## UNITED STATES DISTRICT COURT <br> EASTERN DISTRICT OF LOUISIANA

IN RE: OIL SPILL BY THE OIL RIG DEEPWATER HORIZON
IN THE GULF OF MEXICO ON APRIL 20, 2010

Re7ates to: No. 10-4536

UNITED STATES OF AMERICA
v.

BP EXPLORATION \&
PRODUCTION INC.,
ANADARKO EXPLORATION \&
PRODUCTION LP, ANADARKO
PETROLEUM CORPORATION, MOEX OFFSHORE 2007 LLC, TRITON ASSET LEASING GMBH, * TRANSOCEAN HOLDINGS LLC, * TRANSOCEAN OFFSHORE * DEEPWATER DRILLING INC., * TRANSOCEAN DEEPWATER INĆ., * AND QBE UNDERWRITING LTD., * LLOYD'S SYNDICATE 1036


DAY 5, AFTERNOON SESSION
TRANSCRIPT OF TRIAL PROCEEDINGS HEARD BEFORE THE HONORABLE CARL J. BARBIER UNITED STATES DISTRICT JUDGE

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## I N D E X

Mike Utsier
Direct Examination By Mr. Brock
PAGE
1381
Robert Cox
Voir Dire By Mr. Jarrett 1429
Direct Examination By Mr. Jarrett 1436
Cross-Examination By Ms. Pencak 1495

## AFTERNOON SESSION

(January 26, 2015)
THE COURT: Please be seated, everyone.
Any preliminary matters before we resume
testimony? None? Okay.
MR. BROCK: I had one matter I wanted to bring up, Your Honor.

THE COURT: Okay.
MR. BROCK: Thank you. As I mentioned on Friday, we have testifying today Captain Paskewich, Laura Folse. We have had -- we have Mike Utsler, and then we have Dr. Cox. Those are the four we had planned for today.

Our next witness is Richard Morrison. We are going pretty fast, and I would just like to ask, if possible, if we could start him first thing tomorrow morning if we finish four today.

THE COURT: Okay.
MR. BROCK: Would that be okay?
THE COURT: Yes, we can do that.
MR. BROCK: Our next witness is Mike Utsler,
Your Honor.
THE COURT: Okay.
MIKE UTSLER,
having been duly sworn, testified as follows:
THE DEPUTY CLERK: State your full name and correct
spelling for the record, please.
THE WITNESS: My name is Mike Utsler.

## DIRECT EXAMINATION

## BY MR. BROCK:

Q. Good afternoon. I'm Mike Brock, and I am examining you on direct on behalf of BPXP.

For the record, will you please state your full name for the record and tell Judge Barbier where you live and work. A. My name is Mike Utsler, and I currently live in Perth, Australia, and work out of Perth, Australia, for Woodside Energy.
Q. Could I get you to scoot just a little closer to the microphone, please.

Are you here to testify today about your involvement in the response to the Deepwater Horizon incident?
A. Yes, I am.
Q. What was your involvement in the Deepwater Horizon incident?
A. I came to Houma, Louisiana, on April 25 to take the Incident Command role for BP as part of the Unified Command. I worked as both Incident Commander in Houma and subsequently as Unified Area Commander for the entire response for three and a half years.
Q. How did you learn about the Deepwater Horizon incident? Where were you? What were you doing? And how did you learn

## MIKE UTSLER - DIRECT

about it?
A. I was actually at home in Anchorage, Alaska, at the time, where I worked and saw the news coverage come across the television.
Q. Were you asked to participate in the response effort by BP?
A. I was. I was called by John Mingé, who was the president for BP Alaska, who I worked for there; and he indicated that I had been asked to see if I would be available to come immediately to Houma to take on the role of Incident Commander. MR. BROCK: D-35002, please.

BY MR. BROCK:
Q. Is this a demonstrative that sets out the positions that you held within BP as relates to the Deepwater Horizon incident?
A. Yes, it is.
Q. Do you understand that the defendant in this case is BPXP?
A. Yes, I do.
Q. So when I say BP, I'm referring to BPXP. Are we together on that?
A. Yes, sir.
Q. Now, when we look at April 25 to August 3, what was your position during that period of time?
A. I was the Houma Incident Commander representing BP as one of the responsible parties.

## MIKE UTSLER - DIRECT

Q. Were you the lead BP representative in that office?
A. Yes, I was.
Q. What activities did you lead from Houma?
A. Well, specifically working as part of the Unified Command in Houma for the Houma Incident Command Post, it was the three parties: the State of Louisiana through its SOSC, the Coast Guard as the federal on-scene coordinator, and myself, who were responsible for managing the operations and activities for all of the Gulf of Mexico on-water efforts, excluding the source control activities and the shoreline protection of Louisiana.
Q. Then what happened on August 3? We show there that you become Unified Area Commander from August of 2010 to December of 2012. What does that mean?
A. I moved from Houma, Louisiana, where as Incident Commander for the Louisiana operations, I took onboard representing BP as the Unified Area Commander overseeing the totality of the response efforts across all the states and offshore.
Q. Who served in that role prior to you?
A. Doug Suttles.
Q. Now, you show chief operating officer, GCRO, August 3, 2010 to May 2001, and I see that that role overlaps with some of your work as Unified Area Commander. Is that right?
A. Yes, it did.
Q. What was your job as chief operating officer of GCRO?

## MIKE UTSLER - DIRECT

A. We11, GCRO was created to provide the BP mechanism for ensuring we delivered against the support response -- support to the response efforts. And as chief operating officer, it was my responsibilities to oversee all ops associated with the response on behalf of BP.
Q. And then in May of 2011, you became the president of GCRO. What were your responsibilities in that role?
A. We11, it expanded from now being -- from having been responsible for the operating side of the response efforts to now including the overseeing of the efforts on environmental and economic restoration as well as the community engagement efforts.
Q. Then in December 2013, what happened with regard to your employment?
A. We11, I retired from BP in December of 2013.
Q. And what did you do next employment-wise?
A. I took an opportunity to become the chief operating officer with Woodside Energy, who's located in Perth, Australia.
Q. How long does it take to fly from Perth, Australia, to New Orleans?
A. 30 hours. It's a long trip.
Q. And why are you here today?
A. Well, after leading the efforts on behalf of BP and the response for three and a half years, I truly feel it was --

## MIKE UTSLER - DIRECT

it's important for me to be able to have the opportunity to represent those efforts and the contributions of so many that came together in this.
Q. We will talk about that a little more. First let's do a bit on your personal background and your educational background.

First, please describe for Judge Barbier your educational background.

THE WITNESS: We11, Your Honor, I went to the University of Ok7ahoma. I'm a petroleum engineering graduate from the University of Oklahoma in 1978.

BY MR. BROCK:
Q. And how long had you worked for BP prior to going to Woodside Energy in Perth?
A. 36 years.
Q. Did you have experience working in the Gulf of Mexico?
A. I did. From 1989 through 2000, I actually worked both the Gulf of Mexico shelf and Gulf of Mexico deepwater operations for Amoco and BP, both living in New Orleans for almost nine years and in Houston for two years of that time.
Q. You mentioned that you were with BP Alaska just prior to the Deepwater Horizon incident. What was your job there?
A. I was the senior vice president of operations responsible for BP's operations on behalf of others on the North Slope of Alaska.

## MIKE UTSLER - DIRECT

Q. There's been a good bit of discussion in this case about spil1 response training and preparation for an event like the Deepwater Horizon event. Had you received training in spil1 response prior to the Deepwater Horizon incident?
A. Yes, I had.
Q. Would you please describe that.
A. We11, literally from the beginning of my career through the 32 years leading to the Deepwater Horizon, I was trained in incident command, the systems and the processes for how to manage unified responses, as well as individual response efforts and activities. Typically that training would involve quarterly drills training in specific roles and responsibilities within the command structure, and then obviously also had the opportunity to practice that training throughout the course of my 32 years due to either man-made circumstances or those events that occurred as a result of natural causes like hurricanes, earthquakes, tornadoes.
Q. Beyond your formal training, do you have any experience with spill response?
A. Yes, I have.
Q. What is that?
A. Both in the course of, again, responding to natural disasters such as hurricanes in the Gulf of Mexico and the post -- or the aftermath of those hurricanes and their damage to our offshore structures that led to leaks on platforms and

## MIKE UTSLER - DIRECT

leaks on pipelines to operations around the world in differing situations that were either, again, naturally caused or man-made caused associated with operational issues.
Q. We have also heard from the Coast Guard and from experts in this case descriptions of the Incident Command System. Were you trained in the Incident Command System prior to the Deepwater Horizon incident?
A. Yes, I was.
Q. Will you please describe that.
A. We11, again, it was extensively a part of the routine training that I received in the various levels of leadership that I held with BP. That training would involve external parties coming in to train on specific ways to manage incidents and the requirements and techniques to be used and how to respond to very differing kinds of occurrences that could happen.
Q. Have you ever worked as an incident commander before the response to the Deepwater Horizon incident?
A. On a number of occasions, many, many occasions. In fact, for 10 years I was one of BP's incident commanders in the Gulf of Mexico.
Q. Now, I want to ask you a few questions with regard to your relationship to BP. When you started working in the response, which BP entity was employing you?
A. BP Alaska Exploration and Production Company.

## MIKE UTSLER - DIRECT

Q. When you became incident commander in Houma, do you know who was paying your check; that is, who you got it from?
A. My paycheck continued to come from BP Alaska Exploration and Production Company until I accepted the role of chief operating officer in GCRO in August of 2010.
Q. What change occurred then?
A. At that point my payroll was managed by BP America Production Company.
Q. In terms of your work in the response, did you have an understanding of the relationship between the GCRO and BPXP?
A. Yes, I did.
Q. What was that?
A. As part of the response and as part of any response in the setup of a response organization, one of the first things done is to establish a mechanism by which the costs are associated with -- and activities associated with a response are captured such that they can be charged back to the specific entity that's accountable for that activity set.

So in this particular case, coming on board as incident commander, I was made aware of the process and the fact that all of our costs needed to be captured and accounted for such that they could be charged back to BPX\&P.
Q. What about charges from organizations like Marine Spill

Response? How was that handled?
A. Yes. Again, all activities that are attributable -- not

## MIKE UTSLER - DIRECT

just the BP time and costs, but all other activities associated with the specific response actions, be they contractors, the federal government, or state components of costs that were attributable to the response, would be captured and charged back.
Q. Did you attend BPXP board meetings while you worked for GCRO?
A. Yes, I did.
Q. What was the purpose of your attendance?
A. Typically two differing reasons. One would be to provide input to the agenda that was developed for BPX\&P board meetings that was specifically looking at progress of the Gulf Coast Restoration Organization's efforts and the response; and secondly, to better understand the issues that BPX\&P board were looking to address and needing from GCRO such so that I could better advise and provide support.
Q. Thank you. Let's turn now to your time as Incident Commander in Houma, please.

What was BP's role in the establishment of the goals that were set up in terms of the response effort to the Deepwater Horizon incident?
A. So BP's role, as the named responsible party as part of Unified Command, is to ensure that the resources and the capabilities, the goods, the services, and the expertise could be brought to the response in helping us to meet our mission.

## MIKE UTSLER - DIRECT

We had four specific areas of focus that we were looking as a Unified Command to address.
Q. What were they?
A. First and foremost, they were the safety of our responders and the assurance that we could protect their well-beings.

Secondly was to protect the shorelines across the Gulf Coast from impact of oil and minimizing that impact.

Thirdly, it was to minimize and to address the impact to wildlife, both sea and air.

And fourthly, it was to address the nature in which we wanted to be seen as the best source of information possible working as one team with one purpose.
Q. Were these goals communicated to the Response Team that you interacted with in Houma?
A. Yes, they were, in two ways. One, every day, as part of our integrated activity plans, they were written and sent to all parts of the response organization; but probably more importantly, it was every day at 10:00 a.m., we would have an al1-hands where across the entire operations, we would stop and take 15 to 20 minutes to try to ensure that we shared uniformly across the organization what those -- a reminder of what those missions -- what our mission was, excuse me.
Q. During these all-hands meetings that would take place every day at 10:00, did you have a speaking part or a leadership role in those meetings?

## MIKE UTSLER - DIRECT

A. I did. Again, this was where the Unified Command leadership in Houma, the Coast Guard, in the form of acting as FOSC, would provide comments and input on the nature of our mission.

I would describe the nature of our operations starting with the source control and what had been accomplished in the past 24 hours and what we were focusing on doing for the next 24 hours, and then the FOSC would often add input to that as well.
Q. Was this an opportunity also to communicate goals and state reminders with regard to safety of operations and the other goals of the response?
A. It was. And, in fact, almost every day we reminded people that first and foremost, it was about protecting our people and ensuring their safety and well-being; and then secondly, to ensure that we were doing everything possible to minimize oil impacting our shorelines, marshes, wetlands, and beaches. And once oil did impact our shorelines, we modified that to include minimizing and being the best at recovering and removing that oil impact.
Q. When you began your work on the response in Houma, Louisiana, were there any limits on the resources that were available to you to achieve the goals?
A. None.
Q. How was that communicated?

## MIKE UTSLER - DIRECT

A. It was repeatedly reminded to me by Doug Suttles at the time, when he was acting as Unified Area Command, you know, our role and responsibility is to make the equipment, goods, services, and expertise available. Find them; do your best. Q. Let's turn to some of the specific work that you were involved in out of the Houma operation.

MR. BROCK: If we can turn first to D-35003.
BY MR. BROCK:
Q. And just for orientation purposes, you see the box there, "Houma, Louisiana, ICP, Offshore and Louisiana Shoreline Operations," the yellow box that's right there in the middle?
A. Yes, sir.
Q. Is that where you were located in the initial -- with regard to the initial response activity that you were involved in?
A. Yes, from April through August of 2010.
Q. Did you spend time at other places in the Gulf other than just Houma, Louisiana?
A. Yes, I did. From April through August, the blue boxes that are shown along the Louisiana coastline represented our branch offices where we were conducting the individual parish operations and activities.

Myself and the Unified Command, in the form of the FOSC and State On-Scene Coordinator, would frequently visit each of these offices, and separately and together we would

## MIKE UTSLER - DIRECT

visit our offshore operations across the Gulf.
Q. These forward-operating bases or branch offices that were located in Louisiana, were they under the organization in Houma, Louisiana?
A. Yes, they were.
Q. What was their work?
A. Their work is site-specific to that area of Louisiana shoreline, protecting and developing the actions that were intended to provide protection and minimization of impact to that particular area.
Q. What was your schedule like as Incident Commander?
A. Well, for the leadership of the Unified Command and myself, we typically started the day between 4:45 and 5:00 a.m. I routinely had a significant responsibility for communications externally from 5:00 to 6:00.

And then our Incident Command structure has a whole series of prescribed operational meetings that ran from 6:00 a.m. through to 6:00 p.m. And I would typically then stay through, as did much of the other leadership, through to somewhere between 10:00 and midnight each night.
Q. Through what period of time did you maintain a schedule like that?
A. Actually from the period of April of 2010 all the way through the end of 2012, when I moved from my role of Unified Area Commander.

## MIKE UTSLER - DIRECT

Q. Did others in the response organization maintain a schedule similar to yours?
A. The responders themselves, we worked 24-hours-a-day, seven-days-a-week schedule, working 12-hour shifts. But the leadership -- not just myself, but the leadership as a whole of the Unified Command -- worked much longer schedules during that period of time, bridging the two shifts to ensure the continuity of operations.
Q. Looking just to Houma, Louisiana, right now, were representatives from other agencies of government represented in Houma?
A. They were. We had a number of state agencies represented under the banner of the State of Louisiana, directed by the State On-Scene Coordinator. We had many federal agencies represented in Houma, again, directed under the banner of the FOSC; in this form, the U.S. Coast Guard.
Q. Speaking just now to the work of the Coast Guard, what is your view as to the quality of the work and the contribution of the Coast Guard in this response effort?
A. I had worked on a limited basis with the Coast Guard in other experiences. This was my first real opportunity to work with them on an extended basis, and I came away incredibly impressed by the U.S. Coast Guard, the Men and Women in Blue. Q. I will ask you now, did the Coast Guard ever express to you their appreciation for BP's efforts?

## MIKE UTSLER - DIRECT

A. They did on a number of occasion. In fact, I can recall one instance in which it was mentioned that we actually put the capital R in "Responsible Party" as an example of their view and experiences that they had had, the example of an operator committed to truly doing their best to help support a response. Q. I think you arrived in Houma on Apri1 25. Is that right?
A. Yes, I did.
Q. Do you recall how many people were working out of the Houma operation at that point in time?
A. Approximately 435 men and women were working either in Houma, in the command center, or offshore.
Q. Within two weeks, to what size did that workforce grow?
A. More than 12,000 workers out of the Houma Incident Command, both offshore and onshore.
Q. At its peak, how many individuals were working out of Houma, Louisiana?
A. Ultimately, more than 21,000.
Q. How was the Unified Command able to coordinate the work of so many responders in a situation like this?
A. It's one of the basic powers of the Incident Command System and the fact that that system, developed in the United States for more than 40 years now, is used by government and state agencies. It's used by industries as a means for how to organize a response, either to natural or man-made situations.

## MIKE UTSLER - DIRECT

It creates a common framework and process for how to work a response. And it creates a common language that all of us who have training and experience in that then understand how to connect and use the incident command structure to be able to manage in this scale.

This stretched the boundaries of the incident command system and our learnings from it, certainly, but it did prove that the system can manage robustly a huge challenge, as this represented.

MR. BROCK: Let's look at D-35040.
BY MR. BROCK:
Q. Is this a graphic that you have worked with us to put together to help you to explain some of the ways in which communication and interaction was managed?
A. Yes, it is.
Q. Will you just please take this slide and walk Judge Barbier through some of the challenges that were presented by an operation that was as large as this one as well as how some of those challenges were addressed with communication technology that was in place or that you put in place.
A. Very good.

THE WITNESS: We11, Your Honor, this was probably the single greatest challenge that we as Unified Command faced as the response unfolded -- and that was that going from a few

## MIKE UTSLER - DIRECT

hundred people, a few hundred vesse1s, both aircraft and boats, to rapidly expanding over the course of this response to its peak of 48,000 people, 6,500 vessels on the water, and 125 aircraft flying 200 missions a day -- was how do you bring that all together? How do you, day-in and day-out, understand where and how to best position the equipment, the people, and support them in their ongoing operations to ensure that you did the best job possible of protecting our shorelines and addressing the potential impacts to both our shorelines and to the wildlife?

This demonstrative attempts to give you a sense of the fact that, to do that, what we had to do was to enable a constant flow of communications from data that was being taken on the shore; on the water, as the first picture on the upper left describes; and in the air. Bringing that information together on a realtime basis, sending it back to the command center, and then allowing us to be able to understand where, what, and how both people and equipment was positioned versus where the oil on the water was.

The second picture, in the top middle, shows that one of the techniques that we were able to bring to bear in this response was we tagged with equipment every vessel on the water to allow us essentially to be able to know where they were at any given time and to understand how to manage their operations and the safety of their activity sets in transit and

## MIKE UTSLER - DIRECT

in movement across the water.
The third picture, on your right, was, as the response continued, our abilities to understand what was being done at the source itself; and physically, in the subsurface environment, understanding the nature of what was happening in our efforts subsea to address control of that and how that operation had to be integrated into the ongoing Houma and broader Unified Area Command's efforts on the water and on the shorelines.

That evolved over a period of time to enabling us to actually go from just pins on a map on a wall to actually electronically being able to capture this information and gave us a much greater ability to real-time respond by developing what was known as the "common operating picture." It's one of the significant areas of advancement that the Deepwater Horizon response has created as an enabling tool.

One of the other very important factors in our abilities to manage this response and the importance of how we had to address constantly our abilities to change was the weather itself: the weather offshore, the weather nearshore, and the weather onshore; everything from deepwater currents to surface currents and, obviously, what was happening. Because in particular, as I will talk a little bit more later, we were limited to daylight operations only. The well was putting oil into the water 24 hours a day, but we could only operate 16 to

## MIKE UTSLER - DIRECT

17 hours a day. So we had use the nighttime to reposition our equipment to the best of our abilities to be prepared for daylight the next morning to allow us to begin the operations of cleaning.

Finally, we will talk about Houma as the Incident Command post, but this facility itself was designed originally to house 125 to 150 people who were being trained in various skills to be used in an offshore/onshore working environment in the oil industry. At its peak, we had 2100 people in this facility every day working to bring all of this information together to create that common operating picture and to drive the abilities to source and resource our response efforts.
Q. Thank you. Let's turn now to some of the specific work that was done and decision making that you were involved in.

MR. BROCK: If we could have D-35005.
BY MR. BROCK:
Q. And I will just ask you, when you arrived in Houma on April 25, what tools were being prepared at that time for use in the Deepwater Horizon response?
A. So already deployed in the offshore environment, we had high-volume skimming operations under operational activities. We also were preparing for the deployment of surface dispersant applications in the offshore arena. Two other techniques were being -- excuse me -- controlled burning as a technique was

## MIKE UTSLER - DIRECT

being discussed but had not yet been developed and deployed when I arrived. And the idea of subsurface dispersants wasn't developed and deployed until after I'd arrived on April 25.

In the nearshore area, there was the preparation efforts to begin gathering equipment that could be utilized for shallow water nearshore skimming operations, and boom was being deployed along the shorelines against critical habitat areas and other key areas specified within the area contingency plans.

Finally, there was discussions around the readiness of equipment to support differing types of shoreline cleanup, be they marsh cleanup, wetlands or mangrove cleanup, and amenity and recreation beaches.
Q. Is "cone of response" a term that you were familiar with? A. Very. The Unified Command in Houma actually developed this phrase to characterize the nature of how we would manage our critical resources and our operations by using this concept known as "the cone," starting from the subsea source control efforts themselves through to the surface expression of oil across the Gulf of Mexico and how we would deploy these differing sets of tools from offshore to nearshore to once impact occurred along the shoreline.
Q. Can you give Judge Barbier a sense, in terms of complexity of operations, what would go into the planning for the response activity that would take place on a given day, say, in early to

## MIKE UTSLER - DIRECT

mid-May.
THE WITNESS: So, Your Honor, as I described earlier, the challenges of building a common operating picture. Each day, thousands upon thousands of pieces of information would come together. And each evening, between 6:00 p.m. and 8:00 p.m., we would develop an updated view of the progress that we had made during the course of that day. We would incorporate satellite imagery, our aerial observations, our on-water observations with our meteorological forecasts for where and what we thought the next day would look like.

We would build, from 8:00 p.m. through to early sunrise hours, the plan for where and how to allocate our equipment, our people, and the resources necessary to use within this prioritized cone of response. And we would move and reposition that equipment overnight such that at daylight hours, we could begin immediately our efforts to begin to remove oil from the Gulf of Mexico.

BY MR. BROCK:
Q. In your thinking in terms of the response tools that were available to you, was there an order in which you generally deployed the tools?
A. One of the keys in this response was very early on learning and understanding the oil and its characteristics, how it would behave coming from the wellhead through 5,000 feet of water to the surface and where and how it would act through the

## MIKE UTSLER - DIRECT

course of -- this being the summer -- under atmospheric conditions exposed onto the water surface. That caused the Unified Command to learn quickly that there were differing techniques that could be best served to reduce or remove oil from on the water. And our actual priority became surface --

First let me back up. In mid-May, once approval from the federal government was granted for subsea dispersants, to be able to use subsea dispersant, it allowed us to operate 24 hours a day, seven days a week. It was the only tool in our toolbox that we could use around the clock.

But once the oil expressed itself onto the surface of the Gulf of Mexico and it spread across the Gulf in the way it did every day, surface dispersants was our number one tool because it allowed us to cover the largest area possible of the Gulf of Mexico which we could contact with dispersants and use that to minimize the impact to our shorelines.

Second was, as we expanded our controlled burning operations, the abilities to accumulate oil. Oil would burn the first six to eight days that it was on the surface of the water. After that, it became too weathered and no longer would burn efficiently. So it was important to utilize, and that we did, as our second means of removing oil in significant quantities.

Then third, in this particular response, we used high-volume skimming as our third mechanism offshore, and we

## MIKE UTSLER - DIRECT

used it principally to pursue streamers of oil that were out with the broader areas of application of surface dispersants and of burning. So we used them almost as chasers of streamers of oil to capture and remove oil from the surface of the water with that technique.
Q. Just a minute here on high-volume skimmers.

MR. BROCK: D 35007, please.
BY MR. BROCK:
Q. I think we have a video here of one of the high-volume skimmers. If you could just talk Judge Barbier through what you are seeing here, the equipment that's involved, that type of thing.
A. Yeah. So as the video is showing you, the vessel on the left in this video is the actual skimmer. It's a larger oceangoing vessel, 210 to 410 in length. It's specifically designed and purpose-built to allow for the skimming of oil from off the water and bringing onboard and separating into storage vessels.

This video shows that it's supported by a supply vessel that pulls a U-shaped boom, and that boom is what's used to corral the oil on the surface of the water. And from that skimming vessel, a skimmer, a vacuum hose is essentially is lowered into that U-shaped area of collection, and oily water is sucked up off the surface of the Gulf and into those storage tanks.

## MIKE UTSLER - DIRECT

There is some limitations to mechanical skimming, but it's an effective technique. The limitations really are that -- as you can see here, they really need calm waters because the oil can easily lap over the top of that boom, and they typically only worked in up to about a foot of wave height.
Q. Where is the skimming device in relation to the larger vesse1 there?

THE WITNESS: If you could play the video one more time for me, please?

MR. BROCK: Yes, just real quick until we see it.
THE WITNESS: So if you'11 look at this U-shaped video -- excuse me, if you look at the U-shaped boom, you will see that the skimmer is typically deployed in that area right at the base of the $U$. And there's a small hose that comes off of that vessel that has the skimming device in it, and it sits essentially in the $U$, in the base of the $U$, to get the maximum ability to suck oil. Because the two vessels are slowly, slowly moving forward, allowing the oil to be pulled into the base of that $U$.

BY MR. BROCK:
Q. Let's talk a minute about nearshore skimming. We haven't talked about that much during this trial.

Was nearshore skimming managed out of Houma for the Louisiana coastline?

## MIKE UTSLER - DIRECT

A. Yes, it was.

MR. BROCK: Let's look at D-35013.
BY MR. BROCK:
Q. Is this a slide that will help you to discuss nearshore skimming?
A. Yes, it is.

MR. BROCK: If we could play that, and if you could just describe for Judge Barbier the vessel and then what he is seeing here.

THE WITNESS: Here you see in this video two differing types of shallow water, commercial fishing and/or shrimping vessels that we used in two differing ways to configure with the orange boom, which is known as "hard boom," which helps to corral the oil.

And if you'11 notice in this video the white boom inside of that is a cotton-absorbent boom. So we could both absorb sheen and oily water into that cotton boom, but we could also skim in those U-shaped hard-boom areas with small skimmers in the same way that we did in the larger offshore skimming operations.
Q. Why were the Vessels of Opportunity used for skimming in the nearshore?
A. Again, when oil made it past our offshore techniques for recovery and began to approach the shoreline, these vessels could work in very shallow waters. They gave us another

## MIKE UTSLER - DIRECT

opportunity to minimize oil impacting our shoreline, our marshes, and our wetlands by actually physically corralling the oil or breaking it up from a sheen standpoint and capturing it in our absorbent boom.
Q. Were they helpful as a response tool?
A. They were.
Q. Please describe how the skimming operations were organized and deployed.
A. In Louisiana, we deployed these in squadrons of 25 vessels, under one captain overseeing 25 captains. We had a command vesse1, a supply vesse1, and an HSE, or health, safety and environmental vesse1 in support of each of those 25.

The squadrons -- which at its peak, we had
1700 squadrons, as I recal1 -- were stationed around the shoreline of Louisiana, and they were used to cover specific geographical areas in the near off offshore, doing sheen busting, skimming, and patrolling and monitoring in terms of visual on-water observation for oils approaching our shore.
Q. What was the number of fleets?
A. I believe it was 17 at its peak of 25 differing vessels being used in each squadron.
Q. Was that part of the decision-making process that would occur each day; that is, how those resources would be deployed in the nearshore?
A. Again, they were part of the cone of response process. So

## MIKE UTSLER - DIRECT

we had to reconfigure daily and reposition them to be best used on the basis of where we saw oil potentially coming to the shorelines of Louisiana.
Q. Now, with regard to skimmers, were there instances during the response when you were asked to procure additional skimmers?
A. Yes, there was.
Q. Can you te11 the Court about the procurement efforts of skimmers.
A. So procurement of skimmers, like most of the equipment in the response early on, was managed by Houma. One portion of the Incident Command Structure is the logistics and procurement part of the ICS system. and we would seek to procure skimmers, boom, and other equipment, goods, and services to support our daily operations.

Very quickly on, skimmers became a critical issue of supply: On the basis of having procured everything available in the Gulf of Mexico, where else and how else could we capture additional resources?

That access logistically working for procurement reasons was moved to Robert, to the Unified Area Command, and managed by Unified Command on behalf of the global efforts to procure.
Q. Were you aware at some point of Captain Laferriere's concerns about skimmers?

## MIKE UTSLER - DIRECT

A. I was made aware of that both in my conversations with Captain Laferriere, but also subsequently informed about requests that he had made for status update on this issue.

MR. BROCK: Let's see TREX-13043.1.1.
BY MR. BROCK:
Q. Is this an e-mail that was forwarded to you with regard to a request for offshore skimming assets?
A. Yes, it is.
Q. What were Captain Laferriere's comments at this point in terms of his request?

MR. BROCK: Let's see if we can turn to 13043.3.1.
THE WITNESS: So an e-mail that was forwarded to me by Jackie Mutschler included Captain Laferriere's original request, through the Coast Guard chain to Unified Command, asking for input with regards to what could be done to accelerate. He.

Basically says, as highlighted here: "We all know we can use more skimmers offshore, especially in the use of dispersants becomes more problematic. I have been pushing for more skimmers since I have been here."

This e-mail goes on to say: "What can be done? What's being done at Robert? And how quickly can we identify additional resources to meet this need?"
Q. This e-mail is from Captain Laferriere to Captain Hanzalik and others, and it was forwarded to you?

## MIKE UTSLER - DIRECT

A. Yes, it was.
Q. Did you also receive a copy of a response to this e-mail?
A. Yes.
Q. Was this a response of the Coast Guard?
A. Yes, it was.

MR. BROCK: Let's look at TREX-13043.1.2, and if we could just review the response that was made to Captain Laferriere from Scott Knutson, please.

BY MR. BROCK:
Q. Can you review that with the Court.
A. Yes, in Scott Knutson's response to Captain Laferriere, he have indicates: "We have just completed a review of the global inventories of skimmers and busters. Other than a few federal vessels, all the domestic and Canadian equipment within several days' transit have already been procured and are in the Gulf. Remaining equipment, which is more than a few days away, both domestically and international, has either been procured or is in the final stages of contracting."
Q. Is this response by Mr. Knutson consistent with your recollection of the events?
A. It was, both in my conversations with Jackie on the efforts of Robert in procuring supplies -- it's very consistent.
Q. Did you ultimately procure all available skimmers for the response?

## MIKE UTSLER - DIRECT

A. Yes, we did.
Q. Did Captain Laferriere acknowledge to you that everything that could be done to procure skimmers was being done?
A. Yes. After receiving this e-mail, the captain and I had a chance to talk about it. And while frustrated over the fact that we could always use more equipment, we realized that everything that could be done was being done.
Q. Let's turn just for a minute to subsea dispersants.

Did you have involvement in the daily planning and recommendations with regard to the use of subsea dispersants?
A. With regards to the supplying of the dispersant materials itself and supporting the surface operations of that, yes. Q. Let's look at -- what about aerial applications? Did you also have involvement with that?
A. Yes. Houma directly managed the approval and development of planning for aerial dispersant deployments up to a point. Q. When we talk about subsea dispersant applications, how were they used in the response?
A. We11, this was the first time application of subsea dispersants ever used. It was a technique that had been suggested in the response by somebody from a different company as a consideration.

The idea was taken, it was developed, and then it was modeled using a laboratory and resources in Norway through SINTEF to validate the concept. Once that mode1 was validated,

## MIKE UTSLER - DIRECT

it was then tested on location at the request of the federal government before granting approvals. And in mid-May, we began to use the injection of subsea dispersants for the first time.
Q. What testing was performed before the dispersants were used subsea?
A. Subsea-wise, again, it was tank-tested, meaning a mode1 was created that allowed for the testing of the dispersant to be injected directly into the flow of oil. This was done in the Norwegian tank testing models that I described by SINTEF.

It was then further tested using, different concentrations, on the well itself in the Deepwater Horizon. Those samples and evaluations were used to match to the mode1 results, which allowed for the government to provide approvals for the utilization of it.
Q. Was there toxicity testing involved?
A. My understanding was yes, associated with confirming the nature of the dispersant, which in this case, we continued to use the same dispersant we were using aerially.
Q. Was the subsea dispersant effective in mitigating the effects of the spill?
A. Yes, it was.
Q. Let's turn to surface dispersants.

Have you helped us prepare a slide to discuss the surface dispersant applications?
A. Yes, I have.

## MIKE UTSLER - DIRECT

Q. Let's look at D-35009 and, again, this is a short video. If you would just describe for Judge Barbier's benefit what we see here in the surface application of dispersants.
A. So, Your Honor, once an area for application of surface dispersant had been identified in the form of a slick on the water that we thought was most viable, airplanes would be loaded with dispersant. They would be brought to -- they would be flown to a location, and they would drop down to below a hundred feet above the water level, where they would deploy their dispersant in a manner that would allow it to fall to the water surface, coming in contact with the oil and, therefore, beginning the process of separating that oil into individual droplets and suspending it in the water column.
Q. What was done to ensure the safety of individuals who were working as part of the response in the application of surface dispersants?
A. So, first, these are trained crews that are provided to the response by various enterprises, particularly MSRC. They are crews that are trained in the handling of dispersant, the loading of the dispersant and the deployment of the dispersant.

In addition, we used aerial spotters to confirm and validate the location of the spotting of that dispersant to the sheen. And then we would subsequently, once the dispersant had been discharged and after a period of the plane's departure, we would then move vessels in to do SMART testing to validate the

## MIKE UTSLER - DIRECT

nature of our application.
Q. What is SMART testing?
A. SMART testing was essentially on-water vessels doing water column testing to see, in fact, did the dispersant contact the oil? Was it being dispersed in the water column? And they would measure the amount of oil dispersed now in the water column throughout the area that had been deployed.
Q. Based on your work during the response and your interaction with the Coast Guard, did you come to a conclusion about the effectiveness of dispersants as a response tool? A. As Unified Command, and certainly myself personally, this was one of our most effective tools at preventing oil from impacting our shorelines. It covered and allowed us to cover the widest areas possible where these sheens and oil -- on the surface, ribbons were flowing, and allowed us to have the greatest concentration of abilities to prevent them from hitting our shorelines.
Q. Did anyone from the Coast Guard ever say to you, "Let's not use dispersants because it allows oil to remain in the atmosphere or on the earth"?
A. No, sir. As Unified Command, we, day in and day out, made this recommendation and used this as one of our principal tools in the response effort.
Q. Let's talk about the boom. Did you have personal involvement in securing boom as part of the response

## MIKE UTSLER - DIRECT

activities?
A. We11, through the Houma Unified Command and our logistics groups, yes, we did.
Q. What were the issues with boom that needed to be addressed as part of the response effort?
A. So the key is boom is something that can be used almost as a last line of defense along the shorelines to protect oil from impacting critical areas that you are trying to protect.

Within the area contingency plans, there's a priority for the use of boom. And there are two types of boom that we used in this response. There is what is known as hard boom; and there is soft boom, the absorbent-type cotton boom that would help to absorb but would have to be replaced every eight to ten days. Whereas hard boom could stay in position for as long as we kept it anchored.

MR. BROCK: Let's pul1 up D-35015.
BY MR. BROCK:
Q. Is this a demonstrative that demonstrates the use of boom?
A. Yes, it is.
Q. Let's look at this very quickly, please, and you can describe for Judge Barbier what he is seeing, please.
A. Your Honor, here is an example in the video of the deployment of what's known as hard boom. It's essentially a plastic that's designed to float on the surface, with a curtain that allows oil, obviously in gentle waters, to lap up against

## MIKE UTSLER - DIRECT

it.
We can then come along the leading edge of that outboard of the shorelines we are trying to protect and actually skim or suck up the oil off the water in the same way that we did with nearshore and deepwater skimming operations. Q. How was the Unified Command able to meet the demand for boom during the response?
A. We11, this was one of the challenges that the response faced, in that early on we used every available piece of boom that we had in the Gulf of Mexico, and we used it against the priorities that were established in the area contingency plans for each of the states.

These plans typically identify the use of boom first to be used to protect critical habitats, like bird hatcheries and other environmentally sensitive areas; then the marshes and the wetlands; then what was known as recreational beaches; then finally amenity beaches as a last port of use of boom.
Q. I want to ask you now a general question about the safety of operations. We have talked about the intervention techniques that were used in the offshore and the nearshore.

What provision was made to ensure the safety of the workforce executing the techniques that we have been talking about?
A. So I go back to our mission as Unified Command started with the safety and well-being of our responders. We worked to

## MIKE UTSLER - DIRECT

develop and ensure that we could train and properly equip each of the differing groups of workforce.

Those who worked on the water, the U.S. Coast Guard certified the vessels that were being used, provided training and support to those vessels as necessary in terms of safe operations. We had conditions in which we monitored wave heights, wind, and temperatures, such that working between summer and winter, when we could work on water and not, to protect the people who physically worked on water.

Again, those who worked in the near-shoreline areas of operations, training and working with those types of operations, be they skimming and booming, the deployment of, the use of the boom and how to handle both on a skimmer or on a small vessel supporting boom deployment.

Then significant work done to manage our onshore workforce safety and well-being. We worked collaboratively with OSHA, we worked collaboratively with the Louisiana State Health and Sciences departments to look at everything from heat management, heat stress management to the physical labor management of the work and activities being done by the workforce.
Q. On the issue of boom, coming back to that just for one more question, starting in April, soon after the response, how did BP go about obtaining the boom that was needed to meet the demands?

## MIKE UTSLER - DIRECT

A. So boom very rapidly became a critically short -critically short in supply, having exhausted the supplies that were already stockpiled across the Gulf of Mexico.

BP expanded its search for boom all across the United States and worked with the U.S. Coast Guard in looking at supplies that were held within the ports around the United States and beyond.

We actually chartered the Antonov and flew the Antonov and other aircraft around the world, collecting boom from all across the world to be brought back to the Gulf of Mexico for use in deployment.

In addition, at the time of this incident, there were only three companies manufacturing hard boom and could only manufacture approximately 5,000 feet of boom a week. We engaged with those companies. We ramped up their operations to 24 hours a day, three shifts a day, working 7 days a week. We also built new capabilities with regards to hard boom.

We also looked at differing styles and designs of boom that could be manufactured by nontraditional boom manufacturers, all of these to provide resources that were critically needed across the Gulf of Mexico.
Q. I'm intrigued by your comment about the Antonov. What is that?
A. That's the world's largest airplane. It's Russian-built. We chartered it from a Russian service to allow us -- because

## MIKE UTSLER - DIRECT

it had the hugest payload available to us, that would allow us to carry this very heavy product as we worked around the world to pick it up from various sites.
Q. Would that be a good example of BP's efforts in the way it spared no expense to get the resources needed to the Gulf of Mexico for the response?

MR. CHAKERES: Objection, Your Honor, leading.
THE COURT: Overruled.
THE WITNESS: Certain7y I think it's just one of those examples that -- again, we were charged with sparing no expense to find the resources, capabilities, and services that we needed to meet this response, and we made every effort to do so.

BY MR. BROCK:
Q. Let's turn to a new topic now, and that is the importance of communications. I'11 just ask, to set this up, was effective communication with the public one of the goals of the Unified Command?
A. Yes, it was. Both the Coast Guard and BP saw this as a critical component of our effective response.
Q. Why was effective communication with the public important during this time?
A. Number one, to address the fears and concerns of the public, who every day were being told or saw images that caused them to not -- to wonder and to want to understand what was

## MIKE UTSLER - DIRECT

being done, how it was being done, and what was the effect of the efforts being made.

Number two, it was important because those issues and concerns enabled us to better equip and be better prepared to meet the needs and demands of the local communities.
Q. Generally, how was effective communication with the public achieved?
A. There were three principal lenses in which we, as Unified Command, worked on, on trying to communicate. One was through the local, state, and federal lines of communications, the officials, the entities, and agencies that were there working on behalf of their citizenry, to engage with them to ensure they had the information they needed.

The second was using the media, and the third was using the communities themselves, in going out into the communities to engage with them.
Q. When you arrived on April 25 , did you assist in putting in place communications with local and state governments?
A. Yes, I did.
Q. What communications did you have with them beginning at that time point?
A. There were differing techniques or tools used in a communications sense, but one of the most critical in Louisiana was every day at 3:30, myself and the FOSC would have a telecon, a standing telecon with the individual parish

## MIKE UTSLER - DIRECT

emergency response centers and representatives from the individual parish governments as wel1 as the state government and the governor's office. And that call would typically last for an hour, from 3:30 to 4:30.

The captain and I would provide -- typically I would provide an operational overview on behalf of everybody who has dialed into that call, and then the captain and I would respond to specific questions raised by the parish, by the parish presidents, or by the governor or the governor's representatives.
Q. Why was this an important component of the response from the Unified Command perspective?
A. Because in the same way that we were getting questions as Unified Command, so were these local officials and obviously State officials who were trying to respond and wanting to respond to the same questions that we were receiving.

