

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

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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.

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

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: _____

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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:

Grandparent

Grandchild

Go to Part C.

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

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):

deceased

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): *uncertain, appears to be*

C.7b Dates of Employment: Start *12/30/58*

End *12/1/80*

no employment record

C.7c Employer Name: *U.S. Army Hospital / Oak Ridge Hospital*

C.7d Work Site Location: *Oak Ridge, Tennessee, the same work site as*

ORINS. ORINS was within the Oak Ridge Hospital

C.7e Supervisor's Name: *unknown*

Go to Part E.

Name or Social Security Number of First Petitioner: _____

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:

N/A
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.

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 Hospital, Oak Ridge, Tennessee

E.2 Locations at the Facility relevant to this petition:
All the U.S. Army Hospital became the Oak Ridge Hospital
sharing the same work area as ORINS.

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:
All registered nurses performing duties within the
same work area as ORINS.

E.4 Employment Dates relevant to this petition:
* Start 10/30/1958 End 12/31/1959
Start _____ End _____
Start _____ End _____

E.5 * Find attached employment data of:
Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents? Yes No by the Methodist Hospital of Oak Ridge

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

Go to Part F.

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.

Registered nurses did not wear dosimetry while employed at the Oak Ridge Hospital which housed ORINS in the same work areas. radiation exposure would be similar to an employee of ORINS. There were no personal or area monitoring of radiation at the Oak Ridge Hospital while ORINS was housed in the same facility. would have had intermittent exposure to radioactive materials associated with ORINS research. NIOSH cannot do adequate dose reconstruction for the Oak Ridge Hospital.

- F.2 II/ 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.

Part F is continued on the following page.

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.

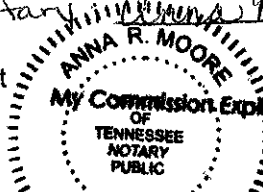
G Signature of Person(s) Submitting this Petition — Complete Section G.

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

_____	<u>1/12/09</u>
	Date
_____	<u>01/12/2009</u>
	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

Notary Anna R. Moore


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.

See p. 8 for additional information

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 0920-0639. 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.

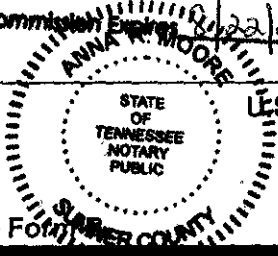
This notice applies to all forms and informational requests that you may receive from NIOSH in connection with the evaluation of an SEC petition.

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.

AFFIDAVIT

Notary Anna R. Moore

My Commission Expires 08/22/2011



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

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Continuation Page — Photocopy and complete as necessary.

was employed at the U.S. Army Hospital and the Oak Ridge Hospital which ultimately became Methodist Medical Center of Oak Ridge. During her employment at the U.S. Army Hospital and the Oak Ridge Hospital, ORINS research with radioactive materials occurred in the same work area as the U.S. Army Hospital/Oak Ridge Hospital. This occurred in the old hospital location, not at the current location of the Oak Ridge Hospital. would have had exposure to radioactive materials associated with ORINS research even though she was employed with the U.S. Army Hospital which became the Oak Ridge Hospital.

The cancer of breast with lymph involvement and was therefore metastatic with the original diagnosis. A mastectomy was performed. received no further treatment until her bones began to fracture (sternum breaking, with just a cough, ribs, spine, and femur) at which time there were multiple cancerous tumors throughout the bones. Treatment was then radiation and oral chemotherapy. Based on the course of treatment, it appears that the cancer was metastatic upon diagnosis in the breast, lymph, bones, etc.

Due to the ORINS radiation exposure cancer should be considered as similar exposure for an ORINS employee.

NIOSH cannot do a adequate dose reconstruction for workers of Oak Ridge Hospital. NIOSH does not know what exposure could have occurred to Oak Ridge Hospital employees. Oak Ridge Hospital workers could have been intermittently exposed to radiation from ORINS due to shared work areas. Cherie Cagle, a resident of Oak Ridge, TN, has confirmed that she was also a victim of ORINS radiation research occurring in the work area of Oak Ridge Hospital.

Attach to Form B if necessary.



METHODIST MEDICAL CENTER OF OAK RIDGE

990 Oak Ridge Turnpike
P.O. Box 2529
Oak Ridge, TN 37831-2529
(865) 481-1000

Jan McNally
President and
Chief Administrative
Officer

Susan Hand
Vice President and
Chief Financial Officer

Sue Harris
Vice President and
Chief Nursing Officer

Suzanne Koehler
Vice President and
Chief Support Officer

Tom Wallace, M.D.
Vice President and
Chief Medical Officer

October 3, 2002

Enclosed please find a copy of your employment record.

Thank you,

A handwritten signature in cursive script that reads "Crystal Sims".

Crystal Sims
HR Associate

HISTORY CARD

S.S. NO. _____

NAME _____

TELEPHONE NO. _____

ADDRESS _____

BIRTHDAY _____

Dates		Department	Position	Rate	Reason for Change or Termination
From	To				
6-30-58	2-4-63		GEN. DUTY RN	12. ⁰⁰ DAY	
2-4-63	7-5-65	"	" " "	12. ⁵⁰ "	
7-5-65	6-6-66	"	" " "	13. ⁵⁰ + 15. ⁰⁰	
6-6-66	7-8-66	"	" " "	15. ⁰⁰ + 17. ⁰⁰	SALARY UPGRADE TERM: 7-8-66
9-17-66	1-2-67	"	" " "	17. ⁵⁰ DAY	REINSTATED - NO BENEFITS LOST SINCE 7-8-66
1-2-67	7-1-67	"	" " "	18. ⁵⁰ "	SALARY UPGRADE
7-1-67	7-31-67	"	" " "	20. ⁰⁰ "	CONTRACT
7-31-67	12-4-67	"	" " "	21. ⁰⁰ "	SALARY UPGRADE
12-4-67	7-1-68	"	" " "ACC."	22. ⁰⁰ "	" "
7-1-68	12-30-68	"	" " "	24. ⁴⁰ "	MERIT
12-30-68	6-30-69	"	" " "	25. ⁶⁴ "	"
6-30-69	12-29-69	"	" " "	3,235 hr	"
12-29-69	12-29-70	"	" " "	3,660 "	G.W.I.
12-29-70	6-28-71	"	" " "	3,900 "	C.O.S.
6-28-71	1-3-72	"	" " 3-DAY	193.36 "	MERIT
1-3-72	1-9-73	"	" " "	192.48 "	"
1-9-73	11-26-73	"	" " "	204. ⁰⁰ "	G.W.I. RETRO TO 7-1-73
11-26-73	7-8-74	"	" " "	215. ⁶⁴ "	G.W.I.
7-8-74	6-30-75	"	" " "	236.64	MERIT
6-30-75	6-14-76	"	" " "	257.76	P.W.I.
6-14-76	6-29-77	"	" " "	278.40	T.O.C.
6-29-77	6-26-78	"	" " "	284.16	T.O.C.
6-26-78	6-25-79	"	" " "	312. ⁰⁰	
6-25-79	8-0	"	" " "	342.24	REPT SEPARATION-RETIRE 1

1/2 = Food
 2/3 =
 3/4 =
 5/6 =
 yes