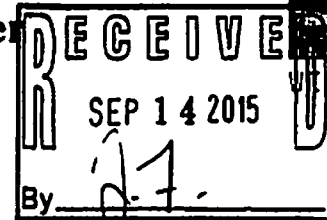


# Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program

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#hlthcond> 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:**

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

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

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

**A4. Mailing Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

I request that the auto-immune disease Multiple Sclerosis be added tot the World Trade Center list of certified conditions under the Zedroga Act extending compensation under the Victims Compensation Fund. I have no familial history of this disease, nor other similar auto-immune disorders . I was diagnosed with Relapsing-Remitting Multiple Sclerosis after exposure to the events of 9/11. This disease has caused significant disability both physically and mentally since my diagnosis in 2003. I am unable to work, care for my family, nor participate in many meaningful activities as a result of the disease. Stress and environmental conditions are known factors that cause the immune system to attack itself. I am a

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

**B1. Health Condition Information:**

MULTIPLE SCLEROSIS

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  
above  
"B"  
also supporting  
articles #1 & #2

**D. Signature of Petitioner**

Sign your name below to indicate that you are petitioning the WTC Program Administrator to consider adding a health condition on to the list of WTC-related health conditions identified in 42 C.F.R. Part 88.

\_\_\_\_\_  
Signature

9/2/2015  
\_\_\_\_\_  
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 EEO/CPA 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.

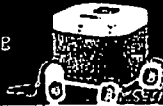
NIOSH may disclose information in identifiable form only insofar as such disclosure is permitted pursuant to the HIPAA Privacy Rule; this may include disclosure to the WTC Health Program Scientific/Technical Advisory Committee (STAC), which may be asked to consider the petition and issue a recommendation 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).



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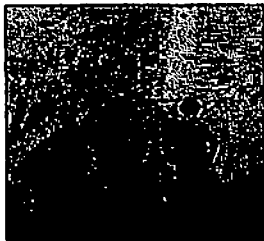


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## 'Ground Zero' Workers at Risk of Autoimmune Diseases: Study

Prolonged exposure linked to rheumatoid arthritis, lupus



By **Amy Norton**  
HealthDay Reporter

THURSDAY, March 19, 2015 (HealthDay News) -- Recovery workers who toiled at the World Trade Center disaster site may face a heightened risk of rheumatoid arthritis and similar autoimmune diseases, a new study suggests.

The findings, reported online March 16 in the journal *Arthritis & Rheumatology*, add to the list of potential health effects seen among responders to the Sept. 11, 2001, attacks in New York City.

Past studies have found increased rates of respiratory diseases, such as asthma and chronic bronchitis, as well as some forms of cancer. The new study is the first to find an increased risk of certain autoimmune disorders, the researchers say.

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 included lupus and systemic sclerosis -- affect joints, muscles and connective tissue 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 more than 13,600 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 Towers site, the findings showed. And workers who spent 10 months there had a threefold higher risk than those who were on-site for one month.

It's 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's not clear which particular toxins might account for the higher risk of autoimmune diseases, said Mayrits Webber, the lead researcher on the study and a professor at Montefiore Medical Center/Albert Einstein College of Medicine in New York City.

According to Webber, it's likely that some workers had a genetic predisposition to autoimmune disease, and exposure to one or more toxins at Ground Zero helped trigger the abnormal immune reaction. That's in keeping with the general theory on how autoimmune diseases arise.

Webber said the bottom line for former 9/11 workers is to see a doctor if they develop possible symptoms of the diseases found in this study.

The same advice goes for people who lived near Ground Zero in the months after the attacks, she said.

The most common diagnosis was rheumatoid arthritis, which affected 37 percent of workers with autoimmune diseases. People with rheumatoid arthritis typically have periodic symptom flare-ups, including fatigue and warm, swollen, stiff joints on both sides of the body.

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The second most common diagnosis was psoriatic arthritis, which is associated with the skin condition psoriasis. It causes joint stiffness, fatigue, back pain and tender spots where ligaments or muscles attach to bone, especially in the heel or sole of the foot, according to the Arthritis Foundation.

Dr. Michael Crane directs the World Trade Center Health Program at Mount Sinai Medical Center in New York City, which offers free health monitoring and treatment to eligible Ground Zero workers and volunteers.

He said the center has seen cases of autoimmune disease "here and there." The new study, he noted, sheds light on the bigger picture: While the conditions are uncommon, recovery workers with the most intense exposure are at relatively greater risk.

"This is a very important study," Crane said. "These are rare diseases, and without this ongoing monitoring (of recovery workers), these cases would've been lost in the crowd."

He agreed that 9/11 responders and residents near the disaster site should get potential symptoms checked out.

