD benefits, petitioner specifically challenges the recommendation of the Medical Board, as adopted by the Board of Trustees, which found that Hanson was not entitled to the WTC presumption because his cause of death is not a qualifying condition under RSSL § 2(36). Respondents oppose the petition. For the reasons that follow, the petition is granted.

When petitioner brought this proceeding, petitioner did not have all of the Medical Board's reports and Board of Trustees' minutes. Respondents have now provided said records, thus mooted petitioner's request for same. Petitioner contends that now that she has these documents, the record shows that the Medical Board never properly considered Hanson's "well-documented heavy metal poisoning as a factor in his untimely death, and never acknowledged his October 9, 2019, post-mortem toxicology report that clearly evinced heavy metal toxicity, let alone provide 'affirmative credible evidence' to support their denial on causal grounds, which is required under the controlling caselaw pertaining to the WTC Disability law."

Dated: 1/24/22HON.  KOTLER, J.S.C.

1. Check one:

☒ CASE DISPOSED ☐ NON-FINAL DISPOSITION

2. Check as appropriate: Motion is

☒ GRANTED ☐ DENIED ☐ GRANTED IN PART ☐ OTHER

3. Check if appropriate:

☐ SETTLE ORDER ☐ SUBMIT ORDER ☐ DO NOT POST☐ FIDUCIARY APPOINTMENT ☐ REFERENCE

The toxicology report was performed by Michael E. Lamb, M.S.F.S, D-ABFT-FT, a Forensic Toxicologist for NMS Labs in Horsham, Pennsylvania. The samples studied by NMS Labs included Hanson's brain tissue and fluid. NMS Labs found that both samples tested positive for antimony, and the report explains:

1. Antimony - Fluid:

Pentavalent antimony compounds are used in medicine as parasiticides. Additionally, antimony has been used in the following industries: pigment; alloys; explosives; flame-retardants, etc.

2. Antimony - Brain Tissue:

Pentavalent antimony compounds are used in medicine as parasiticides. Additionally, antimony has been used in the following industries: pigment; alloys; explosives; flame-retardants, etc.

In its final report dated May 20, 2020, the Medical Board considered petitioner's "new evidence" in the form of a letter from Hanson's "family practitioner at Horizon Family Medical", Dr. Andrew Hirsh. In that letter, dated February 8, 2020, Dr. Hirsh wrote:

I had the privilege of caring for Mr. Michael Hanson as his primary care provider from 2011 until his death in 2018.

Mr. Hanson had complicated multisystem illnesses and progressive neurologic decline and diagnosed with an ALS-like illness which became progressively debilitating and incapacitating.

Mr. Hanson had extensive exposure post 9/11-World Trade Center collapse due to his resultant work at the site in the thick of the aftermath and debris of the collapse. His efforts were from what I recall extensive and exhaustive and his exposure to the resultant environment was real. By all accords he would be and is considered a hero for his leadership and dedication both prior and post 9/11.

It has always been my opinion that his deterioration and eventual death had some causality with his exposures on the 9/11 grounds. He had multiple respiratory, gastroenterologic, cardiac, and metabolic disorders, and I feel that his toxic exposures played a real impact on his global health deterioration and trigger of neurologic decline.

I feel that future studies and monitoring will confirm this relationship in others that have had similar exposure and I support a determination that his exposures where (sic) directly related to his decline and death.

I feel that his family should be adequately supported by current legislation afforded the victims of the 9/11-World Trade Center tragedy.

The Medical Board rejected Dr. Hirsh's opinion in its May 20, 2020 report, stating in pertinent part:

Retired Detective Hanson died on October 19, 2018. The retired detective had a known history of ALS for probably one year. An autopsy report from Columbia Presbyterian Medical Center dated January 24, 2019, stated the cause of death was ALS. The Medical Board notes ALS is not a listed condition under the WTC

is not a listed condition under the WTC Law (sic). Therefore, the Medical Board recommends disapproval of Line of Duty WTC Death Benefits.

As petitioner correctly points out, the Medical Board did not address the NMS Labs toxicology report. Further, petitioner points to a redacted 2015 Medical Board report regarding another officer where in the Medical Board stated that the officer's condition was idiopathic, which by definition is "one without a known root cause". That report provides in relevant part as follows:

The World Trade Center Law is presumptive and since there is no known cause for the sergeant's brachial neuropathy then it is possible that it was caused by his exposure to the toxins at the World Trade Center disaster. The Medical Board finds his condition to fall under the New Onset Diseases section of the World Trade Center Law. ...

[] The Article II Medical Board is unable to rebut the presumption based on the evidence provided, and therefore, it reaffirms its previous decision and recommends approval of the retired sergeant's own application for Accident Disability Retirement pursuant to Chapter 93 of the Laws of 2005 (World Trade Center Disability Law).

In an Article 78 proceeding, the applicable standard of review is whether the administrative decision: was made in violation of lawful procedure; affected by an error of law; or arbitrary or capricious or an abuse of discretion, including whether the penalty imposed was an abuse of discretion (CPLR § 7803 [3]). An agency abuses its exercise of discretion if it lacks a rational basis in its administrative orders. "[T]he proper test is whether there is a rational basis for the administrative orders, the review not being of determinations made after quasi-judicial hearings required by statute or law" (*Matter of Pell v Board of Educ. of Union Free School Dist. No. 1 of Towns of Scarsdale & Mamaroneck, Westchester County*, 34 NY2d 222, 231 [1974] [emphasis removed]; see also *Matter of Colton v. Berman*, 21 NY2d 322, 329 [1967]).

