

Special Exposure Cohort Petition — Form A

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Instructions on Completing this Form:

You should use this petition form only if NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim.

All other petitioners should use Petition Form B to submit a petition to NIOSH.

**For Further Information:** If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the **Office of Compensation Analysis and Support** about an SEC petition: **1-800-356-4674**.

**A NIOSH Claim Information — Complete as much information as you can in Section A.**

A.1 NIOSH Tracking Number (indicated on all NIOSH correspondence):  
\_\_\_\_\_

A.2 Print Name of Energy Employee for whom this claim was filed:

\_\_\_\_\_  
First Name Middle Initial Last Name

A.3 Social Security Number of Energy Employee for whom this claim was filed:  
\_\_\_\_\_

**B Signature of Person Submitting this Petition — Complete Section B.**

Print and sign your name below to indicate that you are petitioning for HHS to consider adding a class of employees to the Special Exposure Cohort that would include the employee indicated by the tracking number or name under entry 1 above.

Print your name below:

Sign your name below:

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
First Name Middle Initial Last Name

**C Please send this form to NIOSH at the address below.**

Once NIOSH receives this form, the U.S. Department of Health and Human Services will consider adding a class of employees to the Special Exposure Cohort. Your contact at NIOSH will be available to inform you of the progress of your petition.

Send this form to: SEC Petition  
Office of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226

Name or Social Security Number of First Petitioner: \_\_\_\_\_

**Petitioner Authorization Form**

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit, or privilege to which you may be entitled.

**Instructions:**

If you wish to petition HHS to consider adding a class of employees to the Special Exposure Cohort and you are NOT either a member of that class, a survivor of a member of that class, or a labor organization representing or having represented members of that class, then 42 CFR Part 83, Section 83.7(c) requires that you obtain written authorization. You can obtain such authorization from either an employee who is a member of the class or a survivor of such an employee. You may use this form to obtain such authorization and submit the completed form to NIOSH with the related petition. **Please print legibly.**

**For Further Information:** If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in the **Office of Compensation Analysis and Support** about an SEC petition: 1-800-356-4674.

**Authorization for Individual or Entity to Petition HHS on Behalf of a Class of Employees for Addition to the Special Exposure Cohort**

1

\_\_\_\_\_

Apt. # \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, State, Zip Code of Class Member or Survivor

do hereby authorize:

\_\_\_\_\_

# \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, State and Zip Code of Petitioner

to petition the Department of Health and Human Services on behalf of a class of employees that includes:

\_\_\_\_\_  
Name of Class Member (employee, not the employee's survivor)

for the addition of the class to the Special Exposure Cohort, under the Energy Employee's Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385).

In providing this authorization, I recognize that the petitioner named above will have all the rights of a petitioner as provided for under 42 CFR Part 83.

\_\_\_\_\_  
Signature of Class Member or Survivor

\_\_\_\_\_  
Date

Sept. 21-2006

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled.

**General Instructions on Completing this Form** (complete instructions are available in a separate packet):

Except for signatures, please **PRINT** all information clearly and neatly on the form.

Please read each of Parts A — G in this form and complete the parts appropriate to you. If there is more than one petitioner, then each petitioner should complete those sections of parts A – C of the form that apply to them. Additional copies of the first two pages of this form are provided at the end of the form for this purpose. A maximum of three petitioners is allowed.

If you need more space to provide additional information, use the continuation page provided at the end of the form and attach the completed continuation page(s) to Form B.

If you have questions about the use of this form, please call the following NIOSH toll-free phone number and request to speak to someone in the Office of Compensation Analysis and Support about an SEC petition: **1-800-356-4674**.

If you are:	<input type="checkbox"/> A Labor Organization,	Start at D	on Page 3
	<input type="checkbox"/> An Energy Employee (current or former),	Start at C	on Page 2
	<input checked="" type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B	on Page 2
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A	on Page 1

**A Representative Information — Complete Section A if you are authorized by an Employee or Survivor(s) to petition on behalf of a class.**

A.1 **Are you a contact person for an organization?**  Yes (Go to A.2)  No (Go to A.3)

A.2 **Organization Information:**

Name of Organization \_\_\_\_\_

Position of Contact Person \_\_\_\_\_

A.3 **Name of Petition Representative:**

Mr./Mrs./Ms. First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

A.4 **Address:**

Street \_\_\_\_\_

Apt # \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

A.5 **Telephone Number:** (\_\_\_\_) \_\_\_\_\_

A.6 **Email Address:** \_\_\_\_\_

A.7  Check the box at left to indicate you have attached to the back of this form written authorization to petition by the survivor(s) or employee(s) indicated in Parts B or C of this form. An authorization form for this purpose is provided.

**If you are representing a Survivor, go to Part B. If you are representing an Employee, go to Part C.**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name of Survivor:

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Street Apt # P.O. Box

City State Zip Code

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee:

- Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part E

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name of Employee:

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): N/A

C.7b Dates of Employment: Start 1974 End 1990

C.7c Employer Name: LAWRENCE LIVERMORE NATIONAL LABORATORY

C.7d Work Site Location: LIVERMORE AND NEVADA TEST SITE

C.7e Supervisor's Name:

Go to Part E

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: LAWRENCE LIVERMORE NATIONAL LAB.

E.2 Locations at the Facility relevant to this petition:  
LAWRENCE LIVERMORE NATIONAL LABORATORY AND  
NEVADA TEST SITE AND SITE 300

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:  
CONDUCTED SURFACE & UNDERGROUND EXPERIMENTS ON HIGH  
EXPLOSIVES & NUCLEAR TESTS IN YUCCA VALLEY, PAINTER MESA (AREA 12  
& 16) AND 20. TEST HIGH EXPLOSIVES AT SITES 300 WORKED CONTAMINATED  
AREAS.

E.4 Employment Dates relevant to this petition:

Start	<u>1974</u>	End	<u>-1990</u>
Start	_____	End	_____
Start	_____	End	_____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

CONDUCTED SURFACE AND UNDERGROUND EXPERIMENTS  
ON HIGH EXPLOSIVES AND NUCLEAR TESTS. HE SPENT  
WEEK AT NEVADA TEST SITE IN VERY CONTAMINATED  
AREAS, AND DOSIMETRY RECORDS IS MISSING FOR THE  
YEARS 1966, 1969, 1970, 1971, 1976, 1977, 1978, 1989,  
AND 1990 AND ALL THE X-RAYS IS MISSING.

