

June 7, 2007

Mr. Larry Elliott
Director, Office of Compensation Safety and Health
4676 Columbia Parkway, MS C-46
Cincinnati, Ohio 45226

Dear Mr. Elliott:

Subject: Special Exposure Cohort Petition

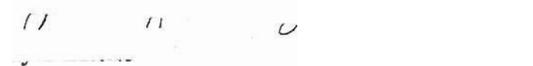
Please find enclosed my petition along with former employees, petitioner #2 _____ and petitioner #3 _____ designate a class of employees of the Mound Plant in Miamisburg, Ohio to be included in the Special Exposure Cohort (SEC) under the EEOICPA of 2000. The period of activities covered by this is 1943 to 1970.

The work at Mound was performed in one of the earliest environments where nuclear materials were processed, with exposure controls that, although normal at that time, would be deemed unsuitable by today's standards. Very limited, if any monitoring and exposure data are available for the time period involved, and there are significant uncertainties regarding the monitoring techniques in place at that time. It is likely that radiation and chemical exposure doses during this period could have endangered the health of members of this class of employees and it is not feasible to estimate exposures with reasonable accuracy.

I appreciate your efforts to assist the former employees and their survivors through the SEC process.

Thank You

Sincerely,

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
	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: _____

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:

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 1956 End 1983

C.7c Employer Name:

Mound Plant

C.7d Work Site Location:

Miamisburg Ohio 45342

C.7e Supervisor's Name:

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:

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: _____

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

E.1 Name of DOE or AWE Facility: Mound Laboratory Miamisburg, Ohio

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

Buildings HH, PP (Building 38), R, SM, SW, T, and WD/WDA

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 scientific, technical, maintenance, production work forces as well as administrative and support staff in these same work areas

E.4 Employment Dates relevant to this petition:

Start 1943 End 1970

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):

The definition of incident is problematic. There is no intention to claim an exposure incident comparable to an uncontrolled fission reaction or criticality incident, only a claim of inadequately monitored and inadequately protected radiation exposed workers. This SEC petition is based on the fact that large quantities of several radionuclides were processed without engineering controls or protection as would be expected by today's standards thus representing a real or rationally expected potential for significant risk from occupational exposure to radiation. In addition radiation monitoring was not uniform, in that not all workers were routinely monitored. Selection of workers for monitoring was not necessarily based on worst case scenarios, in other words the exposure data available for subsets of the population may not represent the highest exposures experienced. This facility was involved in large part in extraction of Polonium 210 for manufacture of atomic weapons Pu-Be neutron initiators but was also involved in research and development activities involving a variety of other radionuclides including: Ra-226, Ac-227, Th-228, Th-232, Th-230, Pa-231, and U-233 as well as extraction and purification of Ra-226, Ac-227, Th-230 and Pa-231. The SC&A consultation report on the NIOSH Site Profile does not inspire confidence in the claimant's that accurate, defensible dose reconstructions are possible. These comments are all referable to section F-1 below as the unmonitored exposure situation at this facility represents a day by day reality and not a discrete "incident" per se.

Name or Social Security Number of First Petitioner: _____

**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.

The NIOSH site profile appears to make many assumptions regarding exposure assessment which each carry with them a degree of uncertainty and potential error. Of note are the reported high temperature processing procedures involving both Plutonium, Thorium and Polonium isotopes. Even for those for whom any exposure data is available, it appears that neither biomonitoring nor environmental monitoring data are sufficient for individual dose characterizations without several assumptions and extrapolations regarding bioavailability, absorption and excretion. In addition any application of more recent exposure data to older situations is quite likely to underestimate exposures given the progressive improvements in engineering controls and changes in production technologies. In this same vein we believe that the health physics technologies and administrative procedures used for exposure assessment in the earliest years were neither accurate nor consistent. Deficiencies in dose estimations are expected and too many assumptions and extrapolations are being made for scientific integrity.

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.

