

Dr. John Howard
Program Administrator
World Trade Center Health Program
400 7th Street SW, Suite 5W
Washington, DC 20024

September 27th, 2023

Dear Dr. Howard,

We, the representatives of labor, volunteers, and organizations that represent 9/11 responders and survivors who are Committee members of the World Trade Center Health Program Responder Steering Committee are writing in strong support of the petition filed by the all of the Directors of the World Trade Center Health Program Clinical Centers of Excellence to add all rheumatologic systemic autoimmune diseases that are commonly grouped together to the list of WTC-covered conditions.

This would include Ankylosing Spondylitis, Anti-phospholipid Syndrome, Lupus, Myositis (Dermatomyositis, Polymyositis), Mixed or Undifferentiated Connective Tissue Disease, Psoriatic Arthritis, Rheumatoid Arthritis, Systemic Scleroderma, Sjögrens, Granulomatosis with Polyangiitis (previously called Wegner's Granulomatosis), Eosinophilic Granulomatosis with Polyangiitis (previously called Churg-Straus) and Sarcoidosis.

The petition filed by the WTCHP Clinic Center Directors strictly follows the guidelines of your recently finalized policy for adding non-cancers to the list of WTC-covered conditions. The petition is based on four, high-quality, WTC-cohort, epidemiologic studies that demonstrate statistically significant associations between WTC exposure and new-onset rheumatologic systemic autoimmune diseases in Responders and Survivors. The petition is further supported by peer-reviewed studies in non-WTC cohorts, some from the National Toxicology Program, that clearly demonstrate biological plausibility.

As you know, currently, rheumatologic systemic autoimmune disorders can only be certified as WTC-covered conditions if there is involvement of the pulmonary system (inflammation, fibrosis, nodularity, and/or intrathoracic adenopathy) after WTC exposure. This requirement has allowed nearly all Sarcoidosis cases to be certified, while excluding nearly all the other rheumatologic systemic autoimmune disorders as these other diseases typically spare the pulmonary system and instead

involve joints, muscles, nerves, brain, heart, and/or other non-pulmonary organs. While Sarcoidosis is the most common rheumatologic systemic autoimmune disease in WTC-exposed patients, a considerable amount of scientific, peer-reviewed, epidemiologic evidence has identified other rheumatologic systemic autoimmune diseases in WTC-exposed patients such as Rheumatoid Arthritis, Lupus, Myositis, Systemic Scleroderma and Sjögren's.

We believe the petition has presented strong scientific evidence for the addition of all rheumatologic systemic autoimmune diseases that are commonly grouped together to the list of WTC-covered conditions. We know that the process laid out in the Zadroga statute takes time and requires a series of detailed reviews. We are urging you and your staff to work expeditiously to review the petition as soon as possible.

Thank you.

Micki Siegel de Hernandez
Chair of WTC Health Program Responder Steering Committee
National Deputy Director
Occupational Safety and Health
Communications Workers of America (CWA)

Benjamin Chevat
Executive Director
911 Health Watch Inc.

Dan Doyle
Ironworkers Local 40

Capt. Steven Goldstein
Uniformed EMS Officers Association (Local 3621)

Michael Schreiber
Ladder 116
Health and Safety Officer
Uniformed Firefighters Association
IAFF Local 94

Chris McGrath
on behalf of Patrick Hendry, President
Police Benevolent Association of the City of New York, Inc.

Sean Michael
UFOA Chiefs Pension Representative
Uniformed Fire Officers Association
IAFF Local 854

Gary Smiley
FDNY Local 2507
Uniformed EMTS Paramedics and Fire Inspectors
WTC Liaison

Rhonda Villamia
Disaster Relief Volunteer

Deborah Williams
Director for Safety and Health
District Council 37
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