So the better source of information that we could be, the better they were able to help in addressing the response concerns that existed across the states and beyond.
Q. In addition to the 3:30 call that you have just referenced and the communications that would take place there, were there also liaisons that worked with the community?
A. Yes. Both the Coast Guard and BP appointed specifically community liaisons to work in each of the parishes, directly with the parish presidents and/or with the governors of each of

## MIKE UTSLER - DIRECT

the states.
Their jobs were to be available to those key officials 24 hours a day, 7 days a week, and be a direct conduit of information between the Unified Command in Houma and the Unified Command in Robert and the other respective Unified Command posts across the Gulf states.
Q. If we just took an example, say, Plaquemines Parish, what would be done in a place like Plaquemines by the Unified Command to keep officials and the community updated on the events that were taking place in the Gulf?
A. So typically the U.S. Coast Guard liaison and the BP liaison would provide a briefing in the morning, post our morning briefings. They would brief them through the course of the day, typically sometime there after lunch and again prepare them for questions and us questions that might be raised in the 3:30 call.

They would provide them information with regards to the ongoing response, movement of equipment and goods, to the issues about -- responding to the questions around boom and other supplies or materials, as well as questions that might arise in terms of other resources that the parish officials thought they needed.
Q. For Louisiana, which was your area of responsibility, how many parishes had community liaisons?
A. We had eight parishes that attributed both BP and

## MIKE UTSLER - DIRECT

Coast Guard liaisons as well as the state governor's office.
Q. How long did the community liaisons remain in place?
A. So those remained in place well into 2011.
Q. With regard to interaction in the community, did you also use town hall meetings as a way to communicate directly with the public?
A. We did. In trying to engage with the communities directly, we initiated out of Houma initially town halls, where we would go into the respective communities. Of an evening, we would bring two or three representatives from the Unified Command; and we would set up a Q and A session, where we would give a brief overview of the ongoing response efforts and then just open it up to questions.
Q. Did you learn, as you began to interact with folks in the community, that you needed to refine your message and the manner in which you presented information in the town halls?
A. We did. We very quickly realized that the questions they were asking involved more than us just saying with words. We needed to provide visual examples and demonstrations.

So we evolved the town hall to, as a Unified Command, the use of what we called "expos." Essentially think of them as science fairs, where we brought examples of booms; and the experts, as well as local people who were working in the boom crews, to talk about what it is we do with boom; what it is we were doing with burning; what dispersants were, what they

## MIKE UTSLER - DIRECT

looked like, how they were used; what we were doing with fish and wildlife; and what we were doing to ensure that their water was safe, their beaches were safe, their air was safe; and many other types of questions on a show-and-tell basis.
Q. Was there a significant contribution from the Coast Guard in terms of understanding the best way to present this information at the town hall meetings?
A. There absolutely was. Captain Laferriere, in particular, from his experiences post-Katrina, really helped bring the idea together in terms of how to best utilize this capability that we had, but also using local citizenry who were working in the response to help tell the story in a way that their next-door neighbors could best understand what was being done.
Q. Was it the view of the Unified Command that these expos that were being conducted in the local communities were effective in addressing community concerns?
A. They did make a definite difference. We saw a marked increase in understanding, and just in the nature of the questions that were being asked of us as people better understood and learned what was really going on in the response efforts.
Q. Now, did BP also have involvement in establishing Community Outreach Centers?
A. Yes, it did.
Q. What are Community Outreach Centers, and how were they

## MIKE UTSLER - DIRECT

utilized as part of the response activity?
A. So early in the response, as part of Unified Command's discussion, we talked about the nature of how do we ensure that BP is helping to answer some of the questions that are being raised specific to $B P$. And from that, we expanded into a BP-specific effort called the "Community Outreach Program" in which we went into each of the parishes and we established a BP site that was used to do everything from being just a source of "come in, tell us what your issues are," to helping provide support on claims and how to file claims, to helping to provide support in terms of job opportunities and what might be happening.

But also to listening to what the community's issues, concerns, and needs were, which led to our opportunities to fund a variety of differing activities in the community itself to help with the quality of life.
Q. Was this a Unified Command effort --
A. It was --
Q. -- the establishment of the outreach centers?
A. It was a BP effort.
Q. How many Community Outreach Centers were put in place out of Houma, Louisiana; that is, within the Louisiana region?
A. Within Louisiana, there were eight.
Q. How many total? Do you know?
A. As I recall, there were 17 . That number may not be exact

## MIKE UTSLER - DIRECT

across the entire Gulf states. Each of the states, from Florida Panhandle through to Louisiana, had community liaison offices.
Q. For how long were these community centers operational?
A. While they were scaled back over a period of time, they continued to be in place through 2013 across the Gulf states. Q. Did the Community Outreach Centers provide funds for the local communities in some fashion?
A. They did, in a wide range of -- as we responded in listening to what the community's concerns were, we started to look at ways that we could demonstrate and support the way of life in those communities beyond just the response efforts. Q. Now, we have heard some testimony in this case that one of the issues with the response is that there was a disparity in people who were able to take advantage of programs that were being offered by BP. So I want to address just a couple things on that, if I can.

Was it important to convey to the public that the community centers were available and were resources for those in the local community?
A. It was.
Q. How did BP let the communities know that these resource centers were available?
A. We used a variety of differing tools, including advertising, posting locally within the communities themselves,

## MIKE UTSLER - DIRECT

and using social media and websites, including the BP.com Deepwater Horizon website.
Q. Do you have an example of one of these videos that was available publicly to inform local communities about the availability of the resource centers?
A. I do.

MR. BROCK: So if we could pull up now D-35039.
MR. CHAKERES: Your Honor, we're going to object to this is as hearsay. It's a narrated video, unlike the other videos that have been shared today, by a witness who had previously been on BP's trial exhibit list -- excuse me, trial witness list.

MR. BROCK: This is a video that was publicly available. It addresses the issue specifically of letting the community know what resources are available.

THE COURT: Was this some PR program or something?
MR. BROCK: It's part of the information that was available on the BP website so that people could learn about the community centers and what services they offered.

THE COURT: It's narrated?
MR. BROCK: It's narrated by a single individual.
THE COURT: That individual is not testifying?
MR. BROCK: That individual may testify by deposition.

I think our point about this is a little

## MIKE UTSLER - DIRECT

different than that, in the sense that especially Dr. Austin, who criticized the company for not getting the word out about what was available -- this is a video, one of the tools that was used to address that issue.

MR. CHAKERES: Your Honor, the fact remains it's going to be narration testimony.

THE COURT: I sustain the objection.
BY MR. BROCK:
Q. A11 right. Did BP make information available to the community through advertising and through videos?
A. Yes, it did.
Q. Mr. Utsler, just to wrap up, in light of everything that you have said today and taking into account your entire experience, what is your assessment of the Deepwater Horizon response effort and BP's work with the Coast Guard in this matter, please?
A. This was a humbling experience. Nothing can prepare you for the scale and magnitude of the response efforts as we realized them to unfold. But for me personally, it was an incredible honor and an opportunity to have worked with so many talented people from all across the world?

Starting first and foremost with the U.S.
Coast Guard. I cannot say enough in terms of my regard for their professionalism, their competency and their capability as exhibited throughout the course of this, and the many other men

## MIKE UTSLER - DIRECT

and women who serve us in many other branches, as well as those who worked in the federal and state agencies. I'm proud to have had the opportunity to help lead in this effort, as challenging as it was, to have worked with the many amazing people.

MR. BROCK: Thank you, Mr. Utsler. Please answer their questions.

MR. CHAKERES: Your Honor, the United States has no cross-examination.

THE COURT: I guess you are done, sir. Thank you.
THE WITNESS: Thank you, sir.
THE COURT: Who is your next witness? Do you have an expert?

MR. BROCK: Yes, sir. Dr. Cox is our next witness.
THE COURT: How long do you expect your direct exam to be?

MR. BROCK: 45 minutes to an hour.
THE COURT: Let's take about a 15-minute recess right now.

MR. BROCK: Thank you, Your Honor.
THE DEPUTY CLERK: Al1 rise.
(Recess.)
THE COURT: Please be seated, everyone.
A11 right. Call your next witness.
MR. JARRETT: Good afternoon, Your Honor. Keith

## ROBERT COX - VOIR DIRE

Jarrett for BPXP. BP calls Dr. Robert Cox.

## ROBERT COX,

having been duly sworn, testified as follows:
THE DEPUTY CLERK: State your full name and correct spelling for the record, please.

THE WITNESS: Dr. Robert Cox, C-0-X.

## VOIR DIRE

BY MR. JARRETT:
Q. Dr. Cox, could you begin by stating where you live and what you do for a living.
A. I live in Brandon, Mississippi. I'm a physician and a professor at the University of Mississippi Medical Center.
Q. And were you retained by BP to evaluate some questions that they asked you to look into?
A. Yes, sir.
Q. Have you prepared a slide for us that shows those questions?
A. Yes, sir.

MR. JARRETT: Could I ask that they bring up D-35102.
BY MR. JARRETT:
Q. Dr. Cox, would you tell us the questions you were asked to look at on behalf of BPXP.
A. Yes. I was asked to evaluate potential human health impacts both to cleanup workers and to Gulf Coast residents as a result of the Deepwater Horizon oil spill. I also was asked

## ROBERT COX - VOIR DIRE

to look at any public health implications of the oil spill. And then, finally, I was asked to look at the mitigation information with regards to BP's efforts to mitigate those health impacts.
Q. Did you have enough information to reach an opinion as to a11 three of these questions?
A. Yes, I did.
Q. Did you express those opinions in written reports?
A. Yes, I did.
Q. In terms of the oil spill and what you looked into, did you look into all the chemicals or constituents of concern?
A. Yes. I looked at a wide variety of chemicals, chose those that were primarily ones that are potentially toxic within oil as well as dispersants and some of the products of in-situ burning.
Q. You looked at the constituents of oil and dispersants and in-situ burning, all of those three?
A. Yes, sir.
Q. I noticed that what's not on here is that you didn't investigate the human health impact concerning the events on the rig itself. Is that fair?
A. That's correct.
Q. What was it about your field of expertise that allowed you to reach opinions -- make you comfortable reaching opinions on these three things?

## ROBERT COX - VOIR DIRE

A. I am a medical doctor. I'm also a medical toxicologist, as well as I hold a doctorate in chemistry.
Q. Did you prepare a slide to illustrate your qualifications that you brought to bear on this assignment?
A. I did.

MR. JARRETT: Can you bring up, please, D-35103.
BY MR. JARRETT:
Q. Dr. Cox, does this slide here outline the highlights of your professional career that were relevant to this engagement?
A. The highlights, yes.
Q. Can you walk us through this slide, please, and talk about your background.
A. Sure. As I said, I'm a practicing physician, also hold a Ph.D. in chemistry. I hold board certifications through the American Board of Medical Specialties in medical toxicology, emergency medicine, and a separate certification in toxicology through the American Board of Toxicology.
Q. Can I interrupt you for a second, sir? Explain to us, what's the field of toxicology?
A. Yes. The field of toxicology is the science that deals with the adverse effects that chemicals and physical agents, such as radiation, can have on living systems. In my case I deal with the effects on human beings.
Q. I noticed you mentioned earlier that you're a professor at the University of Mississippi Medical School. Are you also a

## ROBERT COX - VOIR DIRE

practicing physician?
A. I am, in two areas. I'm an emergency physician. I work in the emergency department, have for over 25 years. As a professor, I also teach our young physicians. I'm the primary person who's taught toxicology to our training physicians in Mississippi for at least the last 15 years.
Q. Any other relevant professional experience on this slide that you would like to address?
A. Yes, a little bit. I also run now the Medical Toxicology Service. That's a medical specialty service that deals with individuals who have been exposed to chemicals, drug overdoses, substance abuse, so forth.
Q. And do you provide that service across the state of Mississippi?
A. We11, I do the service at the medical center; but we take transfers from the entire state since I'm the only medical toxicologist in the state.
Q. What about your field of research? Have you done research on issues that might be pertinent and germane to the tasks that you were asked to do here?
A. Yes. Earlier in my career, I was very active in developing methods and evaluating methods for measuring trace levels of hydrocarbons, or VOCs, the same chemicals that are associated with oil in the atmosphere.

Since that time I have also been involved with

## ROBERT COX - VOIR DIRE

looking at the adverse health effects of different types of exposures on human beings. As well, I've also published on the use of personal protective equipment. And in our situation, that was for protecting healthcare workers who might be -- have to deal with victims of hazardous chemical exposures.
Q. I want to talk for a minute about your public health experience and specifically what attributes of your public health experience you brought to bear on this engagement.
A. Yes. We11, first of all, pretty much everything I'm talking about on this slide involves public health. I've been involved with public health in Mississippi -- I'm going on my 28th year there -- pretty much the entire time.

Mississippi is a small state. We do not have a state toxicologist, and kind of by de facto, I serve in that role. And so I have assisted them in a number of things, not only in toxicology. Most recently I set up their Ebola hotline and influenza, anthrax, infectious diseases, as well as we have had episodes of mercury being spilled in schools.
Q. As part of that role in public health, do you have to be familiar with statistical analyses of illness rates and injury rates and prevalence and things such as that?
A. Yes. And that's also something that we teach to our training physicians.
Q. Last question, I think: What about the field of occupational medicine, Doctor? Do you have experience in that

## ROBERT COX - VOIR DIRE

as well?
A. Yes, I do. I treat victims of chemical exposures, and a lot of those are occupational exposures; and so, yes, that's something I have to deal with very routinely.
Q. Before I tender you, do you have specific experience in the Deepwater Horizon incidence unrelated to the assignment you were asked to do here?
A. Yes, unrelated. Early in -- when this happened, I was involved, first of all, through the poison control center. We cataloged all the calls that we had. And then I also was involved -- I spent some time at the Mobile Incident Command Center and also worked with our state health department and assisted them with setting up some of their health surveillance.
Q. Was that experience useful in the assignment you were asked to do for BPXP?
A. The experience was useful, but really none of that work directly -- I used directly in what I did here.

MR. JARRETT: Your Honor, at this time BP would tender Dr. Cox generally as an expert in the field of medicine and toxicology and specifically in the assessment and treatment of acute and chronic health conditions resulting from exposures to hazardous substances or working conditions as well as an expert in the assessment of public health.

MS. PENCAK: No objection, Your Honor, subject to

## ROBERT COX - VOIR DIRE

cross-examination.
THE COURT: A11 right. Would counsel approach the bench. I have a question.
(Off the record.)
THE COURT: Let me just follow up, if you would.
Dr. Cox, you did some work in connection with the Deepwater Horizon oil spill on behalf of the State of Mississippi?

THE WITNESS: Yes, Your Honor.
THE COURT: Explain to me whether and how that differs from what you are testifying about here today.

THE WITNESS: All of the information that I'm going to testify today was publicly available. It's been published, and so it was not my experience of what I did in 2010. I'm using publicly available information.

THE COURT: You're not using anything you did or learned in your experience working on behalf of the State of Mississippi?

THE WITNESS: That's correct.
THE COURT: Okay.
MR. JARRETT: Thank you, Your Honor.
THE COURT: Go ahead.
MR. JARRETT: The tender is accepted, Your Honor?
THE COURT: I'm sorry. Yes. Yes, he is accepted.
MR. JARRETT: Can we bring up slide D-35104, please.

## ROBERT COX - DIRECT

## DIRECT EXAMINATION

## BY MR. JARRETT:

Q. Dr. Cox, did you render multiple expert reports in this matter?
A. Yes, sir.
Q. How many, sir?
A. Three.
Q. Can you confirm for us this slide depicts the first page of your three reports, one dated August 15 of last year, the second dated September 12, and the third dated September 26 ?
A. Yes.
Q. They bear TREX numbers shown in this slide 240110, 240111, and 013087; is that correct, sir?
A. Yes, that's correct.
Q. Those three written opinions contain the opinions that you intend to offer and discuss today?
A. Yes.
Q. What work did you do in connection with the assignment that BP asked you to engage in?
A. Yes. The first thing I did was to look at a very, very large quantity of sampling and analytical data that was all publicly available. I downloaded it through the Internet.

The next thing I did was to analyze that to do what's called a toxicology risk assessment on it. And then I also looked at a large quantity of information from various

## ROBERT COX - DIRECT

government agencies.
Q. And would you have described the amount of information you have as modest, robust?
A. It was tremendous. I've been involved in a number of different environmental and human health issues throughout my career, and I have never seen anything with the amount of information we had here.
Q. Did you have critically the information you needed to reach the opinions that we are about to discuss?
A. I feel that I did.
Q. Have you prepared a slide that summarizes your overall opinions regarding the seriousness of the human health impacts that resulted from the spill and its cleanup?
A. Yes, I did.

MR. JARRETT: Can you bring up D-35105, please.
BY MR. JARRETT:
Q. Doctor, can you tell us, please, what your opinions on the human health impacts were.
A. Yes. First of a11, I found no compelling evidence for any significant exposure-related adverse effects either in cleanup workers or in Gulf Coast residents. I also found it highly unlikely that any adverse health effects will become manifest in the future.
Q. Said in simple ways, like I like to think of things, is your first opinion backward-looking and your second opinion

## ROBERT COX - DIRECT

forward-1ooking?
A. Yes.
Q. And these opinions, do they address both long- and short-term possibilities?
A. Yes, they do.
Q. As I said before, you examined all the constituents of concern that you identified in any of the materials that were involved in the spill?
A. Yes.
Q. And did you do your work independently to reach the opinions we are about to discuss?
A. I did. As I said, I looked at a lot of government documents; but I did all of my work by myself first, and I should say it took a lot of time.
Q. Well, you bring up a good point. The questions that BP asked you to look at and address, had those been looked at by other folks as well?
A. They have.
Q. Specifically, have those questions been looked at by various government agencies?
A. They have.
Q. Has the government made findings on these very same issues that we have asked you to look at?
A. Yes.
Q. Did you study those government findings?

## ROBERT COX - DIRECT

A. I did.
Q. Did you find them to be useful in your work?
A. I found them to be reassuring, that they came up with the same opinions that I did.
Q. Have you prepared a slide that illustrates those government findings, sir?
A. Yes.

MR. JARRETT: Can we please bring up slide D-35106. BY MR. JARRETT:
Q. This looks like a pretty busy slide, Dr. Cox. Can you tell us what we are looking at here generally, please.
A. Yes. Along the left side here, these are a number of different federal agencies whose work looked at and examined the health effects from the Deepwater Horizon oil spill: CDC, EPA, FDA, NIOSH. And then I pulled a number of their opinions that I felt were relevant to my work.
Q. What did these government agencies do in order to reach the opinions or findings that they published?
A. For the most part, the same thing I did. They looked at all of the monitoring data; they analyzed it; they compared it to something we will discuss, called "human health benchmarks"; and came up with opinions, whether or not they felt there would be significant human health effects.
Q. Did they issue written findings?
A. They did.

## ROBERT COX - DIRECT

Q. Did they publish those findings?
A. Yes.
Q. Are they available for anyone to see who wants to go on the Internet and track them down?
A. That's where I found them.
Q. Did you review all of those papers?
A. Yes.
Q. Were the findings between those various government agencies consistent or inconsistent?
A. They were consistent. That was another thing. It was nice that this wasn't one of those situations, as I have seen in the past, where one agency says this and another one says this, and a third one might say something different. In this case all of their opinions were very consistent.
Q. Did you find their work to be reliable?
A. I did.
Q. Did you find their work to be of the quality that experts in your field would use to help render their opinions?
A. Yes.
Q. Finally, did these agencies reach the same or different conclusions than you did in your independent work?
A. The same conclusions.
Q. Have you identified some highlights of their conclusions that you want to bring to the Court's attention?
A. Yes, please.

## ROBERT COX - DIRECT

MR. JARRETT: Can we bring up D-35106.1.
BY MR. JARRETT:
Q. Can you read this slide and tell us why it was meaningful to you.
A. Yes. Working separately, EPA and CDC came to the same conclusion. These agencies found that there was no direct exposures to these substances -- and by "these substances," they are talking about the types of emissions from oil and/or dispersants -- at levels high enough to be expected to cause harm.
Q. Was this finding informative for you?
A. Yes, it was.
Q. Was it corroborative for you?
A. Yes.
Q. Is there another example of a conclusion by a different agency that is informative?
A. Yes.

THE WITNESS: How do I make the red line go away?
THE DEPUTY CLERK: I can do that.
MR. JARRETT: Thank you, Your Honor. I think it's gone.

THE WITNESS: Thank you.
THE COURT: I did it for you. If you look at the bottom left of the screen, do you see it says "clear"?

THE WITNESS: Yes.

## ROBERT COX - DIRECT

THE COURT: You just touch the screen down in that corner, and it will make it go away.

THE WITNESS: Screen. Okay. I kept hitting the clear button. Thank you.

BY MR. JARRETT:
Q. Dr. Cox, would --

MR. JARRETT: Or, Donnie, could you bring up, please, D-35106.3.

BY MR. JARRETT:
Q. Can you read what this different federal agency -- I should interrupt you. What does the acronym NIOSH stand for, the author?
A. That's the National Institute for Occupational Safety and Health.
Q. What did that government agency find, sir?
A. Their finding was with regard to the monitoring they did for cleanup workers; and they said that "Throughout the evaluation, results for all airborne chemicals sampled were uniform7y either nondetectable or," if they were detectable, "at levels that were well below applicable OELs," or occupational exposure limits.
Q. And occupational exposure limit, is that a synonym for the word "benchmark" that we're going to use later today?
A. Yes, it is.
Q. What are benchmarks? I know we're going to talk about

## ROBERT COX - DIRECT

them in detail, but just to frame it for us, please.
A. Yes. When we are doing air monitoring specifically for -we11, either for the community or for the cleanup workers -the OELs apply to cleanup workers, and those are levels of chemicals in the air that they're breathing, that below that leve1, no adverse health effect is expected. And this is for being exposed either 8 or 10 hours a day, 40 hours a week over a working lifetime, up to 30 years.
Q. Was it significant to you and useful to you that NIOSH concluded that the results for their chemical sampling were uniformly nondetectable or at levels well below those occupational exposure limits?
A. Yes. To me, that was very reassuring, that they weren't -- the cleanup workers were not being exposed to any significant air contaminates.
Q. Before we leave the federal government findings, is there another one that you thought would be informative?
A. Yes, there's one more.

MR. JARRETT: Can you bring up D-35106.2, please.
BY MR. JARRETT:
Q. This looks like it's another quote from the Centers for Disease Control and Prevention?
A. Yes, it is. And they found that after the oil spill, the environmental agencies sampled the air for VOCs, and the levels that they found were very low and were not likely to result in

## ROBERT COX - DIRECT

any increased cancer risk or long-term health effects.
Q. Now, we saw that NIOSH was an occupational agency. Was this evaluation also done for occupational?
A. No. CDC, ATSDR, and EPA primarily were involved with the community exposures.
Q. So the point is clear for us, there was sampling that was conducted to evaluate the exposure of the cleanup workers. Is that fair?
A. Yes.
Q. There was more sampling done, a different set of samples taken to evaluate whether citizens were being exposed?
A. Yes.
Q. You have looked at both sets of data?
A. I have.
Q. We talked about these federal agencies, and we have
highlighted a few of their conclusions. Did any of the state agencies also look into this question in the aftermath of the spi11?
A. They did.
Q. Did you help us create a slide to illustrate that?
A. I did.

MR. JARRETT: Can we bring up D-35107, please.
THE WITNESS: Yes. A11 of the health departments from each of the four states, as well as their environmental departments within the state, also were involved in the

## ROBERT COX - DIRECT

response to the Deepwater Horizon oil spill.
BY MR. JARRETT:
Q. Did they issue findings as a result of their work?
A. Yes, sir.
Q. Are those findings also publicly available?
A. Yes.
Q. Did you review them?
A. I did.
Q. Did you find those state department findings to be reliable?
A. Yes.
Q. Did you find those state findings to be the sort of information ordinarily relied on by an expert in the field?
A. Yes.
Q. The state agencies, who did their work independently from the federal government, did they reach the same or different conclusions than you did?
A. The state agencies reached the same conclusions as well.
Q. Are there any of these state conclusions or findings that you would particularly like to highlight for our information?
A. Yes. I picked a couple.

MR. JARRETT: Can we bring up D-35107.1.
BY MR. JARRETT:
Q. Can you tell us what we are looking at here, Dr. Cox.
A. Yes. This is a statement from the Louisiana Department of

## ROBERT COX - DIRECT

Environmental Quality, and they stated that "Monitoring data has not shown any exceedances of any state or federal air quality standards since the oil spill began," and this was in July 2010.
Q. This seems similar to what the federal agencies found?
A. Yes.
Q. Is that why it was significant to you?
A. Yes.
Q. Is there another state finding that is useful to you?
A. Yes.
Q. And that you want to highlight for us?
A. Yes.

MR. JARRETT: Can you bring up D-35107.2.

## BY MR. JARRETT:

Q. Doctor, explain what we are looking at here, please.
A. Yes. This is a statement from the Mississippi State Department of Health. It was published in September of 2011.

They found that "Reviews of the data indicated that there were no increases of health effects attributable to oil in the monitored illness in the coastal area over the time of the spill."
Q. Is this what was referred to in the profession as "health surveillance"?
A. Yes. And so this is somewhat different. So far we have been talking about toxicology-type information where we look at

## ROBERT COX - DIRECT

air monitoring data, compare it to health standards, and use it as a predictive tool.

This is sort of looking at it in the opposite direction for corroboration where the health departments from each state -- the CDC did this as well. They monitored for certain types of health complaints or illnesses along the Gulf Coast.
Q. How did they do that?
A. Primarily by collecting health information from either the hospitals on the coast or, for example, hospitals in New Orleans.
Q. Did you find this health surveillance information helpful to you?
A. I did, because it was -- once again, it was consistent with the air monitoring information. And with that information, it all said that we really shouldn't be seeing any illness.

It was nice to go at it from the opposite direction, from the health surveillance, and say the health departments and the CDC didn't find any illnesses either.
Q. Just for my own clarity, you used the word "information." What you are telling us is that analysis of the sampling data would have predicted effects or no effects from the constituents?
A. It would have predicted no effects, again, because the

## ROBERT COX - DIRECT

levels were so far below the toxicology benchmarks.
Q. When the state agencies did their surveillance to see if those illnesses were cropping up, what did they find?
A. They pretty much did not find any illnesses.
Q. Do you have a slide that kind of catalogs those findings?
A. I do.

MR. JARRETT: Can we bring up D-35117, please.
BY MR. JARRETT:
Q. Doctor, can you explain what this slide depicts, please.
A. Yes. These are some findings from both the CDC as well as Louisiana and Mississippi health departments. CDC, their surveillance revealed no trends of public health concern related to the oil spill.

The Louisiana Department of Health and Hospitals, their health department, their surveillance showed no increase in asthma and upper respiratory symptoms in New Orleans hospitals. And they monitored seven New Orleans hospitals, looked at respiratory complaints and asthma and compared them to data from the previous three years, and there was no increase whatsoever.
Q. The state and federal surveillance findings are consistent with what the exposure data would have predicted?
A. Yes, they are consistent.
Q. We have talked about what the federal government studied and found and what the state government studied and found.

## ROBERT COX - DIRECT

Let's talk about what you did independently from that.
Have you prepared a slide that outlines your independent work?
A. Yes.

MR. JARRETT: Can we bring up D-35108.
BY MR. JARRETT:
Q. This slide is entitled "Steps Performed in Reaching

Independent Conclusions." Can you walk us through your process when you went about doing your work to reach your own opinions.
A. Yes. The first thing I did was a very thorough data review and analysis of the available monitoring data that was done, and I will go through some of that in just a minute. Excuse me. Then, with that, I evaluated the potential inhalational exposures, did a toxicological risk assessment.

The third thing was to look at potential dermal and oral exposures. And then finally, as we just mentioned, I looked at the health surveillance information.
Q. So we've talked about step 4?
A. Yes.
Q. All right. Did you prepare a slide to show what was involved in each of the three steps that you have outlined for us here?
A. I did.

MR. JARRETT: Can we bring up D-35270, please.

## ROBERT COX - DIRECT

BY MR. JARRETT:
Q. Dr. Cox, this is a slide that I think depicts the data sources that you had access to. Is that right?
A. Yes. All of these were publicly available data, and I accessed it through the Internet and downloading them.
Q. To explain the table that we are looking at, can you tell us first what this information is in the left-hand column.
A. Yes. In the left-hand column here, first of all, there's a number of acronyms primarily for, first of all, federal agencies, or who collected the data that we're referring to. Then the BP data is next. And then finally, there was some -a study that was done by OSAT, the Operational Science Advisory Team, for the Federal On-Scene Coordinator.
Q. The OSHA data is federal data collected, right?
A. Yes.
Q. Is that true for NIOSH also?
A. Yes.
Q. Is that true for EPA?
A. Yes.
Q. Is that true for the OSAT data at the bottom?
A. Yes. The OSAT was a collection of scientists from various agencies.
Q. Who put that collection of scientists together?
A. The Federal On-Scene Coordinator.
Q. I see that the type of data is divided into what we talked

## ROBERT COX - DIRECT

about earlier, occupational and community. Is that fair?
A. That's fair. The first, where it says occupational, these are workers, samples that were collected to look at exposures for workers.

The community data, next, is sampling data that was looked at along the Gulf Coast, what Gulf Coast residents might have been exposed to.

The branch area perimeter that's below that, these are areas along the Gulf Coast that were performing decontamination, washing off vessels or possibly some waste disposal in an area; and BP set up monitors and collected samples downwind of those to make sure that there was nothing from that blowing downwind into a community.
Q. Have you ever seen any criticisms of any of the data collection process?
A. No, I have not.
Q. Have you seen any criticism of the analyses that were run on that data?
A. That I did?
Q. That anybody did. Did any --
A. No, I'm sorry, I haven't.
Q. Is this the same data that was used by the federal and state governments to reach their conclusions that we saw earlier?
A. Yes. Although I'm not aware that any -- well, I guess

## ROBERT COX - DIRECT

they did. CDC and EPA looked at pretty much all of the data; and so, yes, it's the same data that they used.
Q. Is the data -- were the data that you -- you looked at these data yourself?
A. I did.
Q. That's a lot of -- 1.4 million is a lot to look at. How do you do that?
A. Computers are wonderful, and I did a lot of this with computer assistance.
Q. Did you find the data to be consistent or inconsistent?
A. That was one of the nice things here. Again, a minute ago we were talking about the agencies and their findings, but the data itself was very consistent. In other words, sometimes I've been involved in issues where one dataset might say, oh, there's not a problem there, and another one says there is. This data wasn't like that. All of it was very, very consistent. Even if you looked at the community data and the data that was collected downwind of the waste disposal, even that was very, very similar.
Q. One of the witnesses that testified last week, Dr. Cox, was Dr. Clapp, an epidemiologist who was called by the United States. Have you seen his testimony?
A. Yes, I have.
Q. Have you seen his reports?
A. Yes.

## ROBERT COX - DIRECT

Q. He expressed an observation that he thought the NIOSH dataset was incomplete. In your view, is that a fair characterization of that dataset?
A. No. I think, for what they did, it was very complete. And Dr. Howard, their director, in his deposition, he said that their evaluation was complete.

Now, as you see, that's actually the smallest dataset that we have here. And if that's the only thing somebody looked at, because it was very easily available in the back of the HHEs, one might say, well, that's just not enough.

But it wasn't the on7y thing. You've got to look at all of the data, and we look at the fact that OSHA had nearly twice as many and BP 20 times as many.
Q. You did look at all those data, did you not, sir?
A. Yes.
Q. After you do this data analysis and you review the data, collect the data, what's the next step in your process?

Do we have a slide to illustrate that?
You have to answer me.
A. I'm sorry. Yes. I was working on clearing the screen.
Q. Thank you.

THE COURT: Press the right button this time.
THE WITNESS: I did. I got it this time.
MR. JARRETT: Can we bring up D-35108.2, please.

## ROBERT COX - DIRECT

BY MR. JARRETT:
Q. This is step 2 in your process, sir, the evaluation of potential inhalation exposures and a toxicological risk assessment?
A. Yes.
Q. First, I think you need to tell us what that is. What is a toxicological risk assessment?
A. That's a process of looking at the air monitoring data and comparing it to levels that are known or expected to be either bad or good, that were protective and not toxic.
Q. Why is that a necessary step in offering opinions on exposure-related health effects?
A. We11, in toxicology, one of our favorite statements is "dose is everything." And some things can be toxic at certain doses; and then at low doses, there is no danger whatsoever.

And even things that are considered to be completely safe, drinking water or possibly even breathing oxygen, in certain situations those can be toxic.
Q. Can a person assess the risk of adverse future health risks from exposure-related chemicals without doing such an assessment?
A. No.
Q. Has any other expert to testify in this case done a toxicological risk assessment?
A. Not that I'm aware of.

## ROBERT COX - DIRECT

Q. Have you brought up a slide to explain what -- have you created a slide to explain what's involved in preparing one of those toxicological risk assessments?
A. I did.

MR. JARRETT: Can we bring up, please, D-35109.
Thank you.
BY MR. JARRETT:
Q. I see this illustrates a four-step process to do a risk assessment. Can you tell us, please, what's involved.
A. Yes. I sort of customized this to the work involved with the Deepwater Horizon oil spill.

The first step is identification of the hazards: What chemicals are we looking at both associated with oil, dispersants, or possibly the in-situ burning?

The second step, then, is to look at what data we have available that says this is a safe level for those chemicals.
Q. Does that involve the use of benchmarks?
A. It does.
Q. Before I get to those benchmarks, I want to ask you this: Is this approach that you followed and have outlined for us here the standard protocol for toxicological risk assessment in our country?
A. Yes, it is. For this type of work, it is. And this is what was used by the various federal agencies in this

## ROBERT COX - DIRECT

situation.
Q. All right. You mentioned benchmarks. We alluded to them earlier. Have you created a slide to illustrate precisely what a benchmark is?
A. Yes.

MR. JARRETT: Can we bring up D-35140, please.

## BY MR. JARRETT:

Q. Can you tell us what we're looking at here, Dr. Cox.
A. Yes. These are the three agencies that are primarily responsible for developing benchmarks for occupational workers. We11, I should say the first two, OSHA and NIOSH, are federal agencies. ACGIH, the American Conference of Governmental Industrial Hygienists, is a private organization. They all do independent work and develop benchmarks for occupational workers.

What a benchmark is, it's a level of potential exposure that below that leve1, no adverse health effects should be expected. And again, for the occupational exposures, we are looking at an exposure 40 hours a week over a working lifetime, 30 to 40 years.
Q. These are three different -- we11, two are federal agencies and one's a private group. Do they have identical or different benchmarks for particular chemicals?
A. Now, each of them are always working on kind of something independently. OSHA's are legally enforceable; and when they

## ROBERT COX - DIRECT

have to change theirs, as I understand it, it's a lot more of a big deal because they have to go through federal approval and whatever.

But, yeah, they each develop these levels, and they are not always the same. That's one of the reasons why I think it's very, very important to not just look at, say, OSHA's levels. I looked at all three of them. And actually -- but the federal agencies did the same thing, they looked at all three.
Q. So you compared the sampling data to the benchmark for all applicable benchmarks. Is that what you are telling us?
A. I did.

MR. JARRETT: Can we go back to the prior slide, please, D-35109.

BY MR. JARRETT:
Q. If you could -- Dr. Cox, this is your four-step process for risk assessment. Can you walk us through the balance of the slide, please.
A. Yes. The next step is an exposure assessment, which basically is to take the data and analyze it and say, this is the average or the median value that an individual might have been exposed to. And then the final step is just putting together the exposure data with the benchmark and comparing the two.
Q. What form does the resulting product take?

## ROBERT COX - DIRECT

A. I'm sorry, could you --
Q. Yes. How are the data -- how are the results of your analysis presented? In what format? Are they in graphs or tables?
A. I'm sorry. They are in tables in my report.
Q. Have you created a slide to illustrate how those tables will appear in your report?
A. I have.

MR. JARRETT: Can we bring up D-35110.
BY MR. JARRETT:
Q. Dr. Cox, I understand these are call-outs of the slides -on this slide from Table 7 through 13 of your initial report?
A. Yes.
Q. Can you describe generally how these tables -- what these tables show.
A. Yes. In the left-hand column here, this would be the chemicals. The next column would be the number of results for those chemicals. A lot of these, depending on which we were looking at, had a lot of nondetects. In other words, whatever concentration they were present at was below the analytical detection limit.

I then calculated a central value using medians. I also compared a 95th percentile, and then I compared the median to the three different occupational benchmarks.
Q. So this is an occupational -- these results that we see on

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here are an analysis of the samples involving the workers?
A. Yes.
Q. And there are similar tables for the public at large?
A. Yes.
Q. You described having calculated the median. Is that the standard toxicological approach?
A. You need a central approach, either a median or a mean. In this case, since there were -- for some of the other data, there were so many nondetects, I chose to use a median.
Q. The mean, is it -- I won't get into it; but if you use the mean, it brings the number too low, wouldn't it?
A. No. The mean is an average, and you have to have -- to really calculate a mean, you have to have real data. And so if you have a lot of nondetects, you really can't calculate a mean without putting artificial values into it.

There is a way to do it mathematically with a median, to get it, if you still have nondetect values.
Q. So after you do this work, what did you determine in terms of whether these median values were above or below these benchmarks that we talked about?
A. Almost uniformly they were below the benchmarks.
Q. To what degree were they below the benchmarks?
A. A lot.
Q. Have you prepared a slide to illustrate that, sir?
A. Yes.

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MR. JARRETT: Can we bring up D-35111-A.

## BY MR. JARRETT:

Q. Is this a graph or a chart that you created, Doctor?
A. Yes, it is.
Q. Tell us generally -- I'll ask some specific questions, but generally what's depicted here?
A. Yes. Along the top here -- first of a11, we have three of what's known as the BTEX compounds. Those are the volatile hydrocarbons that are of most -- the BTEX compounds are the most concerned for toxicity from breathing vapors of oil; naphthalene, which is the lightest of the polycyclic aromatic hydrocarbons; and then 2-butoxyethanol that is a dispersant chemical. And I just chose these as example chemicals.
Q. You examined for a lot more chemicals than are on this chart?
A. Yes, but if you put them all on this, it would just get too cluttered.
Q. So you've selected some -- I guess you would call examples. Right?
A. Yes.
Q. What's this line across the page that's labeled "Benchmark"?
A. Okay. So for each of those, this line would be the benchmark.
Q. Ideally, do you want the results to be above or below the

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benchmarks?
A. You want them to be below the benchmark if you want to protect human health.
Q. How many of these findings here are above the benchmark?
A. None.
Q. Can you explain the degree -- pick any one of these that you like, but can you explain the degree to which the data that you examined were below the benchmarks.
A. Yes. And let me say also that the data I'm using here are from NIOSH and EPA, and the reason I chose those is they had the lowest detection limits. And so we had a lot of real values instead of just 95 percent nondetects. And so it allowed us to look at this.

But let me give you an example for toluene. For NIOSH and OSHA, for their benchmarks, actually we were more than 25,000 times below the benchmark. ACGIH has a more conservative benchmark here, and so it was still, I think, $121 / 2$ thousand times below. And then for the community for EPA, we were about 6,000 times below.
Q. And there's been a discussion -- or I think there's a discussion in the literature about orders of magnitude and how many orders of magnitude the findings are below a pertinent benchmark.
A. Yes. A lot of these were two to three orders of magnitude below.

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Let me give you one more example for toluene. Even this value here that looks close, that was a thousand times below. And so that's three orders of magnitude below the benchmark. Naphthalene is the simplest of the PAHs, polycyclic aromatic hydrocarbons, and all of those were between a thousand and 5,000 times below the benchmark.
Q. If we were to graph all of the other chemicals you've examined, would they look demonstrably like this?
A. For the most part, yes.
Q. Is the degree to which these data points are below the benchmark meaningful in your business?
A. Well, I would say it's reassuring. First of all, if they're below the benchmark at all, we shouldn't expect any adverse health effect because, first of all, people were only being exposed for days to weeks to a couple of months. And for example, the occupational benchmarks were developed for a 30 -year working lifetime of being exposed to that amount every day. The community benchmarks were developed for at least a year.

And so just being below the benchmark in and of itself is something. But when it's so far below the benchmark, it just tells me that there really wasn't anything to worry about here.
Q. We heard last week and during Dr. Clapp's testimony about a constituent called benzene. Have you prepared a graph to

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illustrate your benzene findings?
A. I did.

MR. JARRETT: Can we bring up D-35112.
BY MR. JARRETT:
Q. Dr. Cox, this graph or chart looks much similar to the one that we saw just a moment ago, but can you tell us what we are looking at here. Is it set up the same way?
A. Sure, and let me tell you the reason it's separated. Because benzene, at high concentrations in an industrial situation for a long period of exposure, is known to be a human carcinogen. And so because of that, the agencies that put benchmarks out for benzene, they're much lower than the benchmarks for other chemicals. And so instead of being thousands of time lower, we are a little bit closer.

But let me say one other thing. For benzene, the data from NIOSH and from EPA, which was the most sensitive, the best detection limits, even that was, for the most part, the means -- the medians were in the nondetectable range. And so we don't know what the true value is. We know that it's less than a certain amount.

And so when we look at this, that's why I say that it's at -- for example, benzene and let's take the NIOSH occupational safety level, it's at least a hundred times below that.
Q. Could be more?