Petitioner's application for benefits is made pursuant to New York City Administrative Code § 13-252.1, the World Trade Center Disability Law, which provides:

Accidental disability retirement; World Trade Center presumption. 1.(a) Notwithstanding any provisions of this code or of any general, special or local law, charter or rule or regulation to the contrary, if any condition or impairment of health is caused by a qualifying World Trade Center condition as defined in section two of the retirement and social security law, it shall be presumptive evidence that it was incurred in the performance and discharge of duty and the natural and proximate result of an accident not caused by such member's own willful negligence, unless the contrary be proved by competent evidence.

Section 2 of the RSSL, referenced in Administrative Code § 13-252.1, defines the scope of qualifying WTC conditions and impairments. The relevant provision, RSSL § 2(36), is as follows:

Section 2. Definitions. The following words and phrases as used in this article shall have the following meanings unless a different meaning is plainly required by the context:

...

36. (a) "Qualifying World Trade Center condition" shall

mean a qualifying condition or impairment of health resulting in disability to a member who participated in World Trade Center rescue, recovery, or cleanup operations for a qualifying period, as those terms are defined below ...

(b) "Qualifying condition or impairment of health" shall mean a qualifying physical condition, or a qualifying psychological condition, or both ...

(c) "Qualifying physical condition" shall mean one or more of the following: (i) diseases of the upper respiratory tract and mucosae, including conditions such as rhinitis, sinusitis, pharyngitis, laryngitis, vocal cord disease, and upper airway hyper-reactivity, or a combination of such conditions; (ii) diseases of the lower respiratory tract, including but not limited to tracheo-bronchitis, bronchitis, chronic obstructive pulmonary disease, asthma, reactive airway dysfunction syndrome, and different types of pneumonitis, such as hypersensitivity, granulomatous, or eosinophilic; (iii) diseases of the gastroesophageal tract, including esophagitis and reflux disease, either acute or chronic, caused by exposure or aggravated by exposure; (iv) diseases of the skin such as conjunctivitis, contact dermatitis or burns, either acute or chronic in nature, infectious, irritant, allergic, idiopathic or non-specific reactive in nature, caused by exposure or aggravated by exposure; or (v) new onset diseases resulting from exposure as such diseases occur in the future including cancer, asbestos-related disease, heavy metal poisoning, and musculoskeletal disease.

The presumption afforded under Admin Code § 13-252.1 has been explained by the Court of Appeals as follows: "petitioner carried no burden to offer any evidence of causation. Simply put, the Board could not rely on petitioner's deficiencies to fill its own gap in proof. Because the record contains no affirmative credible evidence to rebut the presumption, we reverse and hold that petitioner is entitled to ADR benefits." *Matter of Bitchatchi v Board of Trustees of the N.Y. City Police Dept. Pension Fund*, Art. II, 20 NY3d 268 (2012).

The court agrees with petitioner that respondents' determination is irrational and arbitrary. Contrary to respondents' counsel's contention, the Medical Board did not consider all of the medical evidence provided by petitioner. The Medical Board did not address the toxicology report which showed that Hanson's brain tissue and brain fluid tested positive for antimony.

Nor did the Medical Board state what caused Hanson's ALS. *Matter of Sheldon v Kelly*, (126 AD3d 138 [1st Dept 2015]), a case cited by petitioner and not even addressed by respondents, is on point. In that case, the respondents also failed to rebut the presumption that a first responder to the WTC disaster was entitled to. The *Sheldon* court wrote: "respondents 'do not even purport to offer an alternative cause for petitioner's debilitating conditions.' Indeed, the record contains no proof whatsoever that petitioner's disabling conditions were attributable to any other cause. Petitioner is therefore entitled to ADR benefits as a matter of law (126 AD3d at 144 [internal citations omitted]). As in *Sheldon*, the Medical Board here did not even state what caused Hanson's ALS, let alone rule out that his exposures as a result of his heroic acts in response to the World Trade Center disaster could have caused the disease. Thus, the Medical Board's final report was irrational.

The Medical Board's final report was also arbitrary, since the Medical Board seemingly applied a different standard in connection with petitioner's application as compared to another officer's accident disability retirement application. The Medical Board conceded in its 2015 report for another officer that when there is no known cause for a condition, it is possible that the condition was caused by exposure to toxins at the World Trade Center disaster. However, petitioner was put to a different burden of proof and the Medical Board seemingly required petitioner to prove that ALS was caused by Hanson's response to the WTC disaster. These differing burdens of proof and the Medical Board's application of dif-

fering standards with respect to two different benefits applications, without any explanation, render the Medical Board's decision arbitrary.

In light of these findings, the court must annul respondents' denial of petitioner's application for AD benefits. Further, the court finds that petitioner is entitled to an order directing respondents to grant petitioner AD benefits as a matter of law. There is no dispute that Hanson was a first responder to the World Trade Center disaster and as a result, was exposed to various toxins. Petitioner submitted evidence to respondents in the form of a toxicology report showing the presence of antimony compounds in Hanson's brain tissue and fluid and Dr. Hirsh's opinion that Hanson's "toxic exposures [on 9/11] played a real impact on his global health deterioration and trigger of neurologic decline." New onset diseases resulting from, *inter alia*, heavy metal poisoning, is a qualifying World Trade Center condition under RSSL § 2(36) which entitles petitioner to the presumption under Administrative Code § 13-252.1. Since respondent wholly failed to rebut the presumption, petitioner's AD benefits application must be granted.

CONCLUSION

In accordance herewith, it is hereby:

ORDERED the petition is granted to the following extent:

[1] the respondents' determination which denied the application for World Trade Center accidental death benefits by petitioner Cathleen Hanson, as widow and beneficiary of Michael Hanson, deceased, is annulled; and

[2] upon annulment, the application for World Trade Center accidental death benefits by petitioner Cathleen Hanson, as widow and beneficiary of Michael Hanson, deceased, is granted.

And it is further **ORDERED** that the Clerk is directed to enter judgment accordingly.

Any requested relief not expressly addressed herein has nonetheless been considered and is hereby expressly rejected and this constitutes the decision and order of the court.

