Please note that yellow highlighting made to this document was made by the petitioner and not by the WTC Health Program.

Form Approved
OMB No. 0920-0891
Exp. Date 12/31/2021

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

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:

[redacted] Last name

Position, if representative of organization

A4. Mailing Address: [redacted]

[redacted] State [redacted] Zip code

A5. Telephone Number: [redacted]

A6. Email Address: [redacted]

B. Proposed WTC-Related Health Condition Information

B1. Health Condition Information:

Parkinson's Disease

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.

Please see attached

I believe that Parkinson's disease should be added to list of health conditions covered by the WTC Health Fund. I personally know of 13 people who were in the WTC zone on and/or after 9/11 and were subsequently diagnosed with Parkinson's Disease. How many more must there be who I do not know? I live in [redacted] and my contacts are pretty much limited to people who have a connection to that area. What about all the people who live in New Jersey, Manhattan, Long Island, Westchester, Staten Island, the Bronx, Queens, [redacted] who worked in lower Manhattan. How many of them developed Parkinson's after 9/11? Here are the names of the people I know of:

[redacted]

I am not a doctor and I am not a scientist, so I am not sure how to fill this out. But looking at the internet I find many articles indicating that exposure to heavy metals (especially Manganese) may cause Parkinson's Disease. I believe that it has been established that heavy metals including Manganese were contained in the debris following 9/11.

I worked at [redacted] for [redacted] and was present on 9/11 when the building was hit. I walked down [redacted] exited the building and then walked to our emergency cite at [redacted] on the corner of [redacted] I continued to work there until we were told we had to evacuate the the building (around midnight). I then walked along Canal St. to the Manhattan Bridge trying to get to Brooklyn. However both the Manhattan Bridge and the Brooklyn Bridges were closed so I had to walk to and over the Williamsburg Bridge. Following 9/11 I worked in [redacted] for several months and then back to [redacted] for the next several years. So I had a lot of exposure to the WTC debris. I was diagnosed with Parkinson's Disease on [redacted] and had symptoms for several years before that.

Possible research:

Parkinson's Disease Linked to Exposure to Heavy Metals

BY CASE ADAMS, NATUROPATH · JULY 25, 2014

(Last Updated On: March 2, 2018)

HEAVY METAL TOXICITY AND PARKINSON'S DISEASE

February 24, 2009heavy metals, recovery, Toxins in the Bod

Robert Rodgers, Ph.D.
Parkinsons Recovery
www.parkinsonsrecovery.com

Parkinson's Center for Integrative Care

A study in 2010 named *Metal Emissions and Urban Incident Parkinson Disease* examined a Parkinson's afflicted population of 35,000 people to determine the role of environmental toxins on the incidence and progression of their symptoms. Through examining this population, a link was found between urban areas with a greater release of copper and manganese had a higher incidence

Heavy Metal and Parkinsons

The team found that less than 1% of the subjects residing in urban areas developed Parkinson's, with 274 of every 100,000 people residing in counties with little or no release of the metals, as compared to 489 per 100,000 in counties with high manganese levels.

Allison W. Willis, Bradley A. Evanoff, Min Lian, Aiden Galarza, Andrew Wegrzyn, Mario Schootman, Brad A. Racette. "Metal Emissions and Urban Incident Parkinson Disease: A Community Health Study of Medicare Beneficiaries by Using Geographic Information Systems." Am. J. Epidemiol., October 19, 2010; doi:10.1093/aje/kwq303.

PARKINSON'S DISEASE

by Dr. Lawrence Wilson

According to medical science, the cause for Parkinson's disease is not known. However, hair analysis research indicates that the causes are chronic manganese or lead toxicity.

MANGANESE EXPOSURE HELPS SPREAD PARKINSON'S DISEASE PROTEIN

Now, a research team led by pharmacologist Anumantha Kanthasamy at Iowa State University has shed some light on the mechanism, and other researchers in the field are saying the team's discoveries might swing their field back to the idea that Parkinson's disease is as much a disease of environmental exposure as it is a genetic one (*Sci Signal.* 2019. DOI: 10.1126/scisignal.aau4543).

In 2019 Dr. Jose Marques Lopes, PHD stated that "Heavy metals, such as iron and manganese, are involved in neurologic disease. ..... Dopamine can auto-oxidize to produce free radicals particularly in the presence of iron and other heavy metals"

Researchers explore link between metal exposure and Parkinson's symptoms

Posted Mar 12, 2019 1:00 pm

AMES, Iowa – A new study from Iowa State University biomedical researchers illuminates the biological processes by which exposure to some metals can contribute to the onset of Parkinson's-like symptoms.

The study, published today in the peer-reviewed journal Science Signaling, focuses on the metal manganese, which has a range of industrial uses as an alloy. Anumantha Kanthasamy, a Clarence Hartley Covault Distinguished Professor in veterinary medicine and the Eugene and Linda Lloyd Endowed Chair of Neurotoxicology, said the research details how manganese exposure can lead to misfolded proteins in the brain, which cause a neurological disease. Kanthasamy said the findings could lead to earlier detection of the disease and better outcomes for patients.

Kanthasamy said small amounts of manganese are necessary for the proper functioning of the human body, but too much exposure has been linked with neurological symptoms much like those experienced by patients with Parkinson's Disease. Links between manganese and neurological disorders have been noted since the 1950s, Kanthasamy said, because of the tendency of manganese to accumulate in brain tissues.

The latest study found that manganese combines with a protein in the brain called alpha-synuclein. Previous studies showed the protein was susceptible to misfolding, but Kanthasamy and his colleagues set out to discover how it interacted with manganese and how that interaction facilitates the progression of disease. The researchers found the pathological form of misfolded alpha-synuclein proteins get packaged into vesicles, which allow the misfolded proteins to transfer from cell to cell to propagate the protein-seeding activity. These vesicles provoke inflammation of tissues and can lead to a neurodegenerative response, the study found.

The study drew on data gathered from mice as well as blood serum samples from welders provided by clinicians at Penn State University. The study found welders exposed to manganese had increased misfolded alpha-synuclein serum content, meaning the welders are at a higher risk for developing Parkinson's symptoms, Kanthasamy said.

The research could contribute to a new assay, or medical test, to detect the presence of misfolded alpha-synuclein proteins. This could lead to earlier detection of Parkinson's Disease and a way to gauge the effectiveness of drugs designed to slow the disease.

"As the disease advances, it's harder to slow it down with treatments," Kanthasamy said. "Earlier detection, perhaps by testing for misfolded alpha-synuclein, can lead to better outcomes for patients. Such a test might also indicate whether someone is at risk before the onset of the disease."

Kanthasamy cautioned the research is still at an experimental stage, meaning it could be years before such an assay could be available.

Dilshan S. Harischandra, a former member of Kanthasamy's lab who now works at the University of Pennsylvania, was the lead author of the study. Kanthasmy, chair of the Department of Biomedical Sciences in the ISU College of Veterinary Medicine, was the senior author of the study. The study was supported by a grant from the National Institute of Environmental Health Sciences.

Contacts

Anumantha Kanthasamy, Biomedical Sciences, 515-294-2516, akanthas@iastate.edu
Fred Love, News Service, 515-294-0704, fredlove@iastate.edu

Quick look

A new study from an ISU biomedical researcher describes the biological process that causes Parkinson's-like symptoms to develop following exposure to the metal manganese. The new research, published in the journal Science Signaling, could lead to earlier detection of Parkinson's disease and better outcomes for patients.

9. 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.

[redacted] 9/30/19

Signature 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).