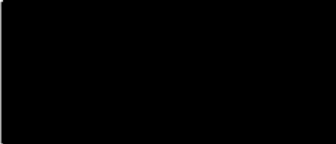


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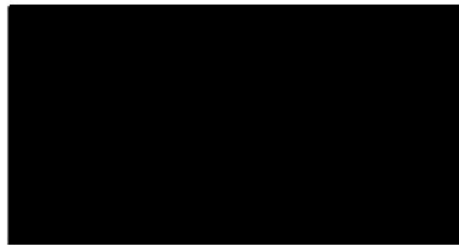
KH



WTC Health Program Administrator
395 E. Street S.W., Suite 9200
Washington, D.C. 20201



**PETITION TO ADD NEUROPATHY/PARESTHESIA
TO THE WTC-RELATED HEALTH CONDITIONS LIST**

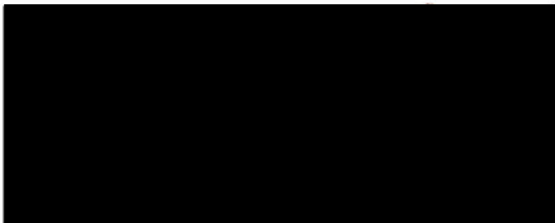
Interested party:



Conditions to be added: Paresthesia as a result of peripheral neuropathy.

Medical basis for addition: April 2020, Volume 62, Issue 4, p 307-316, *Journal of Occupational and Environmental Medicine*

Additional information: I was a volunteer worker at Ground Zero for more than 600 hours during October 2001 to June 2002. The New York Workers Compensation Board issued a finding that I was injured at Ground Zero resulting in neuropathy pain, based upon a medical submission by my neurologist,  This information was detailed in my previous request to have neuropathy added to the health conditions list, dated  which was denied. I resubmit the request given the latest information available, the April 2020 study cited.



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:

neuropathy and paresthesias
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.

1) Personal injury medical and administrative documents:

- a) STATE OF NY Workers Compensation Board [REDACTED]
- b) Physician Ltr dated June 3, 2013
- c) Physician Ltr dated January 11, 2012
- d) Physician Ltr dated November 15, 2010
- e) Physician Ltr dated September 16, 2010
- f) Physician Ltr dated July 6, 2010
- g) Adult function report dated April 18, 2011
- h) Adult function report - third party dated April 19, 2011

2) Supporting STUDIES (abstracts attached)

- a) Paresthesias Among Community MEMBERS Exposed to the World Trade Center Disaster APRIL 2017
- b) Neurologic EVALUATIONS OF PATIENTS Exposed to the World Trade Center Disaster NOVEMBER 2016
- c) Neuropathic Symptoms in World Trade Center Disaster Survivors and Responders January 2016

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.

Si 

11-30-2017

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).