

**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

OMB Number: 0920-0639

Expires: 05/31/2007

**Special Exposure Cohort Petition — Form A**

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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 [redacted]

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

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

[redacted]

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

[redacted]

First Name

Middle Initial

Last Name

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

[redacted]

**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:**

[redacted]

First Name Middle Initial Last Name

[redacted]

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:

[redacted]

**Special Exposure Cohort Petition — Form A**

**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-XXXX. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

**Privacy Act Advisement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

Name or Social Security Number of First Petitioner:



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

**U.S. Department of Health and Human Services**  
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Use of Form B and disclosure of Social Security Number are voluntary. Failure to use Form B 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 Special Exposure Cohort Petition — Form B**

**Introduction**

The Energy Employees Occupational Illness Compensation Program Act (the Act) authorizes the U.S. Secretary of Health and Human Services (HHS) to consider petitions by classes of current and/or former employees at facilities of either the Department of Energy (DOE) or Atomic Weapons Employers (AWEs) requesting to be added to the Special Exposure Cohort. HHS has issued procedures that explain how such employees, their survivors, or individuals or organizations authorized in writing to represent them, can submit a petition and how the outcome of the petition will be decided. The procedures, titled: "Procedures for Designating Classes of Employees as Members of the Special Exposure Cohort" (federal regulations at 42 CFR Part 83), are available from HHS at the address provided below.

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

Use this form **unless** NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim. If so, use Special Exposure Cohort Petition — Form A. You do not have to use either form to submit a petition. The forms are intended to assist petitioners in providing the complete information required by HHS as efficiently as possible.

**Hardcopy Submissions:** Submit completed forms to the following address:

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

**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**.

Instructions for Completing Special Exposure  
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**IMPORTANT:** Petitions **DO NOT** need to be submitted by all potential members of a class of employees. ("Class" has a very specific legal meaning under the HHS rule. Petitioners should consider "class" to mean the group of employees who worked at the same DOE or AWE facility and who believe they, as a group, should be added to the Special Exposure Cohort). A single member of a class of employees, the survivor of a member, or an individual or entity authorized in writing by a member or survivor can petition on behalf of the entire class. Petitioners are not required by HHS to contact other members of the class or obtain their consent to submit a petition, although petitioners may wish to obtain information useful to the petition from other members of the class.

Instructions

Please read each of parts A — E in the form and complete only those parts appropriate to you, according to these instructions. A checklist has been provided on the last page of these instructions to help ensure that you have properly completed all of the sections applicable to you. Except for signatures, please PRINT all information clearly and neatly on the form.

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, but only one petitioner is required. Limiting the number of petitioners to three for each petition does not limit the number of members of the class covered by a petition, but will enable HHS to consider and decide petitions more efficiently.

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

Part A

**Petitioner Information:** Complete Part A if you are an individual or entity authorized by an employee or a survivor to petition on behalf of a class of employees, as provided for under 42 CFR Part 83.7(c).

**A.1 — Are you a contact person for an organization (other than a labor union):** If you are a contact person for an organization, other than a labor organization, check Yes and go to A.2; if you are not a contact person, check  No and go to A.3.

**A.2 — Organization Information:** If you are a contact person for a legally constituted organization, a firm, or another type of entity, enter the name of the organization and your position as the person who will serve as the principal contact with HHS for this petition. If you are NOT a contact person, leave this entry blank.

**A.3 — Name of Petition Representative:** Enter your full legal name (applies to both a contact person and an authorized representative of an energy employee or survivor). [REDACTED]

**A.4 — Address:** Enter your current mailing address [REDACTED]

**A.5 — Telephone Number:** Enter the telephone number at which you can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours when you are available, if necessary. [REDACTED]

**A.6 — Email Address:** (Optional) Enter your email address at work or home. \_\_\_\_\_

**A.7 — Authorization:** Check the box and attach the written authorization, as indicated. A separate authorization form, "Petitioner Authorization Form", is available for this purpose.

If you are representing a survivor, go to Part B; if you are representing an employee, go to Part C.

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**Part B**

**Petitioner Information:** Complete Part B if you are a Survivor of a former Energy Employee. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an employee or survivor to petition on behalf of a class of employees.

**B.1 — Name of Survivor:** Enter the full legal name of the survivor. [REDACTED]

**B.2 — Social Security Number:** (Optional) Providing a Social Security Number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled. Personal information, like your social security number, will be protected under the Privacy Act. [REDACTED]

Enter the Social Security Number of the survivor. If you are an authorized representative, make sure you have permission to enter the survivor's Social Security Number.

**B.3 — Address:** Enter the survivor's current mailing address. [REDACTED]

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.4 — Telephone Number:** Enter the telephone number at which the survivor can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary. [REDACTED]

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.5 — Email Address:** (Optional) Enter the survivor's email address at work or home.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**B.6 — Relationship to Employee:** Check the relationship of the survivor to the energy employee.

[REDACTED]  Spouse [REDACTED]

Go to Part C

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**Part C**

**Petitioner Information:** Complete Part C if you are an Energy Employee or a Survivor. Also complete this Part if you are an individual or entity (other than a labor organization) authorized by an employee or survivor to petition on behalf of a class of employees.