See Form B, Letter from \_\_\_\_\_ Letter from  
LLNL, Las Vegas Nevada Exposure History, LLNL  
Pulmonary Function Laboratory Computer Impression  
Test Picture of \_\_\_\_\_ working with a device,  
Article in the GAZER published Dec. 14, 1989,  
Letter from Oak Ridge Institute of Nuclear Studies,  
Six letters I have send to U.S. Department of  
LABOR, and letter from LLNL that Record Do Not Exist.

Go to Page 5

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**F** Basis for Proposing that Records and Information are Inadequate for Individual Dose —  
Complete Section F.

Complete at least one of the following entries in this section by checking the appropriate box and providing the required information related to the selection. You are not required to complete more than one entry.

- F.1  I/We have attached either documents or statements provided by affidavit that indicate that radiation exposures and radiation doses potentially incurred by members of the proposed class, that relate to this petition, were not monitored, either through personal monitoring or through area monitoring.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that potential radiation exposures were not monitored.

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- F.2  I/We have attached either documents or statements provided by affidavit that indicate that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed; or that there is no information regarding monitoring, source, source term, or process from the site where the employees worked.

(Attach documents and/or affidavits to the back of the petition form.)

Describe as completely as possible, to the extent it might be unclear, how the attached documentation and/or affidavit(s) indicate that radiation monitoring records for members of the proposed class have been lost, altered illegally, or destroyed.

*See E-5*

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Part F is continued on the following page.

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

F.3  I/We have attached a report from a health physicist or other individual with expertise in radiation dose reconstruction documenting the limitations of existing DOE or AWE records on radiation exposures at the facility, as relevant to the petition. The report specifies the basis for believing these documented limitations might prevent the completion of dose reconstructions for members of the class under 42 CFR Part 82 and related NIOSH technical implementation guidelines.

(Attach report to the back of the petition form.)

F.4  I/We have attached a scientific or technical report, issued by a government agency of the Executive Branch of Government or the General Accounting Office, the Nuclear Regulatory Commission, or the Defense Nuclear Facilities Safety Board, or published in a peer-reviewed journal, that identifies dosimetry and related information that are unavailable (due to either a lack of monitoring or the destruction or loss of records) for estimating the radiation doses of employees covered by the petition.

(Attach report to the back of the petition form.)

Go to Page

G Signature of Person(s) Submitting this Petition — Complete Section G.

All Petitioners should sign and date the petition. A maximum of three persons may sign the petition.

Signature \_\_\_\_\_

Sept. 21 - 2006  
Date

Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Signature \_\_\_\_\_

\_\_\_\_\_  
Date

**Notice:** Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true.

Send this form to: SEC Petition  
Office of Compensation Analysis and Support  
NIOSH  
4676 Columbia Parkway, MS-C-47  
Cincinnati, OH 45226

If there are additional petitioners, they must complete the Appendix Forms for additional petitioners. The Appendix forms are located at the end of this document.

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Continuation Page — Photocopy and complete as necessary.

Enclosed you will find letter from  
dated Sept. 4-2006, and Pulmaners, Foundation  
text taken Lawrence Livermore National  
Laboratory dated 12-4-1986 and letter showing  
that Records Do Not Exist, and also letter  
showing all the years dosimetry records  
is missing. I do also enclosing letter  
from Oak Ridge Institute of Nuclear Studies  
showing that \_\_\_\_\_ worked there.  
Also you will find copy's of mine letters  
to Department of Labor dating Nov. 26-2005,  
Jan. 11-2006, Jan. 18-2006, Feb. 23-2006,  
March 5-2006, and Aug. 14-2006.

Picture enclosed of \_\_\_\_\_ marked  
by arrow working in test side on mezzanine,  
and workers were not provided any  
protective clothing, etc.

Also you find the article that many  
nurses has been diagnosed with multiple  
myeloma, a cancer of the bone marrow that  
has been linked by scientists to exposure to  
high levels of radiation. My husband  
was also diagnosed for multiple  
myeloma, a cancer of the bone marrow.

\_\_\_\_\_ worked weeks at the time at  
mesa side and also did sets  
of testing at side 300,

Attach to Form B if necessary

Name or Social Security Number of First Petitioner

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name of Survivor:

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Street Apt # P.O. Box  
City State Zip Code

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee:  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part C

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name of Employee:

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living):

Street Apt # P.O. Box  
City State Zip Code

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): N/A

C.7b Dates of Employment: Start 1971 End 1974

C.7c Employer Name: SYSTEMS, SCIENCE AND SOFTWARE

C.7d Work Site Location: LA 5066A CA 92037

C.7e Supervisor's Name: N/A

Go to Part E

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: systems Science and Software

E.2 Locations at the Facility relevant to this petition:  
NEVADA Test site and GREEN FARM test site

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:  
Worked with high Explosives & Nuclear Test  
Diagnostics, Fielded Experiments in AREA 12 & 16 Nevada  
test site. Dosimetry badge was NOT WORN while employed

E.4 Employment Dates relevant to this petition:

Start	<u>1971</u>	End	<u>1974</u>
Start	_____	End	_____
Start	_____	End	_____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

Did Fielded experiments in AREA 12 & 16  
at NEVADA Test Site. Test High Explosives  
at GREEN FARM. Dosimetry Badge was  
not worn while employed.

See Form B, Letter from Letter  
from LLNL Las Vegas Nevada Exposure History, LL  
Pulmonary Function Laboratory Computer Impression  
Test, Picture of working with a device,  
Article in the paper published Dec. 14, 1989, Letter  
from Oak Ridge Institute of Nuclear Studies,  
Six Letters I have send to U.S. Department  
of Labor.