## ROBERT COX - DIRECT

A. Probably is more, but we don't know how far below that it is.

And for the community, we are at least 32 times below. Once again, we don't know how much further below it is. And actually, with benzene, if you look at the data that was collected right over the oil spill by NOAA, as it turns out, the BTEX compounds, benzene, toluene, ethylbenzene, they are water soluble. And so when the oil was released and went 5,000 feet up to the surface, they dissolved. So right over the oil spill, the levels of benzene were actually less than we saw anywhere else.
Q. In other words, right where you thought they should -- one might think intuitively they would be the highest, that wasn't the case?
A. No, they were the lowest.
Q. So it sounds like this is reassuring data, Doctor. Is that your opinion?
A. Yes, it is.
Q. Have you reached conclusions regarding the potential inhalation exposures of Deepwater Horizon compounds based on your risk assessment?
A. I have.
Q. Do we have a slide to depict your conclusions, sir?
A. I'm sorry, yes.

MR. JARRETT: Can we bring up D-35113, please.

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## BY MR. JARRETT:

Q. Can you tel1 us what your conclusions are about these inhalational exposures that you analyzed.
A. Yes. Both cleanup workers as well as Gulf Coast residents were not exposed to airborne concentrations of chemical compounds either from dispersants or from the oil at levels that were expected to result in any significant adverse health effects.
Q. What about the second conclusion, sir?
A. Yes. Let me say with that that all of these chemicals, these BTEX chemicals and a lot of the hydrocarbons, they're in air everywhere. They're products of any burning, cigarette smoking, automobile emissions, and so forth. And that's why I said they were slightly higher right along the coast than they actually were right over the Deepwater Horizon oil spill and they were removed from the oil.

So I feel that what we are actually measuring was environmental levels of those chemicals. And so any airborne exposures to Gulf Coast residents were actually at or below levels that were typical for outdoor ambient air concentrations. And as it turns out, the concentrations indoors are always higher, and so they are less than indoor air concentrations.
Q. Doctor, remind us -- back on your first bullet point about the nonexposure at levels that should be of concern, is that

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consistent with the government findings or inconsistent with the government findings?
A. It's completely consistent with the government findings.
Q. What degree of confidence do you have in your opinions that you have expressed here?
A. I'm very confident, especially considering how far below the benchmarks the data really was.
Q. Last week when Dr. Clapp testified, he mentioned that one federal agency -- I think the National Institute of Health -have commissioned an ongoing health study of response workers, and Dr. Clapp says we will know some day.

What's your opinion about the need of that health study and its likely results, if you have one?
A. I do.

First of all, the science that we just talked about all of this certainly does not suggest that there were any exposures that would result in any either short or long-term health effects.

Dr. Howard from NIOSH stated -- he also stated that because the levels were so far below the occupational exposure limits, that his epidemiologists at NIOSH also looked at this and said that they felt it would not be productive.

The final thing I'11 mention about that is that we are just about five years past the Deepwater Horizon oil spill, and I'm not aware of any information that has come out

## ROBERT COX - DIRECT

suggesting that we have any adverse health effects at this point in time.
Q. That's where that health surveillance piece comes in?
A. Well, that health surveillance piece was for the first year. I'm just talking medically of listening to things and what's around. I haven't seen anything published, any information stating that, Oh, something is starting to pop up.

I mean, compare that to what we saw after the Twin Towers. We knew people were exposed to very, very high concentrations of dust. Within two years, we were seeing those health effects.
Q. Just as predicted by the science of toxicology?
A. Yes.
Q. So moving past that study, Dr. Clapp also testified about a NIOSH survey that was conducted during the response that he suggested showed substantial health effects to response workers. Are you familiar with the document that Dr. Clapp was reviewing?
A. I am.
Q. Have you prepared a slide to discuss your opinions about that?
A. Yes.

MR. JARRETT: Can you bring up D-35142, please.
BY MR. JARRETT:
Q. Dr. Cox, those of us in the courtroom will remember that

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Dr. Clapp discussed this convenience survey last week and specifically this table suggesting that the table was -- showed substantial respiratory health impacts. And you have read his testimony?
A. Yes.
Q. First of all, what is a convenience survey?
A. We11, this was not some type of a we11-designed study. It was just they passed out a questionnaire of people who were showing up to work that day, and the study cannot show causation.

The other thing I would mention here is even though --
Q. Can I back up a second?
A. I'm sorry.
Q. Is the study even designed to attempt to show causation?
A. No, that's why I said it can't show causation; it's not designed to do that.
Q. It's not even a study. You used the word "survey." What's the difference?
A. We11, a survey is -- again, it's just a little convenience survey. They passed out these questionnaires and said, fill this out.
Q. Would you agree with Dr. Clapp's characterization that the study shows potential health effects?
A. No, I wouldn't. These things, upper respiratory symptoms

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or cough or even, for that matter, a little bit of lower respiratory symptoms, these are what we call -- in toxicology and in medicine, these are "irritant symptoms." So they occur whenever we are exposed to something that irritates us.

Let's say you -- of course, bars don't have any -you would walk into a room and cigarette smoke was there. I know with me, my eyes burn, my nose burns, I might have a cough. But the thing with irritant symptoms is it gets better when you get away from it. So it might affect me the next few hours. The next morning, I feel fine.

First of all, these are the types of symptoms -again, these were people who were showing up to go to work that day.
Q. In other words, they were people who, if they had symptoms, the symptoms weren't severe enough to keep them away from work?
A. No, and the symptoms were did this occur, you know, in the past month or so?

The other thing, if you read it -- there's a couple other things there.

Number one, although they list oil and dispersants, really what they said -- this was a comparison of people who worked on boats versus people who did not work on boats. And so what other types of potential exposures are there from working on boats? This could just be a comparison of people

## ROBERT COX - DIRECT

working outdoors in the heat versus people working in an air-conditioned room.
Q. Did NIOSH itself, in this very document, illuminate some of the limitations of its survey?
A. They did.
Q. Do we have a slide to show that?
A. Yes.

MR. JARRETT: Can we bring up D-35145.
THE WITNESS: Yes --
BY MR. JARRETT:
Q. Is this a quote taken from the very same survey, Doctor?
A. It is. Actually, this was right below there. And it said: In addition to possible chemical exposures from oil, cleaning operations are exposure to road and gravel dust, tobacco smoke, upper respiratory infections resulting from crowded work and living conditions, previously existing medical conditions, and symptoms resulting from overexertion in the heat.

And I would add a few things there. Allergies from being outside can most certainly do this as well. And we also know that there was a very large amount of tobacco use amongst the cleanup workers, at least that's what NIOSH said.
Q. What's the significance to you of the sentence that reads,
"The NIOSH survey did not account for those factors"?
A. Well, that's why I think it's kind of a misleading to put

## ROBERT COX - DIRECT

this up here and say, Oh, this showed that there's potentially something from either oil or dispersants because it didn't show that. They didn't take into account for these things. And whenever I'm looking at any type of a study on respiratory symptoms and it doesn't control for smoking or secondhand tobacco smoke, it doesn't tell me anything.
Q. What about the last sentence where NIOSH comments that its findings from this convenience sample of workers may not apply to other workers in different locations? What do you take from that, infer from that document?
A. Well, they actually did similar surveys of people working on boats that were using dispersants around oil, and they didn't have the same findings or complaints. And so, again, it's a simple convenience survey. I don't think that you can really take anything from it.
Q. Is it appropriate science to use this survey that's not even a study to make conclusions about causation?
A. I certainly would never do it.
Q. I want to change subjects now, Doctor, and move from your inhalation assessment to your investigation of other pathways of possible chemical exposure. Did you look at other pathways?
A. Yes, I did.
Q. Have you created a slide to help us understand how?
A. Yes.

MR. JARRETT: Can you bring up D-35108.3.

## ROBERT COX - DIRECT

BY MR. JARRETT:
Q. So, Doctor, you have explained how you went about evaluating inhalation exposures by performing a toxicological risk assessment. Can you do the same sort of thing for dermal?
A. No, you can't.
Q. How do you go about evaluating dermal and oil exposures? A. We11, first of a11, with dermal exposure, there is no reliable test that can be used to measure chemical exposures from dermal exposure at the concentration levels that we were dealing -- that were present for the Deepwater Horizon oil spill. There are some blood and urine tests that can be used at very high concentrations in industrial situations when you're dealing with very high levels, but not with the levels that we were dealing with here.
Q. So if you can't do the toxicological risk assessment, how do you go about it? Have you created a slide to show us that?
A. I have. It's a little bit of a different approach.

MR. JARRETT: Can we bring up D-35115, please.
THE WITNESS: The first thing I would look at -- this
is sort of my approach, but this also was looked at by NIOSH and OSHA when they were evaluating some of this.

BY MR. JARRETT:
Q. The first bullet point says: "0il: Low toxicity."

And the first thing I want to know is: Is that your opinion, or is that the opinion of others?

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A. No, that's actually coming from CDC and they stated that Louisiana sweet crude is of low toxicity and that dermal exposure for short periods should cause no harm. Again, that's coming from CDC.
Q. Do you agree with that?
A. I do agree with that.
Q. What's the significance of the weathered oil aspect?
A. All right. So we are starting off with something that dermally is of low toxicity, and then it's weathering. We have already discussed the removal of the volatile BTEX compounds as the oil comes to the surface.
Q. Those are the hydrocarbon constituents that come out in solution as the oil rises?
A. Right.

But then as the oil took weeks to a month to get to where the cleanup workers were coming into contact with it to the coast, it changed more. And once you remove the BTEX compounds, the primary constituents that are of toxicology concern are going to be the polycyclic aromatic hydrocarbons, known as PAHs. And up to 88 to 96 percent of those were removed as the oil underwent this weathering process.
Q. So by the time the oil finally reached the shore or the beach, it was a much different compound than it was when it exited the well. Is that your point?
A. Right. I even presented some data in my Round 1 report

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that PAHs are allowed by FDA in consumer products for dandruff shampoo and medications for treating psoriasis. And the concentrations of PAHs in the weathered oil was less than the concentrations of PAHs in FDA-approved products.
Q. Is knowing the toxicity of the products that might come into contact with a worker or the public an important part of the toxicological approach?
A. Yes, it is.
Q. I see that your next major bullet point says: "Workers: Low-risk."

How did you reach that conclusion, sir?
A. Okay. So again, the first step I did was to look at the toxicity of oil, then weathered oil, and then was to look at what is the likelihood that people were going to come in contact with oil and have it on them for a long period of time. And PPE -- that stands for personal protective equipment -- was used throughout the cleanup response in the Gulf.

And both OSHA, NIOSH, NOAA, the Coast Guard, as well BP had industrial hygienists and trained observers in the field, and they did what they called an Observational Exposure Assessment. So, in other words, they were looking at workers and saying, Is this person using his PPE appropriately, and are we seeing a lot of -- are they seeing a lot of oil on those individuals.
Q. Is it problematic if this weathered oil gets on someone's

## ROBERT COX - DIRECT

skin for short periods of time?
A. No.
Q. A lot of us are used to changing our oil, if we are of a certain age. So how does the motor oil that we might handle in that process compare to this?
A. The motor oil actually has more PAHs. It's got a higher content of them.
Q. Than this weathered oil that you observed?
A. Yes.
Q. So we have talked about workers. What about Gulf residents? There is a bullet point here that says that it was your opinion that they were at low risk.
A. Right. So what I have talked about so far has been for the workers. The OSAT team, Operational Science Advisory Team for the FOSC, they put together a team of specialists from a variety of different federal agencies. And they did sort of a toxicology risk assessment, mathematical study where they looked at the concentrations of PAHs that were in seawater, the sediments along the coast, and then left on the beach; and they did a modeling and a calculation to see whether or not there was a risk there.

And they looked at two scenarios, if I could. One scenario was from a child who was visiting, was on the beach for 90 days. And the other one was for someone growing up and spending their entire lifetime along the beach, swimming and so

## ROBERT COX - DIRECT

forth.
Q. So this particular analysis that these government scientists did was focused on the public --
A. Yes.
Q. -- as opposed to workers?
A. Yes.
Q. Have you reviewed their findings and their report?
A. I did.
Q. Have you relied upon that in reaching your opinions?
A. Yes.
Q. Did you find it reliable?
A. Yes.
Q. Can we look, please -- and have you prepared a slide to illustrate what they concluded in their modeling analysis?
A. I did.

MR. JARRETT: Can we bring up D-35133, please. BY MR. JARRETT:
Q. Doctor, this is a slide that is a call-out from a particular TREX number, 12238. Are you familiar with that document?
A. I am.
Q. You said that this was the report from the OSAT team issued in February of 2011?
A. Yes.
Q. I think it's called OSAT-2?

## ROBERT COX - DIRECT

A. That's correct.
Q. Is that right?
A. That's correct.
Q. They did modeling for a child playing on the beach and for a child swimming?
A. We11, growing up, they're swimming on the beach their entire life.
Q. And what did these government scientists conclude?
A. They found that the calculated potential cancer and noncancer health effects from short and long-term exposures were below the EPA's acceptable health-based risk and hazard standards.
Q. Just for purposes of clarity, when it's below, is that the good side or the bad side?
A. That's the good side. The EPA normally considers -- well, let me just give you an example for cancer -- between 1 and -1 in 10,000 and 1 in 1 million acceptable. And from what they said, they were below 1 in 1 million.
Q. Did you also evaluate oral exposures to chemicals?
A. I did.

Let me say that in the OSAT evaluation, they also considered some ingestion of seawater and sediments that just might occur accidentally while you were swimming.
Q. In fact, has the director of -- has one of the government officials spoken on that issue? Did Dr. Howard or Dr. --

## ROBERT COX - DIRECT

A. We11, Dr. Howard actually said that, once again, drinking a coffee cup full of oil would not hurt you.
Q. You don't recommend that, do you?
A. As a physician, I can't recommend anybody drinking a cup of oil.
Q. We11, it is comforting, I get that.

Let's bring up the next slide to talk about your seafood project.

MR. JARRETT: D-35141.
BY MR. JARRETT:
Q. You will see, Dr. Cox, that this is a document that deals with consumers -- the title is "Consumers Can Be Confident In the Safety of Gulf Seafood."

Was that issued by one of the government agencies?
A. That was issued by representatives from NOAA, from the Food and Drug Administration, and the Louisiana State Health Officer.
Q. Why did you find this particular quote that we have highlighted here pertinent to your assignment?
A. Well, just looking at it initially, "Driven by science and by human health at the highest priority, the extensive sampling and testing plan allowed areas to open only when every piece of seafood sampled there passed both sensory and chemical testing."
Q. From the perspective of a toxicologist -- a medical

## ROBERT COX - DIRECT

toxicologist and a public health officer, is that important to you?
A. Yes. It sounds like, once again, they had their priorities in the right place and they did -- there's a lot more that I did with evaluating the seafood safety program; but, yes, that's the end result there.
Q. Tell you what else you did. I don't want to cut you off.
A. Well, again, I looked at how they were closing areas to fishing, what their protocols were for opening the areas to fishing, and then I also looked at the data the FDA and some of the states had.

And I will say that on this last state here, "The results of the tests" -- and all of these were publicly available -- "should help Americans to buy seafood with confidence. The seafood has consistently tested 100 to 1,000 times lower than the safety thresholds established by FDA for residues of oil contamination." That's for the PAHs.

They have also found that -- they had a -- they developed a test for dispersants and found that that was -even when it was detected, it was a thousand times below the benchmark.
Q. Here, if the seafood is testing 100 to 1,000 times lower than the safety threshold, what order of magnitude is that, sir?
A. Two to three orders of magnitude.

## ROBERT COX - DIRECT

Q. And did the FDA speak on its ultimate conclusion on this?
A. Yes.
Q. Have you prepared a slide to point that out?
A. Yes.

MR. JARRETT: Can you bring up D-35137.
THE WITNESS: Yes, this was a statement from Michae1 Taylor, the deputy commissioner of foods for the Food and Drug Administration. And he said, "Is seafood safe to eat? Yes, it's safe to eat and it's safe for everyone to eat."
Q. Did your review of these materials and data allow you to reach opinions concerning the oral exposures to citizens as a result of the Gulf spill?
A. It did.
Q. Have we prepared a slide that outlines your ultimate conclusions of both dermal and oral exposures?
A. Yes.

MR. JARRETT: Can we bring up D-35146.
BY MR. JARRETT:
Q. Dr. Cox, can you explain your ultimate conclusions about derma1 and oral exposures that you found in your work.
A. Right. First of all, the potential for significant dermal exposures for cleanup workers was small and highly unlikely to result in any significant adverse health effects. Once again, because -- first of a11, it was smal1 because of the use of personal protective equipment, and then also that the toxicity

## ROBERT COX - DIRECT

of the weathered oil to begin with was not high.
Q. The prospect -- and "dermal exposure," I'm assuming, also relates -- has a temporal component, does it not?
A. Yes. It's not just being exposed for a short amount of time; it's having oil on one's self for a long time.
Q. Did you see in any of your analysis or review of materials that that occurred?
A. No. And that is, I should say, very different than some of the literature on other oil spills in other places where there was a high percentage of individuals that had oil, they just said, at the end of the day, caked on their hands and their face.
Q. What about your second opinion, sir, about what exposure Gulf Coast residents faced?
A. I feel that the potential for significant dermal exposure for Gulf Coast residents was small to nonexistent.
Q. Again, was this a result of the factor of the low toxicity of the weathered oil?
A. That, and the OSAT evaluation.
Q. What about on seafood, sir? What was your ultimate conclusion about that?
A. I felt that their safety program was very effective and felt that it was sufficient to protect public health.
Q. Dr. Cox, to wrap up on this whole subject of exposure, are you aware of any significant actual harm caused by exposures to

## ROBERT COX - DIRECT

chemicals associated with either the oil or the dispersants that were used in the Deepwater Horizon spill?
A. No.
Q. Are you aware of any federal or state agencies that have concluded that there was significant actual harm caused by exposure to those chemicals?
A. No.
Q. Okay. I think we have covered your exposure analysis. Have we not?
A. Yes.
Q. Let's change subjects completely and now go to another of your opinions, essentially your evaluation of the effectiveness of mitigation efforts. Have you prepared a slide to talk about that?
A. I have.

MR. JARRETT: Can we bring up D-35102.2.
BY MR. JARRETT:
Q. Doctor, from the perspective of public health, have you looked into the efforts that BP undertook after the spill to mitigate adverse human health impacts?
A. Yes.
Q. Have you evaluated the effectiveness of those efforts?
A. Yes. Let me say with that, I wasn't there. I wasn't out there looking at how things went. This is from my evaluation of basically government documents and what I could find on the

## ROBERT COX - DIRECT

subject.
Q. That's a good point. Let's go into that a little bit. And have you prepared a slide that talks about your process in making that assessment?
A. Yes.

MR. JARRETT: Can we bring up D-35118.

## BY MR. JARRETT:

Q. Before we go into what you observed as shown on this slide, can you tell us what your source of information was that allowed you to reach conclusions on this subject about mitigation.
A. We11, again, my source was government documents, primarily those from OSHA, NIOSH, and the Federal On-Scene Coordinator. Q. Was there sufficient government information to allow you to make an assessment on this subject?
A. I feel that there was.
Q. Was the information that you reviewed reliable?
A. I feel that it was. Once again, I felt that it was important that it was all consistent. They weren't disagreeing with one another.
Q. We11, the Court has heard testimony this morning from Captain Paskewich, who talked about the extent of the efforts undertaken to mitigate harm. He talked about monitoring for health impacts and for training cleanup workers and for providing PPE for those cleanup workers, but I don't think he

## ROBERT COX - DIRECT


talked about this comprehensive heat stress plan that's shown on your slide.

Why was that significant for you?
A. Well, fairly early on in the response, it became evident to all of the people who were looking out for the workers' safety that chemical exposures were not the primary health concern; it was heat exposure. So they had to sort of backtrack and change early on and do things in an attempt to mitigate the heat exposures.
Q. And the conclusion that heat exposure, not chemical exposure, was the greatest risk to workers, who made that observation?
A. That was by OSHA and NIOSH.
Q. Did those agencies evaluate that very exposure and reach conclusions on it?
A. Yes, they did. OSHA said that they didn't have a heat stress program of their own, so I guess the FOSC took one from the Coast Guard, I think.
Q. And do the results of the analysis of those data lead you to a conclusion about the effectiveness of those mitigation efforts?
A. Yes, it does.
Q. What was your conclusion about the effectiveness of these mitigation efforts directed to the human health effects?
A. I felt that, first of all, BP worked cooperatively and

## ROBERT COX - DIRECT

successfully. I didn't see information in there that they were arguing and BP said, no, I didn't want to do this. The whole thing sounded very cooperative, but I also feel that it was successful in minimizing adverse health effects to the workers.

MR. JARRETT: Can we bring up TREX-12020.
BY MR. JARRETT:
Q. Dr. Cox, are you familiar with this document?
A. Yes.
Q. I think a portion of this was used last week with

Dr. Clapp. What are the data that are in this document?
A. This is one of the logs that BP provided to OSHA for worker injuries.
Q. It says the subject is HS\&E. Do you understand what that means?
A. No, I'm afraid I --
Q. If that's Health, Safety, and the Environment, would that remind you of what that stands for?
A. Yes, thank you.
Q. These are statistics that BP provided to OSHA?
A. Yes.

MR. JARRETT: Can we go to 12020.4.
BY MR. JARRETT:
Q. Dr. Clapp (verbatim), what is this table of data that we are looking at here?
A. Cox.

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Q. I'm sorry. We are going to talk about Dr. Clapp. Dr. Cox, tell me what this table of data is.
A. Yes. This is a table of data that was reported to OSHA from BP on their recordable injury and illness data.
Q. It looks like it presents data over an eight-month period, from Apri1 through December; is that right?
A. It does.
Q. What is this --

MR. JARRETT: Can we zoom in on this box called "Incidents to Date"? Maybe, Donnie, can you see that, what I'm talking about there? Yeah, that box there. Thank you. BY MR. JARRETT:
Q. What is meaningful -- do you see that number 5986 down there, Doctor?
A. I do.
Q. Is that a meaningful number to you?
A. Well, yes. Normally, OSHA reportable cases are only those that require medical treatment beyond first aid and those that result in time away from work or restricted work. But in this situation, OSHA was more stringent with BP's reporting and said, we also want to know all the first aid cases. And so this number, 5986, these are all the OSHA reportable cases plus the first aid cases.

If you look at -- if you were to add up this amount here, those are the typical OSHA reportable cases. I think

## ROBERT COX - DIRECT

there was 920 when you add all those up.
Q. 920 cases that required more than first aid?
A. No. 920 that required either medical treatment more than first aid or days away from work or restricted work.
Q. Resulted in time off or medical treatment?
A. Yes.
Q. Or restricted duty?
A. Yes.
Q. And in connection with the scope of the spill response, did you find this rate of reportable OSHA events meaningful?
A. Yes. Looking at the magnitude and the scope of the response, the type of work that was done in the response, I find this an incredibly low number.

Even if you look at the medical cases right here, we are talking about 576 cases that required treatment beyond first aid. Again, I -- just looking at -- I think I read somewhere that there were 70 million worker hours for the entire worker response. That large of a number -- at the maximum week, there were 46,000 workers in one week; and to end up with this low of a number, I find that very significant.

MR. JARRETT: Donnie, can you zoom out back to the main document, please.

BY MR. JARRETT:
Q. Can you clear those marks, Dr. Cox?
A. I'm sorry. That's me.

## ROBERT COX - DIRECT

Q. Is there information on this form that actually talks about the rate of injury and illness?
A. Yes. If you look at this box right here.

MR. JARRETT: Donnie, can you zoom in on that box for us, please.

BY MR. JARRETT:
Q. What does that box depict?
A. Yes. This is the total incident rate that -- this is the standard calculation that OSHA requires for this; and it's, I believe, the number of injuries and illnesses for OSHA-reportable cases for 200 workers in a year -- I'm sorry, a thousand workers in a year.
Q. We11, significantly, how does the rate here compare with your experience in public health?
A. Right. The rate here, 3.14, is below the national average for a11 workers in the United States that in 2010 was 3.5.
Q. Your conclusion that the rate of injury for response workers was low compared to the national average, is that a view or opinion that's held by other government officials? A. Yes, it is.

MR. JARRETT: Can we bring up D-35139-A.
Oops, so sorry, I gave you the wrong number. We will come to that in a minute.

Can you bring up D-35144. Thank you, Donnie.

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BY MR. JARRETT:
Q. Doctor, what is the document that we are looking at here?
A. Yes, this is a document that was published by the directors of NIOSH and OSHA, the two primary occupational agencies in the country.
Q. Do you know the date of this document?
A. I'm trying to read it. I think it's July 2012.
Q. What did the directors of OSHA and NIOSH conclude with regard to the rate of injury on this response effort?
A. Well, they stated in one place that OSHA believes this contributed to a low rate of injury and illness amongst cleanup workers. And in another place they stated that there were no worker fatalities and very few injuries and illnesses.
Q. In an undertaking like this with 46,000 people working outdoor in the middle of summer, surely there were some injuries and illnesses.
A. Yes, there were. It was brought to my attention that, you know, in this there were several people that had broken bones and had fingers cut off. There were no fatalities.
Q. Nonetheless --

THE COURT: Could I ask him a question just so I'm understanding?

MR. JARRETT: Yes.
THE COURT: Your bottom line here, are you saying that no one had any adverse effects at all from exposure to oil

## ROBERT COX - DIRECT

or chemicals; or are you saying that they weren't significant, in your opinion, or long term?

THE WITNESS: The latter, that they were not significant or long term. But this is also -- what we are talking about here also is regarding injuries.

THE COURT: No. I understand that.
THE WITNESS: Okay. Okay.
THE COURT: It's beyond this, and it could be heat related, it could be somebody fell and injured themselves or whatever.

THE WITNESS: Yes.
THE COURT: Cut their fingers.
THE WITNESS: Yes. It's hard to say. Again, some things you can be exposed to and you will get what we call irritant symptoms; your eyes burn, your nose runs a little bit, you might have a cough. Those are short term; they are not significant illnesses. But, again, they are also very nonspecific, and we can't say what they are coming from.

THE COURT: We11, I think you gave an example. You walked into a smoke-filled room. Your eyes start watering. Mine does like yours. You pretty much know it's from the smoke.

THE WITNESS: Right.
THE COURT: You don't need a medical test to tell you that, right?

## ROBERT COX - DIRECT

THE WITNESS: Right.
THE COURT: So I understand that -- we11, go ahead. BY MR. JARRETT:
Q. To pick up on what the judge was asking you, Dr. Cox, is it fair to say that the reason you can't rule out anybody having any exposure-related problem is because you didn't examine the individuals involved?
A. Yes, that's one portion of it.

THE WITNESS: Another, Your Honor, is that, yes, someone might get on a boat and they have those things. We don't know if it's allergies, they've got a cold that day, it's from exhaust from the engines on the boat. We don't know. But, again, none of those are significant health effects that are going to create some sort of long-lasting illness.

THE COURT: You have answered my question, my primary question.

BY MR. JARRETT:
Q. The last part of that, the comforting part of that whole story is that your exposure analysis suggests that anyone who did have such symptoms doesn't have a risk going forward. Is that what your conclusion was?
A. I'm sorry, repeat that last one.
Q. Sure. If there were people who had those kind of irritant exposures, based on your analogy of toxicological risk assessment, are you comfortable advising them that they do not

## ROBERT COX - DIRECT

face any long-term health effects from that exposure?
A. I am.
Q. Let me just wrap up, I think, this whole discussion. We talked about exposure-related stuff earlier. Now we just talked about the rate of ordinary illnesses and accidents or injuries on this response.

Are your conclusions about the low rate and -- the safety record and the low rate of injury held by government officials?
A. Yes.

MR. JARRETT: Can we bring up slide D-35139-A.

## BY MR. JARRETT:

Q. Doctor, this is a slide much like the one we reviewed earlier today. Is this a collection of conclusions from various government agencies who did look into the safety record of this spill response?
A. Yes, from OSHA, NIOSH, and the Federal On-Scene Coordinator.
Q. Again, have you looked at their findings and their reports?
A. I have.
Q. Do you have particular -- is there a particular quote here that you want to call to our attention?
A. Yes.
Q. I think you had mentioned heat earlier as being the major

## ROBERT COX - DIRECT

exposure risk faced by these workers. Is that your opinion?
A. That's correct. And there were heat-related illnesses. They weren't severe heat-related illnesses and anything that should result in any long-term health effects.
Q. Was that addressed by some of the agencies and that observed or commented upon?
A. It was. It was addressed by -- excuse me, by the directors of OSHA and NIOSH.
Q. Do the conclusions that we see on this page, the various conclusions, include those from NIOSH and OSHA?
A. Yes.
Q. Dr. Paskewich testified earlier today as to the important role of the FOSC, the Federal On-Scene Coordinator. Did that individual government official address this subject?
A. Yes.
Q. Did he address the effectiveness of the health and safety mitigation efforts?
A. Yes.
Q. Is there a slide here that addresses itself both to this heat exposure issue that you had?
A. Yes.

MR. JARRETT: Can we bring up D-35139.4.
THE WITNESS: This, again, is from the document written by the directors of NIOSH and OSHA, Your Honor. Once again, as I already said, they said that the most serious

## ROBERT COX - DIRECT

health hazard faced by the response and cleanup workers was heat. However, they said no workers involved in the cleanup response developed serious heat illness.

BY MR. JARRETT:
Q. I think you have seen notations that some workers had to have IVs and the like. Does that alter your view about whether there were serious effects from the spill, heat effects?
A. No. Once again, as an emergency physician, I treat heat illness all the time, living in Mississippi. And, yes, sometimes people develop a degree of heat illness, some dehydration. We give them a liter or two of IV fluids, and they are better. And there should be no long-lasting health effects from that.
Q. Dr. Cox, did you find any of the conclusions of the Federal On-Scene Coordinator to be particularly pertinent to the topic we are talking about here?
A. Yes.
Q. Did you prepare a slide to call out that language?
A. I did.

MR. JARRETT: Can we bring up 35139.2, please.
BY MR. JARRETT:
Q. Doctor, can you read into the record here and tell us whether the Federal On-Scene Coordinator agrees or disagrees with your conclusion.
A. Well, I agree with his conclusions. He said that health

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and safety was the number one strategic goal throughout the response and felt that in the end, it was reflected in the efforts they made to address potential public health impacts of the spill, and also the -- they called it a remarkably low injury rate for the responders of the operation.
Q. Is this statement from the Federal On-Scene Coordinator consistent with the opinions you reached based on your independent evaluation as to the relative degree of success of the mitigation efforts that were undertaken to protect workers and the public?
A. It is.

MR. JARRETT: Your Honor, I think that concludes my direct, and I will tender Dr. Cox for cross.

THE COURT: Al1 right. Very well.
THE WITNESS: Your Honor, may I just stand up for just a second?

THE COURT: Sure. Go ahead.
MS. PENCAK: Good afternoon, Your Honor. Erica Pencak for the United States. May I proceed with my cross-examination?

THE COURT: Sure.

## CROSS-EXAMINATION

## BY MS. PENCAK:

Q. Good afternoon, Dr. Cox. I'm Erica Pencak. We met at your deposition; is that correct?

## ROBERT COX - CROSS

A. Good afternoon.
Q. Dr. Cox, you testified on direct that you found no compelling evidence for significant exposure-related adverse health effects to cleanup workers or Gulf Coast residents as a result of the spil1; is that correct?
A. That's correct.
Q. But you would agree that there were significant nonexposure-related adverse health effects of the spil1, wouldn't you?
A. Yes. As we mentioned, that there were some injuries that I do feel were significant.
Q. Dr. Cox, you reviewed BP's Medical Encounters Database, correct?
A. I did.
Q. In fact, you cited to that database in your August 15 report, didn't you?
A. Yes.
Q. And you noted in your report that the Medical Encounters Database is a register of visits to health clinics that were set up at various sites throughout the response area, correct?
A. Yes.
Q. Isn't it true that you counted 2,109 visits to those clinics for suspected heat-related illnesses?
A. Yes. And, again, those were -- the large BP Medical Encounters Database was a little bit unclear. Some of those

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were work related and some of those were not work related. Apparently they had some people just coming in from the community, and so not all of those were considered work related.
Q. But you can filter the BP Medical Encounters Database to on7y show the entries that were determined to be occupational, right?
A. Possibly.
Q. Did you do that in your work in this case?
A. I tried to do that, yes. Once again, it wasn't real clear in a lot of the cases.
Q. There's not a column in the Medical Encounters Database that says, Was this injury or illness determined to be occupational?
A. There was one that said work related.
Q. There isn't one that says occupational?
A. I would have to look at it. I don't recall. I do recall something that said work related.
Q. We will come back to that.

Dr. Cox, you noted in your report that 370 of the visits to the clinic that you counted for suspected heat-related illnesses resulted in further care or time off of work, correct?
A. Yes.
Q. Dr. Cox, isn't it true that there are approximately

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750 entries in the Medical Encounters Database where a person visited one of those on-site clinics complaining of nausea or stomach pain, and the illness was deemed to be occupational?
A. Do we have a copy of my final report I could look at? I don't have those numbers memorized.

THE COURT: Here you go.
THE WITNESS: Thank you, sir.
What page are we on, please?
BY MS. PENCAK:
Q. Dr. Cox, I will represent to you that you did not, in your reports, count the number of headaches that were deemed to be occupational that are in the Medical Encounters Database.
A. Okay.

MS. PENCAK: Actually, if we could just bring that up for a second. Charles, could you bring up 230437NR, please. I'm sorry, I got the TREX number wrong. It's TREX-230479NR. Charles, could you please scroll over to column AJ.

BY MS. PENCAK:
Q. Dr. Cox, do you see where it says, "Was this determined to be an occupational injury or illness?" And you see the answers are yes or no?
A. Yes.
Q. Dr. Cox, I will represent to you that if you filter the Medical Encounters Database to only show occupational illnesses

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and injuries and search for words and phrases describing nausea and then make some attempt to de-duplicate, you get approximately 750 entries for nausea and stomach pain.

But you didn't report that in your expert reports, did you?

MR. JARRETT: Objection to foundation, Your Honor, it hasn't been established through a witness.

THE COURT: We11, she's asking him if he -- I mean, I think it's a fair question. The witness can respond.

THE WITNESS: Could you repeat the question, please?
THE COURT: I think she's asking you whether you noted those statistics in your report anywhere.

THE WITNESS: No, I didn't look specifically at those types of symptoms.
BY MS. PENCAK:
Q. Dr. Cox, you stated in your reports that the crude oil released during the Deepwater Horizon oil spill contained BTEX compounds, didn't it?
A. Yes.
Q. And I believe you stated on direct that BTEX stands for benzene, toluene, ethylbenzene, and xylene. Correct?
A. Yes.
Q. Dr. Cox, in your reports, you cited an entry from the NIOSH Pocket Guide to Chemical Hazards, didn't you?
A. Yes.

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Q. NIOSH in this instance stands for the National Institute of Occupational Safety and Health, right?
A. Yes.
Q. The NIOSH Pocket Guide to Chemical Hazards is a source of industrial hygiene information for several hundred chemicals, correct?
A. Yes.
Q. According to the NIOSH Pocket Guide to Chemical Hazards, one of the symptoms of exposure to benzene is nausea, isn't it?
A. Yes, but let me -- when you look at that, those pocket guides, you are primarily looking at exposures to either pure benzene or high concentrations of benzene. You cannot take that and say that's applicable to the extremely low levels, if there were levels at all, in this situation.
Q. Dr. Cox, the crude oil released during the Deepwater Horizon oil spill contained hexene, didn't it?
A. Yes.
Q. According to the NIOSH Pocket Guide to Chemical Hazards, one of the symptoms of exposure to hexene is nausea, isn't it?
A. You will find nausea with just about exposure to high concentrations of any chemical, as well as just about any drug that we have. We have something called the Physicians Desk Reference. You look up any drug, nausea is almost the number one side effect from any medication.
Q. Nausea is a symptom of exposure to hexane as reported in

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the NIOSH Pocket Guide to Chemical Hazards, correct?
A. Once again, not from trace levels of hexane that are present in the environment right now. We are talking about more concentrated levels of hexane.
Q. Dr. Cox, the crude oil released during the Deepwater Horizon oil spill contained polycyclic aromatic hydrocarbons, or PAHs, such as naphthalene, didn't it?
A. Yes, it did.
Q. According to the NIOSH Pocket Guide to Chemical Hazards, one of the symptoms of exposure to naphthalene is nausea, isn't it?
A. Once again, I'd give you same response. We are talking about exposures to either pure chemical or high concentrations of chemicals. With regard to naphthalene, you might not remember this, but we all can remember going in our grandmother's house and that smell of her drawers because she has mothballs in there. Mothballs were made of naphthalene.
Q. Nausea is one of the symptoms of exposure to naphthalene, correct?
A. Once again, of high enough concentrations to naphthalene.
Q. Dr. Cox, isn't it true that the NIOSH Pocket Guide to Chemical Hazards entries for benzene, toluene, ethylbenzene, hexane, and naphthalene also list headache as one of the symptoms of exposure to those compounds?
A. Once again, we are talking about a very nonspecific

## ROBERT COX - CROSS

symptom, something that also is incredibly common. And the things you are referring to are either pure substances or very high concentrations of the vapors, not talking about what's present in the air right now.
Q. Isn't it true that the NIOSH Pocket Guide to Chemical Hazards entries for benzene, toluene, and hexane list dizziness as one of the symptoms of exposure to those compounds?
A. Once again, I would give you the same response, that you will see those things from being exposed to high levels of vapors, not due to what's present in the air right now, which is probably higher than what we were measuring along the Gulf Coast.
Q. Dr. Cox, let's talk about your risk assessment for a moment. The conclusions you draw from your risk assessment are all premised on your opinion that as long as exposure levels are below the benchmarks you used, there is no risk to human health, correct?
A. I don't know that I would say absolutely no risk. There would be a very low chance of a risk because they are very protective. Once again, that's from being just right below the benchmark. Those benchmarks are very conservative.

Remember, again, they are talking about for the occupational exposures, exposure to a chemical at or right above that benchmark leve1 every day for eight to 10 hours a day for 30 years. That's what the risk of those benchmarks are

ROBERT COX - CROSS
meant to be.
In this situation, we are only talking about, first of all, a couple months and then, on top of that, the levels weren't just below the benchmarks; they were hundreds to thousands of times below the benchmarks.
Q. Dr. Cox, you talked on direct about your review of occupational air sampling data, correct?
A. That's correct.
Q. And that was data that was collected by BP, OSHA, and NIOSH, right?
A. And BP -- I'm sorry, yes. Yes.
Q. And in your reports you described that data as robust, didn't you?
A. I did.
Q. And I believe on the stand you called it tremendous, correct?
A. Yes.
Q. And you noted in your August 15 report that OSHA, NIOSH, and BP collected approximately 30,000 occupational air samples, correct?
A. Yes.
Q. And you also noted in your report that BP's occupational air monitoring dataset was significantly larger than either OSHA's or NIOSH's, right?
A. That's correct.

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Q. Dr. Cox, you stated in your August 15 report that naphthalene and hexane are two of the components of crude oil that are of greatest concern from a human toxicology perspective if they are inhaled at significant concentrations, didn't you?
A. Once again, that's correct. Remember, once again, that dose is everything in toxicology and that statement, if they're present at significant concentrations.
Q. Dr. Cox, you didn't review any BP occupational air sample results for naphthalene, did you?
A. Just a minute, let me see.

No, I did not.
Q. You also did not review -- I'm sorry. You also did not review any BP air sampling results for coal tar pitch volatiles, did you?
A. I think you might be talking about things that I'm not sure they looked for.
Q. So you don't know whether or not BP looked for coal tar pitch volatiles?
A. I don't believe they had any in their dataset.
Q. Coal tar pitch volatiles are classified by NIOSH as a potential occupational carcinogen, correct?
A. That's correct.
Q. You also didn't review any BP occupational air sample results for hydrogen sulfide; total PAHs, meaning total

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polycyclic aromatic hydrocarbons; or total particulates. Did you?
A. I did.
Q. And where would those -- occupational sampling results?
A. Yes.

MS. PENCAK: Charles, could you please call up TREX-13085.034.

BY MS. PENCAK:
Q. Dr. Cox, is this your Table 9, reviewing the BP occupational air sampling results for MC 252 oil constituents?
A. Yes.
Q. Are there any sample results listed here for hydrogen sulfide?
A. Once again, just because it's not in this table doesn't mean I didn't look at it. There was a very large quantity of data in all of those datasets, and a lot of it I would, with the computer, scroll through it; and if it just said nondetect, nondetect, nondetect, from start to finish, I didn't do this with it. It does not mean I did not look at it.
Q. You did not report on any BP occupational air sample results for hydrogen sulfide, total PAHs, or total particulates in your August 15 report, did you?
A. I did not report it. I did look at it, and I did not find any reason to do this.
Q. Dr. Cox, OSHA did not begin its air sampling and

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monitoring until May 27; isn't that correct?
A. Let me check that date.

I'm sorry, you were asking about OSHA?
Q. Yes. They began their air sampling and monitoring on May 27, 2010, correct?
A. That's correct.
Q. You testified earlier that you did not review any BP occupational air sampling results for naphthalene, but you did review two OSHA air sampling results for naphthalene, right?
A. Yes. Once again, with naphthalene, I don't recall off the top of my head if it was there or not. But what I did with those is I would use the computer and I would scroll down through. If they were 100 percent nondetectable, I didn't bother doing anything with them.
Q. But, Dr. Cox, you on7y reviewed two OSHA sample results for naphthalene, correct?
A. Yes.
Q. And you didn't review any OSHA air sampling results for hexane, right?
A. No, I don't believe -- I'm trying to remember. Again, I looked at a tremendous amount of data in there. I don't think OSHA included naphthalene in their set of samples.
Q. OSHA had 24 sample results for coal tar pitch volatiles, right?
A. That's correct.