This section is to be completed by petitioners who are employees of DOE/AWE facilities or their survivors, or by petitioners authorized by employees or their survivors. This section does not have to be completed by labor organizations submitting a petition (labor organizations should complete Part D).

Please complete all the entries in this section, as applicable. The form allows for as many as three petitioners to provide this complete information if they so desire, but this is not necessary. We only require that a single petitioner provide complete information for this section.

**C.1 — Name of Employee:** Enter the full legal name of the energy employee. [REDACTED]

**C.2 — Former Name of Employee:** If the employee had a different name at the time of employment at the DOE or Atomic Weapons Employer facility (for example, a maiden name), enter that name.

**C.3 — Social Security Number:** (Optional) Providing a Social Security Number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled. Personal information, like your social security number, will be protected under the Privacy Act. [REDACTED]

Enter the Social Security Number of the energy employee. If you are an authorized representative, make sure you have permission to enter the employee's Social Security Number. [REDACTED]

**C.4 — Address:** Enter the current mailing address of the energy employee. [REDACTED]

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**C.5 — Telephone Number:** Enter the telephone number at which the employee can be reached from 8:00 am to 5:30 pm Eastern Standard Time on weekdays. Please specify more limited hours of availability, if necessary. [REDACTED]

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

**C.6 — Email Address:** (Optional) Enter the employee's email address at work or home.

If you are authorized to petition by an employee or a survivor under Part A of this form, you do not need to complete this entry.

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**C.7 — Employment Information Related to Petition:** Enter the following employment information about this petition:

**C.7a — Employee Number:** Enter the employee number, if you know it. Not all employers assigned employee numbers. [REDACTED]

**C.7b — Dates of Employment:** Enter the dates of employment at the facility (or approximate dates, if employment records are unavailable), from start date to end date. [REDACTED]

**C.7c — Employer Name:** Enter the name of the employer [REDACTED]

**C.7d — Work Site Location:** Enter the location of the facility and work site relevant to the petition. Be as specific as possible about the work site, naming the specific building or work area if possible, as well as the facility location (e.g., Idaho National Engineering Laboratory). *UNION CARBIDE-ALL*

**C.7e — Supervisor's Name:** Enter the Supervisor's name, if known. *AREAS AS JANITOR - POWER HOUSE, FIREHOUSE Bldg/4, BLAG 31 MOLECULAR SEIVES*

Go to Part E.

Part D

**Petitioner Information:** Complete Part D if you are a labor organization.

This section is to be completed only by labor organizations submitting a petition on behalf of employees they represent or represented. If you are not such a labor organization, you should skip this part.

**D.1 — Labor Organization Information:** Enter the name of the labor organization and the position of the person who will serve as the principal contact with HHS for this petition.

**D.2 — Name of Petition Representative:** Enter the name of the official who will serve as the principal contact for HHS communications and inquiries regarding this petition.

**D.3-D.5 — Contact Information:** Enter the address, telephone number, and e-mail address of the labor official who will serve as the principal contact for HHS.

**D.6 — Period during which labor organization represented employees covered by this petition:** Enter dates as indicated. For active facilities at which your labor organization continues to represent employees, enter the date of the petition for the "end date." Please attach related documentation (e.g., relevant pages of labor-management contracts or NLRB certification).

**D.7 — Identity of other labor organizations that may represent or have represented this class of Employees:** Enter the names of any other labor organizations who may currently represent some members of the class of employees or have represented members of this class in the past, if you are aware of any. This information may assist HHS in contacting members of the petitioning class for information or to notify them, should HHS add their class to the Cohort.

Go to Part E.



Part E

Proposed Definition of Employee Class Covered by Petition

The information provided in this section will assist HHS in evaluating the petition. Petitioners should note that it is possible that, as HHS conducts its evaluation of a class, it may revise the definition proposed by the petitioner, making the class more expansive or more specific, and possibly combining the classes of several petitions or dividing the class of a single petition into two or more classes. Ultimately, HHS must define classes consistent with the criteria for determining whether or not the class should be added to the Cohort.

**E.1 — Name of DOE or AWE Facility:** Enter the name of the DOE or AWE facility where the class of employees covered by this petition was employed. *LINDE AIR-UNION CARBIDE FACILITY*

**NOTE:** Although individual employees may have worked at more than one facility during their career, a petition must be specific to a class of employees at a single facility, as specified by the Act. It is acceptable to file petitions for more than one facility; however, you must file a separate petition for each facility.

**E.2 — Locations at the Facility relevant to this petition:** Name or describe the location(s) at the facility relevant to this petition; the locations where members of the class were exposed to radiation. If the location does not have a name, such as a building number or floor or room of a building, describe the location by its more specific characteristics, such as the operation or process conducted there, or the equipment, fixtures, or facilities in that location. Be as specific as possible. *BLDG 31- MOLECULAR SILEVES- MAIN BLDG WHERE BOMBS WERE MADE BLDG 14 FIREHOUSE- ONE OF HOTTEST CONTAMINATED AREAS. JAN 1995*

**E.3 — List job titles and/or job duties of employees included in the class:** List the job titles and/or job duties that characterize employees who you believe belong in the class, to the extent necessary to define the class. *ALL*

Examples:

- If you can define the class by job duties alone, and you believe that anyone with such job duties should be included in the class, listing the job duties would be sufficient.
- If you believe all employees in a location during a period of time should be included in the class, regardless of job title or job duty, enter an "all" here instead of specifying job titles or job duties. *ALL*
- However, if you believe that only persons with certain job duties involved in certain operations or processes should be included in the class, you must specify this.