Dated: 1/24/22
New York, New York

So

Ho

otler, J.S.C.

KH

July 20, 2021

To: The World Trade Center Administrator Doctor John Howard
395 Street , S.W. Suite # 9200
Washington , D.C. 20201

From: [REDACTED]

Subject: Amyotrophic lateral sclerosis (ALS) Lou Gehrig's disease diagnosed in World Trade Center Rescue Workers.

We have filed an "Appeal" to include "Amyotrophic lateral sclerosis" as a World Trade Center disease and condition. [REDACTED] he was at the World Trade Center the day after 09/11/2001. [REDACTED] spent almost 300 hours working at this location. [REDACTED] was a Con Edison [REDACTED] working to powering up Wall Street with electricity and the buildings in the area, including the temporary morgue. [REDACTED] has been a verifiable member of the World Trade Center Health Registry since that time.

The Mayo Clinic's, diseases and conditions under symptoms and causes as it relates to Lou Gehrig's diseases (ALS) state, that risk factors for developing this disease include a 'environmental toxic exposure.' It states evidence suggests that exposure to "lead" and/or other metals , chemicals along with intense exertion may cause this disease. Much study has been done but no single agent or chemical has been consistently associated with Lou Gehrig's disease (ALS). The cancers Leukemia and Hodgkins disease that are World Trade Center conditions have the similar causes. None of the three showing a definite clear causation.

The first periodic review of Scientific and Medical evidence related to cancer for the World Trade Center Health Registry focused on cancer. This report clearly states on page 11, under 2. Metals , high concentrations of lead where found. [Lobber et al.2007] Lead is exactly what would trigger this incurable fatal disease. (11,000 tons of toxic dust) Lou Gehrig's (ALS) disease has been found in other Rescue Workers in the New York Police Department and the New York Fire Department members. [REDACTED]

[REDACTED] indicated in her final diagnosis she has seen this disease in other Rescue Workers and is wondering if this toxic exposure played a role in developing this neurodegenerative disorder. All the sound medical and scientific material already available seems statistically significant enough to be credible evidence as it relates to the association of exposure in the 9/11 registry population compared to the general population. The Epidemiology of this disease in this population may now be seen as elevated and statistically significant as it relates to exposure and possible causation.

We hope this information will cause the World Trade Center Health Program Scientific / Technical Advisory Committee (in its responsibility to review scientific and medical evidence and make advisory recommendations to the "Administrator" about adding health conditions to the list of WTC-Related Health Conditions) to include Lou Gehrig's disease (ALS). The Biological Gradient (high concentrations of lead in the 11,000 tons of dust) could lead to the Coherence and biological plausibility of a shared common judgement that the association " fits " with known facts about the biology of this fatal disease. Thank you for your time and consideration. The work and research already done by all of you has been outstanding and very much appreciated.

Thank You



Brooklyn, NY 11220
Phone: (718)283-7470 Fax: (718)635-6082

Medical Record [REDACTED]

07/07/2021

[REDACTED]

To Whom It May Concern,

I am writing this letter on behalf of my patient [REDACTED] who follows with me for a fatal, incurable disease, Motor neuron disorder. This disease has a fast progression and it will affect his muscle strength, breathing and speaking. The progression of this disease is very unpredictable. [REDACTED] has been followed at 911 WTC specialty clinic for Asthma and Obstructive sleep apnea. These disorders are most likely adding significant breathing difficulty to the problems created by the motor neuron disorder, which in [REDACTED] situation affected the breathing very significantly.

[REDACTED] situation will need a fast evaluation as his clinical status is getting worse day by day.

Thank you for understanding.

Please call with any questions or concerns.

Sincerely,

[REDACTED]

Sincerely,

Document generated by: [REDACTED]

Patient [REDACTED]

Medical Record [REDACTED]

Current Date: 07/07/2021 10:54 AM

Doctor: [REDACTED]

[REDACTED] was seen for a first evaluation to our clinic today. His symptoms for him as he is a very athletic personality. He was evaluated by pulmonary as he is a 9/11 exposed area worker and by cardiology neither one were able to find a cause for the shortness of breath. His clinical history along with examination and EMG findings are indicative of a motor neuron disease with shortness of breath caused by diaphragmatic weakness as most significant symptom/sign. He has received a new NIV with the new setting recommended by our respiratory technician and he had a better night sleep and more energy during the day. His daughters mentioned he is eating well and has been gaining some weight. They denies choking. His voice is weaker and voice backing was discussed today with our speech pathologist and an AAC evaluation was suggested. His FVC is at the level for indication for placement of a feeding tube. We will discussed it with him at the next visit. He was seen today by all of our specialists. He was recommended to use the NIV night and day as much as he can and avoid using the Oxygen if the o2sat gets up to 90%. The hypoxemia noted is most likely secondary to hypoventilation and significant atelectasis.

He will need to use 3-4 times/day cough assist.

We recommended to increased the frequency of the meals. He should eat small meals. Our dietitian provided them a diet book.

He will need a life alert and 3to 1 commode.

He does not have a bathroom at the first floor.

He should continue home PT and OT for stretching and range of motion exercises.

He was seen today by all of our specialists in the ALS clinic.

[REDACTED] is a 9/11 survivor. As we have seen through the years other patients developing motor neuron disease I am wondering if the exposure to toxins that time did not play a role in developing this neurodegenerative disorder. It is well known that environmental factors are part of the etiology of motor neuron degeneration. There is no clear cause effect but the fact that this disease was seen in other 9/11 survivors raises the possibility that exposure to different toxins that time could have beeb a cause for developing neurodegenerative disorders such as ALS.

The visit lasted 60 minutes. We will see him back in 3 months

is chewing, swallowing, speaking and breathing.

There's generally no pain in the early stages of ALS, and pain is uncommon in the later stages. ALS doesn't usually affect your bladder control or your senses.