Go to Part F

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name  
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor

B.3 Address of Survivor:  
P.O. Box  
City State Zip Code

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee:  
 Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part C

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name of Employee  
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):  
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living):  
Street Apt # P.O. Box  
City State Zip Code

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:  
C.7a Employee Number (if known): N/A  
C.7b Dates of Employment: Start 1966 End 1970  
C.7c Employer Name: LAWRENCE LIVERMORE NATIONAL LABORATORY  
C.7d Work Site Location: LIVERMORE AND NEVADA TEST SITE

C.7e Supervisor's Name:

Go to Part E

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: LAWRENCE LIVERMORE NATIONAL LAB.

E.2 Locations at the Facility relevant to this petition:  
LAWRENCE LIVERMORE NATIONAL LABORATORY AND  
NEVADA TEST SITE AND SITE 300

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:

Tested High Explosives at site 300 for LLNL and  
directed and Tested Nuclear Tests at LLNL and  
NEVADA Test Site, Yucca Valley, RAIVER MESA AREA 12, 16, 20

E.4 Employment Dates relevant to this petition:

Start	<u>1966</u>	End	<u>1970</u>
Start	_____	End	_____
Start	_____	End	_____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

Got Exposure to Radiation very Contaminated  
environment at site 300 and Nevada Test Site  
AND Dosimetry Records is missing for the  
years 1966, 1969, 1970, 1971, 1976, 1977, 1978, 1989,  
and 1990. AND All the X-RAYS is missing.

See form B, see Letter from \_\_\_\_\_ Letter  
from LLNL LAS VEGAS NEVADA Exposure History, LL  
Pulmonary Function Laboratory Computer Impression  
Test, Picture of \_\_\_\_\_ working with device,  
Article in the PAPER published Dec. 14, 1989,  
Letter from Oak Ridge Institute of Nuclear  
Studies, Six letters I have send to U.S. Department  
of Labor, AND letter from LLNL That Record  
DO NOT EXIST.

Goto Panel

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 **Name:**  
Mr. (Mrs.)/Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

B.2 **Social Security Number of Survivor:** \_\_\_\_\_

B.3 **Address of Survivor:**  
Street \_\_\_\_\_ Apt # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B.4 **Telephone Number of Survivor:** \_\_\_\_\_

B.5 **Email Address of Survivor:** \_\_\_\_\_

B.6 **Relationship to Employee:**  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part C

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 **Name of Employee:**  
Mr. (Mrs.)/Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

C.2 **Former Name of Employee (e.g., maiden name/legal name change/other):**  
Mr./Mrs./Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

C.3 **Social Security Number of Employee:** \_\_\_\_\_

C.4 **Address of Employee (if living):**  
Street N/A Apt # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C.5 **Telephone Number of Employee:** N/A

C.6 **Email Address of Employee:** N/A

C.7 **Employment Information Related to Petition:**

C.7a **Employee Number (if known):** N/A

C.7b **Dates of Employment:** Start 1961 End 1962

C.7c **Employer Name:** BOEING AEROSPACE PLANT 2

C.7d **Work Site Location:** SEATTLE WASHINGTON 87124

C.7e **Supervisor's Name:** N/A

Go to Part E

Name or Social Security Number of First Petitioner \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: BOEING AEROSPACE PLANT 2

E.2 Locations at the Facility relevant to this petition:  
SEATTLE WASHINGTON

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:  
EXPERIMENTAL AND THEORETICAL STUDIES  
FLASH X-RAY FOR TRANSIENT RADIATION EFFECTS  
STUDIES (TREES)

E.4 Employment Dates relevant to this petition:  
Start 1961 End 1962  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No  
If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):  
HE WORKED HIGH TRANSIENT RADIATION ENVIRONMENT. DOSIMETRY BADGE WAS NOT PROVIDED.

See Form B, Letter from \_\_\_\_\_, Letter from LLL, Las Vegas Nevada Exposure History, LLL, Pulmonary Function Laboratory Computer Impression Test, Picture of \_\_\_\_\_ working with a device, Article in the paper published Dec. 14, 1989, Letter from Oak Ridge Institute of Nuclear Studies, Six letters I have send to U.S. Department of Labor.

**Goto Part F**

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name  
Mr./Mrs./Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

B.2 Social Security Number of Survivor: \_\_\_\_\_

B.3 Address of Survivor:  
Street \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

B.4 Telephone Number of Survivor: \_\_\_\_\_

B.5 Email Address of Survivor: \_\_\_\_\_

B.6 Relationship to Employee:  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part C

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name  
Mr./Mrs./Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):  
Mr./Mrs./Ms. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

C.3 Social Security Number of Employee: \_\_\_\_\_

C.4 Address of Employee (if living):  
Street N/A Apt # \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:  
C.7a Employee Number (if known): N/A  
C.7b Dates of Employment: Start 1954 End 1956  
C.7c Employer Name: NATIONAL BUREAU of STANDARDS, WASH. DC.  
C.7d Work Site Location: WASHINGTON, DC.  
C.7e Supervisor's Name: N/A

Go to Part E

Name or Social Security Number of First Petitioner: \_\_\_\_\_

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: NATIONAL BUREAU OF STANDARDS

E.2 Locations at the Facility relevant to this petition: Washington, D.C.

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:

Physicist quality ASSURANCE test of RADIATION detectors in X-RAY ENVIRONMENT

E.4 Employment Dates relevant to this petition:

Start 195 End 1956

Start \_\_\_\_\_ End \_\_\_\_\_

Start \_\_\_\_\_ End \_\_\_\_\_

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

Got Exposure to X-RAYS and other Radioactive sources, Dosimetry Badge was NOT provided.

See Form B & See Letter from  
LLL Pulmonary Function Laboratory Computer  
Impression Test. Letter Oak Ridge Institute of  
Nuclear Studies. Six letters I have send to  
U.S. Department of Labor.

Go to Part F

Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name

Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor:

B.3 Address of Survivor:

Apt # P.O. Box

City State ZIP CODE

B.4 Telephone Number of Survivor:

B.5 Email Address of Survivor:

B.6 Relationship to Employee:  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

**Goto Part C**

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):

Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee:

C.4 Address of Employee (if living):

Street Apt # P.O. Box

City State Zip Code

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): N/A

C.7b Dates of Employment: Start 1953 End 1954

C.7c Employer Name: OAK RIDGE INSTITUTE

C.7d Work Site Location: STRONG MEMORIAL HOSPITAL AND  
BROOKHAVEN LAB.