The point is to define the class carefully and specifically, so that it includes all employees for whom you believe radiation doses cannot be estimated and whose health could have been endangered, and only such employees. To be certain your definition covers all employees that you intend to include, you may choose to list by name individuals who should be included in the class and who have not already been identified among the petitioners you have listed in this form.

**E.4 — Employment Dates relevant to this petition:** Enter the approximate or precise dates of the period of employment that applies to the petition. For example, the potential exposures to radiation may have occurred during a period of a certain operation, during a period when certain radiation protection policies were in place, during a period when radiation monitoring was omitted, or during a period for which exposure and monitoring records are lost. *RESIDUAL RADIATION 1954-1995*



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**E.5 — Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?** If the petition is based on one or more radiation exposure incidents for which exposures were unmonitored (unplanned events that resulted in radiation exposures, versus routine operations which may also result in radiation exposures), provide the date when the incident(s) began and ended and describe the incident(s) in as much detail as possible. *WORKERS AT LINDBE AIR WERE GRANTED SPECIAL EXPOSURE COHORT 1945-1947 AS NO HISTORICAL RECORDS WERE AVAILABLE.* For example, you might describe the source of the radiation exposure or emission, its cause, the response to the incident, and the potential number of employees involved. You should report everything you know about the incident. NIOSH will use this information to identify the event and obtain additional information from the Department of Energy and other sources. If NIOSH finds it cannot confirm the occurrence of the event through information from the Department of Energy or any other sources, it will require that you obtain and provide medical evidence relating to the incident and/or one or more affidavits providing information about the incident, as provided under section 83.9(c)(3) of the Special Exposure Cohort Rule (42 CFR Part 83).

**Go to Part F**

**Part F**

**Basis for Proposing that Records and Information are Inadequate for Individual Dose Reconstructions**

Complete at least one of the entries under this part. You are not required to complete more than one entry, although you should complete more than one entry when such additional information is available to you. This additional information may assist HHS in evaluating your petition.

**F.1:** Complete this entry if you are petitioning on the basis that certain radiation exposures and doses to the class were not monitored. By completing this entry, you do not need to establish (through documentation or affidavit) that there was no monitoring whatsoever, of any radiation exposures and doses incurred by the class of employees. You need only establish that some types of radiation exposures and doses incurred by the class were not monitored, or that during certain periods of time, certain operational procedures, or certain exposure incidents, the exposures and doses incurred by the class were not monitored.

For example, if the employees in the class were instructed to remove their radiation dosimetry badges for certain operations involving radiation exposures, this might qualify as unmonitored exposures, despite the fact that the employees might have routinely worn their radiation dosimetry badges during most operations. Similarly, if there was a period of time during an operation when there was no monitoring of internal doses, this might qualify as unmonitored exposures.

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**F.2:** Complete this entry if you are petitioning on the basis that radiation monitoring records for members of the proposed class have been lost, falsified, or destroyed. Documentation or affidavits demonstrating that monitoring records are missing for a class of workers might be sufficient to indicate that the records have been lost or destroyed. Documentation or affidavits demonstrating differences between exposures or monitoring results and the current official records of these exposures or monitoring results might be sufficient to indicate that records might have been falsified. You should note, however, that records can be changed to reflect corrections to faulty monitoring results.

Also complete this entry if there is no information regarding monitoring, source, source term, or process from the site where the members of the proposed class worked.

By completing this entry, you do not need to establish (through documentation or affidavit) that there are no monitoring records whatsoever, for personal or area monitoring that was conducted for the class of employees, or that all the relevant records have been falsified. You need only indicate that the records relating to some types of radiation exposures and doses incurred by the class, or relating to certain periods of time, certain operations, or certain exposure incidents involving the class, have been lost, falsified, or destroyed, or that there is no such information.

**F.3:** Complete this entry if you are petitioning on the basis of an unpublished expert report addressing record limitations for the class of employees proposed in your petition. You are not required to use this approach to support your petition. Most petitioners are unlikely to be in a position to employ an expert to evaluate the limitations of DOE records on exposures to a particular class of employees. However, this is an option that might be used by some petitioners, particularly organizations. If you are considering this option, we suggest the expert you employ contact NIOSH before completing such an evaluation. NIOSH will ensure that the expert is aware of the availability of relevant information concerning the procedures by which NIOSH estimates radiation doses for cancer claims under the Act, including the HHS regulations on dose reconstruction methods (42 CFR Part 82) and related implementation guidelines.

**F.4:** Complete this entry if you are petitioning on the basis of a scientific or technical report that was published in a peer-reviewed journal or 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. Federal agencies most likely to have funded or to fund such studies are DOE and NIOSH. It is possible that state environmental protection agencies might have funded such studies related to AWE facilities. Such reports are likely to have been issued either as scientific or technical reports available directly by request from government agencies or as research reports published in scientific journals.

**Go to Part G**

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**Part G**

**Signature of Person(s) Submitting this Petition**

Each petitioner should sign and date the petition as indicated. A maximum of three petitioners may sign the petition.

