

BARACK OBAMA
ILLINOIS

COMMITTEES:
ENVIRONMENT AND
PUBLIC WORKS
FOREIGN RELATIONS
VETERANS' AFFAIRS

United States Senate

WASHINGTON, DC 20510

March 13, 2006

Department Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Dear Agency Official:

The enclosed correspondence was received in my Chicago office from my constituent,
Attached you will find his letter which gives a more accurate description and
explanation of his issues as well as all relevant documentation.

I would appreciate your looking into this matter at your earliest convenience. Please advise
who assists me in these matters, of your findings.

If you require any further assistance or have additional questions, please do not hesitate to
contact:

Thank you for your attention to this matter.

Sincerely,

Senator Barack Obama
United States Senator
230 S. Dearborn, Suite 3900
Chicago, IL 60604

CC: BO/jp

05-11-06P12:38 RCVD

WASHINGTON OFFICE
713 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510
OFFICE (202) 224-3854
FAX (202) 228-4360

CHICAGO OFFICE
230 S. DEARBORN
SUITE 3800
CHICAGO, IL 60604
OFFICE (312) 806-3506
FAX (312) 228-3814

SPRINGFIELD OFFICE
607 EAST ADAMS
SUITE 1620
SPRINGFIELD, IL 62701
OFFICE (217) 452-5830
FAX (217) 452-5098

MARION OFFICE
701 NORTH COURT STREET
MARION, IL 62959
OFFICE (618) 997-2402
FAX (618) 997-2650

QUAD CITIES OFFICE
1911 52ND AVENUE
MOLINE, IL 61265
OFFICE (309) 736-1217
FAX (309) 736-1223



UNITED STATES SENATOR BARACK OBAMA CHICAGO OFFICE

JAN 28 2006

PRIVACY ACT RELEASE FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barack Obama to access any and all of my records that relate to the problem stated below.

Signature: _____ Date: 12-28-05

To begin processing your case, please complete the following information:

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Place of Work: BLACKSON-OLIN CHEMICAL
Address: PATTERSON RD.
City: JOLIET State: IL Zip: _____
Work Phone: N/A Email Address: none

Social Security Number: _____ Section 8 No: _____
Alien Registration Number: _____ FEIN No: _____
Branch Service: _____ Rank: _____

Briefly explain your problem or the information desired: Seeking your assistance in filing Special Exposure Cohort petition re: Blackson-Olin Chemical

PLEASE RETURN YOUR COMPLETED FORM TO ONE OF SEN. OBAMA'S STATE OFFICES:
230 S. Dearborn St., Ste. 3900 Chicago, IL 60604 (312) 886-3514 - FX
607 E. Adams St Springfield, IL 62703 (217) 492-5099 - FX
721 N. Court Street Marion, IL 62959 (618) 997-2850 - FX

United States Senator Barack Obama
230 S. Dearborn St., #3900
Chicago, IL 60604

RE: Special Exposure Cohort Petition
Joliet Blockson Olin Chemical

Dear Senator Obama,

FEB 28 2006

United States Senator Barack Obama
230 S. Dearborn St., #3900
Chicago, IL 60604

RE: Special Exposure Cohort Petition
Joliet Blockson Olin Chemical

Dear Senator Obama,



UNITED STATES SENATOR BARACK OBAMA CHICAGO OFFICE

PRIVACY ACT RELEASE FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barack Obama to access any and all of my records that relate to the problem stated below.

Signature:

Date: 2-16-06

To begin processing your case, please complete the following information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Place of Work: BLACKSON-OLIN CHEMICAL

Address: PATTERSON RD.

City: _____ State: _____ Zip: _____

Work Phone: N/A Email Address: none

Social Security Number: _____ Section 8 No: _____

Alien Registration Number: _____ FEIN No: _____

Branch Service: _____ Rank: _____

Briefly explain your problem or the information desired: Seeking your

assistance in filing Special Exposure Cohort petition

re: Blackson-Olin Chemical

PLEASE RETURN YOUR COMPLETED FORM TO ONE OF SEN. OBAMA'S STATE OFFICES:

230 S. Dearborn St., Ste. 3900 Chicago, IL 60604 (312) 886-3514 - FX

607 E. Adams St. Springfield, IL 62703 (217) 492-5099 - FX

721 N. Court Street Marion, IL 62959 (618) 997-2850 - FX

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 1 of 7

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:
1-800-355-4674.

**If you
are:**

A Labor Organization,	Start at D	on Page 3
An Energy Employee (current or former),	Start at C	on Page 2
A Survivor (of a former Energy Employee),	Start at B	on Page 2
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
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

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Expires: 05/31/2007

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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
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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:**

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

N/A

Mr./Mrs./Ms.	First Name	Middle Initial	Last Name
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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 07/1947 End 06/1990**C.7c Employer Name:** Blackson-Olin Chemical**C.7d Work Site Location:** Parkerson Rd.**C.7e Supervisor's Name:** Joliet, IL**Go to Part E.**

Name or Social Security Number of First Petitioner:

Special Exposure Cohort Petition
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National Institute for Occupational Safety and Health

OMB Number: 0920-0639

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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
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

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Expires: 05/31/2007

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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: Brockton-Olin Chemical

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

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:

E.4 Employment Dates relevant to this petition:

Start 07/1947 End 06/1990
Start _____ End _____
Start _____ End _____

E.5 Is the petition based on one or more unmonitored, unrecorded, or inadequately monitored or recorded exposure incidents?:

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

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

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Expires: 05/31/2007

Special Exposure Cohort Petition — Form B

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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.

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.

Part F is continued on the following page.

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

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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
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
under the Energy Employees Occupational
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Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

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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, M/S-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 Advise ment

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

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Petitioner Authorization Form

Use of this form is voluntary. Failure to use this form will not result in the denial of any right, benefit,

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:

SENATOR BARACK OBAMA
Name of Petitioner

230 S. Dearborn St. #3900
Address of Petitioner Apt. # P.O. Box

Chicago, IL 60604
City, State and Zip Code of Petitioner

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

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

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

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

Signature of Class Member or Survivor

Date 2-16-06

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

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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 0920-0639. 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.

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:

+



U.S. Department of Justice

Washington, D.C. 20530

DEC 9 2004

Re:

Dear

f

January 31, 2005

Radiation Exposure Compensation Program
U.S. Department of Justice
P.O. Box 146
Ben Franklin station
Washington, D.C 20044-0146

LETTER OF APPEAL



FAX TRANSMISSION

OFFICE OF U.S. SENATOR BARACK OBAMA
230 S. DEARBORN, SUITE 3900

TO: DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

FAX:

DATE: MARCH 13, 2006

NUMBER OF PAGES:
(INCLUDING COVER)

FROM:

DIRECT PHONE:



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

SEP - 3 2004



PHYSICAL EXAMINATION

1