C.7e Supervisor's Name: N/A

**Goto Part E**

Name or Social Security Number of First Petitioner

Special Exposure Cohort Petition — Form B

**E Proposed Definition of Employee Class Covered by Petition — Complete Section E.**

E.1 Name of DOE or AWE Facility: OAK Ridge Institute of Nuclear Studies.

E.2 Locations at the Facility relevant to this petition: OAK Ridge Tennessee

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class:

Nuclear Studies Fellowship  
Health Physics Training at Strong Memorial Hospital and Brookhaven Lab leading ORINS Health Physics Degree.

E.4 Employment Dates relevant to this petition:

Start 1953 End 1954  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

Exposed to Radiation Environment of Reactor Cosmotron and Radiation Cancer Therapy Treatments. Dosimetry Badge was not provided.

See Form B, See letter from  
LL letter Pulmonary Function Laboratory  
Computer Impression Test Six Letters I have  
sent to U.S. Department of Labor. Letter of  
OAK Ridge Institute of Nuclear Studies.

Go to Part F

Name or Social Security Number of First Petitioner: \_\_\_\_\_

September 4, 2006

09-29-06 A08:11 RCVD

To Whom It May Concern:

I recently reviewed medical records for [redacted] EEOICPA survivor claim for her late husband [redacted]. Please use this review for both purposes of Part B and Part B determinations.

[redacted] worked as a scientist and Health Physicist at the Lawrence Livermore National Laboratory, LLNL and the Nevada Test Site from 1966 to 1990, with a brief hiatus from 1971 to 1974 when he worked at the Green Farm and Nevada Test sites for Systems Science and Software. From 1961 to 1962 he worked for Boeing in Seattle on Flash X Ray equipment. Based upon review of work history, practices of the industry and interviews with his surviving spouse, his work would have resulted in exposure to ionizing radiation both from X ray equipment and from fissile radioactive materials handled at these sites, as well as various chemical substrates, high explosives and solvents, beryllium and other recognized pneumoconiotic agents.

[redacted] suffered from Polycythemia Vera, a pre leukemic progressive bone marrow disease which is in the same diagnostic rubric used by NCI and the DOL EEOICPA as leukemia. [redacted] clinical course is obvious for presence of progressive and ultimately fatal bone marrow disease.

In summary [redacted] was a former AEC/DOE scientist who was exposed to a variety of bone marrow toxins including ionizing radiation, high explosives and various solvents who died of a myeloproliferative disorder. Note each of these exposures, radiation, high explosives and solvents, especially benzene, have been epidemiologically associated with bone marrow toxicity and leukemia. His exposure records appear to be glaringly incomplete. Based on his history of use of high energy X Ray equipment and work at the tests sites one would rationally expect relatively high radiation exposure. His exposures to ionizing radiation as likely as not contributed to his risk and development of Polycythemia Vera.

Sincerely,



UI College of Public Health

2115 Westlawn  
Iowa City, Iowa 52242  
Toll Free 1-866-282-5818  
Fax 319-353-5649

**CONTAINS PRIVACY ACT INFORMATION**

UNITED STATES DEPARTMENT OF ENERGY

NEVADA FIELD OFFICE

P.O. BOX 98518

LAS VEGAS, NEVADA 89193-8518

**RADIATION EXPOSURE HISTORY**

NV-185  
(08/98)

US/DOE  
NV

To Energy Employees Compensation Resource Center  
2600 Kitty Hawk Road, Suite 101  
Livermore, CA 94551

**PRIVACY ACT OF 1974**

The information requested on this form is authorized by 5 U.S.C. 301. The Department of Energy Systems of Records is DOE-35. The radiological support contractor maintains nuclear testing related personnel radiation exposure records for Nevada Test Site operations, Pacific testing, off-site testing projects, and other locations as requested. These records indicate that the individual listed below was assigned doses or dose commitments as shown. This is a summary of exposure from DOE/NV records only and is not to be construed as a complete lifetime exposure history. One rem = 1000 mrem.

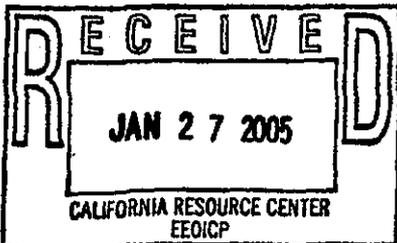
NTS NO: 97055

1. NAME		2. IDENTIFICATION NO.		3. DATE OF BIRTH		
<b>DOSE FROM EXTERNAL SOURCES</b>						
4. EXPOSURE PERIOD (AND LOCATION)	5. WHOLE-BODY GAMMA MREM	6. WHOLE-BODY NEUTRON MREM		7. SKIN OF THE WHOLE-BODY MREM	8. OTHER BODY PART	
		THERMAL	OTHER		BODY PART	MREM
1967	155	0		500		
1968	0	0		0		
1972-1975	0	0		0		
1980-1984	0	0		0		
(Nevada Test Site)						
9. CURRENT YEAR TO DATE						
10. CURRENT CALENDAR QUARTER TO DATE						
<b>DOSE OR DOSE COMMITMENT FROM INTERNAL SOURCES</b>						
11. EXPOSURE PERIOD OR DATE EXPOSURE COMMENCED	12. SOURCE RADIONUCLIDES	13. BODY PART		14. MREM		
<b>TOTAL WHOLE BODY* DOSE**</b>						
DURING EXPOSURE PERIODS ABOVE	*OR BLOOD-FORMING ORGANS, GONADS, OR LENS OF THE EYE	**FROM EXTERNAL SOURCES AND WHOLE-BODY INTERNAL SOURCES		15. MREM		155

16 COMMENTS: We have no dosimetry records for 1976-1979, or 1985-2005.

for the years 1950-1966, 1969-1971,

This report is furnished to you under the provisions of the Department of Energy regulations in 10 C.F.R. 835, entitled, Environmental Protection, Safety and Health Protection and Reporting Requirements. You should preserve this report for future reference. If we can provide further information, please contact the reporting official indicated below.