**Summary of Form Requirements**

To ensure that you have completed the required sections of the petition, please refer to the table below:

	Part A	Part B	Part C	Part D	Part E	Part F	Part G
Employee			X		X	X	X
Survivor		X	X		X	X	X
Authorized Representative	X	X (if applicable)	X		X	X	X
Labor				X	X	X	X

**Appendix — Petitioner 2**

If there is an additional petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 2 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

**Appendix — Petitioner 3**

If there is a third petitioner (not a labor organization), he or she must complete the Appendix — Petitioner 3 and sign Section G of the original petition. Please refer back to pages 2 — 5 of this instruction set for more information on completing the appendix.

**Appendix — Continuation Page**

The Continuation Page is provided for you if you need more space to provide additional information. Please photocopy as needed, and attach to the petition.

### Public Burden Statement

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-XXXX. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

### Privacy Act Advisement

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Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records, HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

**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**  
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

OMB Number: 0920-0639 Expires: 05/31/2007  
Page 2 of 7

**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:**  
[Redacted] First Name [Redacted] Middle Initial [Redacted] Last Name [Redacted]

**B.2 Social Security Number of Survivor:** [Redacted]

**B.3 Address of Survivor:**  
[Redacted] Street [Redacted] Apt # [Redacted] P.O. Box [Redacted]  
[Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

**B.4 Telephone Number of Survivor:** [Redacted]

**B.5 Email Address of Survivor:** [Redacted]

**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:**  
[Redacted] First Name [Redacted] Middle Initial [Redacted] Last Name [Redacted]

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

**C.3 Social Security Number of Employee:** [Redacted]

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

**C.5 Telephone Number of Employee:** ( ) [Redacted]

**C.6 Email Address of Employee:** [Redacted]

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

**C.7a Employee Number (if known):** [Redacted]

**C.7b Dates of Employment:** Start [Redacted]-60 End [Redacted]-71

**C.7c Employer Name:** LINDE AIR

**C.7d Work Site Location:** Bldg 31, 14, 19, ALL AREAS AS AXIATOR

**C.7e Supervisor's Name:** [Redacted]

Go to Part E

Name or Social Security Number of First Petitioner: [Redacted]

**Special Exposure Cohort Petition — Form B**

**D Labor Organization Information — Complete Section D ONLY if you are a labor organization.**

**D.1 Labor Organization Information:**

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

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

**D.2 Name of Petition Representative:**

\_\_\_\_\_

**D.3 Address of Petition Representative:**

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

\_\_\_\_\_  
City State Zip Code

**D.4 Telephone Number of Petition Representative:** ( ) - \_\_\_\_\_

**D.5 Email Address of Petition Representative:** \_\_\_\_\_

**D.6 Period during which labor organization represented employees covered by this petition**  
(please attach documentation): Start \_\_\_\_\_ End \_\_\_\_\_

**D.7 Identity of other labor organizations that may represent or have represented this class of employees (if known):**

\_\_\_\_\_

**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: LINDE

E.2 Locations at the Facility relevant to this petition:  
BUILDING 31 - MOLECULAR SIEVES, BLDG 14, 19 FIREHOUSE  
POWERHOUSE - ALL AREAS ASSOCIATED 30

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:  
FIRE MAINT HELPER, JANITOR, CHEMICAL  
OPERATOR

E.4 Employment Dates relevant to this petition:  
Start 11-30-60 End 7-26-91  
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):  
1948-1948<sup>83</sup> SITE WAS GRANTED SPECIAL EXPOSURE  
COHORT DUE TO UNMONITORED, UNRECORDED EXPOSURES  
1954-1995 RESIDUAL RADIATION. CLEANUP IN 1980  
LINDE WAS DESIGNATED AS PART OF THE FORMERLY  
UTILIZED SITE REMEDIATION ACTION PROGRAM. NOT  
STARTED A CLEANUP UNTIL AFTER MY  
PERIOD OF EMPLOYMENT. MY [REDACTED] WORKED IN  
MOLECULAR SIEVES AND WAS EXPOSED TO SILICA + OTHER  
CHEMICALS. ALSO IT IS NOT GREATLY KNOWN WHAT EFFECT  
RADIATION HAS ON ITS ABILITY TO ALTER THE PROPERTIES  
OF CHEMICALS IN THE WORK PLACE.

Go to Part F

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

**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

OMB Number: 0920-0639

Expires: 05/31/2007

**Special Exposure Cohort Petition — Form B**

Page 5 of 7

**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.

I ATTENDED THE JUNE 21, 07 ROUNDTABLE DISCUSSION GROUP (COPY INCLUDED) TO LEARN FROM MORE TESTIMONY OF CONDITIONS WHILE [REDACTED] WORKED AT LINDE CLEANUP HAD NOT BEGUN AND WAS EVEN BEFORE OSHA EXISTED. NO QUESTION RADIATION EXISTED AS IT WAS FORCED TO CLEANUP BY THE ARMY CORPS OF ENGINEERS.

- 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.

