

**Miller, Diane M.**

**From:** Jerry Tudor [door4@msn.com]  
**Sent:** Friday, August 16, 2002 12:17 PM  
**To:** niocindocket@cdc.gov  
**Subject:** Special Cohort Additions

**I am Jerry Tudor with the United Sick Oppressed Laborers (USOL) from Oak Ridge, TN, and am a member of the Coalition for a Healthy Environment (CHE). The following are very serious problems I see as a sick worker with the special cohort:**

**1. The amount of time it takes for a person to petition NIOSH to become a special cohort, such as, in my case I applied in July of 2001 and would have to wait on a denial letter and should DOE not have records for NIOSH to do a dose reconstruction, it would be well over another year for me to become a special cohort. This would not help a lot of people because they do not have a listed cancer. Is this really fair for sick workers to have to wait over two years to become a special cohort?**

**2. My understanding the reason gaseous diffusion plants were made special cohorts was because they proved that DOE had inadequate records to do dose reconstruction on employees at these facilities. If this be the case, how can you do a dose reconstruction on someone who worked at the gaseous diffusion plants, who do not have a covered cancer? Did they keep better records on people with cancers that are not covered by special cohort than they did people with covered cancers?**

**3. If I was a worker at Y-12 and had lung cancer and you had to do a dose reconstruction on me, I would be questioning if they can do dose reconstructions on uncovered cancers at gaseous diffusion plants, why could they not do them on all cancers. Why would I have to have a dose reconstruction just because I did not work at a gaseous diffusion plant? If I was a worker at a gaseous diffusion plant and I had a cancer that was not covered under this special cohort, I would be questioning why you can do dose reconstructions at other facilities and not at a gaseous diffusion plant?**

**4. This process has been well over a year since it became law. I feel it is very unfair to the sick workers. I hope and pray that the way I feel is not the case, but my feelings are dose reconstruction is a way to deny claims--how else in the May 29 teleconference call, that it was stated, that the majority of these claims would be denied and that there would be a lot of angry people. I feel that the whole process of dose reconstruction is flawed when NIOSH says they are going to use "scientific assumptions" to establish my dose reconstruction. I understood that the benefit of the doubt would go to the claimant. If any records are missing or inadequate, NIOSH should say "it's as likely as not" that their cancers were caused by working at these facilities. Why should we have to wait to be put in a special cohort? Why should NIOSH or DOL not say "it's as likely as not."**

**Jerry Tudor (USOL and CHE)**

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