PREPARED FOR THE NEVADA FIELD OFFICE, DOE:

Signed Martha E. DeMarre Date 01-04-05

Title Martha E. DeMarre, Health Physicist

DOSIMETRY RESEARCH PROJECT  
BECHTEL NEVADA  
P.O. Box 98521

**CONTAINS PRIVACY ACT INFORMATION**



LAWRENCE LIVERMORE LABORATORIES

Pulmonary Function Laboratory Report

Patient :  
 ID Number:  
 Date :  
 Physician:

Heigh  
 Weigh  
 Age:  
 Last

# Spirometry #		Actual	% Pred.	Predicted	- - - - -		
					Actual	% Pred.	% Change
FVC	(Liters)	5.15	102	5.03			
FEV-0.5	(Liters)	2.97	93	3.20			
FEV-1	(Liters)	3.82	96	3.98			
FEV-3	(Liters)	4.77	100	4.76			
PEFR	(L/Sec)	9.94	104	9.55			
FEF25-75	(L/Sec)	2.94	61	4.81			
FEF25	(L/Sec)	7.89	90	8.81			
FEF50	(L/Sec)	4.47	68	6.58			
FEF75	(L/Sec)	1.06	32	3.37			
FEV-.5/FVC	(%)	58					
FEV- 1/FVC	(%)	74		79			
FIF50	(L/Sec)						
FIF25-75	(L/Sec)			7.21			
MVV	(L/Min)			131			

# Lung Volumes	Actual	% Pred.	Predicted	Actual	% Pred.	% Change
SVC (Liters)			5.03			
IC (Liters)			3.63			
ERV (Liters)			1.40			
RV (Liters)			2.49			
TLC (Liters)			7.51			
RV/TLC (%)			33			
FRC (Liters)			3.88			

# Lung Diffusion	Actual	% Pred.	Predicted
DLCO (SB)			30.46
DL/VA			

Comments:  
 QUIT PIPE 4MOS AGO  
 NONE

-----  
 Physician





1124 Renewed Dec 4, 1954

# Atomic test workers exposed to radiation

By Keith Schneider  
New York Times

24

LAS VEGAS, Nev. — Workers at the Nevada Test Site, the desert proving ground for American nuclear weapons, were reportedly exposed to dangerous levels of radiation from underground and atmospheric atomic blasts in the 1950s and 1960s, according to government records made public in a court case here.

The records show that miners were or-

dered soon after nuclear blasts to recover instruments from tunnels filled with radioactive dust and strewn with contaminated debris.

Energy's predecessor, often discussed the large number of overexposures and the danger to workers at the Nevada Test Site. But the commissioners ultimately decided not to reduce the exposures or to inform the workers of the threat because doing so would have meant changes in procedures and equipment that would have halted nuclear testing.

Lawyers representing the workers in negligence cases against the government say the records show that federal officials knew of the hazards and refused to remedy them.

## Atomic

Continued from page 1  
vide new details of incidents that received scant attention when they occurred.

The documents began to be declassified in 1978 and 1979.

Some were declassified as a result of legally enforceable requests filed under the Freedom of Information Act by veterans and former workers, and some were declassified at the request of congressional committees then holding hearings on the effects of the nuclear weapons program.

The papers were made available to The New York Times by two Las Vegas lawyers, Alan R. Johns and Larry C. Johns, who have filed a lawsuit against the government alleging that radiation from bomb tests caused the cancer deaths of 200 employees and cancer illnesses in 16 others who worked at the Nevada Test Site from 1951 to 1981.

"I know now that I got an awful big dose from some of those tests," said Keith L. Prescott, a disabled 63-year-old miner who worked at the test site for eight years in the 1960s and is now a plaintiff in the lawsuit.

Prescott has been sick since 1989 with multiple myeloma, a cancer of the bone marrow that has been

linked by scientists to exposure to high levels of radiation.

"We were told that it was safe. What did we know? We believed it was safe," said Prescott during an interview at his home in Kansas, Utah.

"They even told us we could take our clothes home, with all that stuff

But Bruce W. Church, the assistant manager of environment, safety and health at the test site, said,

"I am confident that Nevada Test Site workers were never deliberately exposed to high levels of radiation. Federal scientists have argued for years that radiation from the atomic weapons program has not

**"They even told us we could take our clothes home, with all that stuff on it, so my wife could wash them with the family clothes."**

— Keith L. Prescott, test site worker

on it, so my wife could wash them with the family clothes."

At issue in the federal court suit, which was filed in 1980 and has been expanded to include 218 civilian workers at the test site, is whether the government failed to protect workers from levels of radiation it knew could cause harm.

The Department of Energy, the owner of the Nevada Test Site, and the Department of Justice declined to discuss any aspect of the case.

caused cancer among workers, military veterans, or U.S. citizens who worked at the test site or lived downwind of it.

Their assurances are based largely on government studies of the effect of low levels of radiation on human health, an issue that has been a source of conflict among scientists for half a century.

Critics assert that the studies are tainted by their government sponsorship and that the dangers are real and evident.

The workers represented by the Nevada lawsuit belong to one of three groups that have asserted that radiation from bomb tests in Nevada caused thousands to fall ill or die.

No other place on earth has been battered more often by nuclear weapons than the Nevada Test Site, a haunting 1,350-square-mile stretch of flat mesas and forbidding desert whose eastern boundary is 70 miles northwest of Las Vegas.

Since the first test on Jan. 27, 1951, more than 700 atomic bombs have ripped the atmosphere and shaken the earth from shafts and tunnels hundreds of feet below the surface.

Radioactive contaminants blanketed the desert, and countless sawing craters opened amid the sagebrush and Joshua trees.

Like the 16 other plants and laboratories that make up the core of the U.S. nuclear weapons industry, the Nevada Test Site has been plagued for decades by accidents and mishaps.

Yet it is the threat to the health of workers from radiation that has been shown to be a more enduring concern than industrial accidents.