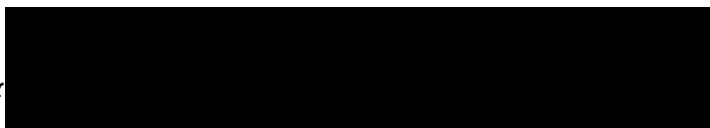
(Attach documents and/or affidavits to the back of the petition form.)

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.

FACTS DOCUMENT VERIFY RECORDS ARE MISSING OR POOR. LEGISLATION IS NOW PENDING TO MAKE ENTIRE FACILITY A SEC. THE CONTENTION ALL ALONG WAS THE UNFAIRNESS OF DISRECONSTRUCTION BASED ON FAULTY RECORDS OR BASED ON RECORDS OF ANOTHER FACILITY. IN ADDITION DOSE RECONSTRUCTION IS NOT BEING USED ON ALL FACILITIES IN USA.

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 Part G

**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	_____	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: \_\_\_\_\_

**Special Exposure Cohort Petition — Form B**

**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 300 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-XXXX. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

**Privacy Act Advisement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

The Energy Employees Occupational Illness Compensation Program Act (42 U.S.C. §§ 7384-7385) (EEOICPA) authorizes the President to designate additional classes of employees to be included in the Special Exposure Cohort (SEC). EEOICPA authorizes HHS to implement its responsibilities with the assistance of the National Institute for Occupational Safety (NIOSH), an Institute of the Centers for Disease Control and Prevention. Information obtained by NIOSH in connection with petitions for including additional classes of employees in the SEC will be used to evaluate the petition and report findings to the Advisory Board on Radiation and Worker Health and HHS.

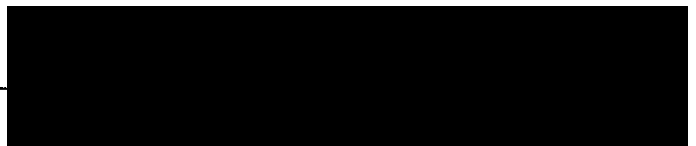
Records containing identifiable information become part of an existing NIOSH system of records under the Privacy Act, 09-20-147 "Occupational Health Epidemiological Studies and EEOICPA Program Records. HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law. Disclosures that NIOSH may need to make for the processing of your petition or other purposes are listed below.

NIOSH may need to disclose personal identifying information to: (a) the Department of Energy, other federal agencies, other government or private entities and to private sector employers to permit these entities to retrieve records required by NIOSH; (b) identified witnesses as designated by NIOSH so that these individuals can provide information to assist with the evaluation of SEC petitions; (c) contractors assisting NIOSH; (d) collaborating researchers, under certain limited circumstances to conduct further investigations; (e) Federal, state and local agencies for law enforcement purposes; and (f) a Member of Congress or a Congressional staff member in response to a verified inquiry.

This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

Use of the NIOSH petition forms (A and B) is voluntary but your provision of information required by these forms is mandatory for the consideration of a petition, as specified under 42 CFR Part 83. Petitions that fail to provide required information may not be considered by HHS.

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





**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

OMB Number: 0920-0639

Expires: 05/31/2007  
Appendix — Petitioner 2

**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:

\_\_\_\_\_  
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.**

C.1 Name of Employee:

\_\_\_\_\_  
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: \_\_\_\_\_

C.6 Email Address of Employee: \_\_\_\_\_

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known): \_\_\_\_\_

C.7b Dates of Employment:

Start \_\_\_\_\_-60 End \_\_\_\_\_-71

C.7c Employer Name: \_\_\_\_\_

LT NDE

C.7d Work Site Location: \_\_\_\_\_

Bldg 30, 31, 14, 19 ALL AREAS AS  
JANITOR

C.7e Supervisor's Name: \_\_\_\_\_

Sign Part C of the original petition

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

Special Exposure Cohort Petition — Form B

Continuation Page — Photocopy and complete as necessary.

[REDACTED] A UNIVERSITY  
OF BUFFALO [REDACTED] STATE'S  
THE GOVERNMENT HAS NOT LOOKED AT  
ALL THE AUTHORITATIVE DOCUMENTS  
OF WHAT WENT ON IN THE BUILDINGS.  
THAT DOCUMENT REMAINS CLASSIFIED.

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner: [REDACTED]



**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

OMB Number: 0920-0639

Expires: 05/31/2007

Page 1 of 2

**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**

I, \_\_\_\_\_

Name of Class Member or Survivor

\_\_\_\_\_

Street Address of Class Member or Survivor Apt. # P.O. Box

\_\_\_\_\_

City, State, Zip Code of Class Member or Survivor

**do hereby authorize:**

FORMER LINDE CERAMICS WORKERS

Name of Petitioner

Address of Petitioner Apt. # 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

May 3, 2008

Date

Name or Social Security Number of First Petitioner:

