

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).

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.

The liver is vulnerable to damage from chemical exposures due to its role in detoxifying foreign substances that enter the body. In the aftermath of the 2001 World Trade Center (WTC) attack, more than 20,000 responders were exposed to dust, airborne particulates, and chemicals known to cause liver toxicity, increasing their risk for toxicant-associated fatty liver disease which often leads to liver failure or liver cancer. In 2020, one of the first studies to look at liver disease in World Trade Center first responders, researchers found that 82.6% of first responders had fatty liver disease, compared to 24%-45% in the general United States population *(1). Also in 2020, other researchers found that the prevalence of moderate-to-severe Hepatic Steatosis was 16.2% among World Trade Center (WTC) participants compared to only 5.3% among non-WTC participants. They concluded that the prevalence of moderate-to-severe Hepatic Steatosis was 3 times higher in the WTC group than in other (general population) participants *(2). A study published in July of 2021 by American Journal of Industrial Medicine found that first responders who arrived at the World Trade Center immediately after the Sept. 11, 2001, terrorist attacks were more likely to develop Hepatic Steatosis (liver disease). The liver damage seen in this study, called hepatic steatosis, or fatty liver disease, is associated with chemical exposures, the researchers said. The damage seen in these workers increases their risk for toxicant-associated fatty liver disease, which in turn often leads to liver scarring which can lead to cirrhosis, as well as liver failure or liver cancer, according to the researchers *(3).

*(1) Reja, Mishal & Sameera, Sohini & Patel, Roohi & Zhang, Clark & Makar, Michael & Tawadros, Augustine & Pioppo, Lauren & Bhurwal, Abhishek & Kabaria, Savan & Marino, Daniel & Rustgi, Vinod. (2020). "Prevalence of Suspected Toxic Alcohol Fatty Liver Disease (TAFLD) in World Trade Center First Responders: Findings from the World Trade Center Health Program". Gastroenterology. 158. S-1430. 10.1016/S0016-5085(20)34243-8.


*(2) Chen X, Ma T, Yip R, Perumalswami PV, Branch AD, Lewis S, Crane M, Yankelevitz DF, Henschke CI. "Elevated Prevalence of Moderate-to-Severe Hepatic Steatosis in World Trade Center General Responder Cohort in a Program of CT Lung Screening". Clin Imaging. 2020 Apr;60(2):237-243. doi: 10.1016/j.clinimag.2019.12.009. Epub 2019 Dec 12. PMID: 31945662; PMCID: PMC7191946.

*(3) Artit Jirapatnakul PhD, Rowena Yip MPH, Andrea D. Branch PhD, Sara Lewis MD, Michael Crane MD, David F. Yankelevitz MD, Claudia I. Henschke PhD, MD. "Dose-response relationship between World Trade Center Dust Exposure and Hepatic Steatosis". American Journal of Industrial Medicine. 30 July 2021.

As evidenced above, there now exists a definitive causal relationship between 9/11 exposure and Hepatic Steatosis in 9/11-exposed populations as documented and published through peer-reviewed direct observational and epidemiologic studies. I therefore respectfully request that the Administrator of the WTC Health Program add Hepatic Steatosis to the list of WTC-Related Health Conditions.

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 August 3rd, 2021

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).