The concern about radiation peaked at the top levels of the Atomic Energy Commission soon after the test site opened. According to minutes of their weekly meetings on Sept. 23, 1952, commissioners expressed concern that workers might be exposed to radiation hazards for too long a time.

Two weeks later, the commissioners were told that the program determining the amount of radiation hundreds of workers were being exposed to "was not always reliable as might be desired."

By May 13, 1953, some commissioners were calling on Nevada Site officials to reduce worker doses by sharply lowering government's safety limit.

A rem is a unit of measure for determining a radiation dose. One rem is the rough equivalent of seven or eight X-rays. A 50 dose is usually fatal.

Dr. John C. Bugher, the director of the division of biology and cancer at the time, counseled a changing the standard.

OAK RIDGE INSTITUTE OF NUCLEAR STUDIES

INCORPORATED

P. O. BOX 117

OAK RIDGE, TENNESSEE

May 20, 1953

OFFICE OF THE EXECUTIVE DIRECTOR

Selective Service System  
Local Board No. 10  
County Court House  
Fairmont, West Virginia

Gentlemen:

In accordance with a recommendation of the National Headquarters of the Selective Service System to the Atomic Energy Commission, we are pleased to notify you concerning the status with us of \_\_\_\_\_ who is registered with your Selective Service Board and subject to call for military service.

The Oak Ridge Institute of Nuclear Studies is a non-profit educational corporation chartered under the laws of the State of Tennessee and made up of thirty southern universities. Most of the activities of the Institute are carried out under Contract No. AT-(40-1-gan-33 with the United States Atomic Energy Commission. This contract is administered locally through the Oak Ridge Operations of the Commission. The enclosed General Information folder describes more fully the structure and activities of the Institute.

One of the programs carried out under this contract is the sponsorship of graduate fellows on a national basis of graduate fellows in the field of nuclear science. At the present time the number of persons in the United States who are competent to deal with the problems of radiation hazards, nuclear energy, and warfare but also in the plants and laboratories of the Atomic Energy Commission and in other installations involving radioactive materials is very limited and inadequate. In view of this severe shortage of competent personnel in this new specialized field and the urgent need for personnel, the Atomic Energy Commission has established through the Institute a graduate fellowship program. The program is described in the enclosed folder.

The forty-four graduate fellows for this year's program were selected in March from a large number of applications in nationwide competition. \_\_\_\_\_ was one of the outstanding students so selected and \_\_\_\_\_ has already been expended in securing applicants of this caliber. The processing the selection and appointment of this individual to the position of \_\_\_\_\_ appointment is for one year beginning \_\_\_\_\_ 1953, at the \_\_\_\_\_ of Rochester and the Brookhaven National Laboratory.

Because it is not possible to reopen competition for these Fellowships at this late date and because of the long period required for the investigation leading up to the granting of Atomic Energy Commission Security

May 20, 1953

Clearance as described in the announcement, it is not possible for us to replace any of these Fellows who may be inducted for military service. The educational background required for graduate work in this highly specialized field is, moreover, quite specialized. is one of the few young men available in the country possessing this necessary background and the required ability and technical competence for successful pursuit of graduate study in this field.

We, therefore, strongly urge you to give every consideration to the continued deferment of from active military service. you will recognize with us the extreme urgency and the importance to the national welfare and defense of permitting each one of these forty-four specially qualified young men, who have been selected with such great care from the entire nation, to complete the important work which they are to do under their Fellowships. It is difficult to overemphasize the importance of providing the nation, one year from now, with forty-four additional persons possessing the requisite technical competence in the vital field of protection against radiation hazards.

If there is any further information which you would like to have concerning status with us or if we can be of assistance to you in this matter in any way, please do not hesitate to call.

Sincerely,

William G. Rollins  
Executive Director

WGP:ah

Enclosures

cc:

August 14, 2006

U. S. DEPARTMENT OF LABOR

Office of Occupational Illness Compensation

Seattle District Office

719 Second Avenue, Suite 601

Seattle Washington 98104

File Number

Dear Mr. Reeve:

I am writing regards to your letter dating 7-31-06. My husband worked  
Lawrence Livermore National Laboratory (LLNL) many years before LLNL found  
out that there ground water was very contaminated and Benzene was found in  
drinking water at LLNL. Before 1950 LLNL site was used for Air Force space  
before LLNL took over and no clean up was done at that side. I recall my husband  
telling me that test side 300 lots of hazardous chemicals was dumped on the ground  
and no one worried about contamination in those days. What ever was not used or  
needed any more was dumped on the ground. He did spend lots of time  
side 300 he tested different kinds of chemicals some were classified and some were  
unclassified. He also spend lots of time at Nevada test side,

He did send you his resume and publications showing all his unclassified work he  
did at test side and not counting all the classified work he did, and you don't do that  
in day or two it's take years, and not too many people do that in hole life time.

I remember him telling me that he often got only 3 hours of sleep at night when he  
was working at Nevada test side. He put long days to accomplish what he did. He  
was on monthly salary and there was not any over time pay, he end up retiring age 58  
suffering until his death. LLNL has destroyed almost all external dose  
reconstruction records and all the x-rays and badges do not show what you inhale  
anyway. I suppose that LLNL destroyed the records that it makes it difficult to  
pinpoint dose, but common sense tell me haw can person be working 25 years in that  
kind of environment and not getting contaminated. I am also asking extension of time  
in case I get more information.

I am inclosing the documents showing that Benzene causes Bone marrow cancer and  
that what my husband had and last stage it turned to leukemia. Letter from LLNL  
showing that records do not exist.

Sincerely,

March 5, 2006

U.S. DEPARTMENT OF LABOR  
Office of Worker's Compensation Illness Compensation  
Division of Energy Employees' Occupational Illness Compensation  
Seattle District Office  
719 Second Avenue, Suite 601  
Seattle, Washington 98104

Dear Gary Wall  
Examiner

Enclosed please find a copy of Tri Valley Harold Newspaper article of December 14, 1989. That does explain how test site workers were doing atomic testing without any proper protection; therefore many of workers have been exposed to dangerous levels of radiation.