\_\_\_\_\_

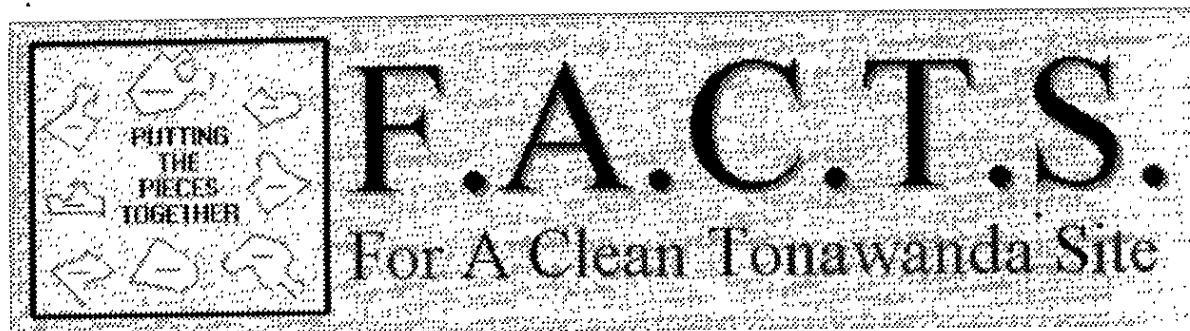
**Petitioner Authorization Form**

**Public Burden Statement**

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, gathering the information needed, and completing the form. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to CDC Reports Clearance Officer, 1600 Clifton Road, MS-E-11, Atlanta GA, 30333; ATTN:PRA 0920-XXXX. Do not send the completed petition form to this address. Completed petitions are to be submitted to NIOSH at the address provided in these instructions. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

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.

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



## Ex-workers push on compensation for radiation exposure at Linde

By John F. Bonfatti NEWS STAFF REPORTER Updated: 03/04/08 6:44 AM

When it was unveiled in 2001, a federal process designed to pay those who got cancer after being exposed to radiation while working on U.S. atomic weapons was touted by the government as being “claimant friendly.”

That has been a false promise, former workers from the Linde Ceramics plant in the Town of Tonawanda said Monday as they pressed the government to correct what they feel is the unjust way the program has been run.

About a dozen former workers and their family members gathered at the Buffalo office of Sen. Charles E. Schumer, D-N. Y., to announce they would seek compensation for all who have filed Linde claims under the Energy Employees Occupational Illness Compensation program.

Specifically, the workers will try to have the government declare that they deserve blanket compensation because there are insufficient records available to accurately measure their exposure

Their argument for what is called “special exposure cohort status” parallels the arguments made by former Bethlehem Steel workers who have filed claims under the program. Bethlehem Steel rolled uranium for the federal government in the early 1950s.

“You have to remember, they took no readings,” said Joseph Sebastian, who worked in the Linde plant, now the location of Praxair, from 1954 to 1982 and said he took part in the cleaning of Building 30, where uranium ore was processed for the Manhattan Project. “Or if they did, it was covered up.”

Antoinette Bonsignore, a University at Buffalo law school graduate who is helping the Linde workers, criticized the profile of the site prepared by the government to guide decisions about claims.

“They have not looked at all at the authoritative document of what went on in that building,” she said. That document, she maintained, remains classified.

Many of the claims in the program are analyzed with the site profile and a complicated formula that

produces a number that corresponds to the likelihood that a claimant's cancer was caused by exposure to the radiation.

Those whose likelihood is at least 50 percent get the compensation. Those below 50 percent don't.

As of Monday, 399 former Linde workers or their surviving family members had filed claims under the program, which pays successful claimants \$150,000 plus some medical benefits.

Of the 138 Linde cases that were subject to dose reconstruction, 70 have received final denial, while 68 have received final approval.

One of those who has been denied is Ray Peterson, 75, who worked in a variety of jobs at Linde from 1951 to 1992 and has bladder cancer.

"I know of no other reason why I would have this cancer," he said.

Schumer, Sen. Hillary Rodham Clinton, D-N.Y., and Rep. Louise M. Slaughter, D-Fairport, all endorsed establishing a special cohort of plaintiffs for the former Linde workers.

[jbonfatti@buffnews.com](mailto:jbonfatti@buffnews.com)

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## U. S. Department of Labor, Energy Employees Occupational Illness Compensation Program

## Minutes of DOL Site Exposure Matrices Roundtable Meetings

Linde Ceramics Plant

June 20, 2007

*copy sent*

Former workers of the Linde Ceramics Plant attended Department of Labor (DOL) Site Exposure Matrices (SEM) roundtable meetings in Niagara Falls, New York on June 20, 2007. A total of 26 former workers from a cross-section of work groups were invited. Eighteen persons attended the meetings. DOL Division of Energy Employees Occupational Illness Compensation (DEEOIC) representatives conducted the session. The meetings were held to gather information for inclusion in the DOL SEM to assist Claims Examiners who are adjudicating Part E claims. Workers were reminded to not discuss any classified information in the meeting. (Note: In 1980, Linde Ceramics was designated as part of the Formerly Utilized Site Remediation Action Program (FUSRAP) and work under this program was performed during 1988-1992 and then again in 1996. At the present time, only the FUSRAP work is covered by EEOICPA Part E. However, workers discussed experiences that may have been performed at other times at the Linde Ceramics Plant.)