Causes

ALS affects the nerve cells that control voluntary muscle movements such as walking and talking (motor neurons). ALS causes the motor neurons to gradually deteriorate, and then die. Motor neurons extend from the brain to the spinal cord to muscles throughout the body. When motor neurons are damaged, they stop sending messages to the muscles, so the muscles can't function.

ALS is inherited in 5% to 10% of people. For the rest, the cause isn't known.

Researchers continue to study possible causes of ALS. Most theories center on a complex interaction between genetic and environmental factors.

Risk factors

Established risk factors for ALS include:

- **Heredity.** Five to 10 percent of the people with ALS inherited it (familial ALS). In most people with familial ALS, their children have a 50-50 chance of developing the disease.
- **Age.** ALS risk increases with age, and is most common between the ages of 40 and the mid-60s.
- **Sex.** Before the age of 65, slightly more men than women develop ALS. This sex difference disappears after age 70.
- **Genetics.** Some studies examining the entire human genome found many similarities in the genetic variations of people with familial ALS and some people with noninherited ALS. These genetic variations might make people more susceptible to ALS.

Environmental factors, such as the following, might trigger ALS.

- **Smoking.** Smoking is the only likely environmental risk factor for ALS. The risk seems to be greatest for women, particularly after menopause.
- **Environmental toxin exposure.** Some evidence suggests that exposure to lead or other substances in the workplace or at home might be linked to ALS. Much study has been done, but no single agent or chemical has been consistently associated with ALS.
- **Military service.** Studies indicate that people who have served in the military are at higher

A. Interested Party Information

A1. Do you represent an organization (are you submitting this petition on behalf of an organization)?

☐ Yes (Go to A2) ☒ No (Go to A3)

A2. Organization Information:

Name of organization

A3. Name of Individual Petitioner or Organization Representative:

[Redacted]

Position, if representative of organization

A4. Mailing Address:

Street

City

[Redacted]

A5. Telephone:

A6. Email Address: _____

B. Proposed WTC-Related Health Condition Information

B1. Health Condition Information:

MOTOR NEURON DISEASE - {LOU GEHRIGS DISEASE}

Name of health condition you wish to petition to add to the List of covered conditions

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.

Medical Basis for Proposing that the Condition Be Added to the List of WTC-Related Health Conditions

- 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. The medical basis may be demonstrated by reference to a peer-reviewed, published, epidemiologic study about the health condition among 9/11 exposed populations or to clinical case reports of health conditions in WTC responders or survivors. First-hand accounts or anecdotal evidence may not be sufficient to establish medical basis. If you need more space, please attach additional pages to this form.**

██████████ worked for "Con Edison" a Public Utility Company that provided electric service to the entire City of New York. ██████████ part of Management.

██████████ was present at the entire World Trade Center area for close to 300 hours working with his "Crews" who were responsible for powering up the World Trade Center area, that included Wall Street and the temporary morgue being used for the deceased. ██████████ is a member of the World Trade Center Health Registry and has a Victim Compensation Claim filed for Asthma and Sleep apnea.

██████████ was an athlete his entire life and was in excellent physical health when he began to have trouble breathing when he laid flat. ██████████ was not getting oxygen into his blood and his oxygen level was dropping below normal causing hypoxia. If you read ██████████ enclosed "Final Report" and diagnosis ██████████ has Amyotrophic Lateral Sclerosis also known as motor neuron disease. (ALS) Most people who get this disease are between the ages of 40 to 60 years old. ██████████ is 80 years old and has no family history at all of this disease in his family, that would rule out considering it is genetic in the family. It is well known in the medical profession that environmental factors are a part of the etiology of motor neuron degeneration. There is no clear cause effect as to exactly what causes this disease, but the World Trade Center health registry study could be bringing out that cohort (larger number) of those infected compared to the general population. The chemical element "Lead" is a strong consideration in what may trigger this disease. It would also be possible that genetics, may play a role in triggering this disease especially when exposed to such a massive toxic exposure.

██████████ has pointed out in her medical diagnosis of ██████████ that over the years other Patients have developed motor neuron disease. I wonder if a comparison has been observed in the 9/11 population compared to the general population. If a distinction exists than that would prove environmental toxins do play a significant role in triggering this disease. The study conducted on the exposed would be showing statistically a indicator in that population that the 9/11 environmental exposure triggered this disease. Breaking that down further by using genetics would pinpoint who was more vulnerable. Ethnicity, race and sex do play a role many diseases, in ██████████ case his severe exposure could have very well triggered this disease that will now kill him. Thank You for considering ██████████ terminal disease as a World Trade Center condition. Please keep this disease on file as considered for others who submit the same.

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 C.F.R. Part 88.

Signature



Date

6/28/21

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.

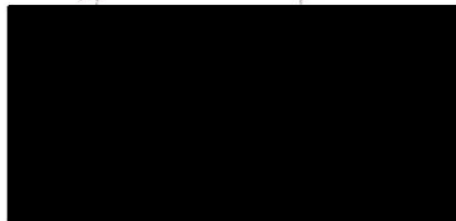
Records containing information in identifiable form become part of an existing NIOSH system of records under the Privacy Act, 09-20-0147, "Occupational Health Epidemiological Studies and EEOICPA Program Records and WTC Health Program Records, HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law.

Information submitted to WTC Health Program which may be considered "protected health information" pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191; 42 U.S.C. § 1320d) and the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules (45 C.F.R. pts. 160, 162, and 164) will be maintained in accordance with all applicable laws.

NIOSH may disclose information in identifiable form only insofar as such disclosure is permitted pursuant to the HIPAA Privacy Rule; this may include disclosure 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).