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Q. None of those -- those samples were collected starting about a month after the well was capped, right?
A. Yes.
Q. Let's talk about the NIOSH sampling for a moment. NIOSH did not begin its air sampling and monitoring until June 4, 2010, correct?
A. That's correct.
Q. And isn't it true that NIOSH only collected air monitoring samples on 12 days in June of 2010 and one day in August of 2010?
A. Once again, I can't remember what days individual samples were collected on.
Q. You reviewed the deposition transcript of Dr. John Howard, director of NIOSH, correct?
A. I did.
Q. You reviewed the NIOSH air monitoring data, correct?
A. I did review their data, yes.
Q. You reviewed 115 NIOSH sample results for naphthalene, correct?
A. That's correct.
Q. NIOSH detected naphthalene in 57 percent of those samples, right?
A. That's correct.
Q. You reviewed 17 NIOSH sample results for hexane, correct?
A. Yes.

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Q. NIOSH detected hexane in 76 percent of those samples, right?
A. Yes.

Once again, for both of these, I think you have to look at -- the NIOSH dataset had very, very low detection levels. So, for example, for naphthalene, their median value was 0.9 parts per billion and for hexane it was 0.87 parts per billion. Yes, they detected it; but those are incredibly low levels, and they are essentially consistent with background levels of those chemicals in the atmosphere.
Q. Dr. Cox, NIOSH had 37 sample results for coal tar pitch volatiles, right?
A. That's correct.
Q. The OSHA permissible exposure limit for coal tar pitch volatiles is . 2 milligrams per cubic meter, correct?
A. Yes.
Q. And the NIOSH recommended exposure limit, or REL, for coal tar pitch volatiles is .1 milligrams per cubic meter, correct?
A. That's correct, but it's a different test.
Q. And because it's a different test, you weren't able to compare the NIOSH and OSHA sampling results to -- coal tar pitch volatiles to that NIOSH REL, right?
A. That's right, because the test that NIOSH's REL is -- was developed for was not performed.
Q. Dr. Cox, let's talk about detection levels for a moment.

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Nondetect doesn't necessarily mean zero, does it?
A. No. That's why it's very important to look at the detection limits for those substances.
Q. So if you are using equipment with a detection limit of .4 milligrams per cubic meter, any concentration below . 4 milligrams per cubic meter would show up as a nondetect, right?
A. If that were this case, yes.
Q. One of the reasons that you did not conduct a risk assessment for benzene based on the personal breathing zone monitoring of response workers is that the detection limits for the methods used in that monitoring were not good enough to capture low levels; isn't that right?
A. I'm sorry, would you maybe kind of repeat that? I didn't follow the whole thing.
Q. Sure. One of the reasons that you did not conduct a risk assessment for benzene based on the personal breathing zone monitoring of response workers is that the detection limits for the methods used in that monitoring were not good enough to capture low levels; isn't that right?
A. I did conduct a risk assessment for benzene. I compared it to the occupational exposure limits.

If we are talking for workers, that's comparing it to the occupational exposure limits for NIOSH, OSHA, and ACGIH. So I did do one.

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MS. PENCAK: Charles, could you please call up Dr. Cox's deposition at page 97, line 5, through page 98, line 5. And if you can't get the two pages in one, we can start with the first page and then move on to the next.

BY MS. PENCAK:
Q. Starting with line 5:
"QUESTION: Did you calculate a risk assessment for benzene based on the personal breathing zone monitoring of response workers?
"ANSWER: I didn't for two reasons. Number one, the detection limits for the methods they used were not good enough to get low levels."

Does that refresh your recollection in answering my question about the limits of detection in the personal breathing zone monitoring?
A. It does, but let me say we're talking about two different things here. There was a risk assessment done for benzene for the workers based on occupational exposure limits.

I think what you're talking about, here, again, is trying to apply EPA's risk assessment methodology for carcinogens to an occupational exposure; and that's something that you really should not be doing. And I tried to explain some of the reasons here that you should not be doing that. Q. Dr. Cox, you reviewed and cited to BP's Material Safety Data Sheet, or MSDS, for MC 252 weathered crude oil, didn't

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you?
A. Yes.

MS. PENCAK: Charles, can you please bring up TREX-13110.

BY MS. PENCAK:
Q. Dr. Cox, is this the MSDS for MC 252 weathered oil that you reviewed and cited to in your report?
A. Is there a way to make this any larger?

MS. PENCAK: Charles, can you pull up maybe just the first -- yeah.

THE COURT: They can blow up part of it.
THE WITNESS: Thank you. Okay. I can read it now, yes.

BY MS. PENCAK:
Q. And it says here, the second line is that "The primary exposure hazard of weathered crude oil is by physical contact with the skin"?
A. Yes.
Q. Dr. Cox, your dermal exposure characterization is based on your review of data summaries produced by OSAT-1 and OSAT-2 and your review of data posted to EPA's website regarding 53 samples of weathered oil that were analyzed for PAHs, correct?
A. I did do those things.

The first part of your question, again, was?

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Q. That your dermal exposure characterization is based on the data summaries produced by OSAT-1 and 2 and those 53 samples that were posted to EPA's website of PAH analysis in weathered oil?
A. I don't think that's all of it that we just went through under the direct. The first thing was looking at the toxicity of crude oil, the changes from crude oil going to weathered oil, and the loss of some of the toxic components, primarily the PAHs, and then looking at, for the workers, the chances that you should not have very much exposure with that. And then I believe we are going to the final step that you are referring to, which is the OSAT analysis?
Q. I'm talking about the data, the numbers. Any data that you reviewed in your dermal exposure characterization that was OSAT-1, OSAT-2, and those 53 samples from EPA, correct?
A. Yes.
Q. OSAT-1 was chartered in August 2010 to assess the presence or absence of subsurface oil and/or dispersants to determine if ongoing removal actions were necessary, correct?
A. Yes.
Q. So the purpose of OSAT-1 was not to assess derma1 risk to cleanup workers, was it?
A. No, not of OSAT-1, but OSAT-1 was looking at -- there were human health risk standards that EPA developed for the things that OSAT-1 was looking for.

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Q. OSAT-1 determined, as of December 2010, that "Ongoing removal actions should continue where oil remained in the nearshore sediments and shorelines," correct?
A. I would have to go back and review what OSAT-1 said about the oils and sediments.
Q. But you did review the OSAT-1 report, correct?
A. I did.
Q. OSAT-2 also wasn't designed to assess potential derma1 risk to cleanup workers, was it?
A. Not the cleanup workers.

But, again, I think we're going -- we keep going back and forth here between cleanup workers and Gulf shore residents. They're two different things and two different datasets.
Q. The purpose of OSAT-2 was to provide the FOSC, or Federal On-Scene Coordinator, with a net environmental benefits analysis associated with "removing remnant oil from the nearshore, surf zone, and shoreline sandy beach areas," in February 2011, correct?
A. That's correct.
Q. Dr. Cox, your conclusions regarding dermal exposure are in part premised on your opinion that response workers wore appropriate PPE; is that right?
A. That's correct.
Q. But it's not your opinion that every single response

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worker wore their prescribed PPE exactly as directed every time they wore it, right?
A. No, and I think I said that.

I think all and a11, the PPE was used appropriately and did its job. Once again, with something of this magnitude and this scope, there are always situations where some individual wasn't using it as it was supposed to be used.

But I think, once again, we have to look at the big picture here, and the big picture is everything was used appropriately -- for the most part, not 100 percent.
Q. Dr. Cox, you discussed the weathering of oil as it traveled from the point in the Gulf where it was first -- where it first surfaced to shorelines throughout the Gulf Coast region, correct?
A. That's correct.
Q. You cite to some peer-reviewed published articles in support of your opinions about the weathering of the oil, correct?
A. Yes.

MS. PENCAK: Charles, can you please pull up
TREX-240164. And then just perhaps pull out the top bit of it since it's a little hard to read.

BY MS. PENCAK:
Q. But, Dr. Cox, is this the article by Middlebrook and colleagues that you cited to in your August 15 report?

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A. Yes.
Q. In this document these authors state that "The air quality issues arising from the oil spill are different for workers at the site than for the population along the coast."

Do you agree with that statement?
A. I'm sorry, could you show me on here where -- I need to see kind of where that statement is coming from.
Q. Sure.

MS. PENCAK: If you could back out of this, Charles, and then pull up the first paragraph.

THE COURT: It must be in another paragraph.
MS. PENCAK: It must be in another. I apologize.
bY MS. PENCAK:
Q. Dr. Cox, this is an article you relied on; is that correct?
A. It is.

MS. PENCAK: Charles, can you cal1 up TREX-232479, please. Then again, just pull out the top.

BY MS. PENCAK:
Q. Dr. Cox, is this the article by Reyerson and colleagues you cited to in your Round 1 report?
A. It is.
Q. This article addresses the weathering process for oil and its implications for air quality?
A. It discusses the movement of oil from when it was released

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on the ocean floor to the surface.
Q. Dr. Cox, you did not review the expert reports of BP's expert, Dr. Damian Shea, did you?
A. No.
Q. You did not review the expert reports of the United States expert, Dr. Stanley Rice, did you?
A. I did. A portion of that report that was Shea and Boesch; is that correct?
Q. Yes, that's correct.
A. Yes.
Q. Good memory. The portion that was included in Dr. Clapp's report?
A. No. We11, I saw that he mentioned in his report that -he said that the oil, as it weathered, was more toxic; and he quoted that report from Rice and Boesch.

However, I went back and read those paragraphs from the report, and I pulled the articles that they were using. They were not talking about human toxicity; they were talking about toxicity to benthic organisms and little things in the ocean and so forth. That is completely different and was -just trying to relate that to human toxicity was way off base. Q. Dr. Cox, at the time that you wrote your expert reports and at the time of your deposition, you had not reviewed the expert reports of Dr. Stanley Rice other than those paragraphs that were contained in Dr. Clapp's report, correct?

## ROBERT COX - CROSS

A. Other than those paragraphs.

But, again, the other thing I did is I looked at those paragraphs that they had. And I was able to pull their references out, and I went back and read all their references. This was not talking about human toxicity. This was toxicity of little microorganisms that live in the sediments.
Q. Dr. Cox, you talked on direct a bit about seafood safety, right?
A. I did.
Q. In preparing your expert reports, you did not make any efforts to determine whether or not subsistence fishermen ever ignored fisheries closures and ate fish that came from closed areas during the response, did you?
A. I think you asked me that in my deposition. I have seen no information on that.
Q. So you haven't reviewed any information about subsistence fishing, have you?
A. Once again, I looked at a huge quantity of information here, and I did not see anything about people fishing when they weren't supposed to be.
Q. You have no information one way or another?
A. I have none, no.
Q. Dr. Cox, you discussed on direct the NIEHS long-term study, didn't you?
A. I did.

## ROBERT COX - CROSS

Q. That's a cohort study following 33,000 response workers over 10 years, isn't it?
A. Yes.
Q. Isn't it true that preliminary observations from that study have indicated that cleanup workers are about 30 percent more likely to have moderate to severe depression than residents who did not do cleanup work?
A. I have not seen the information on depression.

And once again, the other thing I would say with that is the word you just mentioned, a "cohort study." A cohort study by design cannot show causation; it can on7y show an association. And I think that's very important because if you look at where we live, Mississippi is the most unhealthy state in the country.

THE WITNESS: And unfortunately, Your Honor, I don't think Louisiana -- Louisiana and Alabama are right in back of us. So I have no doubt they are going to find instances of diabetes, of heart disease, of strokes in that study, but that study even by design cannot show causation.

MS. PENCAK: Charles, could you please call up TREX-231743. Just call out the top part of this. Sorry. One more paragraph below that.

BY MS. PENCAK:
Q. So, Dr. Cox, you did not review these preliminary observations from The Gulf Study?

## ROBERT COX - CROSS

A. No, I have not seen these preliminary observations.
Q. Dr. Cox, you're also aware that BP has funded the Gulf of Mexico Research Initiative, also known as GoMRI, for 10 years, aren't you?
A. I am aware that BP put a lot of money into a number of initiatives, both from our local universities as well as healthcare initiatives, to try to help healthcare along the Gulf Coast.
Q. Public health is one of the GoMRI research areas, isn't it?
A. I'm not familiar with what their exact research areas are in GoMRI.
Q. Dr. Cox, you're aware that the Center for Gulf Coast Environmental Health Research is studying the effects of the Deepwater Horizon spill on human health by examining real and perceived exposures in reproductive-age women, correct?
A. Once again, I don't know exactly what GoMRI is -- what type of study they are conducting.
Q. Are you aware of the study that the University of Texas Medical Branch at Galveston is conducting, researching the long-term health effects of those who consumed Gulf seafood? A. No.

Once again, there's research being done all over the United States. I don't know what -- I couldn't start to begin to tell you what various studies are doing that -- that's not

## ROBERT COX - CROSS

what I was doing here.
I was looking at actual data that we had and using science to draw conclusions about potential health effects. I'm by no means claiming that I know what studies are going on throughout the country.
Q. Dr. Cox, you agree that the latency period for development of leukemia due to benzene exposure can be up to 20 or 30 years, don't you?
A. Once again, for those benzene exposures in those occupational workers, we're talking about levels that were between 5,000 and 50,000 times a higher concentration than the concentrations that were measured along the Gulf Coast. And so, yes, I'm aware that occupational workers that were exposed, number one, to those concentrations and, number two, for years, there are some that develop cancer. And the latency period there is 20 to 30 years for most cancers.
Q. Dr. Cox, isn't it true that EPA uses a linear slope factor for benzene?
A. That is true.

MS. PENCAK: No further questions, Your Honor.
THE COURT: Mr. Jarrett, redirect?
MR. JARRETT: I don't think so, Your Honor.
THE COURT: A11 right. You're done. Thank you. Where is Brandon, Mississippi?

THE WITNESS: Brandon is about 15 minutes due east of

Jackson.
THE COURT: So it's a suburb of Jackson?
THE WITNESS: Suburb, yes, sir. This is yours. Thank you.

MS. HIMMELHOCH: I have a small housekeeping matter when you have a moment, Your Honor.

THE COURT: Go ahead.
MS. HIMMELHOCH: I understand, for entirely reasonable reasons, that BP may be shuffling some of its witness order. We would ask that they update us tonight by about 8:00 if they have any news as to what different witnesses may be coming tomorrow and the next day so that we can plan our resources accordingly.

MR. BROCK: I think I can give the Court an update now.

THE COURT: Okay. Good.
MR. BROCK: Mike Brock for BP. Tomorrow morning we will start with Richard Morrison, a fact witness, a BPXP witness. He will be followed by Dr. Shea, who is an environmental expert.

THE COURT: Okay.
MR. BROCK: Dr. Tunnell was originally scheduled to be here on Wednesday. We are trying to see if we can get him here tomorrow afternoon. I will probably need a call or two when I get back to the office. If Dr. Tunnell is not available
tomorrow afternoon, we would move Dr. Taylor up into Dr. Tunnell's slot.

THE COURT: When will you be able to tell everyone?
MR. BROCK: I can tell them within an hour of getting back. I just need to do a little checking with folks back at the office.

THE COURT: Okay.
MR. BROCK: Then I do have one situation, Your Honor, that I would like to speak with you about either in chambers or at sidebar. I do have a witness with a significant health issue that I have advised the United States and Anadarko about, where I would like to request an accommodation. And I can do that at any time that's convenient to the Court.

THE COURT: You all can come up. You can do that as soon as we recess the trial for the day.

Anything else that we need to put on the record?
MS. HIMMELHOCH: Your Honor, my only question is they have notably omitted a witness who would have fallen in the order, Dr. Bonnano.

MR. BROCK: Thank you for that reminder. We will not be calling Dr. Bonnano.

THE COURT: Dr. Bonnano is off?
MR. BROCK: Yes, sir.
THE COURT: We11, the 1ist I had, you had Dr. Tunne11 and then Daines?

MR. BROCK: Yes. Daines is also an issue. He cannot be here until Wednesday, so I'm going to try to fill the day tomorrow with Morrison, Shea, Taylor --

THE COURT: And then you have another fact witness, Robertson?

MR. BROCK: Robertson, and we would likely call him tomorrow if that's --

THE COURT: Why don't you do this. As soon as you're able to this evening, let opposing counse1 know, and e-mail Ben also. Okay?

MR. BROCK: Yes, sir, will do. We have served the -- I don't know if they've received them or not, but we have served the Taylor demonstratives. In case we need to call him, we went ahead and served those after lunch. So whenever they can get objections in to those, we will work with them on that.

MS. HIMMELHOCH: I believe we've received them, Your Honor. I do think that we need to talk with BP. In the interest of not being cumulative, there were some documents I intended to introduce through Dr. Bonnano that I could have introduced through Dr. Austin. He was still on their list when Dr. Austin testified. He has now been pulled down.

I may need to talk with BP about whether I need a couple additional orphans to address the fact that I don't have the witness I expected to have to get those documents in .

THE COURT: Why don't you all discuss that and see if you can work that out this evening. Okay?

MS. HIMMELHOCH: Absolutely, Your Honor.
THE COURT: Anything else we need to put on the record? If not, we will recess until 8:00 a.m. tomorrow.

You all can come up here to discuss the witness prob7em.
(Proceedings adjourned.)

*     *         * 


## CERTIFICATE

I, Toni Doyle Tusa, CCR, FCRR, Official Court Reporter for the United States District Court, Eastern District of Louisiana, certify that the foregoing is a true and correct transcript, to the best of my ability and understanding, from the record of proceedings in the above-entitled matter.

s/ Toni Doyle Tusa<br>Toni Doyle Tusa, CCR, FCRR Official Court Reporter

|  | 1446/4 1488/16 1506/5 1507/6 1507/9 | 35113 [1] 1464/25 |
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| 10 [5] 1387/20 1443/7 1502/24 1518/2 $1519 / 3$ | 24-hours-a-day [1] 1394/3 | 3:30 [4] 1419/24 1420/4 1420/20 |
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| 100 percent [1] 1506/13 | 1406/20 1419/17 1432/3 | 410 [1] 1403/15 |
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| 10:00 a.m [1] 1390/18 | 252 [3] 1505/10 1510/25 1511/6 | 45 minutes [1] 1428/17 |
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| 1503/18 1504/1 1505/22 1514/25 | 35005 [1] 1399/16 | 5986 [2] 1486/13 1486/22 |
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8
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accelerate [1] 1408/16
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1470/13
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1493/7
addresses [3] 1426/14 1493/19 1515/23
addressing [3] 1397/9 1420/18 1423/16
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Administration [2] 1478/16 1480/8
advancement [1] 1398/15
advantage [1] 1425/15
adverse [16] 1431/21 1433/1 1437/20
1437/22 1443/6 1454/19 1456/17
1462/14 1465/7 1467/1 1480/23
1482/20 1485/4 1489/25 1496/3 1496/8
advertising [2] 1425/25 1427/10
advise [1] 1389/16
advised [1] 1522/11
advising [1] 1491/25
Advisory [2] 1450/12 1475/14
aerial [4] 1401/8 1410/13 1410/16 1412/21
aerially [1] 1411/18
|affect [1] 1469/9
afraid [1] 1485/15
after [14] 1384/24 1400/3 1402/20
1410/4 1412/24 1416/23 1421/14
1443/23 1453/16 1459/18 1467/8
1482/19 1507/2 1523/15
aftermath [2] 1386/24 1444/17
afternoon [9] 1375/18 1380/1 1381/5
1428/25 1495/18 1495/24 1496/1
1521/24 1522/1
again [66] 1386/22 1387/2 1387/10
1388/25 1391/1 1394/15 1405/23
1406/25 1411/6 1412/1 1416/10
1418/10 1421/14 1447/14 1447/25
1452/11 1456/18 1464/4 1468/20
1469/12 1471/13 1473/3 1474/12
1478/1 1479/3 1479/8 1480/23 1481/17
1483/12 1483/18 1487/16 1490/13
1490/17 1491/13 1492/19 1493/23
1493/25 1494/8 1496/24 1497/10
1501/2 1501/12 1501/20 1501/25
1502/8 1502/20 1502/22 1504/6 1504/6
1505/14 1506/10 1506/20 1507/11
1508/4 1510/19 1511/25 1513/11
1514/5 1514/8 1515/18 1517/2 1517/18
1518/9 1519/17 1519/23 1520/9
against [4] 1384/2 1400/7 1414/25 1415/10
age [2] 1475/4 1519/16
agencies [36] 1394/10 1394/12 1394/14
1395/23 1419/11 1428/2 1437/1
1438/20 1439/13 1439/17 1440/9
1440/20 1441/6 1443/24 1444/15
1444/17 1445/15 1445/18 1446/5
1448/2 1450/10 1450/22 1452/12
1455/25 1456/9 1456/12 1456/22
1457/8 1463/11 1475/16 1478/14
1482/4 1484/14 1489/5 1492/15 1493/5
agency [6] 1440/12 1441/16 1442/10
1442/15 1444/2 1466/9
agenda [1] 1389/11
agents [1] 1431/21
ago [2] 1452/11 1463/6
agree [7] 1468/23 1473/5 1473/6
1494/25 1496/7 1515/5 1520/6
agrees [1] 1494/23
ahead [5] 1435/22 1491/2 1495/17
1521/7 1523/14
aid [6] 1486/18 1486/21 1486/23 1487/2
1487/4 1487/16
aided [1] 1378/6
air [35] 1390/9 1397/15 1423/3 1443/2 1443/5 1443/15 1443/24 1446/2 1447/1 1447/15 1454/8 1465/12 1465/20
1465/22 1470/2 1502/4 1502/10 1503/7
1503/19 1503/23 1504/9 1504/14
1504/24 1505/10 1505/20 1505/25
1506/4 1506/8 1506/9 1506/18 1507/5
1507/8 1507/16 1515/2 1515/24
air-conditioned [1] 1470/2
airborne [3] 1442/18 1465/5 1465/18
aircraft [3] 1397/1 1397/4 1417/9
airplane [1] 1417/24
airplanes [1] 1412/6
AJ [1] 1498/18
Alabama [1] 1518/16
Alaska [6] 1382/2 1382/8 1385/21
1385/25 1387/25 1388/3
all [96] 1383/9 1383/18 1384/4 1388/21
1388/25 1389/1 1390/17 1390/19
1390/23 1393/23 1396/2 1397/5
1399/10 1408/17 1409/14 1409/24
1417/4 1417/10 1417/20 1427/9

| A | 1462/17 1463/20 1470/21 1481/4 | lapproved [1] 1474/4 |
| :---: | :---: | :---: |
| all... [76] 1427/21 1428/21 1428/24 | KO [4] 1375/11 1375/11 | 1497/25 1499/3 1503/19 |
| [70/6 1430/11 1430/17 1433/9 1434/9 | 1377/16 1522/11 | APRIL[12] 1375/5 1381/19 1382/2 |
| 4/10 1435/2 1435/12 1436/21 | 1491/24 | 1392/16 1392/19 1393/23 1395/6 |
| 1437/19 1438/6 1438/13 1439/20 | analyses [2] 1433/20 1451/17 | /19 1400/3 1416/23 1419/17 |
| 1440/6 1440/14 1442/18 1444/23 | analysis [14] 1447/22 1449/11 1453/16 | 1486/6 |
| 1447/16 1449/20 1450/4 1450/8 1450/9 | 1458/3 1459/1 1476/2 1476/14 1481/6 | April 25 [5] 1381/19 1382/22 1395/6 |
| 1452/1 1452/16 1453/12 1453/14 | 1482/8 1484/19 1491/19 1512/3 | 1399/19 1419/17 |
| 1456/2 1456/13 1457/7 1457/8 1457/10 | 1512/12 1513/17 | are [174] |
| 1460/7 1460/16 1462/5 1462/7 1462/12 | analytical [2] 1436/21 1458/20 | area [24] 1381/22 1383/13 1383/1 |
| 1462/13 1462/14 1465/10 1466/15 | analyze [2] 1436/23 1457/20 | 1383/23 1392/2 1393/7 1393/10 |
| 1466/16 1468/6 1469/11 1472/7 1473/8 | analyzed [3] 1439/20 1465/3 1511/22 | 1393/25 1398/8 1400/4 1400/8 1402/14 |
| 1479/13 1480/21 1480/24 1483/19 | Anchorage [1] 1382/2 | 1403/23 1404/14 1407/21 1412/4 |
| 1484/5 1484/25 1486/21 1486/22 | anchored [1] 1414/15 | 1413/7 1414/9 1415/11 1421/23 |
| 1487/1 1488/16 1489/25 1494/9 | and/or [4] 1405/11 1420/25 1441/8 | 1446/20 1451/8 1451/11 1496/20 |
| 1495/14 1497/3 1500/14 1501/15 | 1512/18 | areas [20] 1390/1 1398/15 1400/7 |
| 1502/15 1503/3 1505/16 1512/5 1514/4 | ANDRE [1] 1376/7 | 1400/8 1403/2 1405/18 1406/16 |
| 1514/4 1517/4 1519/23 1520/23 | ANDREW [1] 1377/4 | 1413/14 1414/8 1415/15 1416/10 |
| 1522/14 1524/1 1524/6 | Angeles [1] 1377/23 | 1432/2 1451/9 1478/22 1479/8 1479 |
| all-hands [2] 1390/19 1390/23 | another [16] 1405/25 1440/10 1440/12 | 1513/18 1517/13 1519/9 1519/11 |
| ALLAN [1] 1376/21 | 1441/15 1443/17 1443/21 1446/9 | aren't [1] 1519/4 |
| allergies [2] 1470/19 1491/11 | 1452/15 1482/11 1483/20 1489/12 | arena [1] 1399/24 |
| allocate [1] 1401/12 | 1491/9 1515/11 1515/12 1517/21 | arguing [1] 1485/2 |
| allow [8] 1397/23 1399/3 1403/16 | 1523/4 | arise [1] 1421/21 |
| 1412/10 1417/25 1418/1 1480/10 | answer [3] 1424/4 1428/6 1453/1 | arising [1] 1515/3 |
| 1483/14 | answered [1] 1491/15 | aromatic [5] 1460/11 1462/5 1473/19 |
| allowed [11] 1402/8 1402/14 1411/7 | answering [1] 1510/13 | 1501/6 1505/1 |
| 1411/13 1413/13 1413/15 1430/23 | answers [1] 1498/21 | around [10] 1387/1 1400/10 1402/10 |
| 1461/13 1474/1 1478/22 1483/10 | anthrax [1] 1433/17 | 1406/14 1417/6 1417/9 1418/2 1421/1 |
| allowing [2] 1397/17 1404/19 | Antonov [3] 1417/8 1417/9 1417/22 | 1467/6 1471/12 |
| allows [2] 1413/19 1414/25 | any [66] 1380/4 1386/18 1388/13 | arrived [5] 1395/6 1399/18 1400/2 |
| alluded [1] 1456/2 | 1391/22 1397/24 1430/1 1432/7 | 1400/3 1419/17 |
| almost [6] 1385/19 1391/13 1403/3 | 1437/19 1437/22 1438/7 1443/14 | article [4] 1514/24 1515/14 1515/20 |
| 1414/6 1459/21 1500/23 | 1444/1 1444/16 1445/19 1446/2 1446/2 | 1515/23 |
| along [17] 1392/20 1400/7 1400/22 | 1447/16 1447/20 1448/4 1451/14 | articles [2] 1514/16 1516/17 |
| 1414/7 1415/2 1439/12 1447/6 1451/6 | 1451/14 1451/17 1451/20 1451/25 | artificial [1] 1459/15 |
| 1451/9 1460/7 1465/14 1475/19 | 1454/23 1461/6 1462/13 1465/7 |  |
| 1475/25 1502/11 1515/4 1519/7 | 1465/12 1465/18 1466/16 1466/17 | ask [11] 1380/14 1387/22 1394/24 |
| 1520/12 | 1466/25 1467/1 1467/6 1469/5 1471/4 | 1399/18 1415/18 1418/16 1429/19 |
| already [5] 1399/21 1409/15 1417/3 | 1480/23 1481/6 1481/25 1482/4 | 1455/20 1460/5 1489/21 1521/10 |
| 1473/10 1493/25 | 1489/25 1491/6 1492/1 1493/4 1494/14 | asked [16] 1382/5 1382/9 1407/5 |
| also [63] 1386/14 1387/4 1391/10 | 1500/21 1500/21 1500/23 1500/24 | 1423/19 1429/14 1429/21 1429/23 |
| 1399/23 1405/18 1408/2 1409/2 | 1504/9 1504/14 1504/20 1504/24 | 1429/25 1430/2 1432/20 1434/7 |
| 1410/14 1417/17 1417/18 1420/22 | 1505/12 1505/20 1505/24 1506/7 | 1434/16 1436/19 1438/16 1438/23 |
| 1422/4 1423/11 1423/22 1424/13 | 1506/18 1509/5 1511/8 1512/13 | 1517/14 |
| 1429/25 1431/1 1431/13 1431/25 | 1517/10 1517/16 1521/11 1522/13 | asking [6] 1408/15 1422/18 1491/4 |
| 1432/4 1432/9 1432/25 1433/2 1433/22 | anybody [3] 1451/20 1478/4 1491/5 | 1499/8 1499/11 1506/3 |
| 1434/10 1434/12 1436/24 1437/21 | anyone [3] 1413/18 1440/3 1491/19 | aspect [1] 1473/7 |
| 1444/3 1444/17 1444/25 1445/5 | anything [11] 1435/16 1437/6 1462/22 | assess [4] 1454/19 1512/17 1512/21 |
| 1450/16 1458/23 1461/9 1466/19 | 1467/6 1471/6 1471/15 1493/3 1506/14 | 1513/8 |
| 1466/21 1467/14 1470/20 1472/20 | 1517/19 1522/16 1524/4 | assessment [30] 1427/14 1434/21 |
| 1477/19 1477/21 1479/10 1479/18 | anywhere [2] 1464/11 1499/12 | 1434/24 1436/24 1449/14 1454/4 |
| 1480/25 1481/2 1485/3 1486/21 1490/4 | apologize [1] 1515/12 | 1454/7 1454/21 1454/24 1455/9 |
| 1490/5 1490/17 1495/4 1501/23 1502/1 | Apparently [1] 1497/2 | 1455/22 1457/17 1457/19 1464/21 |
| 1503/22 1504/13 1504/13 1504/24 | appear [1] 1458/7 | 1471/20 1472/4 1472/15 1474/21 |
| 1513/8 1519/2 1519/3 1523/1 1523/10 | Appearances [2] 1376/1 1377/1 | 1475/17 1483/4 1483/15 1491/25 |
| alter [1] 1494/6 | applicable [3] 1442/20 1457/11 1500/13 | 1502/13 1502/14 1509/10 1509/17 |
| although [2] 1451/25 1469/21 | application [6] 1403/2 1410/19 1412/3 | 1509/21 1510/7 1510/17 1510/20 |
| always [5] 1410/6 1456/24 1457/5 | 1412/4 1412/15 1413/1 | assessments [1] 1455/3 ASSET [1] $1375 / 13$ |
| am [8] 1381/5 1381/16 1431/1 1432/2 | $\left\lvert\, \begin{gathered} \text { applications }[4] \\ 1410 / 17141 / 24 \end{gathered}\right.$ | ASSETs [1] 1408/7 |
| 1467/19 1476/21 1492/2 1519/5 | apply [3] 1443/4 1471/8 1510/20 | assignment [5] 1431/4 1434/6 1434/15 |
| AMANT [1] 1376/22 | appointed [1] 1420/23 | 1436/18 1478/19 |
| amazing [1] 1428/4 | appreciation [1] 1394/25 | assist [1] 1419/17 |
| ambient [1] 1465/20 | approach [8] 1405/24 1435/2 1455/21 | assistance [1] 1452/9 |
| amenity [2] 1400/13 1415/17 | 1459/6 1459/7 1472/17 1472/20 1474/7 | assisted [2] 1433/15 1434/13 |
| AMERICA [3] 1375/8 1376/3 1388/7 | approaching [1] 1406/18 | associated [10] 1384/4 1387/3 1388/15 |
| American [3] 1431/15 1431/17 1456/12 | appropriate [2] 1471/16 1513/23 | 1388/16 1389/1 1411/16 1432/24 |
| Americans [1] 1479/14 | appropriately [3] 1474/22 1514/4 | 1455/13 1482/1 1513/17 |
| Amoco [1] 1385/19 | 1514/10 | association [1] 1518/12 |
| amongst [2] 1470/21 1489/11 <br> amount [9] 1413/6 1437/2 1437/6 | approval [3] 1402/6 1410/15 1457/2 approvals [2] 1411/2 1411/13 | assuming [1] 1481/2 assurance [1] 1390/5 |

## A

asthma [2] 1448/16 1448/18
at [179]
ate [1] 1517/12
atmosphere [3] 1413/20 1432/24 1508/10
atmospheric [1] 1402/1
ATSDR [1] 1444/4
attempt [3] 1468/15 1484/8 1499/2
attempts [1] 1397/11
attend [1] 1389/6
attendance [1] 1389/9
attention [3] 1440/24 1489/17 1492/23
attributable [3] 1388/25 1389/4 1446/19
attributed [1] 1421/25
attributes [1] 1433/7
August [15] 1382/22 1383/12 1383/13
1383/21 1388/5 1392/16 1392/19
1436/9 1496/15 1503/18 1504/1
1505/22 1507/9 1512/17 1514/25
August 15 [6] 1436/9 1496/15 1503/18
1504/1 1505/22 1514/25
August 2010 [1] 1512/17
August 3 [3] 1382/22 1383/12 1383/21 Austin [3] 1427/1 1523/21 1523/22
Australia [4] 1381/10 1381/10 1384/19 1384/20
author [1] 1442/12
authors [1] 1515/2
automobile [1] 1465/13
availability [1] 1426/5
available [28] 1382/9 1391/23 1392/4
1401/20 1407/17 1409/24 1415/9
1418/1 1421/2 1425/19 1425/23 1426/4
1426/14 1426/15 1426/18 1427/3
1427/9 1435/13 1435/15 1436/22
1440/3 1445/5 1449/11 1450/4 1453/9
1455/16 1479/14 1521/25
Avenue [1] 1377/23
average [4] 1457/21 1459/12 1488/15 1488/18
aware [13] 1388/20 1407/24 1408/1 1451/25 1454/25 1466/25 1481/25
1482/4 1519/2 1519/5 1519/13 1519/19 1520/13
away [8] 1394/22 1409/16 1441/18 1442/2 1469/9 1469/15 1486/19 1487/4

## B

back [24] 1388/17 1388/22 1389/5 1397/16 1402/6 1415/24 1416/22 1417/10 1425/5 1453/9 1457/13 1465/24 1468/13 1487/21 1497/19 1513/4 1513/11 1515/9 1516/16 1517/4 1518/16 1521/25 1522/5 1522/5 background [5] 1385/5 1385/6 1385/8 1431/12 1508/9
backtrack [1] 1484/8
backward [1] 1437/25
backward-looking [1] 1437/25
bad [2] 1454/10 1477/14
balance [1] 1457/17
banner [2] 1394/13 1394/15
BARBIER [8] 1375/19 1381/8 1385/7
1396/17 1400/23 1403/10 1405/8 1414/21
Barbier's [1] 1412/2
bars [1] 1469/5
base [4] 1404/15 1404/17 1404/20 1516/21
based [11] 1413/8 1464/20 1477/11 1491/24 1495/7 1509/10 1509/17

1510/8 1510/18 1511/19 1512/1 bases [1] 1393/2
basic [1] 1395/20
basically [3] 1408/17 1457/20 1482/25 basis [6] 1394/20 1394/22 1397/16 1407/2 1407/17 1423/4
be [115] 1380/3 1380/18 1382/9 1385/1
1387/14 1388/17 1388/21 1388/22
1389/2 1389/4 1389/10 1389/25
1390/11 1396/4 1397/17 1397/23
1398/7 1399/2 1399/8 1400/5 1400/12
1402/4 1402/8 1404/19 1406/23 1407/1
1408/15 1408/21 1410/3 1410/7 1411/8
1412/6 1412/7 1412/8 1414/4 1414/6
1414/13 1415/14 1416/12 1417/10
1417/19 1418/4 1419/4 1420/17 1421/2
1421/3 1421/8 1421/15 1424/11
1424/25 1425/6 1427/6 1428/16
1428/23 1432/19 1433/4 1433/19
1439/2 1439/3 1439/23 1440/15
1440/17 1441/9 1443/17 1445/9
1445/12 1447/16 1452/10 1454/9
1454/14 1454/16 1454/18 1456/18
1458/16 1458/17 1460/23 1460/25
1461/2 1463/10 1463/25 1464/13
1465/25 1466/22 1469/25 1472/8
1472/11 1473/19 1478/12 1490/8
1490/9 1490/14 1494/12 1494/15
1497/6 1497/13 1498/3 1498/11
1498/21 1502/19 1503/1 1504/16 1510/22 1510/23 1514/7 1515/11 1515/12 1517/20 1520/7 1521/9 1521/12 1521/19 1521/23 1522/3 1522/21 1523/2
beach [7] 1473/23 1475/19 1475/23 1475/25 1477/4 1477/6 1513/18 beaches [5] 1391/17 1400/13 1415/16 1415/17 1423/3
bear [4] 1397/21 1431/4 1433/8 1436/12 became [7] 1384/6 1388/1 1402/5 1402/20 1407/16 1417/1 1484/4 because [26] 1398/22 1402/14 1404/4 1404/18 1413/19 1417/25 1419/3 1420/13 1447/14 1447/25 1453/9 1457/2 1462/14 1463/9 1463/11 1466/20 1471/2 1480/24 1480/24 1491/6 1501/16 1502/19 1505/14 1508/20 1508/23 1518/12
become [3] 1383/13 1384/17 1437/22 becomes [1] 1408/19
been [33] 1380/24 1382/9 1384/8 1386/1 1391/6 1400/1 1408/19 1408/20 1409/15 1409/17 1410/20 1412/5
1412/24 1413/7 1415/22 1426/10
1426/11 1429/3 1432/11 1432/25
1433/10 1435/13 1437/4 1438/16
1438/19 1446/25 1451/7 1452/14
1457/22 1461/20 1475/13 1499/7
1523/22
before [10] 1375/19 1380/4 1387/17
1411/2 1411/4 1434/5 1438/6 1443/16 1455/20 1483/8
began [6] 1391/21 1405/24 1411/2 1422/14 1446/3 1506/4
begin [9] 1399/3 1400/5 1401/16
1401/16 1429/9 1481/1 1505/25 1507/5 1519/24
beginning [3] 1386/7 1412/12 1419/20 behalf [10] 1381/6 1384/5 1384/24
1385/24 1407/22 1419/12 1420/6
1429/22 1435/7 1435/17
behave [1] 1401/24
being [46] 1384/8 1391/15 1391/19

1397/13 1398/3 1398/12 1399/7
1399/19 1399/25 1400/1 1400/6 1402/1
1406/21 1408/22 1410/3 1410/7 1413/5 1415/25 1416/4 1416/16 1416/20
1418/24 1419/1 1419/1 1419/2 1423/13
1423/15 1423/19 1424/4 1424/8
1425/16 1433/18 1443/7 1443/14 1444/11 1462/15 1462/17 1462/20 1463/13 1470/20 1481/4 1492/25
1502/9 1502/20 1519/23 1523/19 beings [3] 1390/5 1431/23 1433/2 believe [8] 1406/20 1488/10 1499/20 1503/15 1504/20 1506/20 1512/11 1523/17
believes [1] 1489/10
below [45] 1412/8 1442/20 1443/5
1443/11 1448/1 1451/8 1456/17
1458/20 1459/19 1459/21 1459/22
1460/25 1461/2 1461/8 1461/16
1461/18 1461/19 1461/22 1461/25
1462/3 1462/3 1462/6 1462/10 1462/13
1462/20 1462/21 1463/23 1464/1
1464/4 1464/4 1465/19 1466/6 1466/20
1470/12 1477/11 1477/13 1477/18
1479/20 1488/15 1502/16 1502/20
1503/4 1503/5 1509/5 1518/22
Ben [1] 1523/9
bench [1] 1435/3
benchmark [21] 1442/23 1456/4
1456/16 1457/10 1457/23 1460/22
1460/24 1461/2 1461/4 1461/16
1461/17 1461/23 1462/4 1462/6
1462/11 1462/13 1462/20 1462/21
1479/21 1502/21 1502/24
benchmarks [27] 1439/21 1442/25
1448/1 1455/18 1455/20 1456/2
1456/10 1456/14 1456/23 1457/11
1458/24 1459/20 1459/21 1459/22
1461/1 1461/8 1461/15 1462/16
1462/18 1463/12 1463/13 1466/7 1502/16 1502/21 1502/25 1503/4 1503/5
benefit [1] 1412/2
benefits [1] 1513/16
benthic [1] 1516/19
benzene [23] 1462/25 1463/1 1463/9
1463/12 1463/15 1463/22 1464/5
1464/7 1464/10 1499/21 1500/9
1500/12 1500/12 1501/22 1502/6
1509/10 1509/17 1509/21 1510/8
1510/17 1520/7 1520/9 1520/18
best [14] 1390/11 1391/19 1392/4 1395/5 1397/6 1397/8 1399/2 1402/4 1407/1 1423/6 1423/10 1423/13 1463/17 1524/14
better [9] 1389/14 1389/16 1419/4
1419/4 1420/17 1420/18 1423/19 1469/8 1494/12
between [11] 1388/10 1393/13 1393/20 1401/5 1416/7 1421/4 1440/8 1462/5 1477/16 1513/12 1520/11
beyond [7] 1386/18 1417/7 1420/19 1425/12 1486/18 1487/15 1490/8 big [3] 1457/2 1514/8 1514/9
billion [2] 1508/7 1508/8
Bingham [1] 1377/18
bird [1] 1415/14
bit [12] 1385/5 1386/1 1398/23 1432/9
1463/14 1469/1 1472/17 1483/2
1490/15 1496/25 1514/21 1517/7
blood [1] 1472/11
blow [1] 1511/11
blowing [1] 1451/13

