

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 (List) in 42 C.F.R. Part 88 (see <http://www.cdc.gov/wtc/faq.html#hthcond> for the complete list).

Please use this form to petition the Administrator to add a health condition (any recognized medical condition requiring treatment or medication) to the List. Please use a separate form for each health condition.

Use of this petition *form* is voluntary, but any petition must include all of the information identified below, as required by 42 C.F.R. Part 88. Petitions that do not provide the required information will not be considered by the WTC Program Administrator. Additional supporting materials may be submitted and are encouraged.

Please note, however, the petition and all supporting materials submitted to the WTC Health Program 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 (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:

A4. Mailing Address:

A5. Telephone Number:

A6. Email Address:

B. Proposed WTC-Related Health Condition Information

B1. Health Condition Information:

LOU GEHRIG'S DISEASE (ALS) Amyotrophic lateral sclerosis
Name of health condition you wish to petition to add to the List of covered conditions

Amyotrophic Lateral Sclerosis (ALS)

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.

" Read Attached "

March 31, 2022

When Building number seven collapsed it was capable of holding over 420,000 gallons of diesel fuel on upper floors and lower floors in tanks. We don't know how much was present on 09-11-2001 but the fires burned for three months after the building fell. Along with diesel generators operating 24/7 this fire raged on. Building number seven in the World Trade Center Complex was the "Emergency Command Center". Large diesel engines were inside this building and powered the entire complex during a "Blackout." We know that "formaldehyde" and "lead" are two things mentioned in just about every study done on Amyotrophic Lateral Sclerosis (ALS) as "Suspect" in what may trigger this disease. The "VOLUME" of this exposure to these chemicals would be staggering as "Rescue Workers" worked hard to rescue and /or recover people killed. The exposure to a "Rescue Worker" working in this environment would be the absolute equivalent to a "Lab Rat experiment", as "cause" maybe identified in this cohort. The studies already done on World Trade Center air already show "lead" was the third most prevalent toxin in the WTC dust. Formaldehyde and lead in volume, may have triggered ALS in some Rescue Workers who were either genetically vulnerable or others who inhaled this toxic cloud for an expanded period of time triggering this disease. Not everyone is susceptible to ALS and it must involve a combination of toxins together, prolonged exposure and excessive physical labor combined that trigger this disease. One recent study suggests the process of probability carried through interactions between cytoskeletal abnormality of the neuron aging process, abnormal proteins and mitochondrial dysfunction. This maybe why people who get ALS are older. Their exposures over time caused abnormal proteins and mitochondrial dysfunction. Veterans are twice as likely to get ALS and it would seem to me the constant exposure to diesel fuels , jet fuels and gasoline fuels may play a roll in that, along with causing abnormality and dysfunction in genes and proteins that protect the body and brain. When we study people exposed to radioactivity, the question is , how long and how much. Then its a guessing game, as to how sick that person will get and how his/her genes along with age and current health will respond. The ALS Association supports the idea of continued study into environmental factors interacting with genetics may produce ALS. Experts believe environmental factors play a significant role in developing ALS. Risk factors are considered environmental trace metals that trigger the accelerated oxidative stresses in the motor neurons of the genetically susceptible population. Based on that , not everyone is susceptible in large numbers to ALS. The "Severely exposed Rescue Workers working hundreds of hours around burning fires should be studied more. [REDACTED]

[REDACTED] has ALS and it will kill him. [REDACTED] spent over 300 hours at the World Trade Center site working in toxic air around diesel generators. I am a retired Firefighter. I spent the night of 09-11-2001 searching the World Trade Center area and know first hand how toxic it was. A Firefighter I was with died of Brain cancer from exposure. I also Lobbied Washington six times to pass the Zadroga Legislation, to get the funding needed to really focus on what diseases would be found later. Please take the time to include a more intense study of ALS as the opportunity to fund this study should be available.

[REDACTED]

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.

→ X
Sig _____

4/1/22
Date

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).