Official

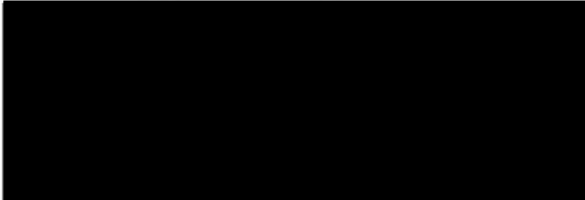
Signed By



September 30, 2022

To: Doctor Howard, M.D. Administrator
World Trade Center Health Program
Centers for Disease Control and Prevention (CDC)
National Institute for Occupational Safety and Health (NIOSH)
395 East Street S.W.
Suite 9200 Patriots Plaza
Washington D.C. 20201

From:



Subject : "Amyotrophic Lateral Sclerosis", to be added as a World Trade Center Health Condition. We filed a valid (Petition 039) on July 21, 2022. This letter explains in more detail why we feel this disease should be considered.

I will explain WTC exposure and reasons to believe Amyotrophic Lateral Sclerosis a horrible life ending disease that has no "causation" should be considered. As we know during World War II the United States Military occupied the island of Guam. Military Doctors found a high concentration of (ALS) amongst the Native Chamorro people living on the island. It was thought back then the "Cycad tree" that was used to make flour for tortillas, soup and dumplings was causing this disease. It was studied but no conclusion was found. When American food was introduced to the islands the rate of ALS dropped. Something not considered back then was how Guam, and island generated power. They used generators run on fuels to generate electric power. My focus has to do with environmental hazards considered "suspect" in cause.

Scientists have studied the genes of people with ALS and have traced ALS back to the "Vikings" Here again we know that the Vikings made weapons they took on long boats to invade other places in Europe. They were "smelting" different metals particularly "Lead" to make weapons. the gene C9orf72 has been associated with ALS. This gene can be found in people who have ALS and getting it is considered hereditary. This could be found in 5-10 percent of people getting ALS along with a family history of other family members getting ALS.

If we look at the (352) known chemicals in the air burning below the WTC and in dust clouds with pulverized glass "everything" is present that could trigger ALS. It has already been confirmed in prior studies (2018) we can find the seven chemicals that are "Suspect" in causing ALS. they are 1) Lead, 2) Mercury 3) Copper 5) Zinc. Other chemicals where present that may have an association with ALS they are 6) Aluminum 7) Cadmium. (heavy metals) There is more than one thing that triggers ALS as environmental pollutants and metals are a risk factors that many prior studies point to as evidence, never clearly establishing "cause". The WTC Health Program has established leukemia as one of the cancers associated with WTC exposure. I worked with a Firefighter who came down with two forms of leukemia. Leukemia has no known "causation" just like ALS it is environmental factors that point to what triggered this cancer.

I would like to focus on the use of "diesel fuel" that was very much present at the WTC for many months. Along with fire trucks pumping water drafted out of the Hudson river running full blast, generators with spot lights, cranes, dump trucks and the many other vehicles, the burning of fuels particularly diesel fuel was paramount as it relates to exposure. We know from prior studies that males are more likely to get ALS. Military personnel are two times more likely to get ALS. We have to see the connection here to ALS. Military personnel are exposed to all kinds of burning fuels and diesel is one used a lot. Diesel was used in "Burning pits" trucks boats etc. Comparing the military population to the general population we see a rate of ALS two times greater. My observation is "burning fuels" are a probable "causation" of ALS. There is a chemical "toluene" along with others that's added to diesel fuels to eliminate the black smoke that is "suspect" in causing ALS. The sheer volume of burning diesel fuel at the WTC area after 9/11/2001 was staggering. Again it should be viewed as one of the "triggers" that causes ALS.

I would like to focus on the collapse of Building # 7 a 47 story building at 7 WTC. This building had the Mayors "Office of Emergency Management" located in the building. [REDACTED] was well aware of the two very large diesel engines located in the building used to power up the building in a black out. Con Edison installed these generators and maintained them. There was 6,000 gallon tanks filled with diesel fuel 15 feet above the ground floor to supply the engines in a black out. These tanks had to be full for that reason. Below the building was two more tanks that could hold 36,000 gallons of diesel fuel. Studies done on the collapse showed very high heat burned the columns. That would indicate the diesel was burning as it crashed to the ground. It took the Fire Department three months to put this fire out as it burned under tons of building materials. If it was over 36,000 gallons of diesel fuel, the chemical "toluene" (5% of diesel fuel) was in the air big time. We now know when our military is backing out of a war zone they dig a big hole, put all the weapons and military equipment into it, cover it with diesel fuel and light it up. After it burns they bury it so the enemy can't use these weapons. It might be a good idea to focus on this group of Military Personnel who were involved with burning pits and how many came down with ALS. Not everyone is going to get ALS in the volume compared to cancer. Again you need more than one known trigger for ALS based on prior studies looking for cause. Using "Statistics" and larger numbers found in a cohort may not be the way to consider ALS. A rare cancer or rare disease is not going to effect everyone the same, but it can very well be considered WTC related if the right, provable toxic chemicals were present and inhaled in volume.

As we all already know heavy metals may induce pathological conditions when deficient or accumulated to toxic levels in humans. This leads to the degeneration of motor neurons and ALS. I was at the WTC on 09/11/2001 and spent over 300 hours at this site searching and putting fires out as a NYC Firefighter. When I arrived on 9/11/2001, Building # 7 had just collapsed and the air was very toxic. On the morning of 09/12/2001 my eyes, nose and throat were inflamed. I lost 14.5 percent of my breathing capacity and had scarring on my lungs based on CT scan. I am not a Doctor or a Scientist, but it's clear to me what we all were breathing in lodged in our lungs, in our blood and in our bones. All our bodies immunities, genetic vulnerabilities were in play from this toxic blast, based on how much exposure and for how long. Many studies have been done including studies pointing to diesel fuel as a "trigger" for ALS. A much deeper study should be done by Neurologist / Scientists (STAC) (ASD) Science team into Victims inhaling this massive toxic exposure. [REDACTED] employer Con Edison is not compiling data on medical conditions of members who worked at the WTC site.