## B

blue [2] 1392/19 1394/23
board [7] 1388/19 1389/6 1389/11
1389/14 1431/14 1431/15 1431/17
boat [2] 1491/10 1491/12
boats [5] 1397/1 1469/23 1469/23
1469/25 1471/12
Bockius [1] 1377/22
Boesch [2] 1516/7 1516/15
bones [1] 1489/18
Bonnano [4] 1522/19 1522/21 1522/22 1523/20
boom [44] 1400/6 1403/20 1403/20 1404/4 1404/13 1405/13 1405/13 1405/16 1405/16 1405/17 1405/18 1406/4 1407/14 1413/24 1413/25 1414/4 1414/6 1414/10 1414/10 1414/11 1414/12 1414/12 1414/14 1414/18 1414/23 1415/7 1415/9 1415/13 1415/17 1416/13 1416/14 1416/22 1416/24 1417/1 1417/4 1417/9 1417/13 1417/14 1417/17 1417/19 1417/19 1421/19 1422/23 1422/24 booming [1] 1416/12
booms [1] 1422/22
both [29] 1381/21 1385/17 1385/19 1386/22 1390/9 1395/14 1397/1 1397/9 1397/18 1405/17 1408/1 1409/16 1409/21 1416/13 1418/19 1420/23 1421/25 1429/24 1438/3 1444/13 1448/10 1455/13 1465/4 1474/18 1478/23 1480/15 1493/19 1508/4 1519/6
bother [1] 1506/14
bottom [3] 1441/24 1450/20 1489/24
boundaries [1] 1396/6
box [9] 1376/12 1376/17 1392/9
1392/11 1486/9 1486/11 1488/3 1488/4 1488/7
boxes [1] 1392/19
BP [73] 1375/10 1377/2 1381/20 1382/6 1382/8 1382/14 1382/19 1382/24 1383/1 1383/16 1384/1 1384/5 1384/15 1384/24 1385/13 1385/19 1385/21 1387/12 1387/23 1387/24 1387/25 1388/3 1388/7 1389/1 1416/24 1417/4 1418/19 1420/23 1421/11 1421/25 1423/22 1424/4 1424/5 1424/6 1424/7 1424/20 1425/16 1425/22 1426/18 1427/9 1429/1 1429/13 1434/19 1436/19 1438/15 1450/11 1451/11 1453/13 1474/19 1482/19 1484/25 1485/2 1485/11 1485/19 1486/4 1496/24 1497/5 1503/9 1503/11 1503/19 1504/9 1504/14 1504/18 1504/24 1505/9 1505/20 1506/7 1519/2 1519/5 1521/9 1521/17 1523/18 1523/23
BP Alaska [3] 1385/21 1387/25 1388/3 BP's [14] 1385/24 1387/20 1389/19
1389/22 1394/25 1418/4 1426/11
1427/15 1430/3 1486/20 1496/12
1503/22 1510/24 1516/2
BP-specific [1] 1424/6
BP.com [1] 1426/1
BPX [3] 1388/22 1389/11 1389/14 BPXP [9] 1381/6 1382/17 1382/19 1388/10 1389/6 1429/1 1429/22 1434/16 1521/18
branch [5] 1376/15 1392/21 1393/2 1451/8 1519/20
branches [1] 1428/1

BRANDON [4] 1376/9 1429/11 1520/24 1520/25
BRANSCOME [1] 1377/10
breaking [1] 1406/3
breathing [7] 1443/5 1454/17 1460/10 1509/10 1509/17 1510/8 1510/15
bridging [1] 1394/7
brief [2] 1421/13 1422/12
briefing [1] 1421/12
briefings [1] 1421/13
bring [48] 1380/6 1397/4 1397/21
1399/10 1422/10 1423/9 1429/19
1431/6 1435/25 1437/15 1438/15
1439/8 1440/24 1441/1 1442/7 1443/19
1444/22 1445/22 1446/13 1448/7
1449/5 1449/24 1453/24 1455/5 1456/6
1458/9 1460/1 1463/3 1464/25 1467/23
1470/8 1471/25 1472/18 1476/16
1478/7 1480/5 1480/17 1482/16 1483/6
1485/5 1488/21 1488/24 1492/11
1493/22 1494/20 1498/14 1498/15 1511/3
bringing [2] 1397/15 1403/17
brings [1] 1459/11
broader [2] 1398/8 1403/2
BROCK [3] 1377/9 1381/5 1521/17 broken [1] 1489/18
brought [8] 1389/25 1412/7 1417/10
1422/22 1431/4 1433/8 1455/1 1489/17
BTEX [8] 1460/8 1460/9 1464/7 1465/11
1473/10 1473/17 1499/17 1499/20
build [1] 1401/11
building [1] 1401/3
built [3] 1403/16 1417/17 1417/24
bullet [4] 1465/24 1472/23 1474/9 1475/11
burn [4] 1402/18 1402/21 1469/7 1490/15
burning [8] 1399/25 1402/17 1403/3 1422/25 1430/15 1430/17 1455/14 1465/12
burns [1] 1469/7
business [1] 1462/11
busters [1] 1409/13
busting [1] 1406/17
busy [1] 1439/10
but [65] 1389/1 1390/17 1394/4 1394/5
1396/7 1398/25 1399/6 1400/1 1402/11
1404/1 1405/17 1408/2 1414/13
1419/23 1423/11 1424/13 1427/19
1432/15 1434/17 1438/13 1443/1
1452/12 1453/11 1457/4 1457/7
1459/10 1460/5 1460/16 1461/7
1461/14 1462/21 1463/6 1463/15
1464/1 1469/8 1472/13 1472/20
1473/15 1479/6 1483/25 1485/3
1486/19 1490/4 1490/17 1491/13 1496/7 1497/5 1499/4 1500/10 1501/15 1506/8 1506/11 1506/15 1508/8 1508/19 1510/16 1512/23 1513/6 1513/11 1513/25 1514/8 1514/24 1517/2 1518/18 1523/13 butoxyethanol [1] 1460/12 button [2] 1442/4 1453/22 buy [1] 1479/14

C
C-O-X [1] 1429/6
caked [1] 1481/11
calculate [3] 1459/13 1459/14 1510/7
calculated [3] 1458/22 1459/5 1477/9
calculation [2] 1475/20 1488/9
California [1] 1377/23
call [20] 1420/3 1420/7 1420/20 1421/16
1428/24 1458/11 1460/18 1469/2
1476/18 1490/14 1492/23 1494/18
1505/6 1510/1 1515/17 1518/20
1518/21 1521/24 1523/6 1523/14 call-out [1] 1476/18
call-outs [1] 1458/11
called [13] 1382/7 1422/21 1424/6
1436/24 1439/21 1452/21 1462/25
1474/20 1476/25 1486/9 1495/4
1500/22 1503/15
calling [1] 1522/21
calls [2] 1429/1 1434/10
calm [1] 1404/3
came [7] 1381/19 1385/3 1394/22
1439/3 1439/22 1441/5 1517/12
Camp [1] 1376/23
can [118] 1380/19 1388/17 1392/7
1395/1 1396/8 1400/23 1404/3 1404/4
1407/8 1408/11 1408/18 1408/21
1408/22 1409/10 1414/6 1414/20
1415/2 1425/17 1427/17 1431/6
1431/11 1431/18 1431/22 1435/25
1436/8 1437/15 1437/17 1439/8
1439/10 1441/1 1441/3 1441/19
1442/10 1443/19 1444/22 1445/22
1445/24 1446/13 1448/7 1448/9 1449/5
1449/8 1449/24 1450/6 1453/24
1454/14 1454/18 1454/19 1455/5
1455/9 1456/6 1456/8 1457/13 1457/17
1458/9 1458/14 1460/1 1461/6 1461/7
1463/3 1463/6 1464/25 1465/2 1467/23
1468/13 1470/8 1470/20 1471/14
1471/25 1472/4 1472/8 1472/11
1472/18 1476/13 1476/16 1478/12
1480/5 1480/17 1480/19 1482/16
1483/6 1483/9 1485/5 1485/21 1486/9
1486/10 1487/21 1487/24 1488/4
1488/21 1488/24 1490/14 1492/11
1493/22 1494/20 1494/22 1497/5
1499/9 1501/15 1510/3 1511/3 1511/9
1511/11 1511/12 1514/20 1515/17
1518/11 1520/7 1521/12 1521/14
1521/23 1522/4 1522/12 1522/14
1522/14 1523/15 1524/2 1524/6
can't [9] 1459/14 1468/16 1472/5
1472/15 1478/4 1490/18 1491/5
1507/11 1510/3
Canadian [1] 1409/14
cancer [4] 1444/1 1477/9 1477/16 1520/15
cancers [1] 1520/16
cannot [6] 1427/23 1468/9 1500/12
1518/11 1518/19 1523/1
capabilities [3] 1389/24 1417/17
1418/11
capability [2] 1423/10 1427/24
capital [1] 1395/3
capped [1] 1507/2
captain [16] 1380/10 1406/10 1407/24
1408/2 1408/9 1408/13 1408/24
1408/24 1409/8 1409/11 1410/2 1410/4
1420/5 1420/7 1423/8 1483/22
Captain Hanzalik [1] 1408/24
Captain Laferriere [4] 1408/24 1409/8
1409/11 1410/2
Captain Laferriere's [2] 1408/9 1408/13
captains [1] 1406/10
capture [5] 1398/12 1403/4 1407/18
1509/13 1509/20
captured [3] 1388/16 1388/21 1389/4
capturing [1] 1406/3
carcinogen [2] 1463/11 1504/22
chemical [22] 1433/5 1434/2 1443/10
1460/13 1465/5 1470/13 1471/21 1472/8 1478/23 1484/6 1484/10 1499/24 1500/4 1500/8 1500/18 1500/21 1501/1 1501/9 1501/13 1501/22 1502/5 1502/23
chemicals [27] 1430/11 1430/12
1431/21 1432/11 1432/23 1442/18
1443/5 1454/20 1455/13 1455/17
1456/23 1458/17 1458/18 1460/13
1460/14 1462/7 1463/13 1465/10
1465/11 1465/18 1477/19 1482/1
1482/6 1490/1 1500/5 1501/14 1508/10
chemistry [2] 1431/2 1431/14
Chicago [1] 1377/7
chief [5] 1383/21 1383/25 1384/3
1384/17 1388/4
child [3] 1475/23 1477/4 1477/5
chose [4] 1430/12 1459/9 1460/13 1461/10
chronic [1] 1434/22
cigarette [2] 1465/12 1469/6
circumstances [1] 1386/16
cite [1] 1514/16
cited [6] 1496/15 1499/23 1510/24
1511/7 1514/25 1515/21
citizenry [2] 1419/12 1423/11
citizens [2] 1444/11 1480/11
Civil [2] 1375/4 1376/15
claiming [1] 1520/4
claims [2] 1424/10 1424/10
Clapp [9] 1452/21 1466/8 1466/11
1467/14 1467/17 1468/1 1485/10
1485/23 1486/1
Clapp's [4] 1462/24 1468/23 1516/11
1516/25
clarity [2] 1447/21 1477/13
classified [1] 1504/21
cleaning [2] 1399/4 1470/14
cleanup [28] 1400/11 1400/12 1400/12
1429/24 1437/13 1437/20 1442/17
1443/3 1443/4 1443/14 1444/7 1465/4
1470/22 1473/16 1474/17 1480/22
1483/24 1483/25 1489/11 1494/1
1494/2 1496/4 1512/22 1513/9 1513/10
1513/12 1518/5 1518/7
clear [5] 1441/24 1442/4 1444/6
1487/24 1497/10
clearing [1] 1453/20
clinic [1] 1497/21
clinics [3] 1496/19 1496/23 1498/2
clock [1] 1402/10
close [1] 1462/2
closed [1] 1517/12
closer [2] 1381/12 1463/14
closing [1] 1479/8
closures [1] 1517/12
cluttered [1] 1460/17
coal [8] 1504/14 1504/18 1504/21
1506/23 1508/11 1508/14 1508/17 1508/21
coast [47] 1383/7 1387/4 1389/12 1390/7 1391/2 1394/16 1394/17 1394/19 1394/20 1394/23 1394/24
1408/14 1409/4 1413/9 1413/18 1416/3 1417/5 1418/19 1420/23 1421/11 1422/1 1423/5 1427/15 1427/23 1429/24 1437/21 1447/7 1447/10 1451/6 1451/6 1451/9 1465/4 1465/14 1465/19 1473/17 1474/18 1475/19 1481/14 1481/16 1484/18 1496/4 1502/12 1514/13 1515/4 1519/8 1519/13 1520/12
|Coast Guard [22] 1383/7 1387/4 1391/2|
1394/16 1394/17 1394/19 1394/20
1394/23 1394/24 1408/14 1409/4
1413/9 1416/3 1418/19 1420/23
1421/11 1422/1 1423/5 1427/15
1427/23 1474/18 1484/18
coastal [1] 1446/20
coastline [2] 1392/20 1404/25
coffee [1] 1478/2
cohort [3] 1518/1 1518/10 1518/10 cold [1] 1491/11
collaboratively [2] 1416/16 1416/17
colleagues [2] 1514/25 1515/20
collect [1] 1453/17
collected [11] 1450/10 1450/14 1451/3
1451/11 1452/18 1464/6 1503/9
1503/19 1507/1 1507/8 1507/12
collecting [2] 1417/9 1447/9
collection [5] 1403/23 1450/21 1450/23
1451/15 1492/14
column [10] 1412/13 1413/4 1413/5
1413/7 1450/7 1450/8 1458/16 1458/17
1497/12 1498/17
come [15] 1382/3 1382/9 1388/3 1401/5
1413/9 1415/2 1424/9 1466/25 1473/12
1474/5 1474/14 1488/23 1497/19
1522/14 1524/6
comes [3] 1404/15 1467/3 1473/11
comfortable [2] 1430/24 1491/25
comforting [2] 1478/6 1491/18
coming [13] 1387/13 1388/19 1401/24
1407/2 1412/11 1416/22 1473/1 1473/4
1473/16 1490/18 1497/2 1515/7
1521/12
command [50] 1381/20 1381/20 1383/4
1383/5 1386/9 1386/13 1387/5 1387/6
1389/23 1390/2 1391/1 1392/2 1392/23
1393/12 1393/16 1394/6 1395/11
1395/14 1395/18 1395/20 1396/4
1396/6 1396/24 1397/16 1399/6
1400/15 1402/3 1406/11 1407/12
1407/21 1407/22 1408/14 1413/11
1413/21 1414/2 1415/6 1415/24
1418/18 1419/9 1420/12 1420/14
1421/4 1421/5 1421/6 1421/9 1422/11
1422/20 1423/14 1424/17 1434/11
Command's [2] 1398/8 1424/2
commander [14] 1381/21 1381/22
1382/10 1382/24 1383/13 1383/15
1383/17 1383/23 1387/17 1388/1
1388/20 1389/18 1393/11 1393/25
commanders [1] 1387/20
comment [1] 1417/22
commented [1] 1493/6
comments [3] 1391/3 1408/9 1471/7
commercial [1] 1405/11
commissioned [1] 1466/10
commissioner [1] 1480/7
committed [1] 1395/5
common [6] 1396/1 1396/2 1398/14
1399/11 1401/3 1502/1
communicate [3] 1391/10 1419/9 1422/5
communicated [2] 1390/13 1391/25
communication [5] 1396/14 1396/20
1418/17 1418/21 1419/6
communications [8] 1393/14 1397/13
1418/16 1419/10 1419/18 1419/20
1419/23 1420/21
communities [11] 1419/5 1419/15
1419/16 1422/7 1422/9 1423/15 1425/8
1425/12 1425/22 1425/25 1426/4
community [32] 1384/11 1420/22
1420/24 1421/9 1421/24 1422/2 1422/4
community... [25] 1422/15 1423/16 1423/23 1423/25 1424/6 1424/15 1424/21 1425/2 1425/4 1425/7 1425/19 1425/20 1426/15 1426/19 1427/10 1443/3 1444/5 1451/1 1451/5 1451/13 1452/17 1461/18 1462/18 1464/3 1497/3
community's [2] 1424/13 1425/10 companies [2] 1417/13 1417/15 company [5] 1387/25 1388/4 1388/8 1410/21 1427/2
compare [5] 1447/1 1467/8 1475/5
1488/13 1508/21
compared [7] 1439/20 1448/18 1457/10 1458/23 1458/23 1488/18 1509/21
comparing [3] 1454/9 1457/23 1509/23
comparison [2] 1469/22 1469/25
compelling [2] 1437/19 1496/3
competency [1] 1427/24
complaining [1] 1498/2
complaints [3] 1447/6 1448/18 1471/13 complete [2] 1453/4 1453/6
completed [1] 1409/12
completely [4] 1454/16 1466/3 1482/11 1516/20
complexity [1] 1400/23
component [3] 1418/20 1420/11 1481/3
components [3] 1389/3 1504/2 1512/8
compound [1] 1473/23
compounds [10] 1460/8 1460/9 1464/7
1464/20 1465/6 1473/10 1473/18
1499/18 1501/24 1502/7
comprehensive [1] 1484/1
computer [4] 1378/6 1452/9 1505/17 1506/12
computer-aided [1] 1378/6
Computers [1] 1452/8
concentrated [1] 1501/4
concentration [5] 1413/16 1458/20
1472/9 1509/5 1520/11
concentrations [20] 1411/11 1463/9
1465/5 1465/21 1465/21 1465/23
1467/10 1472/12 1474/3 1474/4
1475/18 1500/12 1500/21 1501/13
1501/20 1502/3 1504/4 1504/8 1520/12 1520/14
concept [2] 1400/17 1410/25
concern [7] 1430/11 1438/7 1448/12
1465/25 1473/19 1484/7 1504/3
concerned [1] 1460/10
concerning [2] 1430/20 1480/11
concerns [7] 1407/25 1418/23 1419/4
1420/19 1423/16 1424/14 1425/10
conclude [2] 1477/8 1489/8
concluded [3] 1443/10 1476/14 1482/5 concludes [1] 1495/12
conclusion [13] 1413/9 1441/6 1441/15 1465/9 1474/11 1480/1 1481/21 1484/10 1484/20 1484/23 1488/17 1491/21 1494/24
conclusions [26] 1440/21 1440/22 1440/23 1444/16 1445/17 1445/18 1445/19 1449/8 1451/23 1464/19 1464/23 1465/2 1471/17 1480/15 1480/19 1483/10 1484/15 1492/7 1492/14 1493/9 1493/10 1494/14 1494/25 1502/14 1513/21 1520/3 conditioned [1] 1470/2
conditions [6] 1402/2 1416/6 1434/22 1434/23 1470/16 1470/17 conduct [3] 1509/9 1509/16 1509/21
conducted [3] 1423/15 1444/7 1467/15 conducting [3] 1392/21 1519/18 1519/20 conduit [1] 1421/4
cone [4] 1400/14 1400/18 1401/14 1406/25
Conference [1] 1456/12 confidence [2] 1466/4 1479/15
confident [2] 1466/6 1478/12
configure [1] 1405/13
confirm [2] 1412/21 1436/8
confirming [1] 1411/16
connect [1] 1396/4
connection [3] 1435/6 1436/18 1487/9
conservative [2] 1461/17 1502/21
consideration [1] 1410/22
considered [3] 1454/16 1477/22 1497/3
considering [1] 1466/6
considers [1] 1477/15
consistent [16] 1409/19 1409/23 1440/9
1440/10 1440/14 1447/14 1448/21
1448/23 1452/10 1452/13 1452/17
1466/1 1466/3 1483/19 1495/7 1508/9
consistently [1] 1479/15
constant [1] 1397/13
constantly [1] 1398/19
constituent [1] 1462/25
constituents [7] 1430/11 1430/16 1438/6
1447/24 1473/12 1473/18 1505/10
consumed [1] 1519/21
consumer [1] 1474/1
consumers [2] 1478/12 1478/12
contact [7] 1402/15 1412/11 1413/4
1473/16 1474/6 1474/15 1511/16
contain [1] 1436/15
contained [4] 1499/17 1500/16 1501/6
1516/25
contaminates [1] 1443/15
contamination [1] 1479/17
content [1] 1475/7
contingency [3] 1400/8 1414/9 1415/11
continue [1] 1513/2
continued [4] 1388/3 1398/3 1411/17
1425/6
continuity [1] 1394/8
contracting [1] 1409/18
contractors [1] 1389/2
contributed [1] 1489/11 contribution [2] 1394/18 1423/5 contributions [1] 1385/2 control [7] 1383/10 1391/6 1398/6 1400/18 1434/9 1443/22 1471/5 controlled [2] 1399/25 1402/17 convenience [5] 1468/1 1468/6 1468/20 1471/8 1471/14
convenient [1] 1522/13
conversations [2] 1408/1 1409/21
convey [1] 1425/18
cooperative [1] 1485/3
cooperatively [1] 1484/25
coordinate [1] 1395/18
coordinator [12] 1383/7 1392/24
1394/14 1450/13 1450/24 1483/13
1492/18 1493/13 1494/15 1494/23
1495/6 1513/16
copy [2] 1409/2 1498/4
corner [1] 1442/2
CORPORATION [2] 1375/12 1377/17
corral [2] 1403/21 1405/14
corralling [1] 1406/2
correct [62] 1380/25 1429/4 1430/22
1435/19 1436/13 1436/14 1477/1
1477/3 1493/2 1495/25 1496/5 1496/6
1496/13 1496/20 1497/23 1499/21

1500/6 1501/1 1501/19 1502/17 1503/7 1503/8 1503/16 1503/20 1503/25
1504/6 1504/22 1504/23 1506/1 1506/5 1506/6 1506/16 1506/25 1507/6 1507/7 1507/14 1507/16 1507/19 1507/20 1507/23 1507/24 1508/13 1508/15 1508/18 1508/19 1511/23 1512/15 1512/19 1513/3 1513/6 1513/19 1513/20 1513/24 1514/14 1514/15 1514/18 1515/15 1516/8 1516/9 1516/25 1519/16 1524/13
corroboration [1] 1447/4
corroborative [1] 1441/13
costs [4] 1388/15 1388/21 1389/1 1389/3
cotton [3] 1405/16 1405/17 1414/12 cotton-absorbent [1] 1405/16 cough [3] 1469/1 1469/8 1490/16 could [60] 1380/15 1381/12 1387/15 1388/22 1389/15 1389/24 1390/5 1398/25 1399/16 1400/5 1401/16 1402/4 1402/10 1402/15 1403/10 1404/9 1405/7 1405/7 1405/16 1405/18 1405/25 1407/18 1408/15 1409/7 1410/3 1410/6 1410/7 1414/14 1416/1 1416/8 1417/13 1417/19 1420/17 1423/13 1425/11 1426/7 1426/18 1429/9 1429/19 1442/7 1457/16 1458/1 1463/25 1469/25 1475/22 1482/25
1489/21 1490/8 1490/9 1498/4 1498/14
1498/15 1498/17 1499/10 1505/6
1510/1 1515/6 1515/9 1518/20 1523/20
couldn't [1] 1519/24
counsel [2] 1435/2 1523/9
count [1] 1498/11
counted [2] 1496/22 1497/21
country [4] 1455/23 1489/5 1518/14 1520/5
couple [6] 1425/16 1445/21 1462/15
1469/19 1503/3 1523/24
course [8] 1386/15 1386/22 1397/2
1401/7 1402/1 1421/13 1427/25 1469/5
COURT [10] 1375/1 1378/1 1407/8
1409/10 1483/21 1521/14 1522/13
1524/11 1524/12 1524/19
Court's [1] 1440/24
courtroom [1] 1467/25
cover [3] 1402/14 1406/15 1413/13
coverage [1] 1382/3
covered [2] 1413/13 1482/8
Cox[70] 1380/11 1428/14 1429/1
1429/2 1429/6 1429/9 1429/21 1431/8
1434/20 1435/6 1436/3 1439/10 1442/6
1445/24 1450/2 1452/20 1456/8
1457/16 1458/11 1463/5 1467/25
1478/11 1480/19 1481/24 1485/7
1485/25 1486/2 1487/24 1491/4
1494/14 1495/13 1495/24 1496/2
1496/12 1497/20 1497/25 1498/10
1498/20 1498/24 1499/16 1499/23
1500/15 1501/5 1501/21 1502/13
1503/6 1504/1 1504/9 1505/9 1505/25
1506/15 1508/11 1508/25 1510/24
1511/6 1511/19 1513/21 1514/11
1514/24 1515/14 1515/20 1516/2
1516/22 1517/7 1517/23 1518/24
1519/2 1519/13 1520/6 1520/17
Cox's [1] 1510/2
create [3] 1399/11 1444/20 1491/14
created [9] 1384/1 1398/16 1411/7
1455/2 1456/3 1458/6 1460/3 1471/23
1472/16
creates [2] 1396/1 1396/2

| C | D-35146 [1] 1480/17 | 1381/15 1381/17 1381/24 1382/14 |
| :---: | :---: | :---: |
| crews [3] 1412/17 1412/19 1422/24 | D.C [4] 1376/13 1376/17 1377/11 | 1387/7 1387/18 1389/21 1398/15 |
| critical [7] 1400/7 1400/17 1407/16 | 1377/20 | 1398/21 1399/20 1411/11 1415/5 |
| 1414/8 1415/14 1418/20 1419/23 | daily [3] 1407/1 1407/15 1410/9 | 1426/2 1427/14 1429/25 1434/6 1435/7 |
| critically [4] 1417/1 1417/2 1417/21 | Daines [2] 1522/25 1523/1 | 1439/14 1445/1 1455/11 1464/20 |
| 1437/8 | damage [1] 1386/24 | 1465/15 1466/24 1472/10 1482/2 |
| criticism [1] 1451/17 | Damian [1] 1516/3 | 1499/17 1500/16 1501/6 1519/15 |
| criticisms [1] 1451/14 | dandruff [1] 1474/1 | Deepwater Horizon [31] 1381/15 |
| criticized [1] 1427/2 | danger [1] 1454/15 | 1381/17 1381/24 1382/14 1385/22 |
| cropping [1] 1448/3 | DANIELLE [1] 1376/12 | 1386/3 1386/4 1386/8 1387/7 1387/18 |
| cross [5] 1428/9 1435/1 1495/13 | data [79] 1397/13 1436/21 1439/20 | 1389/21 1398/15 1399/20 1411/11 |
| 1495/20 1495/22 | 1444/13 1446/1 1446/18 1447/1 | 1426/2 1427/14 1429/25 1434/6 1435/7 |
| cross-examination [4] 1428/9 1435/1 | 1447/22 1448/19 1448/22 1449/10 | 1439/14 1445/1 1455/11 1464/20 |
| 1495/20 1495/22 | 1449/11 1450/2 1450/4 1450/10 | 1465/15 1466/24 1472/10 1482/2 |
| crowded [1] 1470/16 | 1450/11 1450/14 1450/14 1450/20 | 1499/17 1500/16 1501/6 1519/15 |
| crude [9] 1473/2 1499/16 1500/15 | 1450/25 1451/5 1451/5 1451/14 | defendant [1] 1382/17 |
| 1501/5 1504/2 1510/25 1511/16 1512/7 | 1451/18 1451/22 1452/1 1452/2 1452/3 | defense [1] 1414/7 |
| 1512/7 | 1452/3 1452/4 1452/10 1452/13 | definite [1] 1423/17 |
| CSR [1] 1378/1 | 1452/16 1452/17 1452/18 1453/12 | degree [7] 1459/22 1461/6 1461/7 |
| cubic [4] 1508/15 1508/18 1509/5 | 1453/14 1453/16 1453/16 1453/17 | 1462/10 1466/4 1494/10 1495/8 |
| 1509/6 | 1454/8 1455/15 1457/10 1457/20 | dehydration [1] 1494/11 |
| cumulative [1] 1523/19 | 1457/23 1458/2 1459/8 1459/13 1461/7 | delivered [1] 1384/2 |
| cup [2] 1478/2 1478/4 | 1461/9 1462/10 1463/16 1464/5 | demand [1] 1415/6 |
| currently [1] 1381/9 | 1464/16 1466/7 1473/25 1479/10 | demands [2] 1416/25 1419/5 |
| currents [2] 1398/21 1398/22 | 1480/10 1484/19 1485/10 1485/23 | demonstrably [1] 1462/8 |
| curtain [1] 1414/24 | 1486/2 1486/3 1486/4 1486/5 1503/7 | demonstrate [1] 1425/11 |
| customized [1] 1455/10 | 1503/9 1503/12 1505/16 1506/21 | demonstrates [1] 1414/18 |
| cut [3] 1479/7 1489/19 1490/12 | 1507/16 1507/17 1510/25 1511/20 | demonstrations [1] 1422/19 |
| CYNTHIA [1] 1376/22 | 1511/21 1512/2 1512/13 1512/13 | demonstrative [3] 1382/13 1397/11 |
| D | 15 | 1414/18 |
| D 35007 [1] 1403/7 | 1496/25 1497/5 1497/12 1498/1 | department [9] 1376/4 1376/14 1432/3 |
| D-35002 [1] 1382/11 | 1498/12 1498/25 | 1434/12 1445/9 1445/25 1446/17 |
| D-35003 [1] 1392/7 | dataset [7] 1452/14 1453/2 1453/3 | 1448/14 1448/15 |
| D-35005 [1] 1399/16 | 1453/7 1503/23 1504/20 1508/5 | departments [6] 1416/18 1444/23 |
| D-35009 [1] 1412/1 | datasets [2] 1505/16 1513/14 | 1444/25 1447/4 1447/19 1448/11 |
| D-35013 [1] 1405/2 | date [3] 1486/10 1489/6 1506/2 | departure [1] 1412/24 |
| D-35015 [1] 1414/16 | dated [3] 1436/9 1436/10 1436/10 | depending [1] 1458/18 |
| D-35039 [1] 1426/7 | day [41] 1375/18 1390/15 1390/18 | depict [2] 1464/23 1488/7 |
| D-35040 [1] 1396/10 | 1390/24 1391/13 1393/13 1394/3 | depicted [1] 1460/6 |
| D-35102 [1] 1429/19 | 1397/4 1397/5 1397/5 1398/25 1399/1 | depicts [3] 1436/8 1448/9 1450/2 |
| D-35102.2 [1] 1482/16 | 1399/10 1400/25 1401/4 1401/7 | deploy [2] 1400/20 1412/9 |
| D-35103 [1] 1431/6 | 1401/10 1402/9 1402/13 1406/23 | deployed [10] 1399/21 1400/1 1400/3 |
| D-35104 [1] 1435/25 | 1413/21 1413/21 1417/16 1417/16 | 1400/7 1401/21 1404/14 1406/8 1406/9 |
| D-35105 [1] 1437/15 | 1418/24 1419/24 1421/3 1421/14 | 1406/23 1413/7 |
| D-35106 [1] 1439/8 | 1443/7 1462/18 1466/11 1468/9 | deployment [6] 1399/23 1412/20 |
| D-35106.1 [1] 1441/1 | 1469/13 1481/11 1491/11 1502/24 | 1414/23 1416/12 1416/14 1417/11 |
| D-35106.2 [1] 1443/19 | 1502/25 1507/9 1521/12 1522/15 | deployments [1] 1410/16 |
| D-35106.3 [1] 1442/8 | 1523/2 | deposition [7] 1426/24 1453/5 1495/25 |
| D-35107 [1] 1444/22 | day-in [1] 1397/5 | 1507/13 1510/2 1516/23 1517/14 |
| D-35107.1 [1] 1445/22 | day-out [1] 1397/5 | depression [2] 1518/6 1518/8 |
| D-35107.2 [1] 1446/13 | daylight [3] 1398/24 1399/3 1401/15 | deputy [1] 1480/7 |
| D-35108 [1] 1449/5 | days [12] 1394/4 1402/9 1402/19 | dermal [17] 1449/15 1472/4 1472/6 |
| D-35108.2 [1] 1453/24 | 1409/16 1414/14 1417/16 1421/3 | 1472/7 1472/9 1473/2 1480/15 1480/20 |
| D-35108.3 [1] 1471/25 | 1462/15 1475/24 1487/4 1507/9 | 1480/21 1481/2 1481/15 1511/19 |
| D-35109 [2] 1455/5 1457/14 | 1507/11 | 1512/1 1512/14 1512/21 1513/8 |
| D-35110 [1] 1458/9 | days' [1] 1409/15 | 1513/21 |
| D-35111-A [1] 1460/1 | de [2] 1433/14 1499/2 | dermally [1] 1473/9 |
| D-35112 [1] 1463/3 | de facto [1] 1433/14 | describe [9] 1385/7 1386/6 1387/9 |
| D-35113 [1] 1464/25 | de-duplicate [1] 1499/2 | 1391/5 1405/8 1406/7 1412/2 1414/21 |
| D-35115 [1] 1472/18 | deal [4] 1431/23 1433/5 1434/4 1457/2 | 1458/14 |
| D-35117 [1] 1448/7 | dealing [3] 1472/10 1472/13 1472/14 | described [5] 1401/2 1411/9 1437/2 |
| D-35118 [1] 1483/6 | deals [3] 1431/20 1432/10 1478/11 | 1459/5 1503/12 |
| D-35133 [1] 1476/16 | December [5] 1383/13 1384/13 1384/15 | describes [1] 1397/15 |
| D-35137 [1] 1480/5 | 1486/6 1513/1 | describing [1] 1499/1 |
| D-35139-A [2] 1488/21 1492/11 | December 2010 [1] 1513/1 | descriptions [1] 1387/5 |
| D-35139.4 [1] 1493/22 | December 2013 [1] 1384/13 | design [2] 1518/11 1518/19 |
| D-35140 [1] 1456/6 | decision [2] 1399/15 1406/22 | designed [7] 1399/6 1403/16 1414/24 |
| D-35141 [1] 1478/9 | decision-making [1] 1406/22 | 1468/7 1468/15 1468/17 1513/8 |
| D-35142 [1] 1467/23 | decontamination [1] 1451/10 | designs [1] 1417/18 |
| D-35144 [1] 1488/24 | deemed [2] 1498/3 1498/11 | Desk [1] 1500/22 |
| D-35145 [1] 1470/8 | deepwater[37] 1375/4 1375/14 1375/15 | detail [1] 1443/1 |

detectable [1] 1442/19
detected [4] 1479/20 1507/21 1508/1 1508/8
detection [11] 1458/21 1461/11 1463/17 1508/5 1508/25 1509/3 1509/4 1509/11 1509/18 1510/11 1510/14
determine [3] 1459/18 1512/18 1517/11
determined [4] 1497/6 1497/13 1498/20 1513/1
develop [6] 1401/6 1416/1 1456/14 1457/4 1494/10 1520/15
developed [12] 1389/11 1395/21 1400/1 1400/3 1400/15 1410/23 1462/16 1462/18 1479/19 1494/3 1508/24 1512/24
developing [4] 1393/8 1398/13 1432/22 1456/10
development [2] 1410/15 1520/6
device [2] 1404/7 1404/16
diabetes [1] 1518/18
dialed [1] 1420/7
did [225]
didn't [28] 1430/19 1447/20 1471/2 1471/3 1471/13 1484/16 1485/1 1485/2 1491/6 1496/16 1499/4 1499/13 1499/18 1499/24 1500/16 1501/7 1503/13 1504/5 1504/9 1504/24 1505/15 1505/18 1506/13 1506/18 1509/14 1510/10 1510/25 1517/24 difference [2] 1423/17 1468/19 different [29] 1410/21 1411/10 1427/1 1433/1 1437/5 1439/13 1440/13 1440/20 1441/15 1442/10 1444/10 1445/16 1446/24 1456/21 1456/23 1458/24 1471/9 1472/17 1473/23 1475/16 1481/8 1508/19 1508/20 1510/16 1513/13 1513/13 1515/3 1516/20 1521/11
differing [14] 1387/1 1387/15 1389/10
1400/11 1400/21 1402/3 1405/11
1405/12 1406/20 1416/2 1417/18
1419/22 1424/15 1425/24
differs [1] 1435/11
DIRE [1] 1429/7
direct [13] 1381/3 1381/6 1421/3 1428/15 1436/1 1441/6 1495/13 1496/2 1499/20 1503/6 1512/6 1517/7 1517/23 directed [4] 1394/13 1394/15 1484/24 1514/1
direction [2] 1447/4 1447/18 directly [7] 1410/15 1411/8 1420/24
1422/5 1422/8 1434/18 1434/18
director [3] 1453/5 1477/24 1507/14 directors [4] 1489/4 1489/8 1493/8 1493/24
disagreeing [1] 1483/19
disagrees [1] 1494/23
disasters [1] 1386/23
discharged [1] 1412/24
discuss [9] 1405/4 1411/23 1436/16 1437/9 1438/11 1439/21 1467/20 1524/1 1524/6
discussed [5] 1400/1 1468/1 1473/10 1514/11 1517/23
discusses [1] 1515/25
discussion [5] 1386/1 1424/3 1461/20 1461/21 1492/3
discussions [1] 1400/10
disease [2] 1443/22 1518/18
diseases [1] 1433/17
disparity [1] 1425/14
dispersant [20] 1399/23 1402/8 1410/11
1410/16 1410/17 1411/7 1411/17 1411/18 1411/19 1411/24 1412/5 1412/7 1412/10 1412/19 1412/20 1412/20 1412/22 1412/23 1413/4 1460/12
dispersants [28] 1400/2 1402/7 1402/13
1402/15 1403/2 1408/19 1410/8
1410/10 1410/20 1411/3 1411/4
1411/22 1412/3 1412/16 1413/10 1413/19 1422/25 1430/14 1430/16
1441/9 1455/14 1465/6 1469/21 1471/2
1471/12 1479/19 1482/1 1512/18
dispersed [2] 1413/5 1413/6
disposal [2] 1451/11 1452/18
dissolved [1] 1464/9
DISTRICT [5] 1375/1 1375/2 1375/19
1524/12 1524/12
divided [1] 1450/25
Division [2] 1376/4 1376/15
dizziness [1] 1502/6
do [101] 1380/19 1382/17 1382/18
1384/16 1385/4 1386/18 1388/1 1392/4 1395/8 1397/4 1397/5 1397/12 1397/12 1412/25 1418/12 1422/24 1424/3 1424/8 1424/24 1426/3 1426/6 1428/12 1428/15 1429/10 1432/13 1432/15 1432/20 1433/13 1433/19 1433/25 1434/2 1434/5 1434/7 1434/16 1436/18 1436/23 1438/3 1438/5 1438/10 1439/17 1441/18 1441/19 1441/24 1447/8 1448/5 1448/6 1452/7 1452/7 1453/16 1453/18 1455/8 1456/13 1456/22 1459/16 1459/18 1460/25 1464/23 1466/4 1466/14 1468/17 1470/6 1470/20 1471/9 1471/18 1472/4 1472/6 1472/15 1472/16 1473/5 1473/6 1478/3 1484/8 1484/19 1485/2 1485/13 1486/13 1486/15 1489/6 1491/25
1492/22 1493/9 1496/11 1497/9 1497/10 1497/17 1498/4 1498/20 1505/18 1505/24 1509/25 1511/24 1515/5 1518/7 1522/5 1522/8 1522/10 1522/12 1522/14 1523/8 1523/11 1523/18
doctor [17] 1431/1 1433/25 1437/17 1446/15 1448/9 1460/3 1464/16 1465/24 1470/11 1471/19 1472/2 1476/18 1482/18 1486/14 1489/2 1492/13 1494/22
doctorate [1] 1431/2
document [13] 1467/17 1470/3 1471/10 1476/20 1478/11 1485/7 1485/10
1487/22 1489/2 1489/3 1489/6 1493/23 1515/2
documents [5] 1438/13 1482/25
1483/12 1523/19 1523/25
does [20] 1383/14 1384/20 1431/8
1442/11 1455/18 1455/19 1457/25
1466/16 1475/4 1481/3 1484/22 1486/7
1488/7 1488/13 1490/21 1494/6
1505/19 1509/1 1510/13 1510/16 doesn't [5] 1471/5 1471/6 1491/20 1505/14 1509/1
doing [17] 1381/25 1391/7 1391/16
1395/5 1406/16 1413/3 1422/25 1423/1
1423/2 1443/2 1449/9 1454/20 1506/14
1510/22 1510/23 1519/25 1520/1
domestic [1] 1409/14
domestically [1] 1409/17
don't [29] 1463/19 1464/1 1464/4
1469/5 1471/14 1478/3 1479/7 1483/25 1490/24 1491/11 1491/12 1497/17

