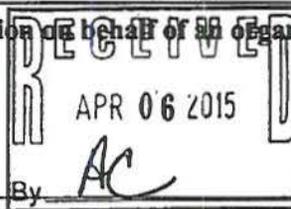


**A. Interested Party Information**

**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:**

First name \_\_\_\_\_

Last name \_\_\_\_\_

Position, if representative of organization \_\_\_\_\_

**A4. Mailing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

**A5. Telephone Number:** \_\_\_\_\_

**A6. Email Address:** \_\_\_\_\_

**B. Proposed WTC-Related Health Condition Information**

**B1. Health Condition Information:**

*(Auto immune diseases)*  
Rheumatoid Arthritis - Connective Tissue Diseases -

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.

**C. 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.**

*See enclosed letter*

**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 C.F.R. Part 88.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8/30/15

**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).

Contact #

WTC Health Program Member ID#

March 29, 2015

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

Doctor Howard,

I am respectfully petitioning that autoimmune diseases, such as Rheumatoid Arthritis be included to the list of WTC-Related Health Conditions.

At the time of the World Trade Center Attacks on September 11, 2001, I was a . Prior to this event I was in good health with no prior history or family history of autoimmune disease. I did not show any immediate signs of health issues until . Upon seeing numerous Doctors, it was suspected that I may be suffering from Rheumatoid Arthritis. Up until then, during my participation in the program, I was being treated for other WTC related illnesses including , , and . Since my health has become more complicated and dire with the diagnosis of .

Dr. , M.D., board certified pulmonary specialist , whom was initially assigned to my case at WTC Health Monitoring Program, stated to me and wrote in my notes that my was caused by Rheumatoid Arthritis and was relatively unheard of with regard to illnesses caused by the conditions of the 9/11 attacks.

Recent publishings and articles (March 2015), not limited to, but including the Journal of Arthritis and Rheumatology have indicated recent findings from studies of first responders (firefighters and emergency medical service) of which 37% of them developed Rheumatoid Arthritis as the most common autoimmune disease.

My reason to have this autoimmune disease of Rheumatoid Arthritis added to the list of health related conditions are as follows:

1. To have this illness certified and treated by WTC Health Program relieves some of the burdens for treatment.
2. Approval of this illness will also provide proof to the

Thank you for your time and consideration regarding this petition.

Respectfully yours,