I had a lipoma (non-cancerous tumor) removed from my neck in 11/2/2018 having found a lump in my neck. I was sent for an extensive CT scan prior to surgery to see if it was a tumor / cancer. My head and neck were examined in detail, more than other 9/11 Rescue Workers. The CT scan found "chronic microvascular ischemic" changes in my brain. I also had "mild inflammatory changes" in my ethmoid and maxillary sinuses. My blood flow was preserved in my brain. I went to two Neurologists to have them examine the "Flairs" in my brain. I was diagnosed with "Cerebrovascular disease, unspecified" It would seem to me the "Inflammation" of my nose, throat, eyes from a prolonged and intense exposure to toxins on 9/11 caused this inflammation. This is when the small blood vessels in your brain close up and could lead to a stroke. I have high blood pressure and take medication for this. I wonder how many other Rescue Workers who spent many hours working at the WTC may have "Flairs" indicating blockage of small blood vessels in the brain. The only reason this was found was because I had the CT scan of my brain looking for cancer. Wondering if this is the result of diet, or the chronic inflammation can be found in others. I bring this out because what ever was in the air is in our bodies now. This inflammation in me went undetected until I was CT scanned in detail. I thank God I do not have brain cancer as one of the Firefighters I was working with on 9/11 died of brain cancer. Talking to Neurologists and other Victims, not Rescue Workers I find many people have been diagnosed with "neurological problems" having been caught in the clouds of toxic dust. This would make sense as more detailed medical information of Victims is not public due to HIPPA Laws. Employers of the many people who worked at the World Trade Center are not being monitored like the Police and Firefighters are. ALS is a neurological disease and if in fact it was triggered on 9/11 at the WTC wondering just how many people in the WTC Registry have it. We would not know this number because it's not a WTC Condition right now.

Athletes like Lou Gehrig who died from ALS, had Researchers considering physical exertion as a possible trigger in causation. Working hard around electrical current was also considered another trigger causing ALS in some studies. Today if someone finds out what triggers ALS it will most likely be a few things combined, along with the intensity of exposures that cause it. We would like to point out to the "Administrator" a "bias" that may come into play, in considering adding ALS a non-cancerous WTC condition. When we lobbied for the passage of the Zadroga legislation there was one organization that came out against its passage. That was the "American Enterprise Institute" a "Think Tank" in Washington that controls many Politicians in Washington and their votes. This "Think Tank" is fully funded by the "Oil Industry" who is not going to like fuels being linked to ALS, or any other disease. Reaching that conclusion even based on science, medical facts or hypothesis will have far reaching effects of the dangers of burning fuels along with its additives, that have been ignored or brushed aside for years.

Respectfully Submitted, Thank You

[Redacted Signature]

WIKIPEDIA

Energy in Guam

The pattern of **energy production and use in Guam** is shaped by its location, a remote island. Almost all energy is reliant on imports of petroleum products for use in transport and electricity. Guam has no domestic production of conventional fuels such as oil, natural gas or coal. Its economy is dependent on the import of gasoline and jet fuel for transport and residual fuel oil for electricity. One third of electricity produced is used in commercial settings including the leading industry of tourism. Despite making up about one-tenth of the islands population, the U.S. military uses one-fifth of the island's energy.^[1]

Rising fuel costs and environmental concerns have led to major plans to alter the electrical industry in Guam. Renewables and cleaner burning natural gas and diesel power are planned.

Contents

Electricity

- Conventional

- Renewable energy

References

Electricity

Conventional

Guam has a rated generating capacity of 560 MW, more than twice its historical highest load. This is supplied by several plants burning residual fuel oil operated for the Guam Power Authority by independent power providers. In 2015 electricity cost 2.5 times as much on Guam as on the U.S. mainland. A new plant was proposed in 2014 which would replace all of these generators and run on either diesel or on liquified natural gas. This new plant would comply with U.S. EPA Clean Air Act requirements.^[1]

Renewable energy

Until 2015, only a few off-grid photovoltaic systems (PV) and some distributed generation PV and small wind turbines are in use on the island. Plans for several large solar farms have been announced. Guam has adopted a renewables policy that requires the reduction of fossil fuel consumption by 2020 to 20% less than the rate in 2010. Another requirement is for 5% of electricity in 2015 to be from renewables, increasing to 25% by 2035.^[1] A net metering program began in 2009.

CHICAGO TRIBUNE

Diesel suspected in 7 WTC collapse

By James Glanz

Chicago Tribune • Nov 29, 2001 at 2:00 am



[Listen to this article](#)

Almost lost in the chaos of the collapse of the World Trade Center's twin towers is a mystery that under normal circumstances would probably have captured the attention of the world: the collapse of a nearby 47-story building, seven hours after flaming debris from the towers rained down on it, igniting what became an out-of-control fire.

The 2 million-square-foot building, 7 World Trade Center, had suffered mightily from the fire, and had been wounded by beams falling off the towers. But experts said no building like it, a modern, steel-reinforced high-rise, had ever collapsed because of an uncontrolled fire. They have been trying to figure out exactly what occurred, and whether they should be worried about other buildings like it around the country.

Engineers and other experts have begun considering whether a type of fuel stored inside the building created intensely hot fires like those in the towers: diesel fuel intended to run electricity generators in a power failure.

9/29/22, 5:21 PM

Diesel suspected in 7 WTC collapse – Chicago Tribune

"Even though Building 7 didn't get much attention in the media immediately, within the structural engineering community, it's considered to be much more important to understand," said William F. Baker, a partner in charge of structural engineering at the architectural firm Skidmore, Owings & Merrill.