The Mound facility reportedly sent 458 boxes of plant records to Los Alamos in 1993. these records were found to be contaminated with radiation and buried at Los Alamos as a health hazard. One cannot but guess what these records contained. The most significant fact being that these records were considered a health threat from uptake of radioactive particulate. This does not speak well for the historical hygiene at the facility

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. One or more of three persons may sign the petition.

Signature _____	_____	_____
		5-23-2007
		Date
Signature _____	_____	_____
		May 28, 2007
		Date
Signature _____	_____	_____
		6-1-07
		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 0920-0639. 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.

Name or Social Security Number of First Petitioner: _____

Continuation Page — Photocopy and complete as necessary.

The following is rough transcript of a history from
... was hired on at Mounds around the same day as her sister in 9-25 1956- until 1986, 30
years. ... developed CML and died around Christmas, 2006. They all worked in several
buildings. A cousin ... so worked there and got breast cancer. ... said they wore robes,
special shoes, caps over hair, various types of gloves, rubber, plastic and cotton, occasionally a
mask for mixing MOCA. They always wore a picture identification badge but did not always
wear radiation badges. Sometimes you would wear a radiation badge almost all day but usually
only short parts of the day. She would have to shower repeatedly. She worked with Beryllium on
several occasions including various laboratories and in the early years production of parts.
They would travel from building to building as they bid for different jobs.
A bldg was administration, B was biology, C was cafeteria, D was decontamination a hot bldg.
lots of water that they tried to wash the facility with and contaminated the regional aquifer, had
to remove tons of dirt. R building was radioactive and hot. A young man got so exposed to
radiation in the T building that he died in the medical facility. The T building was far
underground. After three years in the T building, sometime in the 1970's, she had to be taken
out because of persistent contamination of her hair. She had to wear rubber gloves at home and
couldn't touch or sleep with her husband for about two or three weeks until the radiation cleared
from her right arm. The production areas appeared spotless, very little dust. The areas in which
metallurgy was done were the dirtiest areas but these were mostly staffed by men.
The chemical storage areas were some of the most dangerous areas.
Made heads for the triggers or detonators of A bombs, soldered two little silver spots and took a
microscopic gold wire on the detonators, and test fired these.
She worked with beryllium off and on but did not personally sand, grind or polish such parts.
She worked quite a bit with an explosive white powder which they would weigh out with
stainless steel spoons.
Some supervisors didn't tell workers what they worked with
Workers had blue books and classified red books that told workers what they did
There were times when ... not wearing a badge but her supervisor was
Also the men didn't seem to be as careful as the women were, they were braver.

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner: _____

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.

Use this Appendix for Petitioner 2.

This appendix form is to be used as needed. Petitioner 2, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

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

If you are:	<input checked="" type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

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

Special Exposure Cohort Petition — Form B

Appendix — Petitioner 2

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.

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.

C.6 Email Address of Employee: NA

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known):

C.7b Dates of Employment: Start Sept. 29, 1956 End May 1, 1986

C.7c Employer Name: Monsanto Research Corp.

C.7d Work Site Location: Mound Plant
Miamisburg Ohio 45342

C.7e Supervisor's Name:

Sign Part G of the original petition.

Name or Social Security Number of First Petitioner:

The following is rough transcript of a history from _____ sister of _____
_____ was hired on at Mounds around the same day as her sister in 9-25 1956- until 1986, 30
years. Mary developed CML and died around Christmas, 2006. They all worked in several
buildings. A cousin _____ also worked there and got breast cancer. _____ said they wore robes,
special shoes, caps over hair, various types of gloves, rubber, plastic and cotton, occasionally a
mask for mixing MOCA. They always wore a picture identification badge but did not always
wear radiation badges. Sometimes you would wear a radiation badge almost all day but usually
only short parts of the day. She would have to shower repeatedly. She worked with Beryllium on
several occasions including various laboratories and in the early years production of parts.
They would travel from building to building as they bid for different jobs.
A bldg was administration, B was biology, C was cafeteria, D was decontamination a hot bldg.
lots of water that they tried to wash the facility with and contaminated the regional aquifer, had
to remove tons of dirt. R building was radioactive and hot. A young man got so exposed to
radiation in the T building that he died in the medical facility. The T building was far
underground. After three years in the T building, sometime in the 1970's), she had to be taken
out because of persistent contamination of her hair. She had to wear rubber gloves at home and
couldn't touch or sleep with her husband for about two or three weeks until the radiation cleared
from her right arm. The production areas appeared spotless, very little dust. The areas in which
metallurgy was done were the dirtiest areas but these were mostly staffed by men.
The chemical storage areas were some of the most dangerous areas.
Made heads for the triggers or detonators of A bombs, soldered two little silver spots and took a
microscopic gold wire, on the detonators, and test fired these.
She worked with beryllium off and on but did not personally sand, grind or polish such parts.
She worked quite a bit with an explosive white powder which they would weigh out with
stainless steel spoons.
Some supervisors didn't tell workers what they worked with
Workers had blue books and classified red books that told workers what they did
There were times when _____ y was not wearing a badge but her supervisor was
Also the men didn't seem to be as careful as the women were, they were braver.

Attach to Form B if necessary.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

OMB Number: 0920-0639

Expires: 05/31/2007

Appendix — Petitioner 3

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.

Use this Appendix for Petitioner 3.

This appendix form is to be used as needed. Petitioner 3, or his or her representative, should complete the parts applicable to him or her.

Refer to the General Instructions on completing petitioner information for Parts A, B, or C.

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.

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

If you are:	<input checked="" type="checkbox"/> An Energy Employee (current or former),	Start at C
	<input type="checkbox"/> A Survivor (of a former Energy Employee),	Start at B
	<input type="checkbox"/> A Representative (of a current or former Energy Employee),	Start at A

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
Appendix — Petitioner 3

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.

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: () -

C.6 Email Address of Employee: NA

C.7 Employment Information Related to Petition:

C.7a Employee Number (if known):

C.7b Dates of Employment: Start April 30, 1956 End Jan, 1, 1987

C.7c Employer Name: Monsanto Research Corp

C.7d Work Site Location: Mound Lab
Miamisburg, Ohio 45342

C.7e Supervisor's Name:

Sign Part G of the original petition.

Name or Social Security Number of First Petitioner: _____

Special Exposure Cohort Petition — Form B

Appendix — Continuation Page

Page — Photocopy and complete as necessary.

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mask for mixing MOCA. They always wore a picture identification badge but did not always
wear radiation badges. Sometimes you would wear a radiation badge almost all day but usually
only short parts of the day. She would have to shower repeatedly. She worked with Beryllium on
several occasions including various laboratories and in the early years production of parts.
They would travel from building to building as they bid for different jobs.
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lots of water that they tried to wash the facility with and contaminated the regional aquifer, had
to remove tons of dirt. R building was radioactive and hot. A young man got so exposed to
radiation in the T building that he died in the medical facility. The T building was far
underground. After three years in the T building, sometime in the 1970's, she had to be taken
out because of persistent contamination of her hair. She had to wear rubber gloves at home and
couldn't touch or sleep with . . . husband for about two or three weeks until the radiation cleared
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metallurgy was done were the dirtiest areas but these were mostly staffed by men.
The chemical storage areas were some of the most dangerous areas.
Made heads for the triggers or detonators of A bombs, soldered two little silver spots and took a
microscopic gold wire on the detonators, and test fired these.
She worked with beryllium off and on but did not personally sand, grind or polish such parts.
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Some supervisors didn't tell workers what they worked with
Workers had blue books and classified red books that told workers what they did
There were times when . . . was not wearing a badge but her supervisor was
Also the men didn't seem to be as careful as the women were, they were braver.

Attach to Form B if necessary.

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:

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: _____