The article explains that many workers has been diagnosed with multiple myeloma, a cancer of the bone marrow that has been linked by scientists to exposure to high levels of radiation. My husband was also diagnosed for multiple myeloma, a cancer of the bone marrow.

Also I am including a photo copy of the picture, taken on the contaminated test side showing that workers were not provided with any personal protective equipment to use, such as mask, special clothing or any personal protective equipment, etc. My husband is in the picture marked by an arrow working with a device. I do not have knowledge of knowing what kind of weapon it was, but it shows that not protective clothing was worn.

This shows that had been contacted to hazardous radiation, which had a big effect in his health and also ended his life.

Sincerely,

Feb.23, 2006

U.S. DEPARTMENT OF LABOR  
Office of Worker's Compensation Illness Compensation  
Division of Energy Employees' Occupational Illness Compensation  
Seattle District Office  
719 Second Avenue, Suite 601  
Seattle, Washington 98104

Dear Vincent A. Fleece  
Examiner

Attached please find my husband's X-rays taken in Kaiser Permanente Hospital. Looking at the X-rays, they are showing that his lungs had badly decayed by hazardous radiation. Lawrence National Laboratory (LLNL) Pulmonary Function Laboratory Computer Impression test taken 12-4-86 shows mild obstruction lung Disease. (LLNL) told me that they no longer have X-rays.

I am also enclosing a letter from personal physician. The letter indicates, that it is possible, that hazardous radioactive materials contributed his illness. told me that "doctors treat the patient's illness but they don't run the test for what cost the illness". But he said, "it is well documented that hazardous radioactive material cost cancer."

The years my husband worked in Nevada test side and side 300 in LLNL did not provide personal protective equipment to use, such as mask, special clothing or any personal protective equipment, etc.

Now half of the dosimetry reading records are missing and all the X-rays in LLNL. illness did not only harm but also his family. I had to quit working to take care of him and to take him to medical treatments and doctor's appointments which happened a several times of week. It had a big impact in my life, financially, physically and emotionally.

dedicated his whole lifetime to work for US government research to keep our nation safe from another superpower in the time of Cold War.

I wish that I did not had to write this letter to you but unfortunately that is not the case because he is not here to enjoy the life with me. I remain.

Sincerely,

January 18, 2006

U.S. DEPARTMENT OF LABOR  
Office of Workers' Compensation Program  
Division of Energy Employees' Occupational Illness Compensation  
Seattle District Office  
719 Second Avenue, Suite 601  
Seattle, Washington 98104

Dear Angelino P. Patubo  
Examiner

Attached please find my husband's \_\_\_\_\_ records that I received from Lawrence Livermore National Laboratory (LLNL). LLNL did not send the requested records for the years of 1967, 1968, 1969, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983 and 1984. LLNL was sending the record of dosimetry reading 0.000 for the years of 1993 to 2003. Please note that \_\_\_\_\_ already was retired on December 31, 1990. On the years of 1993 to 2003 \_\_\_\_\_ had Red Batch only, which he used to enter LLNL Library to study his illness from recent medical journals.

I am also including Nevada Test Side Dose Records. The record are missing for the years of 1966, 1969, 1970, 1971, 1976, 1977, 1978, 1989 and 1990 because they were not sent to me.

Also please find \_\_\_\_\_ Pulmonary Function test which was taken 12/04/86 showing mild Obstruction Lung Disease. I asked LLNL to send me the x-rays but I have not received them.

You will also find the document showing that the Chemical and Biological Safety Section was unable to locate employer specific biological agent exposure at LLNL. None of the Dose records show all what is inhaled directly into the lungs. So my question is, what they are hiding by not including all requested and required records.

If you have any questions please do not hesitate to contact me.

Sincerely,

Jan. 11, 2006

U.S. DEPARTMENT OF LABOR  
Office of Workers' Compensation Programs  
Division of Energy Employees' Occupational Illness Compensation  
Seattle District Office  
719 Second Avenue, Suite 601  
Seattle, Washington 98104

Dear Angelino P. Patubo  
Examiner

Attached please find my husband's copies of Oak Ridge  
Institute of Nuclear Studies records and National Bureau of Standards  
Washington. I made copies of letters what I found. If you need the  
originals I have them but they are not in good condition as you can see,  
being more than 50 years old. Hope these copies can verify his work in  
above places.

Sincerely,

Nov.26,2005

U.S. DEPARTMENT OF LABOR  
Office of Workers' Compensation Programs  
Division of Energy Employees' Occupational Illness Compensation  
Seattle District Office  
719 Second Avenue, Suite 601  
Seattle, Washington 98104

Dear Angelino P. Patubo  
Examiner

My husband was diagnosed with bone marrow cancer, polycythemia vera and thrombocytoses years ago. Past year his white blood count got very high and hemoglobin and red blood count went way down. The National Cancer Institute is saying that last stage's polycythemia vera and thrombocytosis disease is characteristics that it turns to leukemia and that what happened to my husband.

I ordered from Kaiser Permanente his medical documents but I don't know when I going to receive them. I will forward them to you as soon as I get them from Kaiser Hospital.

I agree with the employment information provided by the DOE copy enclosed and also Social Security Administration form is enclosed.  
If I can be more help please let me know

Sincerely,

---



To: Staff Relations, L-708

Subject: Industrial Hygiene Data Request

For: Name:  
Social Security No.:  
LLNL employee No.:  
LLNL Contractor No.:

Records Do Not Exist

The Chemical and Biological Safety Section was unable to locate employee specific industrial hygiene data records for the above individual for chemical or biological agent exposure at Lawrence Livermore National Laboratory (LLNL).

See Attached Records

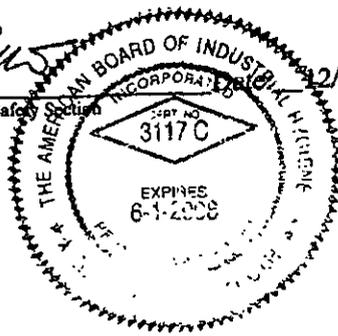
Please direct questions regarding these results to:

Lawrence Livermore National Laboratory  
Personnel Dosimetry, L-787  
P.O. Box 808  
Livermore, CA 94551-9900  
Phone: (925) 423-7902

Released by: \_\_\_\_\_

George P. Fulton, CIH, Chemical & Biological Safety Section

*George P. Fulton*



2/09/2005

*This data is provided in accordance with the Federal Privacy Act of 1974,  
and the State of California Information Practices Act of 1977.*

IH Data Transmittal rev. 4/05



Recycle  
7600-61230

Special Exposure Cohort Petition — Form B

E Proposed Definition of Employee Class Covered by Petition — Complete Section E.