Across the country, diesel-powered generators are used in buildings like hospitals and trading houses, where avoiding power outages is crucial. Partly for that reason, a definitive understanding of what happened in 7 World Trade Center is vital to investigators, said Jonathan Barnett, a professor of fire protection engineering at the Worcester Polytechnic Institute.

Most of the three other buildings in the complex, 4, 5 and 6 World Trade, remained standing despite suffering damage of all kinds, including fire. Still, experts concede, in a hellish day, 7 World Trade might have sustained structural injuries never envisioned in fire codes.

As the twin towers collapsed, large pieces of them smashed parts of 7 World Trade and set whole clusters of floors ablaze.

Within the building, the diesel tanks were surrounded by fireproofed enclosures. But "if the enclosures were damaged, then yes, this would be enough fuel to explain why the building collapsed," Barnett said.

Barnett and Baker are part of an assessment team organized by the American Society of Civil Engineers and the Federal Emergency Management Agency to examine the performance of several buildings during the attacks.



DEPARTMENT OF HEALTH & HUMAN SERVICES

World Trade Center Health Program

July 21, 2022

Centers for Disease Control
and Prevention (CDC)
National Institute for Occupational
Safety and Health (NIOSH)
395 E Street, S.W.
Suite 9200, Patriots Plaza
Washington, D.C. 20201
PHONE: (202) 245-0625
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Thank you for your submission to add the health condition "Amyotrophic Lateral Sclerosis (ALS)" to the List of World Trade Center (WTC)-Related Health Conditions (List), which the WTC Health Program received April 7, 2022. The WTC Health Program reviewed your submission and determined that it meets the requirements of Program regulations at 42 C.F.R. § 88.16(a)(1) to be a valid petition (Petition 039).

In response to a valid petition, the Administrator of the WTC Health Program must take one of the following four actions described in Section 3312(a)(6)(B) of the James Zadroga 9/11 Health and Compensation Act of 2010 (42 U.S.C. § 300mm-22(a)(6)(B)) and 42 C.F.R. § 88.16(a)(2) within 90 days: (i) request a recommendation of the Scientific/Technical Advisory Committee; (ii) publish a proposed rule in the *Federal Register* to add such health condition; (iii) publish in the *Federal Register* the Administrator's determination not to publish such a proposed rule and the basis for such determination; or (iv) publish in the *Federal Register* a determination that insufficient evidence exists to take action under (i) through (iii) above.

Based on the information provided in your petition, the WTC Health Program is currently evaluating whether to add "ALS" to the List. For information about the methodology used by the WTC Health Program to evaluate requests for the addition of a non-cancer condition, please see *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions*.¹ The results of the evaluation, and the corresponding action taken (see (i) through (iv) above), will be published in the near future in the *Federal Register* and on the WTC Health Program's website at: www.cdc.gov/wtc. The WTC Health Program acknowledges that the abovementioned, statutory 90-day timeline has passed; we are currently processing outstanding submissions, including those like yours that are valid petitions, and appreciate your patience.

If you have questions specific to the WTC Health Program, please do not hesitate to contact us via phone at 1-888-982-4748 or email at WTC@cdc.gov.

Sincerely,

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

¹ *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions* is available on the WTC Health Program's website, at <http://www.cdc.gov/wtc/policies.html>.

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE

INCORPORATING ENVIRONMENTAL AND OCCUPATIONAL HEALTH

RESEARCH ARTICLE

Stroke hospitalizations, posttraumatic stress disorder, and 9/11-related dust exposure: Results from the World Trade Center Health Registry

Shengchao Yu PhD, MA✉, Howard E. Alper PhD, Angela-Maithy Nguyen MPH, Junaid Maqsood MPH, Robert M. Brackbill PhD, MPH

First published: 19 July 2021

<https://doi.org/10.1002/ajim.23271>

Citations: 1



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Abstract

Background

Few studies have examined the association between disaster-related factors and stroke by subtype or number. We investigated the association between 9/11-related posttraumatic stress disorder (PTSD), dust exposure, and stroke subtype as well as recurrent strokes.

Methods

The study included 29,012 individuals enrolled in the World Trade Center Health Registry. Stroke cases were obtained by matching Registry enrollees to the New York State Department of Health's discharge records for inpatient visits between 2000 and 2016. Cox proportional hazards regression models were performed to examine the association between 9/11-related risk factors and stroke by subtype. Multinomial logistic regression models were conducted to assess the associations between the same risk factors and the number of stroke hospitalizations.

Results

Having PTSD significantly increased the risk of developing ischemic and hemorrhagic stroke, with adjusted hazards ratios (AHRs) of 1.64 (95% confidence interval [CI]: 1.28–2.10) and 1.73 (95% CI: 1.10–2.71), respectively. The point estimate for dust cloud exposure, although not significant statistically, suggested an increased risk of ischemic stroke (AHR = 1.20, 95% CI: 0.96–1.50). PTSD was significantly associated with recurrent strokes with an adjusted odds ratio of 1.79 (95% CI: 1.09–2.95).

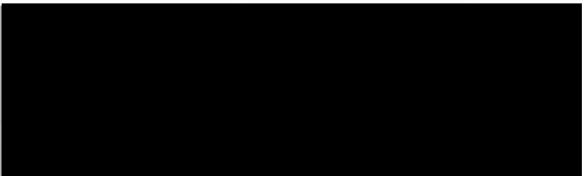
Conclusions

PTSD is a risk factor for both ischemic and hemorrhagic stroke and is associated with recurrent strokes. Dust exposure on 9/11 is a possible risk factor for ischemic stroke but not for hemorrhagic stroke, and was not associated with recurrent strokes. Our findings warrant additional research on stroke-morbidity and mortality associated with 9/11-related PTSD and dust exposure.