1498/5 1502/18 1504/18 1504/20 1506/10 1506/20 1506/21 1512/5 1518/15 1519/17 1519/24 1520/8 1520/22 1523/8 1523/12 1523/24 1524/1
done [29] 1388/14 1398/4 1399/15 1408/15 1408/21 1408/22 1410/3 1410/3 1410/7 1410/7 1411/8 1412/14 1416/15 1416/20 1419/1 1419/1 1421/8 1423/13 1428/10 1432/18 1444/3 1444/10 1449/12 1450/12 1454/23 1487/12 1510/17 1519/23 1520/23 Donnie [5] 1442/7 1486/10 1487/21 1488/4 1488/24
door [1] 1423/12
dose [2] 1454/14 1504/7
doses [2] 1454/15 1454/15
doubt [1] 1518/17
Doug [2] 1383/20 1392/1
DOUGLAS [1] 1376/21
down [6] 1412/8 1440/4 1442/1 1486/13
1506/12 1523/22
downloaded [1] 1436/22
downloading [1] 1450/5
downwind [3] 1451/12 1451/13 1452/18
Doyle [3] 1524/11 1524/18 1524/18
Dr [2] 1477/25 1508/25
Dr. [103] 1380/11 1427/1 1428/14
1429/1 1429/6 1429/9 1429/21 1431/8 1434/20 1435/6 1436/3 1439/10 1442/6 1445/24 1450/2 1452/20 1452/21 1453/5 1456/8 1457/16 1458/11
1462/24 1463/5 1466/8 1466/11 1466/19 1467/14 1467/17 1467/25
1468/1 1468/23 1477/25 1478/1 1478/11 1480/19 1481/24 1485/7 1485/10 1485/23 1486/1 1486/2 1487/24 1491/4 1493/12 1494/14 1495/13 1495/24 1496/2 1496/12 1497/20 1497/25 1498/10 1498/20 1498/24 1499/16 1499/23 1500/15 1501/5 1501/21 1502/13 1503/6 1504/1 1504/9 1505/9 1505/25 1506/15 1507/13 1508/11 1510/2 1510/24 1511/6 1511/19 1513/21 1514/11 1514/24 1515/14 1515/20 1516/2 1516/3 1516/6 1516/11 1516/22 1516/24 1516/25 1517/7 1517/23 1518/24 1519/2 1519/13 1520/6 1520/17 1521/19 1521/22 1521/25 1522/1 1522/2 1522/19 1522/21 1522/22 1522/24 1523/20 1523/21 1523/22
Dr. Austin [3] 1427/1 1523/21 1523/22 Dr. Bonnano [4] 1522/19 1522/21 1522/22 1523/20
Dr. Clapp [9] 1452/21 1466/8 1466/11 1467/14 1467/17 1468/1 1485/10 1485/23 1486/1
Dr. Clapp's [4] 1462/24 1468/23 1516/11 1516/25
Dr. Cox [65] 1380/11 1428/14 1429/9 1429/21 1431/8 1434/20 1435/6 1436/3 1439/10 1442/6 1445/24 1450/2 1452/20 1456/8 1457/16 1458/11 1463/5 1467/25 1478/11 1480/19 1481/24 1485/7 1486/2 1487/24 1491/4 1494/14 1495/13 1495/24 1496/2 1496/12 1497/20 1497/25 1498/10 1498/20 1498/24 1499/16 1499/23 1500/15 1501/5 1501/21 1502/13 1503/6 1504/1 1504/9 1505/9 1505/25 1506/15 1508/11 1510/24 1511/6

Dr. Cox... [15] 1511/19 1513/21 1514/11 1514/24 1515/14 1515/20 1516/2 1516/22 1517/7 1517/23 1518/24
1519/2 1519/13 1520/6 1520/17
Dr. Cox's [1] 1510/2
Dr. Damian [1] 1516/3
Dr. Howard [4] 1453/5 1466/19 1477/25 1478/1
Dr. John [1] 1507/13
Dr. Paskewich [1] 1493/12
Dr. Robert [2] 1429/1 1429/6
Dr. Shea [1] 1521/19
Dr. Stanley [2] 1516/6 1516/24
Dr. Taylor [1] 1522/1
Dr. Tunnell [3] 1521/22 1521/25
1522/24
Dr. Tunnell's [1] 1522/2
DRAGNA [1] 1377/22
draw [2] 1502/14 1520/3
drawers [1] 1501/16
DRILLING [1] 1375/14
drills [1] 1386/12
drinking [3] 1454/17 1478/1 1478/4
drive [1] 1399/12
Driven [1] 1478/20
drop [1] 1412/8
droplets [1] 1412/13
drug [5] 1432/11 1478/16 1480/7
1500/21 1500/23
due [4] 1386/15 1502/10 1520/7
1520/25
duly [2] 1380/24 1429/3
duplicate [1] 1499/2
during [15] 1382/23 1390/23 1394/6
1401/7 1404/23 1407/4 1413/8 1415/7
1418/22 1462/24 1467/15 1499/17
1500/15 1501/5 1517/13
dust [2] 1467/10 1470/14
duty [1] 1487/7

## E

e-mail [7] 1408/6 1408/12 1408/21 1408/24 1409/2 1410/4 1523/9 each [19] 1392/25 1393/20 1401/3 1401/5 1406/12 1406/21 1406/23 1415/12 1416/1 1420/24 1420/25 1424/7 1425/1 1444/24 1447/5 1449/21 1456/24 1457/4 1460/23
earlier [11] 1401/2 1431/24 1432/21 1451/1 1451/24 1456/3 1492/4 1492/14 1492/25 1493/12 1506/7
early [9] 1400/25 1401/11 1401/22 1407/11 1415/9 1424/2 1434/8 1484/4 1484/8
earth [1] 1413/20
earthquakes [1] 1386/17
easily [2] 1404/4 1453/9
east [1] 1520/25
EASTERN [2] 1375/2 1524/12
eat [3] 1480/8 1480/9 1480/9
Ebola [1] 1433/16
economic [1] 1384/11
edge [1] 1415/2
educational [2] 1385/5 1385/8
effect [4] 1419/1 1443/6 1462/14
1500/24
effective [9] 1404/2 1411/19 1413/12 1418/17 1418/20 1418/21 1419/6 1423/16 1481/22
effectiveness [6] 1413/10 1482/12 1482/22 1484/20 1484/23 1493/16
effects [37] 1411/20 1431/21 1431/23
1433/1 1437/20 1437/22 1439/14
1439/23 1444/1 1446/19 1447/23 1447/23 1447/25 1454/12 1456/17 1465/8 1466/18 1467/1 1467/11 1467/16 1468/24 1477/10 1480/23 1484/24 1485/4 1489/25 1491/13 1492/1 1493/4 1494/7 1494/7 1494/13 1496/4 1496/8 1519/14 1519/21 1520/3 efficiently [1] 1402/21
effort [12] 1382/5 1389/20 1394/19
1413/23 1414/5 1418/12 1424/6
1424/17 1424/20 1427/15 1428/3
1489/9
efforts [37] 1383/9 1383/18 1384/3
1384/9 1384/10 1384/12 1384/24
1385/2 1386/11 1389/13 1394/25
1398/6 1398/8 1399/13 1400/5 1400/19
1401/16 1407/8 1407/22 1409/22
1418/4 1419/2 1422/12 1423/21
1425/12 1427/18 1430/3 1482/13
1482/19 1482/22 1483/22 1484/21
1484/24 1493/17 1495/3 1495/9 1517/11
eight [6] 1402/19 1414/13 1421/25
1424/23 1486/5 1502/24
eight-month [1] 1486/5
either [23] 1386/15 1387/2 1395/10
1395/24 1409/17 1437/20 1442/19
1443/3 1443/7 1447/9 1447/20 1454/9
1459/7 1465/6 1466/17 1471/2 1482/1
1487/3 1500/11 1501/13 1502/2
1503/23 1522/9
electronically [1] 1398/12
Ellis [2] 1377/3 1377/9
else [6] 1407/18 1407/18 1464/11
1479/7 1522/16 1524/4
emergency [5] 1420/1 1431/16 1432/2
1432/3 1494/8
emissions [2] 1441/8 1465/13
employing [1] 1387/24
employment [2] 1384/14 1384/16
employment-wise [1] 1384/16
enable [1] 1397/12
enabled [1] 1419/4
enabling [2] 1398/10 1398/16
Encounters [8] 1496/12 1496/18
1496/25 1497/5 1497/12 1498/1
1498/12 1498/25
end [5] 1393/24 1479/6 1481/11
1487/19 1495/2
Energy [3] 1381/11 1384/18 1385/14
enforceable [1] 1456/25
Enforcement [1] 1376/5
engage [4] 1419/12 1419/16 1422/7 1436/19
engaged [1] 1417/15
engagement [3] 1384/11 1431/9 1433/8
engineering [1] 1385/10
engines [1] 1491/12
enough [9] 1427/23 1430/5 1441/9
1453/10 1469/15 1501/20 1509/12
1509/19 1510/12
ensure [11] 1389/23 1390/20 1391/16
1394/7 1397/7 1412/14 1415/21 1416/1
1419/12 1423/2 1424/3
ensuring [2] 1384/2 1391/15
enterprises [1] 1412/18
entire [9] 1381/22 1390/19 1425/1
1427/13 1432/16 1433/12 1475/25
1477/7 1487/18
entirely [1] 1521/8
entities [1] 1419/11
entitled [2] 1449/7 1524/15
entity [2] 1387/24 1388/17
entries [5] 1497/6 1498/1 1499/3
1501/22 1502/6
entry [1] 1499/23
environment [6] 1376/4 1398/5 1399/9
1399/21 1485/16 1501/3
environmental [11] 1376/5 1384/10
1406/12 1437/5 1443/24 1444/24
1446/1 1465/18 1513/16 1519/14 1521/20
environmentally [1] 1415/15
EPA [12] 1439/15 1441/5 1444/4
1450/18 1452/1 1461/10 1461/19
1463/16 1477/15 1512/15 1512/24 1520/17
EPA's [4] 1477/11 1510/20 1511/21 1512/3
epidemiologist [1] 1452/21
epidemiologists [1] 1466/21
episodes [1] 1433/18
equip [2] 1416/1 1419/4
equipment [20] 1392/3 1397/6 1397/18
1397/22 1399/2 1400/5 1400/11
1401/13 1401/15 1403/11 1407/10
1407/14 1409/14 1409/16 1410/6
1421/18 1433/3 1474/16 1480/25
1509/4
ERICA [3] 1376/10 1495/18 1495/24
especially [3] 1408/18 1427/1 1466/6
ESQ [32] 1376/5 1376/6 1376/6 1376/7
1376/7 1376/8 1376/8 1376/9 1376/9
1376/10 1376/10 1376/11 1376/11
1376/12 1376/15 1376/16 1376/16
1376/21 1376/21 1376/22 1376/22
1377/4 1377/4 1377/5 1377/5 1377/6
1377/9 1377/10 1377/13 1377/18
1377/19 1377/22
essentially [8] 1397/23 1403/22 1404/17
1413/3 1414/23 1422/21 1482/12
1508/9
establish [1] 1388/15
established [4] 1415/11 1424/7 1479/16
1499/7
establishing [1] 1423/22
establishment [2] 1389/19 1424/19
ethylbenzene [3] 1464/7 1499/21
1501/22
evaluate [6] 1429/13 1429/23 1444/7
1444/11 1477/19 1484/14
evaluated [2] 1449/13 1482/22
evaluating [5] 1432/22 1472/3 1472/6
1472/21 1479/5
evaluation [9] 1442/18 1444/3 1453/6
1454/2 1477/21 1481/19 1482/12
1482/24 1495/8
evaluations [1] 1411/12
even [15] 1452/17 1452/18 1454/16
1454/17 1462/1 1463/17 1468/11
1468/15 1468/18 1469/1 1471/17
1473/25 1479/20 1487/14 1518/19
evening [4] 1401/5 1422/9 1523/9
1524/2
event [2] 1386/2 1386/3
events [5] 1386/16 1409/20 1421/10 1430/20 1487/10
ever [6] 1387/17 1394/24 1410/20
1413/18 1451/14 1517/11
every [17] 1390/15 1390/18 1390/24
1391/13 1397/22 1399/10 1402/13
1414/13 1415/9 1418/12 1418/24
1419/24 1462/17 1478/22 1502/24
1513/25 1514/1
everybody [1] 1420/6
everyone [4] 1380/3 1428/23 1480/9 1522/3
everything [12] 1391/16 1398/21
1407/17 1410/2 1410/7 1416/18 1424/8
1427/12 1433/9 1454/14 1504/7 1514/9
everywhere [1] 1465/12
evidence [2] 1437/19 1496/3
evident [1] 1484/4
evolved [2] 1398/10 1422/20
exact [2] 1424/25 1519/11
exactly [2] 1514/1 1519/17
exam [1] 1428/15
examination [6] 1381/3 1428/9 1435/1
1436/1 1495/20 1495/22
examine [1] 1491/7
examined [5] 1438/6 1439/13 1460/14 1461/8 1462/8
examining [2] 1381/5 1519/15 example [16] 1395/3 1395/4 1414/22 1418/4 1421/7 1426/3 1441/15 1447/10 1460/13 1461/14 1462/1 1462/16
1463/22 1477/16 1490/19 1508/6
examples [4] 1418/10 1422/19 1422/22 1460/19
exceedances [1] 1446/2
excluding [1] 1383/9
excuse [6] 1390/22 1399/25 1404/13
1426/11 1449/13 1493/7
executing [1] 1415/22
exhaust [1] 1491/12
exhausted [1] 1417/2
exhibit [1] 1426/11
exhibited [1] 1427/25
existed [1] 1420/19
existing [1] 1470/16
exited [1] 1473/24
expanded [4] 1384/8 1402/17 1417/4
1424/5
expanding [1] 1397/2
expect [2] 1428/15 1462/13
expected [6] 1441/9 1443/6 1454/9
1456/18 1465/7 1523/25
expense [2] 1418/5 1418/11
experience [15] 1385/16 1386/18 1396/3 1427/14 1427/17 1432/7 1433/7 1433/8 1433/25 1434/5 1434/15
1434/17 1435/14 1435/17 1488/14
experiences [3] 1394/21 1395/4 1423/9
expert [15] 1428/13 1434/20 1434/24
1436/3 1445/13 1454/23 1499/4 1516/2
1516/3 1516/5 1516/6 1516/22 1516/24 1517/10 1521/20
expertise [3] 1389/24 1392/4 1430/23 experts [3] 1387/4 1422/23 1440/17 explain [12] 1396/13 1431/18 1435/10 1446/15 1448/9 1450/6 1455/1 1455/2 1461/6 1461/7 1480/19 1510/22 explained [1] 1472/2
EXPLORATION [5] 1375/10 1375/11 1377/2 1387/25 1388/3
expos [2] 1422/21 1423/14
exposed [16] 1402/2 1432/11 1443/7
1443/14 1444/11 1451/7 1457/22 1462/15 1462/17 1465/5 1467/9 1469/4 1481/4 1490/14 1502/9 1520/13 exposure [61] 1437/20 1442/21 1442/22 1443/12 1444/7 1448/22 1454/12 1454/20 1456/17 1456/19 1457/19 1457/23 1463/10 1466/20 1470/14 1471/21 1472/7 1472/9 1473/3 1474/20

1481/2 1481/13 1481/15 1481/24 1482/6 1482/8 1484/7 1484/10 1484/11 1484/14 1489/25 1491/6 1491/19 1492/1 1492/4 1493/1 1493/20 1496/3 1500/9 1500/19 1500/20 1500/25 1501/10 1501/18 1501/24 1502/7 1502/15 1502/23 1508/14 1508/17 1509/22 1509/24 1510/18 1510/21 1511/16 1511/19 1512/1 1512/10 1512/14 1513/21 1520/7
exposure-related [6] 1437/20 1454/12
1454/20 1491/6 1492/4 1496/3
exposures [36] 1433/2 1433/5 1434/2
1434/3 1434/22 1441/7 1444/5 1449/14
1449/16 1451/3 1454/3 1456/18
1464/20 1465/3 1465/19 1466/17
1469/24 1470/13 1472/3 1472/6 1472/8
1477/10 1477/19 1480/11 1480/15
1480/20 1480/22 1481/25 1484/6
1484/9 1491/24 1500/11 1501/13
1502/23 1519/16 1520/9
express [2] 1394/24 1430/8
expressed [3] 1402/11 1453/1 1466/5
expression [1] 1400/19
extended [1] 1394/22
extensive [1] 1478/21
extensively [1] 1387/10
extent [1] 1483/22
external [1] 1387/12
externally [1] 1393/15
extremely [1] 1500/13
eyes [3] 1469/7 1490/15 1490/20
F
face [2] 1481/12 1492/1
faced [5] 1396/24 1415/9 1481/14 1493/1 1494/1
facility [2] 1399/6 1399/10
fact [15] 1387/19 1388/21 1391/13
1395/1 1395/21 1397/12 1410/5 1413/4
1427/5 1453/12 1477/24 1496/15
1521/18 1523/4 1523/24
facto [1] 1433/14
factor [2] 1481/17 1520/17
factors [2] 1398/17 1470/24
fair [7] 1430/21 1444/8 1451/1 1451/2
1453/2 1491/5 1499/9
fairly [1] 1484/4
fairs [1] 1422/22
fall [1] 1412/10
fallen [1] 1522/18
familiar [6] 1400/14 1433/20 1467/17
1476/19 1485/7 1519/11
far [7] 1446/24 1448/1 1462/21 1464/1
1466/6 1466/20 1475/13
fashion [1] 1425/8
fast [1] 1380/14
fatalities [2] 1489/13 1489/19
favorite [1] 1454/13
FCRR [3] 1378/1 1524/11 1524/18
FDA [6] 1439/15 1474/1 1474/4 1479/10
1479/16 1480/1
FDA-approved [1] 1474/4
fears [1] 1418/23
February [2] 1476/23 1513/19
February 2011 [1] 1513/19
federal [37] 1383/7 1389/3 1394/14
1402/7 1409/13 1411/1 1419/10 1428/2
1439/13 1442/10 1443/16 1444/15
1445/16 1446/2 1446/5 1448/21
1448/24 1450/9 1450/13 1450/14
1450/24 1451/22 1455/25 1456/11
1456/21 1457/2 1457/8 1466/9 1475/16

1482/4 1483/13 1492/17 1493/13
1494/15 1494/23 1495/6 1513/15
feel [9] 1384/25 1437/10 1465/17
1469/10 1481/15 1483/16 1483/18 1485/3 1496/11
feet [4] 1401/24 1412/9 1417/14 1464/9
fell [1] 1490/9
felt [8] 1439/16 1439/22 1466/22
1481/22 1481/23 1483/18 1484/25 1495/2
few [9] 1387/22 1396/25 1397/1
1409/13 1409/16 1444/16 1469/9
1470/19 1489/13
FIDLER [1] 1376/12
field [9] 1430/23 1431/19 1431/20
1432/18 1433/24 1434/20 1440/18
1445/13 1474/20
Fifteenth [1] 1377/10
file [1] 1424/10
fill [2] 1468/21 1523/2
filled [1] 1490/20
filter [2] 1497/5 1498/24
final [5] 1409/18 1457/22 1466/23
1498/4 1512/11
finally [8] 1399/5 1400/10 1415/17
1430/2 1440/20 1449/16 1450/11
1473/22
find [23] 1392/4 1418/11 1439/2
1440/15 1440/17 1442/15 1445/9
1445/12 1447/12 1447/20 1448/3
1448/4 1452/10 1476/11 1478/18
1482/25 1487/10 1487/13 1487/20
1494/14 1500/20 1505/23 1518/17
finding [3] 1441/11 1442/16 1446/9
findings [27] 1438/22 1438/25 1439/6
1439/18 1439/24 1440/1 1440/8
1443/16 1445/3 1445/5 1445/9 1445/12
1445/19 1448/5 1448/10 1448/21
1452/12 1461/4 1461/22 1463/1 1466/1
1466/2 1466/3 1471/8 1471/13 1476/7
1492/19
fine [1] 1469/10
fingers [2] 1489/19 1490/12
finish [2] 1380/15 1505/18
first [61] 1380/15 1385/4 1385/7
1388/14 1390/4 1391/14 1392/7
1394/21 1397/14 1402/6 1402/19
1410/19 1411/3 1412/17 1415/13
1427/22 1433/9 1434/9 1436/8 1436/20
1437/19 1437/25 1438/13 1449/10
1450/7 1450/8 1450/9 1451/2 1454/6
1455/12 1456/11 1460/7 1462/12
1462/14 1465/24 1466/15 1467/4
1468/6 1469/11 1472/7 1472/19
1472/23 1472/24 1474/12 1480/21
1480/24 1484/25 1486/18 1486/21
1486/23 1487/2 1487/4 1487/16 1503/2
1510/4 1511/10 1511/25 1512/6
1514/12 1514/13 1515/10
fish [2] 1423/1 1517/12
fisheries [1] 1517/12
fishermen [1] 1517/11
fishing [5] 1405/11 1479/9 1479/10
1517/17 1517/19
five [1] 1466/24
fleets [1] 1406/19
flew [1] 1417/8
FLICKINGER [1] 1376/7
float [1] 1414/24
floor [1] 1516/1
Florida [1] 1425/2
flow [2] 1397/13 1411/8
flowing [1] 1413/15

## F

flown [1] 1412/8
fluids [1] 1494/11
fly [1] 1384/20
flying [1] 1397/4
focus [1] 1390/1
focused [1] 1476/3
focusing [1] 1391/7
folks [3] 1422/14 1438/17 1522/5
follow [2] 1435/5 1509/15
followed [2] 1455/21 1521/19
following [1] 1518/1
follows [2] 1380/24 1429/3
Folse [1] 1380/10
Food [2] 1478/16 1480/7
foods [1] 1480/7
foot [1] 1404/5
forecasts [1] 1401/9
foregoing [1] 1524/13
foremost [3] 1390/4 1391/14 1427/22
form [6] 1391/2 1392/23 1394/16 1412/5 1457/25 1488/1
formal [1] 1386/18
format [1] 1458/3
forth [5] 1432/12 1465/13 1476/1
1513/12 1516/20
forward [4] 1393/2 1404/19 1438/1
1491/20
forward-looking [1] 1438/1
forward-operating [1] 1393/2
forwarded [3] 1408/6 1408/12 1408/25
FOSC [9] 1391/3 1391/8 1392/24
1394/16 1419/24 1475/15 1484/17
1493/13 1513/15
found [16] 1437/19 1437/21 1439/3
1440/5 1441/6 1443/23 1443/25 1446/5
1446/18 1448/25 1448/25 1477/9
1479/18 1479/19 1480/20 1496/2
foundation [1] 1499/6
four [6] 1380/12 1380/16 1390/1
1444/24 1455/8 1457/16
four-step [2] 1455/8 1457/16
fourthly [1] 1390/10
frame [1] 1443/1
framework [1] 1396/1
frequently [1] 1392/24
Friday [1] 1380/9
frustrated [1] 1410/5
full [4] 1380/25 1381/7 1429/4 1478/2
fund [1] 1424/15
funded [1] 1519/2
funds [1] 1425/7
further [4] 1411/10 1464/4 1497/22 1520/20
future [2] 1437/23 1454/19
G
Galveston [1] 1519/20
gathering [1] 1400/5
gave [4] 1398/12 1405/25 1488/22 1490/19
GCRO [8] 1383/21 1383/25 1384/1
1384/6 1388/5 1388/10 1389/7 1389/15 general [1] 1415/18
generally [7] 1401/20 1419/6 1434/20
1439/11 1458/14 1460/5 1460/6 gentle [1] 1414/25
geographical [1] 1406/16
germane [1] 1432/19
get [19] 1381/12 1404/17 1418/5
1455/20 1459/10 1459/17 1460/16
1469/9 1473/15 1478/6 1490/14

1491/10 1499/2 1510/3 1510/12 1521/23 1521/25 1523/15 1523/25 gets [2] 1469/8 1474/25
getting [3] 1420/13 1427/2 1522/4 give [10] 1397/11 1400/23 1422/12
1461/14 1462/1 1477/16 1494/11
1501/12 1502/8 1521/14
given [2] 1397/24 1400/25
GLADSTEIN [1] 1376/11
global [2] 1407/22 1409/12
GMBH [1] 1375/13
go [25] 1398/11 1400/24 1415/24
1416/24 1422/9 1435/22 1440/3
1441/18 1442/2 1447/18 1449/12
1457/2 1457/13 1469/12 1472/6
1472/16 1482/11 1483/2 1483/8
1485/21 1491/2 1495/17 1498/6 1513/4
1521/7
goal [1] 1495/1
goals [6] 1389/19 1390/13 1391/10
1391/12 1391/23 1418/17
goes [1] 1408/21
going [24] 1380/14 1385/13 1396/25
1419/15 1423/20 1426/8 1427/6
1433/11 1435/12 1442/23 1442/25
1473/19 1474/14 1486/1 1491/14
1491/20 1501/15 1512/7 1512/11
1513/11 1513/11 1518/17 1520/4
1523/2
GoMRI [4] 1519/3 1519/9 1519/12 1519/17
gone [1] 1441/21
good [18] 1381/5 1386/1 1396/22
1418/4 1428/25 1438/15 1454/10
1477/14 1477/15 1483/2 1495/18
1495/24 1496/1 1509/12 1509/19
1510/11 1516/11 1521/16
goods [4] 1389/24 1392/3 1407/14 1421/18
got [6] 1388/2 1453/11 1453/23 1475/6
1491/11 1498/16
government [34] 1389/3 1394/10
1395/22 1402/7 1411/2 1411/13 1420/2
1437/1 1438/12 1438/20 1438/22
1438/25 1439/6 1439/17 1440/8
1442/15 1443/16 1445/16 1448/24
1448/25 1466/1 1466/2 1466/3 1476/2
1477/8 1477/24 1478/14 1482/25
1483/12 1483/14 1488/19 1492/8
1492/15 1493/14
Governmental [1] 1456/12
governments [3] 1419/18 1420/2
1451/23
governor [1] 1420/9
governor's [3] 1420/3 1420/9 1422/1
governors [1] 1420/25
graduate [1] 1385/10
Grand [1] 1377/23
grandmother's [1] 1501/16
granted [1] 1402/7
granting [1] 1411/2
graph [4] 1460/3 1462/7 1462/25 1463/5
graphic [1] 1396/12
graphs [1] 1458/3
gravel [1] 1470/14
greater [1] 1398/13
greatest [4] 1396/24 1413/16 1484/11
1504/3
group [1] 1456/22
groups [2] 1414/3 1416/2
grow [1] 1395/12
growing [2] 1475/24 1477/6
Guard [24] 1383/7 1387/4 1391/2

1394/16 1394/17 1394/19 1394/20 1394/23 1394/24 1408/14 1409/4 1413/9 1413/18 1416/3 1417/5 1418/19 1420/23 1421/11 1422/1 1423/5 1427/15 1427/23 1474/18 1484/18 guess [4] 1428/10 1451/25 1460/18 1484/17
Guide [8] 1499/24 1500/4 1500/8 1500/18 1501/1 1501/9 1501/21 1502/5 guides [1] 1500/11
GULF [53] 1375/5 1383/9 1385/16
1385/18 1385/18 1386/23 1387/20 1389/12 1390/7 1392/17 1393/1
1400/20 1401/17 1402/12 1402/12
1402/15 1403/24 1407/18 1409/15 1415/10 1417/3 1417/10 1417/21 1418/5 1421/6 1421/10 1425/1 1425/6 1429/24 1437/21 1447/6 1451/6 1451/6 1451/9 1465/4 1465/19 1474/17
1475/10 1478/13 1480/12 1481/14
1481/16 1496/4 1502/12 1513/12
1514/12 1514/13 1518/25 1519/2
1519/8 1519/13 1519/21 1520/12
Gulf Coast [14] 1390/7 1429/24 1437/21
1451/6 1451/6 1451/9 1465/4 1465/19
1481/14 1481/16 1496/4 1502/12 1514/13 1519/8

## H

habitat [1] 1400/7
habitats [1] 1415/14
had [76] 1380/6 1380/11 1380/12
1382/9 1385/13 1386/3 1386/5 1386/14
1390/1 1391/6 1393/14 1394/12
1394/14 1394/20 1395/4 1395/4
1397/12 1398/7 1398/19 1399/1 1399/9
1399/21 1400/1 1401/7 1406/10
1406/13 1407/1 1408/3 1410/4 1410/20
1412/5 1412/23 1413/7 1415/10 1416/6
1418/1 1419/13 1421/24 1421/25
1423/11 1425/2 1426/10 1428/3
1433/17 1434/10 1437/7 1438/16
1450/3 1453/12 1458/19 1461/10
1461/11 1469/14 1474/19 1479/3
1479/11 1479/18 1481/10 1484/7
1489/18 1489/19 1489/25 1491/23
1492/25 1493/20 1494/5 1497/2
1504/20 1506/23 1508/5 1508/11
1516/23 1517/3 1520/2 1522/24
1522/24
half [2] 1381/23 1384/25
hall [3] 1422/5 1422/20 1423/7
halls [2] 1422/8 1422/16
hand [3] 1450/7 1450/8 1458/16
handle [2] 1416/13 1475/4
handled [1] 1388/24
handling [1] 1412/19
hands [3] 1390/19 1390/23 1481/11
HANKEY [1] 1376/8
Hanzalik [1] 1408/24
happen [1] 1387/16
happened [3] 1383/12 1384/13 1434/8 happening [3] 1398/5 1398/22 1424/12 hard [9] 1405/13 1405/18 1414/11
1414/14 1414/23 1417/13 1417/17
1490/13 1514/22
hard-boom [1] 1405/18
HARIKLIA [1] 1377/5
harm [5] 1441/10 1473/3 1481/25
1482/5 1483/23
HARVEY [1] 1376/10
has [21] 1393/16 1398/16 1404/16
1409/17 1420/6 1428/8 1438/22 1446/2

| H | 1428/3 1440/18 1444/20 1471/23 1479/14 1519/7 | hospitals [5] 1447/10 1447/10 1448/14 |
| :---: | :---: | :---: |
| has... [13] 1454/23 1461/16 1466/25 | helped [2] 1411/23 1423/9 | hotline [1] 1433/16 |
| 1475/6 1475/13 1477/24 1477/24 | helpful [2] 1406/5 1447/12 | Houma [36] 1381/19 1381/21 1382/10 |
| 1479/15 1481/3 1483/21 1501/17 | helping [4] 1389/25 1424/4 1424/9 | 1382/24 1383/3 1383/5 1383/5 1383/15 |
| 1519/2 1523/22 | 1424/10 | 1388/1 1389/18 1390/14 1391/2 |
| hasn't [1] 1499/7 | helps [1] 1405/14 | 1391/21 1392/6 1392/10 1392/18 |
| hatcheries [1] 1415/14 | her [1] 1501/16 | 1393/4 1394/9 1394/11 1394/15 1395/6 |
| have [192] | here [75] 1381/14 1384/23 1403/6 | 1395/9 1395/11 1395/13 1395/16 |
| haven't [4] 1404/22 1451/21 1467/6 | 1403/9 1403/11 1404/3 1405/9 1405/10 | 1398/7 1399/5 1399/18 1400/15 |
| 1517/16 | 1408/17 1408/20 1412/3 1414/22 | 1404/24 1407/11 1410/15 1414/2 |
| having [8] 1380/24 1384/8 1407/17 | 1430/19 1431/8 1432/20 1434/7 | 1421/4 1422/8 1424/22 |
| 1417/2 1429/3 1459/5 1481/5 1491/6 | 1434/18 1435/11 1437/7 1439/11 | hour [4] 1394/4 1420/4 1428/17 1522/4 |
| hazard [3] 1477/11 1494/1 1511/16 | 1439/12 1445/24 1446/15 1449/22 | hours [17] 1384/22 1391/7 1391/8 |
| hazardous [2] 1433/5 1434/23 | 1450/8 1452/11 1453/8 1455/22 1456/8 | 1394/3 1398/25 1399/1 1401/12 |
| hazards [9] 1455/12 1499/24 1500/4 | 1458/16 1459/1 1460/6 1460/7 1461/4 | 1401/16 1402/9 1417/16 1421/3 1443/7 |
| 1500/8 1500/18 1501/1 1501/9 1501/22 | 1461/9 1461/17 1462/2 1462/23 1463/7 | 1443/7 1456/19 1469/10 1487/17 |
| 1502/6 | 1466/5 1468/11 1471/1 1472/14 | 1502/24 |
| HB [1] 1378/1 | 1475/11 1478/19 1479/12 1479/22 | house [2] 1399/7 1501/16 |
| HB-275 [1] 1378/1 | 1485/24 1486/25 1487/14 1488/3 | housekeeping [1] 1521/5 |
| he [27] 1382/8 1392/2 1405/8 1408/3 | 1488/13 1488/15 1489/2 1489/24 | Houston [1] 1385/20 |
| 1408/16 1409/11 1414/21 1435/24 | 1490/5 1492/22 1493/19 1494/16 | how [72] 1381/24 1381/25 1384/20 |
| 1453/1 1453/1 1453/5 1466/8 1466/19 | 1494/22 1498/6 1505/12 1510/17 | 1385/13 1386/9 1387/14 1388/24 |
| 1467/15 1480/8 1483/23 1483/25 | 1510/19 1510/23 1511/15 1513/12 | 1391/25 1395/8 1395/15 1395/18 |
| 1493/16 1494/25 1499/8 1516/13 | 1514/9 1515/6 1517/19 1520/1 1521/23 | 1395/23 1396/1 1396/3 1396/19 1397/4 |
| 1516/14 1516/14 1521/19 1523/1 | 1521/24 1523/2 1524/6 | 1397/5 1397/6 1397/18 1397/24 1398/6 |
| 1523/21 1523/22 | hexane [10] 1500/25 1501/2 1501/4 | 1398/18 1400/16 1400/20 1401/12 |
| head [1] 1506/11 | 1501/23 1502/6 1504/2 1506/19 | 1401/23 1401/25 1406/7 1406/23 |
| headache [1] 1501/23 | 1507/24 1508/1 1508/7 | 1407/18 1408/22 1410/17 1415/6 |
| headaches [1] 1498/11 | hexene [2] 1500/16 1500/19 | 1416/13 1416/23 1419/1 1419/6 |
| health [94] 1406/11 1416/18 1429/23 | HHEs [1] 1453/10 | 1421/23 1422/2 1423/1 1423/10 |
| 1430/1 1430/4 1430/20 1433/1 1433/6 | high [17] 1399/22 1402/25 1403/6 | 1423/25 1424/3 1424/10 1424/21 |
| 1433/8 1433/10 1433/11 1433/19 | 1403/9 1441/9 1463/9 1467/9 1472/12 | 1424/24 1425/4 1425/22 1428/15 |
| 1434/12 1434/13 1434/22 1434/24 | 1472/13 1481/1 1481/10 1500/12 | 1435/10 1436/6 1441/18 1447/8 1452/6 |
| 1437/5 1437/12 1437/18 1437/22 | 1500/20 1501/13 1501/20 1502/3 | 1458/2 1458/2 1458/6 1458/14 1461/4 |
| 1439/14 1439/21 1439/23 1442/14 | 1502/9 | 1461/21 1464/1 1464/4 1466/6 1471/23 |
| 1443/6 1444/1 1444/23 1446/17 | high-volume [4] 1399/22 1402/25 | 1472/2 1472/6 1472/15 1474/11 1475/4 |
| 1446/19 1446/22 1447/1 1447/4 1447/6 | 1403/6 1403/9 | 1479/8 1482/24 1488/13 |
| 1447/9 1447/12 1447/19 1447/19 | higher [5] 1465/14 1465/22 1475/6 | Howard [5] 1453/5 1466/19 1477/25 |
| 1448/11 1448/12 1448/14 1448/15 | 1502/11 1520/11 | 1478/1 1507/13 |
| 1449/17 1454/12 1454/19 1456/17 | highest [2] 1464/13 1478/21 | However [2] 1494/2 1516/16 |
| 1461/3 1462/14 1465/7 1466/9 1466/10 | highlight [2] 1445/20 1446/11 | HS [1] 1485/13 |
| 1466/12 1466/18 1467/1 1467/3 1467/4 | highlighted [3] 1408/17 1444/16 1478/19 | HSE [1] 1406/11 |
| 1467/11 1467/16 1468/3 1468/24 | highlights [3] 1431/8 1431/10 1440/23 | huge [2] 1396/8 1517/18 |
| 1477/10 1477/11 1478/16 1478/21 | highly [2] 1437/21 1480/22 | hugest [1] 1418/1 |
| 1479/1 1480/23 1481/23 1482/18 | him [6] 1380/15 1489/21 1499/8 | human [21] 1429/23 1430/20 1431/23 |
| 1482/20 1483/24 1484/6 1484/24 | 1521/23 1523/6 1523/14 | 1433/2 1437/5 1437/12 1437/18 |
| 1485/4 1485/16 1488/14 1491/13 | HIMMELHOCH [1] 1376/5 | 1439/21 1439/23 1461/3 1463/10 |
| 1492/1 1493/4 1493/16 1494/1 1494/12 | his [10] 1408/10 1423/9 1452/22 | 1478/21 1482/20 1484/24 1502/16 |
| 1494/25 1495/3 1496/4 1496/8 1496/19 | 1452/24 1453/5 1466/21 1468/3 | 1504/3 1512/24 1516/18 1516/21 |
| 1500/2 1502/17 1512/24 1519/9 | 1474/22 1494/25 1516/13 | 1517/5 1519/15 |
| 1519/14 1519/15 1519/21 1520/3 | hitting [2] 1413/17 1442/3 | humbling [1] 1427/17 |
| 1522/10 | hold [3] 1431/2 1431/13 1431/14 | hundred [5] 1397/1 1397/1 1412/9 |
| health-based [1] | HOLDINGS [1] 1375/13 | 1463/23 1500/5 |
| healthcare [3] 1433/4 1519/7 1519/7 | home [1] 1382/2 | hundreds [1] 1503/4 |
| heard [5] 1375/19 1387/4 1425/13 | honor [34] 1380/7 1380/21 1385/9 | hurricanes [3] 1386/17 1386/23 1386/24 |
| 1462/24 1483/21 | 1396/23 1401/2 1412/4 1414/22 1418/7 | hurt [1] 1478/2 |
| hearsay [1] 1426/9 | 1426/8 1427/5 1427/20 1428/8 1428/20 | hydrocarbon [1] 1473/12 |
| heart [1] 1518/18 | 1428/25 1434/19 1434/25 1435/9 | hydrocarbons [8] 1432/23 1460/9 |
| heat [21] 1416/18 1416/19 1470/1 | 1435/21 1435/23 1441/20 1491/9 | 1460/12 1462/5 1465/11 1473/19 |
| 1470/18 1484/1 1484/7 1484/9 1484/10 | 1493/24 1495/12 1495/15 1495/18 | 1501/7 1505/1 |
| 1484/16 1490/8 1492/25 1493/2 1493/3 | 1499/6 1518/15 1520/20 1520/22 | hydrogen [3] 1504/25 1505/12 1505/21 |
| 1493/20 1494/2 1494/3 1494/7 1494/8 | 1521/6 1522/8 1522/17 1523/18 1524/3 | hygiene [1] 1500/5 |
| 1494/10 1496/23 1497/22 | HONORABLE [1] 1375/19 | hygienists [2] 1456/13 1474/19 |
| heat-related [4] 1493/2 1493/3 1496/23 1497/22 | HORIZON [32] 1375/4 1381/15 1381/17 1381/24 1382/14 1385/22 1386/3 | \| |
| heavy [1] 1418/2 | 1386/4 1386/8 1387/7 1387/18 1389/21 | I'd [2] 1400/3 1501/12 |
| height [1] 1404/6 | 1398/15 1399/20 1411/11 1426/2 | I'Il [3] 1418/16 1460/5 1466/23 |
| heights [1] 1416/7 | 1427/14 1429/25 1434/6 1435/7 | I'm [52] 1381/5 1382/19 1385/10 |
| held [5] 1382/14 1387/12 1417/6 | 1439/14 1445/1 1455/11 1464/20 | 1417/22 1428/2 1429/11 1431/1 |
| 1488/19 1492/8 | 1465/15 1466/24 1472/10 1482/2 | 1431/13 1432/2 1432/4 1432/16 1433/9 |
| help [13] 1395/5 1396/13 1405/4 | 1499/17 1500/16 1501/6 1519/15 | 1433/11 1435/12 1435/14 1435/24 |
| 1414/13 1420/18 1423/12 1424/16 | hose [2] 1403/22 1404/15 | 1451/21 1451/25 1453/20 1454/25 |