Work groups represented (self-identified; some individuals listed more than one job title, and some work groups had more than one attendee): accountant; business office worker; chemical operator; construction pipefitter/plumber; cryogenic testing; lift truck operator; machinist; machine shop inspector; maintenance worker; material handler; millwright; office worker; painter; pipefitter; pipefitter helper; project manager; property manager; radiographer; receiving inspector; superintendent; supervisor; timekeeper; tool attendant; trades helper; union representative; welding inspector; X-ray technician

Plant areas represented by attendees (self-identified): Building 2; Building 8; Building 10; Building 14; Building 19; Building 21; Building 27; Building 30; Building 31; Building 34; Building 38; Building 40; Building 43; Building 52; Building 59; Building 70; Business Office; R&D labs;

Toxic substances identified by attendees: acetone; African uranium ore; alcohols; aluminum; aluminum oxide; argon; asbestos; astronium; benzene; beryllium; Blank Rolla solvent; brass; bumper oil; carbon tetrachloride; chlorinated hydrocarbons; chlorine; cleaners; coal; cobalt; concrete; copper; copier ink and toner; developers; Ditherm; dye penetrant; epoxy paint; ethane; ethylene; green pipe compound; Everdur; fiberglass; fungicides; gasoline; grease; helium; hydrochloric acid; hydrofluoric acid (HF); Hydroflux; hydrogen; isopropyl alcohol; isopropyl ether; ketones; L-45 polymers; krypton; lead; lead solder; lime; lithium; lube oil; machine shop oil; mercury; methane; methyl ethyl ketone (MEK); mineral spirits; naphtha; natural gas; oxygen; ozone; paint; PCBs; perchlorethylene; pesticides; plasma cutting fumes; polyethylene; Prestone car waxes; raffinate; rare gases; salt brine; silica gel; silicone; silver; lead solder; silver solder; solvents; stainless steel; steel; strontium; sulfuric acid; Teflon; titanium; toluene; transite (asbestos board); trichloroethylene (TCE); uranium; welding fumes and gases; X-ray developer and fixer; xylene

Knowledge/Training (self-reported): Most workers said they received no health and safety training. One worker said supervisors would talk to workers about dangers in specific areas and that there were

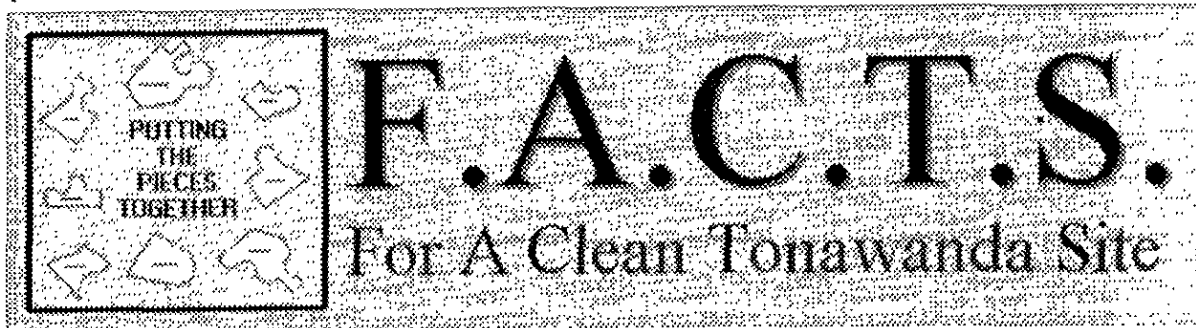
safety programs. Tests were taken to qualify for work in a department but the questions did not deal with health and safety. Most training was on-the-job and emphasized how to do the work. A remediation worker said he received radiation training before the teardown of Building 31. Asbestos abatement training was provided to involved work groups, e.g., pipefitters, in the 1980s. In the early 1990s, safety training was provided. Safety seminars were provided near the end of the plant's life. Some workers said health and safety conditions improved following an OSHA inspection around 1980.

Personal Protection (self-reported): Some chemical operators said respirators were available for use on certain jobs. Gas masks were used when working with silicon. Some workers said they worked in their personal clothing. Other workers said they wore lab coats or company-provided clothing that was washed at home. Safety glasses and hard hats were used by some workers. Ventilation was used during welding. Painters wore masks when spraying paint. Remediation workers described the use of full protective suits and air-packs. Paper coveralls and a dust mask were worn when working with asbestos (1980s). Workers in or near the lime pits said no protection was used. Open buckets of solvents were used bare-handed; no gloves were used. Access to Building 38 was limited to one hour at a time.

Sampling (self-reported): One worker said the NY Department of Environmental Conservation drilled core samples at the site looking for chemical contamination. Groundwater samples were taken. Most workers said they did not wear radiation monitoring badges (film badges or TLDs). A person who worked as a radiographer said he wore a film badge and pocket dosimeter. Coal dust levels were monitored. Dust sampling was performed in some plant areas. Radiation technicians worked closely with remediation workers. Remediation workers wore TLD badges. Some workers said they received periodic physicals.

Unusual Events (self reported; includes only toxic substance events): Several workers described a practice of washing their company-provided work clothing in toluene and/or benzene prior to taking it home for laundering. Workers said the work areas were dusty and that fires and explosions were common. One worker said she opened a barrel and was hit in the face with dust; she said she was blinded for several days. An event in a paint booth near Building 19 resulted in an explosion and worker death. Another similar accident occurred in Building 70. Evacuations were common in Building 14 laboratory areas. Hydrochloric acid "bursts" occurred. Animal experimentation occurred in Building 43.