E.1 Name of DOE or AWE Facility: LAWRENCE LIVERMORE NATIONAL LAB

E.2 Locations at the Facility relevant to this petition: AND SYSTEMS AND SCIENCE SOFTWARE

NEVADA TEST SITE, TN YUCCA VALLEY, RAINIER MESA, AREA 12, 16 & 20. He also worked in tunnels installing gauges to measure temperature nuclear weapon device.

E.3 List job titles and/or job duties of employees included in the class. In addition, you can list by name any individuals other than petitioners identified on this form who you believe should be included in this class: Experimental Physicist

E.4 Employment Dates relevant to this petition:

Start 1966 End 1990  
Start \_\_\_\_\_ End \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?  Yes  No

If yes, provide the date(s) of the incident(s) and a complete description (attach additional pages as necessary):

I am filing this Special Exposure Cohort to be in included group of employees working at Nevada Test Site 250 days before February 1, 1992, at specified sites. worked in Yucca Valley, Rainier Mesa, Area 12, 16 and 20. He also worked in tunnels installing gauges. He worked between years 1966 to 1990.

Go to Part F

Special Exposure Cohort Petition  
under the Energy Employees Occupational  
Illness Compensation Act

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

Special Exposure Cohort Petition — Form B

OMB Number: 0920-0639

Expires: 06/31/2007

Appendix — Continuation Page

Continuation Page — Photocopy and complete as necessary.

Enclosed you will find application for Special  
Exposure Cohort Petition. I am submitting  
this class of employees who worked Nevada Test  
Site 250 days before February 1, 1992.

Enclosed is form B. B.1-C.7  
form B. E.1-E.5  
form B. F.1-F.2  
form affidavit

My document shows that dosimeters and  
related information that are unavailable  
(due to either a lack of monitoring or the  
destruction or loss of records or falsified  
or destroyed)

worked in Yucca Valley, Raines  
Mesa, Area 12, 16 and 20. He also worked in tunnels  
installing gauges to measure temperature nuclear  
weapon device.

Attach to Form B if necessary

Name or Social Security Number of First Petitioner

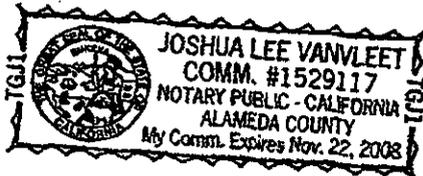
**JURAT**

State of California

County of Alameda } ss.

Subscribed and sworn to (or affirmed) before me on this 29 day of November, 2004, by

\_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



*Joshua Lee VanVleet*  
NOTARY'S SIGNATURE

**OPTIONAL INFORMATION**

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

**CAPACITY CLAIMED BY SIGNER (PRINCIPAL)**

- INDIVIDUAL
- CORPORATE OFFICER

\_\_\_\_\_ TITLE(S)

- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- SUBSCRIBING WITNESS
- OTHER: \_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

Special Exposure Cohort Petition  
TITLE OR TYPE OF DOCUMENT

\_\_\_\_\_ NUMBER OF PAGES

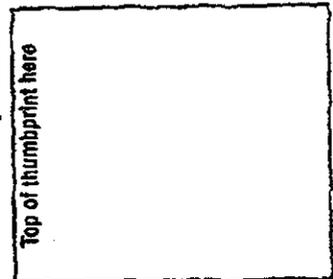
11-29-2004  
DATE OF DOCUMENT

\_\_\_\_\_ OTHER

**ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
\_\_\_\_\_

**RIGHT THUMBPRINT  
OF  
SIGNER**



Special Exposure Cohort Petition — Form B

**B Survivor Information — Complete Section B if you are a Survivor or representing a Survivor.**

B.1 Name of Survivor: \_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name

B.2 Social Security Number of Survivor: \_\_\_\_\_

B.3 Address of Survivor: \_\_\_\_\_  
Apt # P.O. Box  
City State Zip Code

B.4 Telephone Number of Survivor: \_\_\_\_\_

B.5 Email Address of Survivor: \_\_\_\_\_

B.6 Relationship to Employee:  Spouse  Son/Daughter  Parent  
 Grandparent  Grandchild

Go to Part C

**C Employee Information — Complete Section C UNLESS you are a labor organization.**

C.1 Name of Employee: \_\_\_\_\_  
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.2 Former Name of Employee (e.g., maiden name/legal name change/other):  
Mr./Mrs./Ms. First Name Middle Initial Last Name

C.3 Social Security Number of Employee: \_\_\_\_\_

C.4 Address of Employee (if living): \_\_\_\_\_  
Street Apt # P.O. Box  
City State Zip Code

C.5 Telephone Number of Employee: N/A

C.6 Email Address of Employee: N/A

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): N/A

C.7b Dates of Employment: Star 1966 En 1990

C.7c Employer Name: LAWRENCE LIVERMORE NATIONAL LABORATORY

C.7d Work Site Location: NEVADA TEST SITE IN YUCCA VALLEY, RAINIER MESA AREA 12 x 16 x 20. He also worked in tunnels installing gauges

C.7e Supervisor's Name: d

Go to Part E

December 14, 2006

Office of Compensation Analysis Support  
NIOSH MS-C-47  
4676 Columbia Parkway  
Cincinnati, OH 45226

I am submitting this application submission on behalf of a class of workers who worked at Lawrence Livermore National Laboratory (LLNL) from March 1966 through December 31<sup>st</sup>. 1990.

was physicist who did experimental work and theoretical work at LLNL and side 300 were he did his experiment.

Dosimeters monitoring records are unavailable they are either lost not monitored, falsified or destroyed.

Sincerely,