I'm... [32] 1458/1 1458/5 1461/9
1464/24 1466/6 1466/25 1467/5
1468/14 1471/4 1481/2 1485/15 1486/1
1486/10 1487/25 1488/11 1489/7
1489/21 1491/22 1495/24 1498/16
1503/11 1504/13 1504/16 1506/3
1506/20 1509/14 1512/13 1515/6
1519/11 1520/4 1520/13 1523/2
I've [4] 1433/2 1433/10 1437/4 1452/14
ICP [1] 1392/10
ICS [1] 1407/13
idea [3] 1400/2 1410/23 1423/9
Ideally [1] 1460/25
identical [1] 1456/22
identification [1] 1455/12
identified [3] 1412/5 1438/7 1440/23
identify [2] 1408/22 1415/13
if [72] 1380/14 1380/15 1380/15 1382/9
1392/7 1399/16 1403/10 1404/9
1404/12 1404/13 1405/7 1405/7
1405/15 1408/11 1409/6 1412/2 1421/7
1425/17 1426/7 1435/5 1441/23
1442/19 1448/2 1452/17 1453/8
1457/16 1459/10 1459/13 1459/17
1460/16 1461/2 1462/7 1462/12 1464/5
1466/13 1469/14 1469/19 1472/15
1474/25 1475/3 1475/22 1479/22
1485/16 1486/24 1486/24 1487/14
1488/3 1491/11 1491/23 1498/14
1498/24 1499/8 1500/13 1504/4 1504/7
1505/17 1506/11 1506/13 1509/4
1509/8 1509/23 1510/3 1512/18 1515/9
1518/12 1521/11 1521/23 1521/25
1523/7 1523/12 1524/1 1524/5
ignored [1] 1517/12
Illinois [1] 1377/7
illness [13] 1433/20 1446/20 1447/17
1486/4 1488/2 1489/11 1491/14 1494/3 1494/9 1494/10 1497/13 1498/3 1498/21
illnesses [14] 1447/6 1447/20 1448/3 1448/4 1488/10 1489/13 1489/16
1490/17 1492/5 1493/2 1493/3 1496/23 1497/22 1498/25
illuminate [1] 1470/3
illustrate [8] 1431/3 1444/20 1453/18
1456/3 1458/6 1459/24 1463/1 1476/14
illustrates [2] 1439/5 1455/8
imagery [1] 1401/8
images [1] 1418/24
immediately [2] 1382/10 1401/16
impact [9] 1390/7 1390/7 1390/8
1391/18 1391/20 1393/9 1400/22
1402/16 1430/20
impacting [4] 1391/17 1406/1 1413/13
1414/8
impacts [9] 1397/9 1429/24 1430/4
1437/12 1437/18 1468/3 1482/20
1483/24 1495/3
implications [2] 1430/1 1515/24
importance [2] 1398/18 1418/15
important [14] 1385/1 1398/17 1402/21
1418/21 1419/3 1420/11 1425/18
1457/6 1474/6 1479/1 1483/19 1493/12 1509/2 1518/12
importantly [1] 1390/18
impressed [1] 1394/23
in [514]
in-situ [3] 1430/14 1430/17 1455/14
INC [4] 1375/10 1375/14 1375/15
1377/3
incidence [1] 1434/6
incident [34] 1381/15 1381/18 1381/20
1381/21 1381/24 1382/10 1382/15 1382/24 1383/5 1383/15 1385/22 1386/4 1386/9 1387/5 1387/6 1387/7 1387/17 1387/18 1387/20 1388/1 1388/20 1389/17 1389/21 1393/11 1393/16 1395/13 1395/20 1396/4 1396/6 1399/6 1407/12 1417/12 1434/11 1488/8 incidents [2] 1387/13 1486/10 include [2] 1391/18 1493/10 included [3] 1408/13 1506/22 1516/11 including [3] 1384/10 1425/24 1426/1 incomplete [1] 1453/2 inconsistent [3] 1440/9 1452/10 1466/1 incorporate [1] 1401/8
increase [3] 1423/18 1448/15 1448/20 increased [1] 1444/1
increases [1] 1446/19
incredible [1] 1427/20
incredibly [4] 1394/22 1487/13 1502/1
1508/8
independent [5] 1440/21 1449/3 1449/8 1456/14 1495/8
independently [4] 1438/10 1445/15 1449/1 1456/25
indicated [3] 1382/8 1446/18 1518/5
indicates [1] 1409/12
individual [12] 1386/10 1392/21 1412/12
1419/25 1420/2 1426/21 1426/22
1426/23 1457/21 1493/14 1507/11 1514/7
individuals [6] 1395/15 1412/14 1432/11
1474/24 1481/10 1491/7
indoor [1] 1465/22
indoors [1] 1465/22
industrial [5] 1456/13 1463/9 1472/12
1474/19 1500/5
industries [1] 1395/23
industry [1] 1399/9
infections [1] 1470/15
infectious [1] 1433/17
infer [1] 1471/10
influenza [1] 1433/17
inform [1] 1426/4
information [44] 1390/11 1397/15
1398/12 1399/11 1401/4 1419/13
1420/17 1421/4 1421/17 1422/16
1423/7 1426/17 1427/9 1430/3 1430/5
1435/12 1435/15 1436/25 1437/2
1437/7 1437/8 1445/13 1445/20
1446/25 1447/9 1447/12 1447/15
1447/16 1447/21 1449/17 1450/7
1466/25 1467/7 1483/9 1483/14
1483/17 1485/1 1488/1 1500/5 1517/15
1517/16 1517/18 1517/21 1518/8
informative [3] 1441/11 1441/16
1443/17
informed [1] 1408/2
ingestion [1] 1477/22
inhalation [4] 1454/3 1464/20 1471/20
1472/3
inhalational [2] 1449/14 1465/3
inhaled [1] 1504/4
initial [3] 1392/13 1392/14 1458/12
initially [2] 1422/8 1478/20
initiated [1] 1422/8
Initiative [1] 1519/3
initiatives [2] 1519/6 1519/7
injected [1] 1411/8
injection [1] 1411/3
injured [1] 1490/9
injuries [8] 1485/12 1488/10 1489/13
1489/16 1490/5 1492/6 1496/10 1499/1
injury [10] 1433/20 1486/4 1488/2
1488/17 1489/9 1489/11 1492/8 1495/5
1497/13 1498/21
input [4] 1389/11 1391/3 1391/8
1408/15
inside [1] 1405/16
instance [2] 1395/2 1500/1
instances [2] 1407/4 1518/17
instead [2] 1461/12 1463/13
Institute [3] 1442/13 1466/9 1500/1
integrated [2] 1390/16 1398/7
intend [1] 1436/16
intended [2] 1393/9 1523/20
interact [1] 1422/14
interacted [1] 1390/14
interaction [3] 1396/14 1413/9 1422/4
interest [1] 1523/19
international [1] 1409/17
Internet [3] 1436/22 1440/4 1450/5
interrupt [2] 1431/18 1442/11
intervention [1] 1415/19
into [37] 1398/7 1398/25 1400/24
1403/17 1403/23 1403/24 1404/19
1405/17 1411/8 1412/12 1419/15
1420/7 1422/3 1422/9 1424/5 1424/7
1427/13 1429/14 1430/10 1430/11
1444/17 1450/25 1451/13 1459/10
1459/15 1469/6 1471/3 1473/16 1474/6
1482/19 1483/2 1483/8 1490/20
1492/15 1494/22 1519/5 1522/1
intrigued [1] 1417/22
introduce [1] 1523/20
introduced [1] 1523/21
intuitively [1] 1464/13
inventories [1] 1409/13
investigate [1] 1430/20
investigation [1] 1471/20
involve [3] 1386/11 1387/12 1455/18
involved [21] 1392/6 1392/14 1399/15
1403/11 1411/15 1422/18 1432/25
1433/11 1434/9 1434/11 1437/4 1438/8
1444/4 1444/25 1449/21 1452/14
1455/2 1455/9 1455/10 1491/7 1494/2
involvement [6] 1381/14 1381/17 1410/9
1410/14 1413/25 1423/22
involves [1] 1433/10
involving [1] 1459/1
irritant [4] 1469/3 1469/8 1490/15
1491/23
irritates [1] 1469/4
is [286]
isn't [16] 1496/22 1497/16 1497/25
1500/9 1500/19 1501/10 1501/21
1502/5 1506/1 1507/8 1509/13 1509/20
1518/2 1518/4 1519/9 1520/17
issue [11] 1407/16 1408/3 1416/22
1426/14 1427/4 1439/24 1445/3
1477/25 1493/20 1522/11 1523/1
issued [3] 1476/23 1478/14 1478/15
issues [13] 1387/3 1389/14 1414/4
1419/3 1421/19 1424/9 1424/13
1425/14 1432/19 1437/5 1438/22
1452/14 1515/3
it [267]
it's [62] 1384/22 1385/1 1395/20
1395/23 1398/14 1403/14 1403/15
1403/19 1404/2 1409/22 1414/23
1417/24 1418/9 1426/9 1426/17
1426/20 1426/21 1427/5 1435/13
1441/20 1443/21 1452/2 1456/16
1457/1 1457/6 1462/12 1462/21 1463/8


| L | 1452/6 1452/8 1457/1 1458/18 1458/19 1459/14 1459/23 1460/14 1461/11 | $\begin{aligned} & 1461 / 22 \\ & \operatorname{map}[1] \\ & 1398 / 11 \end{aligned}$ |
| :---: | :---: | :---: |
| literally [1] 1386/7 | 1461/24 1465/11 1474/23 1474/23 | Marine [1] 1388/23 |
| literature [2] 1461/21 1481/9 | 1475/3 1479/4 1497/11 1505/16 1519/5 | MARK [1] 1377/5 |
| little [16] 1381/12 1385/4 1398/23 | LOTTERMAN [1] 1377/19 | marked [1] 1423/17 |
| 1426/25 1432/9 1463/14 1468/20 | LOUISIANA [41] 1375/2 1375/7 1376/20 | marks [1] 1487/24 |
| 1469/1 1472/17 1483/2 1490/15 | 1376/23 1377/14 1378/2 1381/19 | marsh [1] 1400/12 |
| 1496/25 1514/22 1516/19 1517/6 | 1383/6 1383/11 1383/15 1383/16 | marshes [3] 1391/17 1406/2 1415/15 |
| 1522/5 | 1391/22 1392/10 1392/10 1392/18 | match [1] 1411/12 |
| live [6] 1381/8 1381/9 1429/9 1429/11 | 1392/20 1393/3 1393/4 1393/7 1394/9 | Material [1] 1510/24 |
| 1517/6 1518/13 | 1394/13 1395/16 1404/25 1406/9 | materials [5] 1410/11 1421/20 1438/7 |
| living [5] 1385/19 1429/10 1431/22 | 1406/15 1407/3 1416/17 1419/23 | 1480/10 1481/6 |
| 1470/16 1494/9 | 1421/23 1424/22 1424/22 1424/23 | mathematical [1] 1475/17 |
| LLC [2] 1375/12 1375/13 | 1425/2 1445/25 1448/11 1448/14 | mathematically [1] 1459/16 |
| LLOYD'S [1] 1375/16 | 1473/2 1478/16 1518/16 1518/16 | matter [6] 1380/6 1427/16 1436/4 |
| loaded [1] 1412/7 | 1524/13 | 1469/1 1521/5 1524/15 |
| loading [1] 1412/20 | low [23] 1443/25 1454/15 1459/11 | matters [1] 1380/4 |
| local [11] 1419/5 1419/10 1419/18 | 1472/23 1473/2 1473/9 1474/10 | MATTHEW [1] 1377/4 |
| 1420/14 1422/23 1423/11 1423/15 | 1475/12 1481/17 1487/13 1487/20 | maximum [2] 1404/17 1487/19 |
| 1425/8 1425/20 1426/4 1519/6 | 1488/18 1489/11 1492/7 1492/8 1495/4 | may [15] 1383/22 1384/6 1401/1 1402/6 |
| locally [1] 1425/25 | 1500/13 1502/19 1508/5 1508/8 | 1411/2 1424/25 1426/23 1471/8 |
| located [3] 1384/18 1392/13 1393/3 | 1509/13 1509/20 1510/12 | 1495/15 1495/19 1506/1 1506/5 1521/9 |
| location [3] 1411/1 1412/8 1412/22 | Low-risk [1] 1474/10 | 1521/12 1523/23 |
| locations [1] 1471/9 | lower [5] 1463/12 1463/14 1469/1 | May 2001 [1] 1383/22 |
| logistically [1] 1407/20 | 1479/16 1479/22 | May 27 [2] 1506/1 1506/5 |
| logistics [2] 1407/12 1414/2 | lowered [1] 1403/23 | maybe [3] 1486/10 1509/14 1511/9 |
| logs [1] 1485/11 | lowest [2] 1461/11 1464/15 | MAYBERRY [1] 1376/16 |
| long [23] 1384/20 1384/22 1385/13 | LP [1] 1375/11 | MC [3] 1505/10 1510/25 1511/6 |
| 1414/15 1422/2 1425/4 1428/15 1438/3 | LTD [1] 1375/15 | McCutchen [1] 1377/18 |
| 1444/1 1463/10 1466/17 1474/15 | lunch [2] 1421/14 1523/15 | MCKINNEY [1] 1376/22 |
| $7 / 10$ 1481/5 1490/2 1490/4 1491/14 | M | MD [1] 1375/5 |
| 1517/23 1519/21 | made [17] 1386/15 1387/3 1388/20 | 1402/6 1404/10 1404/13 1408/12 |
| long-lasting [2] 1491/14 1494/12 | 1395/24 1401/7 1405/23 1408/1 1408/3 | 1426/11 1427/19 1435/5 1435/10 |
| long-term [7] 1444/1 1466/17 1477/10 | 1409/7 1413/21 1415/21 1418/12 | 1443/13 1449/13 1453/19 1461/9 |
| 1492/1 1493/4 1517/23 1519/21 | 1419/2 1438/22 1484/11 1495/3 | 1461/14 1462/1 1462/22 1463/8 |
| longer [2] 1394/6 1402/20 | 1501/17 | 1463/15 1465/10 1469/7 1469/9 1471/6 |
| look [56] 1382/22 1396/10 1401/10 | magnitude [9] 1427/18 1461/21 1461/22 | 1477/16 1477/21 1482/23 1486/2 |
| 1404/12 1404/13 1405/2 1409/6 | 1461/24 1462/3 1479/23 1479/25 | 1487/25 1492/3 1493/7 1500/10 |
| 1410/13 1412/1 1414/20 1416/18 | 1487/11 1514/5 | 1504/11 1506/2 1510/16 1515/6 |
| 1425/11 1429/14 1429/22 1430/1 | mail [7] 1408/6 1408/12 1408/21 | 1517/14 |
| 1430/2 1430/11 1436/20 1438/16 | 1408/24 1409/2 1410/4 1523/9 | mean [12] 1383/14 1459/7 1459/10 |
| 1438/23 1441/23 1444/17 1446/25 | main [1] 1487/22 | 1459/11 1459/12 1459/13 1459/14 |
| 1449/15 1451/3 1452/6 1453/11 | maintain [2] 1393/21 1394/1 | 1467/8 1499/8 1505/15 1505/19 1509/1 |
| 1453/12 1453/14 1455/15 1457/6 | major [2] 1474/9 1492/25 | meaning [2] 1411/6 1504/25 |
| 1461/13 1462/8 1463/21 1464/5 | make [12] 1392/3 1423/17 1427/9 | meaningful [5] 1441/3 1462/11 1486/13 |
| 1471/21 1472/19 1474/12 1474/13 | 1430/24 1441/18 1442/2 1451/12 | 1486/16 1487/10 |
| 1476/13 1486/24 1487/14 1488/3 | 1471/17 1483/15 1499/2 1511/8 | means [5] 1395/23 1402/22 1463/18 |
| 1492/15 1497/17 1498/4 1499/13 | 1517/10 | 1485/14 1520/4 |
| 1500/10 1500/23 1505/15 1505/19 | making [3] 1399/15 1406/22 1483/4 | meant [1] 1503/1 |
| 1505/23 1508/5 1509/2 1514/8 1518/13 | MALINDA [1] 1376/16 | measure [2] 1413/6 1472/8 |
| looked [34] 1417/18 1423/1 1430/10 | man [3] 1386/15 1387/3 1395/24 | measured [1] 1520/12 |
| 1430/12 1430/16 1436/25 1438/12 | man-made [3] 1386/15 1387/3 1395/24 | measuring [3] 1432/22 1465/17 1502/11 |
| 1438/16 1438/19 1439/13 1439/19 | manage [8] 1386/10 1387/13 1396/5 | mechanical [2] 1378/5 1404/1 |
| 1444/13 1448/18 1449/17 1451/6 | 1396/8 1397/24 1398/18 1400/16 | mechanism [3] 1384/1 1388/15 1402/25 |
| 1452/1 1452/3 1452/17 1453/9 1457/7 | 1416/15 | media [2] 1419/14 1426/1 |
| 1457/8 1466/21 1472/20 1475/18 | managed [6] 1388/7 1396/14 1404/24 | median [8] 1457/21 1458/23 1459/5 |
| 1475/22 1479/8 1479/10 1482/19 | 1407/11 1407/22 1410/15 | 1459/7 1459/9 1459/16 1459/19 1508/6 |
| 1492/19 1504/17 1504/18 1506/21 | management [3] 1416/19 1416/19 | medians [2] 1458/22 1463/18 |
| 1517/2 1517/18 | 1416/20 | medical [26] 1429/12 1431/1 1431/1 |
| looking [34] 1389/12 1389/15 1390/2 | managing [1] 1383/8 | 1431/15 1431/15 1431/25 1432/9 |
| 1394/9 1417/5 1433/1 1437/25 1438/1 | mangrove [1] 1400/12 | 1432/10 1432/15 1432/16 1470/16 |
| 1439/11 1445/24 1446/15 1447/3 | manifest [1] 1437/22 | 1478/25 1486/18 1487/3 1487/5 |
| 1450/6 1454/8 1455/13 1456/8 1456/19 | manner [2] 1412/10 1422/16 | 1487/14 1490/24 1496/12 1496/18 |
| 1458/19 1463/7 1471/4 1474/21 | manufacture [1] 1417/14 | 1496/24 1497/5 1497/12 1498/1 |
| 1478/20 1482/24 1484/5 1485/24 | manufactured [1] 1417/19 | 1498/12 1498/25 1519/20 |
| 1487/11 1487/16 1489/2 1500/11 | manufacturers [1] 1417/20 | medically [1] 1467/5 |
| 1512/6 1512/9 1512/23 1512/25 1520/2 | manufacturing [1] 1417/13 | medication [1] 1500/24 |
| looks [5] 1439/10 1443/21 1462/2 | many [21] 1385/2 1387/19 1387/19 | medications [1] 1474/2 |
| 1463/5 1486/5 | 1394/14 1395/8 1395/15 1395/19 | medicine [4] 1431/16 1433/25 1434/20 |
| Los [1] 1377/23 | 1421/24 1423/3 1424/21 1424/24 | 1469/3 |
| loss [1] 1512/8 | 1427/20 1427/25 1428/1 1428/4 1436/6 | meet [6] 1389/25 1408/23 1415/6 |
| lot [22] 1434/3 1438/12 1438/14 1452/6 | 1453/13 1453/13 1459/9 1461/4 | 1416/24 1418/12 1419/5 |

## M

meetings [7] 1389/6 1389/11 1390/23 1390/25 1393/17 1422/5 1423/7 memorized [1] 1498/5
memory [1] 1516/11
men [3] 1394/23 1395/10 1427/25
mention [2] 1466/23 1468/11
mentioned [11] 1380/9 1385/21 1395/2
1431/24 1449/16 1456/2 1466/8
1492/25 1496/10 1516/13 1518/10
mercury [1] 1433/18
message [1] 1422/15
met [1] 1495/24
meteorological [1] 1401/9
meter [4] 1508/15 1508/18 1509/5 1509/6
methodology [1] 1510/20
methods [5] 1432/22 1432/22 1509/12
1509/19 1510/11
MEXICO [18] 1375/5 1383/9 1385/16 1385/18 1385/18 1386/23 1387/21 1400/20 1401/17 1402/12 1402/15 1407/18 1415/10 1417/3 1417/11 1417/21 1418/6 1519/3
MICHAEL [2] 1376/11 1480/6 microorganisms [1] 1517/6 microphone [1] 1381/13 mid [3] 1401/1 1402/6 1411/2 mid-May [3] 1401/1 1402/6 1411/2 middle [3] 1392/11 1397/20 1489/15 Middlebrook [1] 1514/24
midnight [1] 1393/20
might [20] 1421/15 1421/20 1424/11
1432/19 1433/4 1440/13 1451/6
1452/14 1453/10 1457/21 1464/13 1469/7 1469/9 1474/5 1475/4 1477/23 1490/16 1491/10 1501/14 1504/16
MIKE [9] 1377/9 1379/2 1380/11
1380/20 1380/23 1381/2 1381/5 1381/9 1521/17
milligrams [4] 1508/15 1508/18 1509/5 1509/6
million [4] 1452/6 1477/17 1477/18 1487/17
Mine [1] 1490/21
Mingé [1] 1382/7
minimization [1] 1393/9
minimize [4] 1390/8 1391/16 1402/16 1406/1
minimizing [3] 1390/7 1391/19 1485/4
minute [9] 1403/6 1404/22 1410/8 1428/18 1433/6 1449/12 1452/11 1488/23 1504/11
minutes [3] 1390/20 1428/17 1520/25 misleading [1] 1470/25
mission [4] 1389/25 1390/22 1391/4 1415/24
missions [2] 1390/22 1397/4
Mississippi [14] 1429/11 1429/12
1431/25 1432/6 1432/14 1433/11
1433/13 1435/8 1435/18 1446/16
1448/11 1494/9 1518/13 1520/24
mitigate [4] 1430/3 1482/20 1483/23 1484/9
mitigating [1] 1411/19
mitigation [7] 1430/2 1482/13 1483/11
1484/20 1484/24 1493/17 1495/9
Mobile [1] 1434/11
model [3] 1410/25 1411/6 1411/12 modeled [1] 1410/24
modeling [3] 1475/20 1476/14 1477/4 models [1] 1411/9
moderate [1] 1518/6
modest [1] 1437/3
modified [1] 1391/18
MOEX [1] 1375/12
moment [5] 1463/6 1502/14 1507/4 1508/25 1521/6
money [1] 1519/5
monitored [4] 1416/6 1446/20 1447/5 1448/17
monitoring [22] 1406/17 1439/20
1442/16 1443/2 1446/1 1447/1 1447/15
1449/11 1454/8 1483/23 1503/23
1506/1 1506/4 1507/5 1507/8 1507/16
1509/11 1509/12 1509/18 1509/19 1510/8 1510/15
monitors [1] 1451/11
month [4] 1469/18 1473/15 1486/5 1507/2
months [2] 1462/15 1503/3
more [33] 1385/4 1390/17 1395/13
1395/17 1395/22 1398/23 1404/9
1408/18 1408/19 1408/20 1409/16
1410/6 1416/23 1422/18 1443/18
1444/10 1457/1 1460/14 1461/15
1461/16 1462/1 1463/25 1464/1
1473/17 1475/6 1479/5 1486/20 1487/2
1487/3 1501/4 1516/14 1518/6 1518/22
Morgan [1] 1377/22
morning [7] 1380/15 1399/3 1421/12
1421/13 1469/10 1483/21 1521/17
Morrison [3] 1380/13 1521/18 1523/3
most [16] 1407/10 1412/6 1413/12
1419/23 1433/16 1439/19 1460/9
1460/10 1462/9 1463/16 1463/17
1470/20 1493/25 1514/10 1518/13
1520/16
mothballs [2] 1501/17 1501/17
motor [2] 1475/4 1475/6
move [5] 1401/14 1412/25 1471/19
1510/4 1522/1
moved [3] 1383/15 1393/24 1407/21
movement [3] 1398/1 1421/18 1515/25
moving [2] 1404/19 1467/14
Mr. [4] 1409/19 1427/12 1428/6 1520/21
Mr. Jarrett [1] 1520/21
Mr. Knutson [1] 1409/19
Mr. Utsler [2] 1427/12 1428/6
MSDS [2] 1510/25 1511/6
MSRC [1] 1412/18
much [15] 1393/19 1394/6 1398/13
1404/23 1433/9 1433/12 1448/4 1452/1
1463/5 1463/12 1464/4 1473/23
1490/21 1492/13 1512/10
multiple [1] 1436/3
must [2] 1515/11 1515/12
Mutschler [1] 1408/13
my [39] 1381/2 1381/9 1384/4 1386/7
1386/15 1388/3 1388/7 1393/24
1394/21 1408/1 1409/21 1411/16
1427/23 1431/22 1432/21 1433/11
1435/14 1437/5 1438/13 1439/16
1447/21 1458/5 1469/7 1469/7 1472/20
1473/25 1482/24 1483/12 1489/17
1491/15 1491/15 1495/12 1495/19
1498/4 1506/11 1510/13 1517/14
1522/17 1524/14
myself [7] 1383/7 1392/23 1393/13
1394/5 1413/11 1419/24 1438/13

## N

N.W [1] 1377/10
name [5] 1380/25 1381/2 1381/7 1381/9
1429/4
named [1] 1389/22
NANCY [1] 1376/7
naphthalene [19] 1460/11 1462/4 1501/7 1501/10 1501/14 1501/17 1501/18 1501/20 1501/23 1504/2 1504/10 1506/8 1506/9 1506/10 1506/16 1506/22 1507/18 1507/21 1508/6
narrated [3] 1426/9 1426/20 1426/21 narration [1] 1427/6
NATHANIEL [1] 1376/9
national [5] 1442/13 1466/9 1488/15
1488/18 1500/1
natural [4] 1376/4 1386/17 1386/22 1395/24
naturally [1] 1387/2
nature [9] 1390/10 1391/3 1391/5
1398/5 1400/16 1411/17 1413/1
1423/18 1424/3
nausea [10] 1498/2 1499/1 1499/3
1500/9 1500/19 1500/20 1500/23
1500/25 1501/10 1501/18
near [2] 1406/16 1416/10
near-shoreline [1] 1416/10
nearly [1] 1453/12
nearshore [13] 1398/20 1400/4 1400/6
1400/21 1404/22 1404/24 1405/4
1405/22 1406/24 1415/5 1415/20 1513/3 1513/18
necessarily [1] 1509/1
necessary [4] 1401/13 1416/5 1454/11
1512/19
need [15] 1404/3 1408/23 1454/6
1459/7 1466/12 1490/24 1515/6
1521/24 1522/5 1522/16 1523/14
1523/18 1523/23 1523/23 1524/4
needed [11] 1388/21 1414/4 1416/24
1417/21 1418/5 1418/12 1419/13
1421/22 1422/15 1422/19 1437/8
needing [1] 1389/15
needs [2] 1419/5 1424/14
neighbors [1] 1423/13
net [1] 1513/16
never [2] 1437/6 1471/18
new [11] 1375/7 1376/23 1377/14
1378/2 1384/21 1385/19 1417/17
1418/15 1447/11 1448/16 1448/17
New Orleans [5] 1384/21 1385/19
1447/11 1448/16 1448/17
news [2] 1382/3 1521/11
next [22] 1380/13 1380/20 1384/16
1391/8 1399/3 1401/10 1423/12
1428/12 1428/14 1428/24 1436/23
1450/11 1451/5 1453/17 1457/19
1458/17 1469/9 1469/10 1474/9 1478/7
1510/4 1521/12
next-door [1] 1423/12
nice [3] 1440/11 1447/18 1452/11
NIEHS [1] 1517/23
night [1] 1393/20
nighttime [1] 1399/1
nine [1] 1385/19
NIOSH [55] 1439/15 1442/11 1443/9
1444/2 1450/16 1453/1 1456/11
1461/10 1461/15 1463/16 1463/22
1466/19 1466/21 1467/15 1470/3
1470/22 1470/24 1471/7 1472/20
1474/18 1483/13 1484/13 1489/4
1489/8 1492/17 1493/8 1493/10
1493/24 1499/24 1500/1 1500/4 1500/8
1500/18 1501/1 1501/9 1501/21 1502/5
1503/10 1503/18 1504/21 1507/4
1507/4 1507/8 1507/14 1507/16
noted [5] 1496/18 1497/20 1499/12 1503/18 1503/22
nothing [2] 1427/17 1451/12 notice [1] 1405/15 noticed [2] 1430/19 1431/24 now [32] 1382/22 1383/21 1384/8 1384/10 1387/22 1389/17 1394/9 1394/17 1394/24 1395/22 1399/14 1407/4 1413/6 1415/18 1418/15 1423/22 1425/13 1426/7 1428/19 1432/9 1444/2 1453/7 1456/24 1471/19 1482/11 1492/4 1501/3 1502/4 1502/10 1511/12 1521/15 1523/22 number [33] 1387/19 1394/12 1395/1 1402/13 1406/19 1418/23 1419/3 1424/25 1433/15 1437/4 1439/12 1439/15 1450/9 1458/17 1459/11 1469/21 1476/19 1486/13 1486/16 1486/22 1487/13 1487/18 1487/20 1488/10 1488/22 1495/1 1498/11 1498/16 1500/24 1510/10 1519/5 1520/14 1520/14 number one [7] 1402/13 1418/23 1469/21 1495/1 1500/24 1510/10 1520/14
number two [2] 1419/3 1520/14 numbers [3] 1436/12 1498/5 1512/13 NW [1] 1377/19

## O

O'ROURKE [1] 1376/6
object [1] 1426/8
objection [4] 1418/7 1427/7 1434/25 1499/6
objections [1] 1523/15
observation [3] 1406/18 1453/1 1484/12
Observational [1] 1474/20
observations [5] 1401/8 1401/9 1518/4
1518/25 1519/1
observed [3] 1475/8 1483/8 1493/6
observers [1] 1474/19
obtaining [1] 1416/24
obviously [4] 1386/14 1398/22 1414/25
1420/14
occasion [1] 1395/1
occasions [2] 1387/19 1387/19
occupational [44] 1433/25 1434/3
1442/13 1442/21 1442/22 1443/12
1444/2 1444/3 1451/1 1451/2 1456/10
1456/14 1456/18 1458/24 1458/25
1462/16 1463/23 1466/20 1489/4
1497/6 1497/14 1497/16 1498/3
1498/12 1498/21 1498/25 1500/2
1502/23 1503/7 1503/19 1503/22
1504/9 1504/22 1504/24 1505/4
1505/10 1505/20 1506/8 1509/22
1509/24 1510/18 1510/21 1520/10 1520/13
occur [4] 1406/23 1469/3 1469/17 1477/23
occurred [4] 1386/16 1388/6 1400/22 1481/7
occurrences [1] 1387/15
ocean [2] 1516/1 1516/20
oceangoing [1] 1403/15
OELs [2] 1442/20 1443/4
off [15] 1403/17 1403/24 1404/15
1406/16 1415/4 1435/4 1451/10 1473/8
1479/7 1487/5 1489/19 1497/22
1506/10 1516/21 1522/22
offer [1] 1436/16
offered [2] 1425/16 1426/19
offering [1] 1454/11
office [7] 1376/12 1376/17 1383/1
1420/3 1422/1 1521/25 1522/6 officer [7] 1383/21 1383/25 1384/3 1384/18 1388/5 1478/17 1479/1 offices [4] 1392/21 1392/25 1393/2 1425/3
official [4] 1378/1 1493/14 1524/11 1524/19
officials [9] 1419/11 1420/14 1420/15
1421/3 1421/9 1421/21 1477/25
1488/19 1492/9
offshore [20] 1375/12 1375/14 1383/18
1386/25 1392/10 1393/1 1395/11
1395/14 1398/20 1399/8 1399/21
1399/24 1400/21 1402/25 1405/19 1405/23 1406/16 1408/7 1408/18 1415/20
offshore/onshore [1] 1399/8 often [1] 1391/8
oh [3] 1452/14 1467/7 1471/1 oil [123] 1375/4 1375/4 1390/7 1391/16 1391/18 1391/20 1397/19 1398/24 1399/9 1400/19 1401/17 1401/23 1402/4 1402/11 1402/18 1402/18 1402/22 1403/1 1403/4 1403/4 1403/16 1403/21 1404/4 1404/18 1404/19 1405/14 1405/23 1406/1 1406/3 1407/2 1411/8 1412/11 1412/12 1413/5 1413/6 1413/12 1413/14 1413/19 1414/7 1414/25 1415/4 1429/25 1430/1 1430/10 1430/13 1430/16 1432/24 1435/7 1439/14 1441/8 1443/23 1445/1 1446/3 1446/19 1448/13 1455/11 1455/13 1460/10 1464/6 1464/8 1464/10 1465/6 1465/15 1465/16 1466/24 1469/21 1470/13 1471/2 1471/12 1472/6 1472/10 1472/23 1473/7 1473/11 1473/13 1473/15 1473/21 1473/22 1474/3 1474/13 1474/13 1474/15 1474/23 1474/25 1475/3 1475/4 1475/6 1475/8 1478/2 1478/5 1479/17 1481/1 1481/5 1481/9 1481/10 1481/18 1482/1 1489/25 1499/16 1499/17 1500/15 1500/16 1501/5 1501/6 1504/2 1505/10 1510/25 1511/6 1511/16 1511/22 1512/4 1512/7 1512/7 1512/8 1512/18 1513/2 1513/17 1514/11 1514/17 1515/3 1515/23 1515/25 1516/14
oils [2] 1406/18 1513/5
oily [2] 1403/23 1405/17
okay [19] 1380/5 1380/8 1380/17
1380/18 1380/22 1435/20 1442/3
1460/23 1474/12 1482/8 1490/7 1490/7
1498/13 1511/12 1521/16 1521/21
1522/7 1523/10 1524/2
Oklahoma [2] 1385/10 1385/11
omitted [1] 1522/18
on [207]
on-scene [12] 1383/7 1392/24 1394/14
1450/13 1450/24 1483/13 1492/17
1493/13 1494/15 1494/23 1495/6 1513/16
on-site [1] 1498/2
on-water [4] 1383/9 1401/9 1406/18 1413/3
onboard [2] 1383/16 1403/17
once [36] 1391/18 1400/21 1402/6
1402/11 1410/25 1412/4 1412/23
1447/14 1464/4 1473/17 1478/1 1479/3
1480/23 1483/18 1493/24 1494/8
1497/10 1501/2 1501/12 1501/20
1501/25 1502/8 1502/20 1504/6 1504/6

| O | opportunity [9] 1384/17 1385/1 1386/14 1391/10 1394/21 1405/21 1406/1 | 1483/13 1484/13 |
| :---: | :---: | :---: |
| ce... [11] 1505/14 1506/10 1507/11 | 1427/20 1428/3 | 1486/22 1486/25 1487/10 1488/9 |
| 514/5 1514/8 1517/18 15 | opposed [1] 1476/5 | 1488/11 1489/4 1489/8 1489/10 |
| 1519/17 1519/23 1520/9 | opposing [1] 1523/9 | 1492/17 1493/8 1493/10 1493/24 |
| one [90] 1380/6 1382/24 1387/20 | opposite [2] 1447/3 1447/18 | 1503/9 1503/18 1505/25 1506/3 1506/9 |
| 1388/14 1389/10 1390/12 1390/12 | ops [1] 1384/4 | 1506/15 1506/18 1506/22 1506/23 |
| 1390/15 1395/2 1395/20 1396/18 | or [126] 1386/16 1386/24 1387/2 138 | 1508/14 1508/21 1509/24 |
| 1397/21 1398/14 1398/17 1401/22 | 1390/24 1393/2 1395/11 1395/24 | OSHA's [3] 1456/25 1457/6 1503/24 |
| 1402/13 1403/9 1404/9 1406/10 | 1396/20 1400/12 1402/4 1405/11 | OSHA-reportable [1] 1488/11 |
| 1407/11 1413/12 1413/22 1415/8 | 1406/3 1406/11 1409/17 1413/20 | other [48] 1389/1 1391/12 1392/17 |
| 1416/22 1418/9 1418/17 1418/23 | 1415/4 1416/13 1418/24 1419/22 | 1392/17 1393/19 1394/10 1394/21 |
| 1419/9 1419/23 1425/13 1426/3 1427/3 | 1420/9 1420/9 1420/25 1421/20 | 1398/17 1399/24 1400/8 1407/14 |
| 1436/9 1440/11 1440/12 1440/12 | 1422/10 1426/16 1430/11 1432/23 | 1409/13 1415/15 1417/9 1421/5 |
| 1440/13 1443/17 1443/18 1452/11 | 1434/23 1435/16 1437/21 1439/18 | 1421/20 1421/21 1423/4 1426/9 |
| 1452/14 1452/15 1452/20 1453/10 | 1439/22 1440/9 1440/20 1441/8 1442/7 | 1427/25 1428/1 1432/7 1438/17 |
| 1454/13 1455/2 1457/5 1461/6 1462/1 | 1442/19 1442/20 1443/3 1443/7 | 1452/13 1454/23 1458/19 1459/8 |
| 1463/5 1463/15 1464/12 1466/8 | 1443/11 1444/1 1445/16 1445/19 | 1462/7 1463/13 1463/15 1464/12 |
| 1466/13 1469/21 1475/22 1475/24 | 1446/2 1447/6 1447/10 1447/23 | 1468/11 1469/14 1469/19 1469/20 |
| 1477/24 1478/14 1483/20 1484/17 | 1450/10 1451/10 1452/10 1454/9 | 1469/24 1471/9 1471/20 1471/21 |
| 1485/11 1487/19 1489/10 1489/25 | 1454/10 1454/17 1455/14 1456/22 | 1474/21 1475/24 1481/9 1481/9 |
| 1491/8 1491/22 1492/13 1495/1 | 1457/21 1458/3 1459/7 1459/19 1460/3 | 1488/19 1516/24 1517/1 1517/2 1518/9 |
| 1497/15 1497/16 1498/2 1500/9 | 1460/25 1461/20 1463/5 1465/6 | others [4] 1385/24 1394/1 1408/25 |
| 1500/19 1500/24 1501/10 1501/18 | 1465/19 1466/1 1466/17 1469/1 1469/1 | 1472/25 |
| 1501/23 1502/7 1507/9 1509/9 1509/16 | 1469/18 1471/2 1471/5 1471/13 | our [76] 1380/13 1380/20 1386/25 |
| 1509/25 1510/3 1510/10 1517/21 | 1472/25 1473/22 1474/6 1475/20 | 1388/21 1389/25 1390/4 1390/16 |
| 1518/21 1519/9 1520/14 1522/8 | 1477/14 1477/25 1481/6 1482/1 1482/4 | 1390/22 1391/3 1391/5 1391/14 |
| one's [2] 1456/22 1481/5 | 1486/19 1487/4 1487/4 1487/5 1487/7 | 1391/17 1391/18 1392/2 1392/20 |
| ones [1] 1430/13 | 1488/19 1490/1 1490/1 1490/2 1490/4 | 1393/1 1393/16 1396/7 1397/8 1397/9 |
| ongoing [7] 1397/7 1398/7 1421/18 | 1490/9 1492/5 1493/6 1494/11 1494/23 | 1398/3 1398/6 1398/17 1398/19 1399/1 |
| 1422/12 1466/10 1512/19 1513/1 | 1496/4 1497/13 1497/22 1498/2 | 1399/2 1399/12 1400/17 1400/17 |
| only [20] 1398/24 1398/25 1402/9 | 1498/21 1498/22 1500/12 1501/7 | 1401/8 1401/8 1401/9 1401/12 1401/1 |
| 1404/5 1417/13 1417/13 1432/16 | 1501/13 1502/2 1502/23 1503/24 | 1401/16 1402/5 1402/9 1402/13 |
| 1433/15 1453/8 1453/11 1462/14 | 1504/18 1505/1 1505/21 1506/11 | 1402/16 1402/17 1402/22 1402/25 |
| 1478/22 1486/17 1497/6 1498/25 | 1508/17 1510/25 1512/18 1512/18 | 1405/23 1406/1 1406/1 1406/2 1406/4 |
| 1503/2 1506/15 1507/8 1518/11 | 1513/15 1517/11 1517/21 1520/7 | 1406/18 1407/14 1413/1 1413/12 |
| 1522/17 | 1521/24 1522/9 1523/13 | 1413/13 1413/17 1413/22 1414/2 |
| onshore [4] 1395/14 1398/21 1399 | oral [5] 1449/16 1477/19 1480/11 | 1415/24 1415/25 1416/15 1418/20 |
| 1416/15 | 1480/15 1480/20 | 1421/12 1424/14 1426/25 1428/14 |
| Onto [2] 1402/2 1402/11 | orange [1] 1405/13 | 1432/4 1432/5 1433/3 1433/22 1434/1 |
| Oops [1] 1488/22 | order [5] 1401/20 1439/17 1479/23 | 1445/20 1454/13 1455/23 1475/3 |
| open [2] 1422/13 1478/22 | 1521/10 1522/19 | 1492/23 1501/15 1519/6 1521/12 |
| opening [1] 1479/9 | orders [5] 1461/21 1461/22 1461/24 | out [35] 1381/10 1382/13 1392/6 1395/8 |
| operate [2] 1398/25 1402/8 | 1462/3 1479/25 | 1395/13 1395/15 1397/5 1403/1 |
| operating [10] 1383/21 1383/25 1384/3 | ordinarily [1] 1445/13 | 1404/24 1413/21 1419/15 1422/8 |
| 1384/9 1384/17 1388/5 1393/2 1398/14 | ordinary [1] 1492/5 | 1424/21 1427/2 1463/12 1464/6 |
| 1399/11 1401/3 | organisms [1] 1516/19 | 1465/21 1466/25 1468/8 1468/21 |
| operation [5] 1392/6 1395/9 1396/18 | organization [6] 1388/14 1390/17 | 1468/22 1473/12 1476/18 1480/3 |
| 1398/7 1495/5 | 1390/21 1393/3 1394/1 1456/13 | 1482/23 1484/5 1487/21 1491/5 |
| operational [7] 1387/3 1393/17 1399/22 | Organization's [1] 1389/13 | 1494/18 1514/21 1515/9 1515/18 |
| 1420/6 1425/4 1450/12 1475/14 | organizations [1] 1388/23 | 1517/4 1518/21 1524/2 |
| operations [33] 1383/8 1383/16 1385/18 | organize [1] 1395/24 | outboard [1] 1415/3 |
| 1385/23 1385/24 1387/1 1390/19 | organized [1] 1406/7 | outdoor [2] 1465/20 1489/15 |
| 1391/5 1391/11 1392/11 1392/22 | orientation [1] 1392/9 | outdoors [1] 1470/1 |
| 1393/1 1394/8 1397/7 1397/25 1398/24 | original [1] 1408/13 | outline [1] 1431/8 |
| 1399/3 1399/22 1400/6 1400/17 | originally [2] 1399/7 1521/22 | outlined [2] 1449/21 1455/21 |
| 1400/24 1402/18 1405/20 1406/7 | Orleans [9] 1375/7 1376/23 1377/14 | outlines [2] 1449/2 1480/14 |
| 1407/15 1410/12 1415/5 1415/19 | 1378/2 1384/21 1385/19 1447/11 | outreach [6] 1423/23 1423/25 1424/6 |
| 1416/6 1416/11 1416/12 1417/15 | 1448/16 1448/17 | 1424/19 1424/21 1425/7 |
| 1470/14 ${ }^{\text {d }}$ 1395/4 | orphans [1] 1523/24 | outs [1] 1458/11 |
| operator [1] 1395/4 | OSAT [24] 1450/12 1450/20 1450/21 | outside [1] 1470/20 |
| opinion [15] 1430/5 1437/25 1437/25 | 1475/14 1476/22 1476/25 1477/21 | over [16] 1397/2 1398/10 1404/4 1410/5 |
| 1464/17 1466/12 1472/25 1472/25 | 1481/19 1511/20 1511/20 1512/2 | 1425/5 1432/3 1443/7 1446/20 1456/19 |
| 1475/12 1481/13 1488/19 1490/2 | 1512/12 1512/15 1512/15 1512/17 | 1464/6 1464/9 1465/15 1486/5 1498/17 |
| 1493/1 1502/15 1513/22 1513/25 | 1512/21 1512/23 1512/23 1512/25 | 1518/2 1519/23 |
| opinions [25] 1430/8 1430/24 1430/24 | 1513/1 1513/4 1513/6 1513/8 1513/15 | overall [1] 1437/11 |
| 1436/15 1436/15 1437/9 1437/12 | OSAT-1 [11] 1511/20 1512/2 1512/15 | overdoses [1] 1432/11 |
| 1437/17 1438/3 1438/11 1439/4 | 1512/17 1512/21 1512/23 1512/23 | overexertion [1] 1470/17 |
| 1439/15 1439/18 1439/22 1440/14 | 1512/25 1513/1 1513/4 1513/6 | overlaps [1] 1383/22 |
| 1440/18 1449/9 1454/11 1466/4 | OSAT-2 [5] 1476/25 1511/20 1512/15 | overnight [1] 1401/15 |
| 1467/20 1476/9 1480/11 1482/12 | 1513/8 1513/15 | Overruled [1] 1418/8 |
| 1495/7 1514/17 <br> opportunities [2] 1424/11 1424/14 | OSHA [39] 1416/17 1450/14 1453/12 1456/11 1461/15 1472/21 1474/18 | oversee [1] 1384/4 <br> overseeing [3] 1383/17 1384/10 |

perceived [1] 1519/16
percent [7] 1461/12 1473/20 1506/13
1507/21 1508/1 1514/10 1518/5
percentage [1] 1481/10
percentile [1] 1458/23
performed [3] 1411/4 1449/7 1508/24
performing [2] 1451/9 1472/3
perhaps [1] 1514/21
perimeter [1] 1451/8
period [12] 1382/23 1393/21 1393/23
1394/7 1398/10 1412/24 1425/5
1463/10 1474/15 1486/5 1520/6 1520/15
periods [2] 1473/3 1475/1
permissible [1] 1508/14
person [4] 1432/5 1454/19 1474/22 1498/1
personal [9] 1385/5 1413/24 1433/3
1474/16 1480/25 1509/10 1509/17
1510/8 1510/14
personally [2] 1413/11 1427/19
perspective [4] 1420/12 1478/25
1482/18 1504/4
Perth [5] 1381/9 1381/10 1384/18
1384/20 1385/14
pertinent [4] 1432/19 1461/22 1478/19 1494/15
petroleum [3] 1375/12 1377/17 1385/10 Ph.D [1] 1431/14
phrase [1] 1400/16
phrases [1] 1499/1
physical [3] 1416/19 1431/21 1511/16
physically [3] 1398/4 1406/2 1416/9
physician [6] 1429/11 1431/13 1432/1
1432/2 1478/4 1494/8
physicians [4] 1432/4 1432/5 1433/23 1500/22
pick [3] 1418/3 1461/6 1491/4
picked [1] 1445/21
picture [8] 1397/14 1397/20 1398/2
1398/14 1399/11 1401/3 1514/9 1514/9
piece [4] 1415/9 1467/3 1467/4 1478/22
pieces [1] 1401/4
pins [1] 1398/11
pipelines [1] 1387/1
pitch [8] 1504/14 1504/19 1504/21
1506/23 1508/11 1508/14 1508/18 1508/22
place [15] 1390/23 1396/20 1396/21
1400/25 1419/18 1420/21 1421/8
1421/10 1422/2 1422/3 1424/21 1425/6
1479/4 1489/10 1489/12
places [2] 1392/17 1481/9
plan [4] 1401/12 1478/22 1484/1
1521/12
plane's [1] 1412/24
planned [1] 1380/12
planning [3] 1400/24 1410/9 1410/16
plans [5] 1390/16 1400/9 1414/9
1415/11 1415/13
Plaquemines [2] 1421/7 1421/8
plastic [1] 1414/24
platforms [1] 1386/25
play [2] 1404/9 1405/7
playing [1] 1477/4
please [60] 1380/3 1381/1 1381/7
1381/13 1382/11 1385/7 1386/6 1387/9 1389/18 1396/16 1403/7 1404/10 1406/7 1409/8 1414/20 1414/21 1427/16 1428/6 1428/23 1429/5 1431/6 1431/11 1435/25 1437/15 1437/17 1439/8 1439/11 1440/25 1442/7 1443/1 1443/19 1444/22 1446/15 1448/7