Written information: Several workers said the Niagara Falls Library had materials on Linde Ceramics. The DOL team will visit that Library on a future trip. Medical records were reported to be stored in a Vermont or Michigan repository. One worker suggested getting a copy of the MSDS sheets the site had. Another worker said records may be available from Dow Chemical (successor of Union Carbide) or the Corps of Engineers. Another worker mentioned a 1976 ORAU study. Several workers said Union Carbide/Linde kept very good records but did not know if those records still existed. Several workers left copies of documents for use by DOL.



**Contact: Antoinette Bonsignore**

**Phone Number: Cell: (452) 281-1631 / Office (425) 558-9110**

**Former Linde Ceramics Workers Submit  
Petitions to National Institute for Occupational  
and Health (NIOSH) Seeking Special  
Exposure Cohort (SEC) Status under the  
Energy Employees Occupational Illness  
Program Act- (EEOICPA)**

**Department of Labor subjects former Linde workers to an injustice that is a  
national disgrace**

**Re-designation decision flies in the face of Federal Law**

**Former Linde nuclear workers frustrated after years of denied compensation:**

**Administrative burdens leave workers with burden of proof for unwitting radiation exposure.**

Today, former Linde workers submit their petitions to NIOSH seeking Special Exposure Cohort (SEC) Status under the Energy Employees Occupational Illness Compensation Program Act - (EEOICPA). Unknown to them former Linde workers were subjected to years of radiation exposure while in the service of this nation. SEC status would eliminate the significant administrative burdens placed on workers. Burdens that nationwide have resulted in the denial of 68% of claims for compensation for these courageous men and women who were essentially used by our government in the war effort and then forgotten. The Director of NIOSH'S Office of Compensation Analysis and Support (OCAS) Larry Elliott reported that as of 12/31/2007, a total of 11,600 cases of the 17,074 compensation cases reviewed by NIOSH were rejected.

"That is a 68% rejection rate. A system that is supposed to be "claimant friendly" but at the same



time has a 68% denial rate has clearly not succeeded," said Joseph Sebastian, a Linde worker spokesperson and a former Linde worker.

Burdens that have resulted in the denial of 51% of claims for compensation from Linde workers. At Linde as of February 27, 2008, of 138 claims submitted to NIOSH for compensation 70 claims have been denied by NIOSH and the Department of labor.

Moreover, workers who appealed the denial of these claims have a 1.2% chance of seeing that claim approved after being subjected to a very long and tortuous appeal process that for 98.8% of the claimants is an exercise in futility. Director Elliott reported that as of 12/31/2007, of the 13,077 cases re-submitted for re-evaluation review only 157 cases were eventually approved for compensation

Former Linde workers are now facing an unforeseen hurdle resulting from a recent decision by the Department of Labor that eliminated Linde residual radiation workers from all coverage under EEOICPA despite legislative reforms enacted by Congress in 2004 specifically designed to compensate residual radiation workers.

The EEOICPA requiring workers to prove that their cancers resulted from radiation exposure has become a bureaucratic nightmare. Workers have no fair and equitable chance to navigate this program and the only way for Linde workers to overcome this fundamental unfairness is to have the Linde facility designated as a SEC.

The Department of Labor is circumventing the precise intent of the Residual Radioactive Contamination Compensation Act of 2004 by unilaterally making decisions without notice to workers, without sufficient explanation and without any information as to how Linde workers may appeal the decision. The decision ignores the great sacrifice from these workers and ignores the history and vital role that former nuclear weapons workers in Western New York played during World War II and during the Cold War.

Linde workers demand that the Department of Labor stop dragging its feet and provide the linde workers the opportunity to appeal this decision. Also, the DOL must immediately comply with requests to provide all of the documentation used to arrive at the re-designation decision. Finally, the DOL must be forthcoming as to how many other facilities across the nation are at risk of having thousands of residual radiation workers eliminated from eligibility under EEOICPA.

To continue to subject Linde workers to such an injustice that flies in the face of Federal Law is a national disgrace for which the Department of Labor must be held accountable.

Senator Schumer, in support of Linde workers, says: "The men and women at Linde sacrificed their own health and well being for the advance and security of our country at a time when we needed it most. It is unthinkable that the government would do anything to jeopardize their compensation or call into question our profound gratitude for all that they did. Today is an opportunity for the federal government to step in and ensure these heroic workers receive the compensation they deserve, and I will fight tooth and nail to see it through."

Similarly, Senator Clinton stated: "The men and women of Linde Ceramics played a critical role in defense of our nation during the height of the Cold War. Like many nuclear workers in New York and across our country, they unknowingly sacrificed their health and well being as a result of exposure to dangerous levels of radiation." Additionally, Senator Clinton explained "The government

failed to tell them what they were working with, and did not provide them with safety equipment or monitor how much radiation they were being exposed to. The Linde workers have played by the rules, and have waded through the morass of bureaucratic red tape to file a petition for special exposure cohort status. Now it is time the government to make things right for these forgotten heroes of the Cold War.

Finally, Representative Louise Slaughter said "The Atomic Energy Workers at Linde were robbed of their health while working to defend and secure America for future generations. It is simply disgraceful that these brave men and women have had to wait so long for the compensation they deserve. Special Exposure Cohort status would help remove significant barriers that are preventing eligible workers from receiving the payments that are entitled to them under the law "

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