CONFLICT OF INTERESTS

September 11, 2024

To: John Howard , Administrator
World Trade Health Center
395 E. Street , S.W.
Suite 9200, Patriots Plaza
Washington D.C. 20201



Subject: Amyotrophic Lateral Sclerosis (ALS) to be listed as a World Trade Center Condition as we submitted a valid petition # 039

We submitted the appeal to include "Amyotrophic Lateral Sclerosis," (ALS) as a World Trade Center condition. [REDACTED] a Con Edison, Electric , [REDACTED] passed away on [REDACTED] from this " young man's disease." [REDACTED] spent over 300 hours at the World Trade Center powering up buildings in the 696,963 square feet of this burning pile of toxin's. This is the exact equivalent of the "burning pits" Soldiers used to eliminate weapons they want to keep from the enemy.

We are aware that the "World Trade Health Program" has commissioned well over 1, 380 studies by groups of Medical Professionals searching for "Causation" of cancers and other conditions related to the Terrorist Attacks on September 11, 2001. Cancer was an expected condition that would metastasize over time. All the cancers that are covered can be proven scientifically to be the result of this sever WTC toxic exposure.

We all have different immunities and genetic make up's as it relates to what "triggers" the cancer and disease, not all of us will get Amyotrophic Lateral Sclerosis. The history of ALS can be traced back 1300 years ago to the Vikings who had the gene C9orf72. As you know this gene is associated with ALS. The Vikings where known to make weapons as they where smelting different metals, lead, brass, copper etc. Neurotoxins that are destructive to nerve tissue and cause exogenous chemical neurological insults are recognized as a " trigger " to ALS. The third thing in the World Trade Center dust in volume was " Lead."

(BMAA) is a Bacterial neurotoxin found in aquatic organisms on the Island of Guam during World War II, it was believed to be a " trigger " for ALS. [REDACTED] would take a spoon full of cod liver oil every day as he felt this was good for his body and joints. I don't know if there is an association here to ALS, but studying what triggers ALS his habit may or may not be significant in your research if it is on going.

The first part of the report is a summary of the work done in the field of the study of the effect of the environment on the development of the human brain. The second part is a review of the literature on the subject. The third part is a report on the results of the experiments conducted in the laboratory of the author.

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The chemical "Toluene" is a flammable hydrocarbon added to fuels to increase its ability to burn cleaner with less smoke. This Chemical is found in gasoline, diesel fuel and jet fuel. INTENSE EXPOSURE TO TOLUENE CAN HAVE A SEVER IMPACT ON THE CENTRAL NERVOUS SYSTEM (MYELIN) This Chemical can produce DEVASTATING NEUROLOGICAL DISORDERS (Dementia is the most disabling result)

Study: Cleveland Clinic 2017

Building number 7 was the Mayors Emergency Command Center. [REDACTED] inspected this building and was aware that there where two diesel engines on the lower floors in the building and two tanks with 600 gallons of diesel fuel set up for a power loss. The World Trade Center complex was powered up with this during a " Black out." Below Building number 7 there was 37,000 gallons of diesel fuel stored in tanks for an extended period of power loss. After the building collapsed the fires burned for three months. It was one of the longest burning fires in Fire Department history. It was the equivalent to the BIGGEST BURNING PIT in the history of BURNING PITS also.

The United States Military recognizes Amyotrophic Lateral Sclerosis (ALS) as a SERVICE connected disease. The REASON is most likely the intense exposure to burning fuels. The burning fuels , jet , gas and thousands of gallons diesel was very intense. The clean up began and lasted for months until the fires could be reached and extinguished. This sever exposure could have resulted in gene mutation and dysfunction effecting the immune system, where white proteins fail to protect. The exposure time and exposure severity gives us a higher number of ALS Victims as compared to the General Population. The United States Military and the World Trade Center Health registry are federally funded Programs. Federal Programs usually mirror each other in terms of how they function. The World Trade Center Health Program makes it mandatory to prove "Causation" for a medical condition to be considered. The Program can make exceptions . As it relates to ALS we still don't know what causes it , but "triggers" from ENVIRONMENTAL EXPOSURES and SEVERE TOXIC HAZARDS clearly have given us result in what is " triggering" it based on numbers.

Other things considered as " triggers " to ALS are in [REDACTED] case exposure to electrical equipment, that was his job. Strenuous exercise and nicotine. [REDACTED] did not smoke and [REDACTED] was working hard at the World Trade Center. EVERYTHING was present at the World Trade Center, all the" trigger's" associated with ALS. Considering [REDACTED] age at the time it is very out of the ordinary for him to come down with this young persons disease.

If you take the people registered in the "ALS Association" an American non-profit and separate people also registered on the World Trade Center Health Registry list. You could get an exact number of people with ALS who where at the WTC. Then look at the time they where there, days and hours and the severity of exposure, and time of diagnosis. You could also look at Military Personnel who where present at burning pits and compare them to Soldiers who where not present at a burning pits. You could also compare Military Personal who served in the Fire Department and compare them to members who did not serve.

The amount of people who where present at the World Trade Center, living, working or doing Rescue work, who came down with ALS is a small number, but significant. Including ALS as a World Trade Center condition is not going to place a significant financial burden on this Program as so few Victims did contracted this horrible disease. I hope you find what causes this disease with the help of the funding and Grants this Program provided. When I lobbied Washington for the passage of the James Zadroga legislation , the only organization to come out against its passage, was "The American Enterprise Institute." This is a "Think Tank" funded by the Oil Industry. Any conclusion that chemicals in fuels cause ALS is another thing they would want to immediately bury. The people who in fact put themselves in harms way to save others should be recognized as the Hero's they are. Their families should not be forgotten and ignored. If you could send me anything explaining the current position on this appeal , I would very much appreciate it. Thank You for your time, I am well aware that you and the Medical Professionals working on this are a lot more educated than us, ALS and what maybe causing it.

Thank you, Respectfully Submitted,