"That doesn't mean you should be alarmed any time you have knee pain," Crane said. But because rheumatoid arthritis and similar conditions are so debilitating, it's vital to diagnose them early.

In the wider context, Crane said, the findings underscore the importance of continuing to monitor recovery workers' health, since some medical conditions take years to surface.

**More Information**

The U.S. Centers for Disease Control and Prevention has more on [World Trade Center health monitoring](#).

SOURCES: Mayrits Webber, Dr.PH., professor, epidemiology and population health, Montefiore Medical Center/Albert Einstein College of Medicine, New York City; Michael Crane, M.D., director, WTC Health Program Clinical Center, Mount Sinai Medical Center, New York City; March 16, 2015, *Arthritis & Rheumatology*, online

Last Updated: Mar 19, 2015

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#2

Autoimmune Disease

# Nested Case–Control Study of Selected Systemic Autoimmune Diseases in World Trade Center Rescue/Recovery Workers

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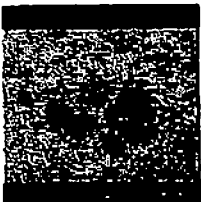
Article first published online: 27 APR 2015

DOI: 10.1002/art.39059

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Issue

**A**  
**R**



## Arthritis & Rheumatology

Volume 67, Issue 5, ([doi/10.1002/art.v67.5/issuetoc](http://doi/10.1002/art.v67.5/issuetoc)) pages 1369–1376, May 2015

 <sup>77</sup> ([http://www.altmetric.com/details.php?domain=onlinelibrary.wiley.com&citation\\_id=3795576](http://www.altmetric.com/details.php?domain=onlinelibrary.wiley.com&citation_id=3795576))



## How to Cite

Webber, M. P., Moir, W., Zeig-Owens, R., Glaser, M. S., Jaber, N., Hall, C., Berman, J., Qayyum, B., Loupasakis, K., Kelly, K. and Prezant, D. J. (2015), Nested Case–Control Study of Selected Systemic Autoimmune Diseases in World Trade Center Rescue/Recovery Workers. *Arthritis & Rheumatology*, 57: 1369–1376. doi: 10.1002/art.39059

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## Publication History

1. Issue published online: 27 APR 2015
2. Article first published online: 27 APR 2015
3. Accepted manuscript online: 16 MAR 2015 08:00AM EST
4. Manuscript Accepted: 29 JAN 2015

- National Institute of Occupational Safety and Health, CDC. Grant Number: NIOSH cooperative agreement 1 U01-OH-010513
- Abstract
- [Article \(/doi/10.1002/art.39059/full\)](http://doi/10.1002/art.39059/full)
- [References \(/doi/10.1002/art.39059/references\)](http://doi/10.1002/art.39059/references)
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## Objective

To test the a priori hypothesis that acute and chronic work exposures to the World Trade Center (WTC) site on or after September 11, 2001 were associated with risk of new-onset systemic autoimmune diseases.

## Methods

A nested case-control study was performed in WTC rescue/recovery workers who had received a rheumatologist-confirmed systemic autoimmune disease diagnosis between September 12, 2001 and September 11, 2013 (n = 59), each of whom was individually matched to 4 randomly selected controls (n = 236) on the basis of year of hire ( $\pm 1$  year), sex, race, and work assignment (firefighter or emergency medical service). Acute exposure was defined according to the earliest time of arrival (morning of 9/11 versus later) at the WTC site, and chronic exposure was defined as duration (number of months) of WTC site-related work. Rheumatologists were blinded with regard to each subject's exposure status. The conditional odds ratios (CORs) with 95% confidence intervals (95% CIs) for incident autoimmune disease were derived from exact conditional logistic regression models.

## Results

Rheumatoid arthritis was the most common autoimmune diagnosis (37% of subjects), followed by spondyloarthritis (22%), inflammatory myositis (14%), systemic lupus erythematosus (12%), systemic sclerosis (5%), Sjögren's syndrome (5%), antiphospholipid syndrome (3%), and granulomatosis with polyangiitis (Wegener's) (2%). The COR for incident autoimmune disease increased by 13% (COR 1.13, 95% CI 1.02-1.26) for each additional month worked at the WTC site. These odds were independent of the association between high acute exposure (working during the morning of 9/11) and disease outcome, which conveyed an elevated, but not statistically significant, risk (COR 1.85, 95% CI 0.86-3.89).

## Conclusion

Prolonged work at the WTC site, independent of acute exposure, was an important predictor of post-9/11 systemic autoimmune diseases. The WTC Health Program should expand surveillance efforts for those with extended exposures, as early detection can facilitate early treatment, which has been shown to minimize organ damage and improve quality of life.

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