1448/9 1449/24 1453/24 1455/5 1455/9
1456/6 1457/14 1457/18 1464/25
1467/23 1472/18 1476/13 1476/16
1487/22 1488/5 1494/20 1498/8
1498/15 1498/17 1499/10 1505/6 1510/1 1511/3 1514/20 1515/18 1518/20
plus [1] 1486/22
pocket [9] 1499/24 1500/4 1500/8
1500/10 1500/18 1501/1 1501/9
1501/21 1502/5
point [18] 1388/7 1395/9 1407/24
1408/9 1410/16 1419/21 1426/25
1438/15 1444/6 1465/24 1467/2
1472/23 1473/24 1474/9 1475/11
1480/3 1483/2 1514/12
points [1] 1462/10
poison [1] 1434/9
polycyclic [5] 1460/11 1462/4 1473/19
1501/6 1505/1
pop [1] 1467/7
population [1] 1515/4
port [1] 1415/17
portion [5] 1407/11 1485/9 1491/8 1516/7 1516/11
ports [1] 1417/6
position [3] 1382/23 1397/6 1414/14
positioned [1] 1397/18
positions [1] 1382/13
possibilities [1] 1438/4
possible [8] 1380/14 1390/11 1391/16 1397/8 1402/14 1413/14 1470/13 1471/21
possibly [4] 1451/10 1454/17 1455/14 1497/8
post [7] 1376/12 1376/17 1383/5
1386/24 1399/6 1421/12 1423/9
post-Katrina [1] 1423/9
posted [2] 1511/21 1512/3
posting [1] 1425/25
posts [1] 1421/6
potential [16] 1397/9 1429/23 1449/13
1449/15 1454/3 1456/16 1464/19
1468/24 1469/24 1477/9 1480/21
1481/15 1495/3 1504/22 1513/8 1520/3
potentially [3] 1407/2 1430/13 1471/1
powers [1] 1395/20
Poydras [2] 1377/14 1378/1
PPE [6] 1474/16 1474/22 1483/25
1513/23 1514/1 1514/4
PR [1] 1426/16
practice [1] 1386/14
practicing [2] 1431/13 1432/1
precisely [1] 1456/3
predicted [4] 1447/23 1447/25 1448/22
1467/12
predictive [1] 1447/2
preliminary [4] 1380/4 1518/4 1518/24
1519/1
premised [2] 1502/15 1513/22
preparation [2] 1386/2 1400/4
prepare [6] 1411/23 1421/14 1427/17
1431/3 1449/20 1494/18
prepared [15] 1399/2 1399/19 1419/4
1429/16 1437/11 1439/5 1449/2
1459/24 1462/25 1467/20 1476/13
1480/3 1480/14 1482/13 1483/3
preparing [3] 1399/23 1455/2 1517/10
prescribed [2] 1393/17 1514/1
presence [1] 1512/17
present [7] 1423/6 1458/20 1472/10
1501/3 1502/4 1502/10 1504/8
presented [4] 1396/18 1422/16 1458/3
presented... [1] 1473/25
presents [1] 1486/5
president [3] 1382/7 1384/6 1385/23
presidents [2] 1420/9 1420/25
Press [1] 1453/22
pretty [7] 1380/14 1433/9 1433/12
1439/10 1448/4 1452/1 1490/21
prevalence [1] 1433/21
prevent [1] 1413/16
preventing [1] 1413/12
Prevention [1] 1443/22
previous [1] 1448/19
previously [2] 1426/11 1470/16
primarily [8] 1430/13 1444/4 1447/9
1450/9 1456/9 1483/12 1500/11 1512/8
primary [6] 1432/4 1473/18 1484/6
1489/4 1491/15 1511/15
principal [2] 1413/22 1419/8
principally [1] 1403/1
prior [6] 1383/19 1385/13 1385/21
1386/4 1387/6 1457/13
priorities [2] 1415/11 1479/4
prioritized [1] 1401/14
priority [3] 1402/5 1414/9 1478/21
private [2] 1456/13 1456/22
probably [5] 1390/17 1396/23 1464/1
1502/11 1521/24
problem [3] 1452/15 1491/6 1524/7
problematic [2] 1408/19 1474/25
proceed [1] 1495/19
proceedings [4] 1375/18 1378/5 1524/8 1524/15
process [16] 1388/20 1396/1 1406/22 1406/25 1412/12 1449/8 1451/15 1453/17 1454/2 1454/8 1455/8 1457/16 1473/21 1475/5 1483/4 1515/23
processes [1] 1386/9
procure [5] 1407/5 1407/13 1407/23 1409/24 1410/3
procured [3] 1407/17 1409/15 1409/17
procurement [4] 1407/8 1407/10
1407/12 1407/20
procuring [1] 1409/22
produced [2] 1511/20 1512/2
product [2] 1418/2 1457/25
PRODUCTION [6] 1375/10 1375/11
1377/3 1387/25 1388/4 1388/8
productive [1] 1466/22
products [5] 1430/14 1465/12 1474/1
1474/4 1474/5
profession [1] 1446/22
professional [2] 1431/9 1432/7
professionalism [1] 1427/24
professor [3] 1429/12 1431/24 1432/4
program [5] 1424/6 1426/16 1479/5
1481/22 1484/17
programs [1] 1425/15
progress [2] 1389/12 1401/6
project [1] 1478/8
properly [1] 1416/1
prospect [1] 1481/2
protect [10] 1390/5 1390/6 1414/7
1414/8 1415/3 1415/14 1416/9 1461/3
1481/23 1495/9
protecting [4] 1391/14 1393/8 1397/8 1433/4
protection [2] 1383/10 1393/9
protective [5] 1433/3 1454/10 1474/16
1480/25 1502/20
protocol [1] 1455/22
protocols [1] 1479/9
proud [1] 1428/2
prove [1] 1396/7
provide [17] 1384/1 1389/10 1389/16
1391/3 1393/9 1411/13 1417/20 1420/5
1420/6 1421/12 1421/17 1422/19
1424/9 1424/10 1425/7 1432/13
1513/15
provided [4] 1412/17 1416/4 1485/11
1485/19
providing [1] 1483/25
provision [1] 1415/21
psoriasis [1] 1474/2
public [24] 1418/17 1418/21 1418/24
1419/6 1422/6 1425/18 1430/1 1433/6
1433/7 1433/10 1433/11 1433/19
1434/24 1448/12 1459/3 1474/6 1476/3
1479/1 1481/23 1482/18 1488/14
1495/3 1495/10 1519/9
publicly [8] 1426/4 1426/13 1435/13
1435/15 1436/22 1445/5 1450/4
1479/13
publish [1] 1440/1
published [7] 1433/2 1435/13 1439/18
1446/17 1467/6 1489/3 1514/16
pull [8] 1414/16 1426/7 1511/9 1514/20
1514/21 1515/10 1515/18 1517/3
pulled [4] 1404/19 1439/15 1516/17
1523/22
pulls [1] 1403/20
pure [3] 1500/11 1501/13 1502/2
purpose [5] 1389/9 1390/12 1403/16
1512/21 1513/15
purpose-built [1] 1403/16
purposes [2] 1392/9 1477/13
pursue [1] 1403/1
pushing [1] 1408/19
put [12] 1395/2 1396/12 1396/20
1424/21 1450/23 1460/16 1463/11
1470/25 1475/15 1519/5 1522/16 1524/4
putting [4] 1398/24 1419/17 1457/22 1459/15

QBE [1] 1375/15
qualifications [1] 1431/3
quality [7] 1394/18 1424/16 1440/17
1446/1 1446/3 1515/2 1515/24
quantities [1] 1402/23
quantity [4] 1436/21 1436/25 1505/15
1517/18
quarterly [1] 1386/12
question [13] 1415/18 1416/23 1433/24
1435/3 1444/17 1489/21 1491/15
1491/16 1499/9 1499/10 1510/14
1511/25 1522/17
questionnaire [1] 1468/8
questionnaires [1] 1468/21
questions [22] 1387/22 1420/8 1420/13
1420/16 1421/15 1421/15 1421/19
1421/20 1422/13 1422/17 1423/4
1423/19 1424/4 1428/7 1429/13
1429/17 1429/21 1430/6 1438/15
1438/19 1460/5 1520/20
quick [1] 1404/11
quickly [5] 1402/3 1407/16 1408/22
1414/20 1422/17
quote [4] 1443/21 1470/11 1478/18 1492/22
quoted [1] 1516/15
R
RACHEL [2] 1376/8 1376/8
radiation [1] 1431/22
raised [3] 1420/8 1421/15 1424/5
ramped [1] 1417/15
ran [1] 1393/17
range [2] 1425/9 1463/18
rapidly [2] 1397/2 1417/1
rate [12] 1487/10 1488/2 1488/8
1488/13 1488/15 1488/17 1489/9
1489/11 1492/5 1492/7 1492/8 1495/5
rates [2] 1433/20 1433/21
RE [1] 1375/4
reach [13] 1430/5 1430/24 1437/9
1438/10 1439/17 1440/20 1445/16
1449/9 1451/23 1474/11 1480/11
1483/10 1484/14
reached [4] 1445/18 1464/19 1473/22
1495/7
reaching [3] 1430/24 1449/7 1476/9
read [11] 1441/3 1442/10 1468/3
1469/19 1487/16 1489/7 1494/22
1511/12 1514/22 1516/16 1517/4
readiness [1] 1400/10
reads [1] 1470/23
real [7] 1394/21 1398/13 1404/11
1459/13 1461/11 1497/10 1519/15
real-time [1] 1398/13
realized [3] 1410/6 1422/17 1427/19
really [13] 1404/2 1404/3 1423/9
1423/20 1434/17 1447/16 1459/13
1459/14 1462/22 1466/7 1469/22
1471/15 1510/22
realtime [1] 1397/16
reason [4] 1461/10 1463/8 1491/5
1505/24
reasonable [1] 1521/9
reasons [8] 1389/10 1407/21 1457/5
1509/9 1509/16 1510/10 1510/23
1521/9
reassuring [4] 1439/3 1443/13 1462/12
1464/16
recall [7] 1395/1 1395/8 1406/14
1424/25 1497/17 1497/17 1506/10
receive [1] 1409/2
received [4] 1386/3 1387/11 1523/13 1523/17
receiving [2] 1410/4 1420/16
recently [1] 1433/16
recess [4] 1428/18 1428/22 1522/15
1524/5
recollection [2] 1409/20 1510/13
recommend [2] 1478/3 1478/4
recommendation [1] 1413/22
recommendations [1] 1410/10
recommended [1] 1508/17
reconfigure [1] 1407/1
record [11] 1381/1 1381/7 1381/8
1429/5 1435/4 1492/8 1492/15 1494/22
1522/16 1524/5 1524/15
recordable [1] 1486/4
recorded [1] 1378/5
recovering [1] 1391/19
recovery [1] 1405/24
recreation [1] 1400/13
recreational [1] 1415/16
red [1] 1441/18
redirect [1] 1520/21
reduce [1] 1402/4
Reference [1] 1500/23
referenced [1] 1420/20
references [2] 1517/4 1517/4
referred [1] 1446/22
referring [4] 1382/19 1450/10 1502/2
1512/12

## R

refine [1] 1422/15
reflected [1] 1495/2
refresh [1] 1510/13
REGAN [1] 1377/4
regard [12] 1384/13 1387/22 1391/11 1392/14 1407/4 1408/6 1410/10 1422/4 1427/23 1442/16 1489/9 1501/14
regarding [5] 1437/12 1464/19 1490/5 1511/21 1513/21
regards [5] 1408/15 1410/11 1417/17
1421/17 1430/3
region [2] 1424/22 1514/14
register [1] 1496/19
REL [3] 1508/17 1508/22 1508/23 relate [1] 1516/21
related [18] 1437/20 1448/13 1454/12
1454/20 1490/9 1491/6 1492/4 1493/2
1493/3 1496/3 1496/8 1496/23 1497/1
1497/1 1497/4 1497/15 1497/18 1497/22
relates [3] 1375/6 1382/14 1481/3 relation [1] 1404/7
relationship [2] 1387/23 1388/10 relative [1] 1495/8
released [5] 1464/8 1499/17 1500/15
1501/5 1515/25
relevant [3] 1431/9 1432/7 1439/16 reliable [5] 1440/15 1445/10 1472/8 1476/11 1483/17
relied [3] 1445/13 1476/9 1515/14
remain [2] 1413/19 1422/2
remained [2] 1422/3 1513/2
Remaining [1] 1409/16
remains [1] $1427 / 5$
remarkably [1] 1495/4
remember [7] 1467/25 1501/15 1501/15
1502/22 1504/6 1506/20 1507/11
remind [2] 1465/24 1485/17
reminded [2] 1391/13 1392/1
reminder [2] 1390/21 1522/20
reminders [1] 1391/11
remnant [1] 1513/17
removal [3] 1473/10 1512/19 1513/2
remove [4] 1401/17 1402/4 1403/4 1473/17
removed [2] 1465/16 1473/21
removing [3] 1391/19 1402/22 1513/17
render [2] 1436/3 1440/18
repeat [3] 1491/22 1499/10 1509/14 repeatedly [1] 1392/1
replaced [1] 1414/13
report [28] 1458/5 1458/7 1458/12
1473/25 1476/7 1476/22 1496/16
1496/18 1497/20 1498/4 1499/4
1499/12 1503/18 1503/22 1504/1
1505/20 1505/22 1505/23 1511/7
1513/6 1514/25 1515/21 1516/7 1516/12 1516/13 1516/15 1516/17 1516/25
reportable [5] 1486/17 1486/22 1486/25 1487/10 1488/11
reported [2] 1486/3 1500/25
Reporter [3] 1378/1 1524/12 1524/19
reporting [1] 1486/20
reports [15] 1430/8 1436/3 1436/9 1452/24 1492/20 1498/11 1499/4 1499/16 1499/23 1503/12 1516/2 1516/5 1516/22 1516/24 1517/10 reposition [3] 1399/1 1401/15 1407/1 represent [3] 1385/2 1498/10 1498/24 representative [1] 1383/1
representatives [5] 1394/10 1420/1 1420/10 1422/10 1478/15
represented [5] 1392/20 1394/10 1394/12 1394/15 1396/9
representing [2] 1382/24 1383/16
reproductive [1] 1519/16
reproductive-age [1] 1519/16
request [5] 1408/7 1408/10 1408/14 1411/1 1522/12
requests [1] 1408/3
require [1] 1486/18
required [3] 1487/2 1487/3 1487/15
requirements [1] 1387/14
requires [1] 1488/9
research [7] 1432/18 1432/18 1519/3
1519/9 1519/11 1519/14 1519/23
researching [1] 1519/20
residents [11] 1429/24 1437/21 1451/6
1465/4 1465/19 1475/11 1481/14
1481/16 1496/4 1513/13 1518/7
residues [1] 1479/17
resource [3] 1399/12 1425/22 1426/5
resources [16] 1376/4 1389/23 1391/22
1400/17 1401/13 1406/23 1407/19
1408/23 1410/24 1417/20 1418/5 1418/11 1421/21 1425/19 1426/15 1521/13
respective [2] 1421/5 1422/9
respiratory [7] 1448/16 1448/18 1468/3
1468/25 1469/2 1470/15 1471/4
respond [6] 1387/15 1398/13 1420/7
1420/15 1420/16 1499/9
responded [1] 1425/9
responders [5] 1390/4 1394/3 1395/19
1415/25 1495/5
responding [2] 1386/22 1421/19
response [116] 1381/15 1381/22 1382/5
1383/18 1384/2 1384/3 1384/5 1384/9
1384/25 1386/2 1386/4 1386/10
1386/19 1387/18 1387/23 1388/9
1388/13 1388/13 1388/14 1388/16
1388/24 1389/2 1389/4 1389/13
1389/20 1389/25 1390/13 1390/17
1391/12 1391/21 1392/14 1394/1
1394/19 1395/5 1395/24 1396/2
1396/25 1397/2 1397/22 1398/3
1398/16 1398/18 1399/12 1399/20
1400/14 1400/24 1401/14 1401/19
1401/22 1402/24 1406/5 1406/25
1407/5 1407/11 1409/2 1409/4 1409/7
1409/11 1409/19 1409/25 1410/18
1410/21 1412/15 1412/18 1413/8 1413/10 1413/23 1413/25 1414/5
1414/11 1415/7 1415/8 1416/23 1418/6
1418/12 1418/20 1420/1 1420/11
1420/18 1421/18 1422/12 1423/12
1423/20 1424/1 1424/2 1425/12
1425/14 1427/15 1427/18 1445/1
1466/10 1467/15 1467/16 1474/17
1484/4 1487/9 1487/12 1487/12
1487/18 1488/17 1489/9 1492/6
1492/16 1494/1 1494/3 1495/2 1496/20
1501/12 1502/8 1509/11 1509/18
1510/9 1513/22 1513/25 1517/13
1518/1
responses [1] 1386/10
responsibilities [3] 1384/4 1384/7 1386/13
responsibility [3] 1392/3 1393/14 1421/23
responsible [7] 1382/25 1383/8 1384/9
1385/23 1389/22 1395/3 1456/10 restoration [2] 1384/11 1389/13
restricted [3] 1486/19 1487/4 1487/7 result [13] 1386/16 1429/25 1443/25 1445/3 1465/7 1466/17 1479/6 1480/12 1480/23 1481/17 1486/19 1493/4 1496/5
resulted [3] 1437/13 1487/5 1497/22 resulting [4] 1434/22 1457/25 1470/15 1470/17
results [26] 1411/13 1442/18 1443/10
1458/2 1458/17 1458/25 1460/25
1466/13 1479/13 1484/19 1504/10
1504/14 1504/25 1505/4 1505/10
1505/12 1505/2 1506/8 1506/9
1506/15 1506/18 1506/23 1507/18
1507/24 1508/11 1508/21
resume [1] 1380/4
retained [1] 1429/13
retired [1] 1384/15
revealed [1] 1448/12
review [25] 1409/7 1409/10 1409/12
1440/6 1445/7 1449/11 1453/16
1480/10 1481/6 1503/6 1504/9 1504/13
1504/14 1504/24 1506/7 1506/9
1506/18 1507/17 1511/20 1511/21
1513/4 1513/6 1516/2 1516/5 1518/24
reviewed [15] 1476/7 1483/17 1492/13
1496/12 1506/15 1507/13 1507/16
1507/18 1507/24 1510/24 1511/7
1512/14 1514/16 1516/23 1517/16
reviewing [2] 1467/18 1505/9
Reviews [1] 1446/18
Reyerson [1] 1515/20
ribbons [1] 1413/15
Rice [3] 1516/6 1516/15 1516/24
RICHARD [3] 1376/11 1380/13 1521/18 rig [2] 1375/4 1430/21
right [63] 1383/23 1392/11 1394/9
1395/6 1398/2 1404/14 1427/9 1428/18
1428/24 1435/2 1449/20 1450/3
1450/14 1453/22 1456/2 1460/19
1464/6 1464/9 1464/12 1465/14
1465/15 1470/12 1473/8 1473/14
1473/25 1475/13 1477/2 1479/4
1480/21 1486/6 1487/14 1488/3
1488/15 1490/23 1490/25 1491/1 1495/14 1497/7 1500/2 1501/3 1502/4
1502/10 1502/20 1502/23 1503/10
1503/24 1506/9 1506/19 1506/24
1507/2 1507/22 1508/2 1508/12
1508/22 1508/23 1509/7 1509/13
1509/20 1513/23 1514/2 1517/8
1518/16 1520/23
rise [1] 1428/21
rises [1] 1473/13
risk [38] 1436/24 1444/1 1449/14
1454/3 1454/7 1454/19 1454/24 1455/3
1455/8 1455/22 1457/17 1464/21
1472/4 1472/15 1474/10 1475/12
1475/17 1475/21 1477/11 1484/11
1491/20 1491/24 1493/1 1502/13
1502/14 1502/16 1502/18 1502/19
1502/25 1509/9 1509/16 1509/21
1510/7 1510/17 1510/20 1512/21
1512/24 1513/9
risks [1] 1454/20
road [1] 1470/14
ROBERS [1] 1376/9
ROBERT [8] 1377/9 1407/21 1408/22
1409/22 1421/5 1429/1 1429/2 1429/6
Robertson [2] 1523/5 1523/6
robust [2] 1437/3 1503/12
robustly [1] 1396/8
role [14] 1381/20 1382/10 1383/19

| R | 1441/24 1451/2 1452/15 1455/16 1466/11 1472/23 1474/9 1475/11 | separated [1] 1463/8 |
| :---: | :---: | :---: |
| role... [11] 1383/22 1384/7 1388/4 | 1485/13 1497/13 1497/16 1498/20 | eparating [2] 1403/17 1412/12 |
| 1389/19 1389/22 1390/25 1392/3 | 1511/15 | September [3] 1436/10 1436/10 |
| 1393/24 1433/14 1433/19 1493/13 | scale [2] 1396/5 1427/18 | 1446/17 |
| roles [1] 1386/12 | scaled [1] 1425/5 | September 12 [1] 1436/10 |
| room [4] 1378/1 1469/6 1470/2 1490/20 | scenario [1] 1475/23 | September 26 [1] 1436/10 |
| Round [2] 1473/25 1515/21 | scenarios [1] 1475/22 | series [1] 1393/17 |
| Round 1 [2] 1473/25 1515/21 | scene [12] 1383/7 1392/24 1394/14 | serious [3] 1493/25 1494/3 1494/7 |
| routine [1] 1387/10 | 1450/13 1450/24 1483/13 1492/17 | seriousness [1] 1437/12 |
| routinely [2] 1393/14 1434/4 | 1493/13 1494/15 1494/23 1495/6 | serve [2] 1428/1 1433/14 |
| rule [1] 1491/5 | 1513/16 | served [5] 1383/19 1402/4 1523/12 |
| run [2] 1432/9 1451/17 | schedule [4] 1393/11 1393/21 1394/2 | 1523/13 1523/15 |
| runs [1] 1490/15 | 1394/4 | service [5] 1417/25 1432/10 1432/10 |
| Russian [2] 1417/24 1417/25 | scheduled [1] 1521/22 | 1432/13 1432/15 |
| Russian-built [1] 1417/24 | schedules [1] 1394/6 | services [5] 1389/24 1392/4 1407/14 |
| S | School [1] 1431/25 | 1418/11 1426/19 |
| safe [9] 1416/5 1423/3 1423/3 | science [9] 1422/22 1431/20 1450/12 | set [10] 1388 |
| 1454/17 1455/16 1480/8 1480/9 1480/9 | 1466/15 1467/12 1471/16 1475/14 | 1422/11 1433/1 |
| safety [26] 1390/4 1391/11 1391/15 | 1478/20 1520/3 | 1463/7 1496/20 1506/22 |
| 1397/25 1406/12 1412/14 1415/18 | Sciences [1] 1416/18 | sets [4] 1382/13 1397/25 1400/21 |
| 1415/21 1415/25 1416/16 1442/13 | scientists [4] 1450/21 1450/23 1476/3 | 1444/13 |
| 1463/23 1478/13 1479/5 1479/16 | 1477/8 | setting [1] 1434/13 |
| 1479/23 1481/22 1484/6 1485/16 | scoot [1] 1381/12 | setup [1] 1388/14 |
| 1492/8 1492/15 1493/16 1495/1 1500/2 | scope [3] 1487/9 1487/11 1514/6 | seven [3] 1394/4 1402/9 1448/17 |
| 1510/24 1517/7 | Scott [2] 1409/8 1409/11 | seven-days-a-week [1] 1394/4 |
| safety and [1] 1406/12 | screen [4] 1441/24 1442/1 1442/3 | several [3] 1409/14 1489/18 1500/5 |
| said [33] 1427/13 1431/13 1437/24 | 1453/20 | severe [3] 1469/15 1493/3 1518/6 |
| 1438/6 1438/12 1442/17 1447/16 | scroll [3] 1498/17 1505/17 1506/12 | shallow [3] 1400/6 1405/11 1405/25 |
| 1453/5 1465/14 1466/22 1468/16 | sea [1] 1390/9 | shampoo [1] 1474/2 |
| 1468/21 1469/22 1470/13 1470/22 | seafood [11] 1478/8 1478/13 1478/23 | shaped [5] 1403/20 1403/23 1404/12 |
| 1476/22 1477/18 1478/1 1480/8 | 1479/5 1479/14 1479/15 1479/22 | 1404/13 1405/18 |
| 1481/11 1484/16 1485/2 1486/21 | 1480/8 1481/20 1517/7 1519/21 | shared [2] 1390/20 1426/10 |
| 1493/25 1493/25 1494/2 1494/25 | search [2] 1417/4 1499/1 | SHARON [1] 1376/15 |
| 1497/15 1497/18 1505/17 1513/4 | seated [2] 1380/3 1428/23 | she [1] 1501/16 |
| 1514/3 1516/14 | seawater [2] 1475/18 1477/22 | she's [2] 1499/8 1499/11 |
| same [24] 1405/19 1411/18 1415/4 | second [14] 1397/20 1402/17 1402/22 | Shea [4] 1516/3 1516/7 1521/19 1523/3 |
| 1420/13 1420/16 1432/23 1438/22 | 1419/14 1431/18 1436/10 1437/25 | sheen [4] 1405/17 1406/3 1406/16 |
| 1439/4 1439/19 1440/20 1440/22 | 1455/15 1465/9 1468/13 1481/13 | 1412/23 |
| 1441/5 1445/16 1445/18 1451/22 | 1495/16 1498/15 1511/15 | sheens [1] 1413/14 |
| 1452/2 1457/5 1457/8 1463/7 1470/11 | secondhand [1] 1471/5 | Sheet [1] 1510/25 |
| 1471/13 1472/4 1501/12 1502/8 | secondly [3] 1389/14 1390/6 1391/15 | shelf [1] 1385/18 |
| sample [10] 1471/8 1504/9 1504/24 | Section [2] 1375/6 1376/5 | shifts [3] 1394/4 1394/7 1417/16 |
| 1505/12 1505/20 1506/15 1506/23 | securing [1] 1413/25 | shore [4] 1397/14 1406/18 1473/22 |
| 1507/18 1507/24 1508/11 | sediments [5] 1475/19 1477/22 1513/3 | 1513/12 |
| sampled [3] 1442/18 1443/24 1478/23 | 1513/5 1517/6 | shoreline [10] 1383/10 1392/10 1393/8 |
| samples [15] 1411/12 1444/10 1451/3 | see [34] 1382/9 1383/22 1392/9 1404/3 | 1400/11 1400/22 1405/24 1406/1 |
| 1451/12 1459/1 1503/19 1506/22 | 1404/11 1404/14 1405/10 1408/4 | 1406/15 1416/10 1513/18 |
| 1507/1 1507/9 1507/11 1507/21 1508/1 | 1408/11 1412/3 1413/4 1440/3 1441/24 | shorelines [15] 1390/6 1391/17 1391/18 |
| 1511/22 1512/2 1512/15 | 1448/2 1450/25 1453/7 1455/8 1458/25 | 1397/8 1397/9 1398/9 1400/7 1402/16 |
| sampling [20] 1436/21 1443/10 1444/6 | 1474/9 1475/20 1478/11 1481/6 1485/1 | 1407/3 1413/13 1413/17 1414/7 1415/3 |
| 1444/10 1447/22 1451/5 1457/10 | 1486/10 1486/13 1493/9 1498/20 | 1513/3 1514/13 |
| 1478/21 1503/7 1504/14 1505/4 | 1498/21 1502/9 1504/11 1515/7 | short [10] 1412/1 1417/1 1417/2 1438/4 |
| 1505/10 1505/25 1506/4 1506/8 1506/9 | 1517/19 1521/23 1524/1 | 1466/17 1473/3 1475/1 1477/10 1481/4 |
| 1506/18 1507/4 1507/5 1508/21 | seeing [7] 1403/11 1405/9 1414/21 | 1490/16 |
| sandy [1] 1513/18 | 1447/16 1467/10 1474/23 1474/23 | short-term [1] 1438/4 |
| SARAH [1] 1376/5 | seek [1] 1407/13 | should [15] 1438/14 1442/11 1456/11 |
| satellite [1] 1401/8 | seems [1] 1446/5 | 1456/18 1464/12 1465/25 1473/3 |
| saw [11] 1382/3 1407/2 1418/19 | seen [12] 1390/11 1437/6 1440/11 | 1479/14 1481/8 1493/4 1494/12 |
| 1418/24 1423/17 1444/2 1451/23 | 1451/14 1451/17 1452/22 1452/24 | 1510/22 1510/23 1512/10 1513/2 |
| 1463/6 1464/11 1467/8 1516/13 | 1467/6 1494/5 1517/14 1518/8 1519/1 | shouldn't [2] 1447/16 1462/13 |
| say [32] 1382/19 1400/25 1408/21 | selected [1] 1460/18 | show [18] 1383/12 1383/21 1423/4 |
| 1413/18 1421/7 1427/23 1438/14 | self [1] 1481/5 | 1449/20 1458/15 1468/9 1468/15 |
| 1440/13 1447/19 1452/14 1453/10 | sending [1] 1397/16 | 1468/16 1470/6 1471/2 1472/16 1497/6 |
| 1456/11 1457/6 1457/20 1461/9 | senior [1] 1385/23 | 1498/25 1509/6 1515/6 1518/11 |
| 1462/12 1463/15 1463/21 1465/10 | sense [4] 1397/11 1400/23 1419/23 | 1518/11 1518/19 |
| 1469/5 1471/1 1477/21 1479/12 1481/8 | 1427/1 | show-and-tell [1] 1423/4 |
| 1482/23 1490/13 1490/18 1491/5 | sensitive [2] 1415/15 1463/16 | showed [4] 1448/15 1467/16 1468/2 |
| 1500/13 1502/18 1510/16 1518/9 | sensory [1] 1478/23 | 1471/1 |
| saying [4] 1422/18 1474/22 1489/24 1490/1 <br> says [16] 1408/17 1440/12 1440/12 | sent [1] 1390/16 <br> sentence [2] 1470/23 1471/7 <br> separate [1] 1431/16 | showing [3] 1403/13 1468/9 1469/12 shown [5] 1392/20 1436/12 1446/2 1483/8 1484/1 |
| says [16] 1408/17 1440/12 1440/12 | separate [1] 1431/16 | 1483/8 1484/1 |



1468/24
shrimping [1] 1405/12
shuffling [1] 1521/9
SHUTLER [1] 1376/15
side [6] 1384/9 1439/12 1477/14
1477/14 1477/15 1500/24
sidebar [1] 1522/10
significance [2] 1470/23 1473/7
significant [28] 1393/14 1398/15
1402/22 1416/15 1423/5 1437/20 1439/23 1443/9 1443/15 1446/7 1465/7 1480/21 1480/23 1481/15 1481/25 1482/5 1484/3 1487/20 1490/1 1490/4 1490/17 1491/13 1496/3 1496/7
1496/11 1504/4 1504/8 1522/10
significantly [2] 1488/13 1503/23
similar [6] 1394/2 1446/5 1452/19
1459/3 1463/5 1471/11
simple [2] 1437/24 1471/14
simplest [1] 1462/4
since [6] 1408/20 1432/16 1432/25
1446/3 1459/8 1514/22
single [3] 1396/24 1426/21 1513/25
SINTEF [2] 1410/25 1411/9
sir [29] 1382/21 1392/12 1413/21 1428/10 1428/11 1428/14 1429/15 1429/18 1430/18 1431/18 1436/5 1436/6 1436/13 1439/6 1442/15 1445/4 1453/14 1454/2 1459/24 1464/23 1465/9 1474/11 1479/24 1481/13 1481/20 1498/7 1521/3 1522/23 1523/11
site [4] 1393/7 1424/8 1498/2 1515/4 site-specific [1] 1393/7
sites [2] 1418/3 1496/20
sits [1] 1404/16
situ [3] 1430/14 1430/17 1455/14 situation [8] 1395/19 1433/3 1456/1 1463/10 1486/20 1500/14 1503/2 1522/8
situations [6] 1387/2 1395/25 1440/11
1454/18 1472/12 1514/6
six [1] 1402/19
size [1] 1395/12
skills [1] 1399/8
skim [2] 1405/18 1415/4
skimmer [4] 1403/14 1403/22 1404/14 1416/13
skimmers [15] 1403/6 1403/10 1405/19 1407/4 1407/6 1407/9 1407/10 1407/13 1407/16 1407/25 1408/18 1408/20 1409/13 1409/24 1410/3
skimming [18] 1399/22 1400/6 1402/25 1403/16 1403/22 1404/1 1404/7 1404/16 1404/22 1404/24 1405/5 1405/20 1405/21 1406/7 1406/17 1408/7 1415/5 1416/12
skin [2] 1475/1 1511/17
slick [1] 1412/5
slide [51] 1396/16 1405/4 1411/23
1429/16 1431/3 1431/8 1431/11 1432/7 1433/10 1435/25 1436/8 1436/12
1437/11 1439/5 1439/8 1439/10 1441/3 1444/20 1448/5 1448/9 1449/2 1449/7 1449/20 1450/2 1453/18 1455/1 1455/2 1456/3 1457/13 1457/18 1458/6 1458/12 1459/24 1464/23 1467/20 1470/6 1471/23 1472/16 1476/13 1476/18 1478/7 1480/3 1480/14 1482/13 1483/3 1483/9 1484/2 1492/11

1492/13 1493/19 1494/18 slides [1] 1458/11 slightly [1] 1465/14
slope [2] 1385/24 1520/17
slot [1] 1522/2
slowly [2] 1404/18 1404/19
small [8] 1404/15 1405/18 1416/14
1433/13 1480/22 1480/24 1481/16 1521/5
smallest [1] 1453/7
SMART [3] 1412/25 1413/2 1413/3 smell [1] 1501/16
smoke [5] 1469/6 1470/15 1471/6 1490/20 1490/22
smoke-filled [1] 1490/20
smoking [2] 1465/13 1471/5
so [108] 1382/19 1385/2 1388/19
1389/15 1389/22 1395/19 1399/1
1399/21 1401/2 1402/21 1403/3 1403/13 1404/12 1405/16 1406/25 1407/10 1408/12 1412/4 1412/17 1414/6 1415/24 1417/1 1418/13 1420/14 1420/17 1421/11 1422/3 1422/20 1424/2 1425/16 1426/7 1426/18 1427/20 1432/12 1433/15 1434/3 1435/14 1444/6 1446/24 1446/24 1448/1 1449/18 1452/2 1457/10 1458/25 1459/9 1459/13 1459/18 1460/18 1460/23 1461/11 1461/12 1461/17 1462/3 1462/20 1462/21 1463/11 1463/13 1463/18 1463/21 1464/8 1464/9 1464/16 1465/13 1465/17 1465/18 1465/22 1466/20 1467/14 1469/3 1469/9 1469/18 1469/24 1471/13 1472/2 1472/15 1473/8 1473/22 1474/12 1474/21 1475/4 1475/10 1475/13 1475/13 1475/25 1476/2 1484/7 1484/17 1486/21 1488/22 1489/21 1491/2 1497/3 1504/18 1508/6 1509/4 1509/25 1512/21 1516/20 1517/16 1518/17 1518/24 1520/13 1520/22 1521/2 1521/12 1523/2 1523/15 social [1] 1426/1
soft [1] 1414/12
software [1] 1378/6
soluble [1] 1464/8
solution [1] 1473/13
some [53] 1383/22 1392/5 1396/13
1396/17 1396/19 1399/14 1404/1
1407/24 1424/4 1425/8 1425/13
1426/16 1429/13 1430/14 1434/11 1434/13 1435/6 1440/23 1448/10 1449/12 1450/11 1451/10 1454/14 1459/8 1460/5 1460/18 1466/11 1468/7 1470/3 1472/11 1472/21 1473/25 1477/22 1479/10 1481/8 1489/15 1490/13 1491/14 1493/5 1494/5 1494/10 1496/10 1496/25 1497/1 1497/2 1499/2 1510/23 1512/8 1514/6 1514/16 1520/15 1521/9 1523/19 somebody [3] 1410/21 1453/8 1490/9 someone [2] 1475/24 1491/10 someone's [1] 1474/25
something [17] 1414/6 1426/16 1433/22
1434/4 1439/21 1440/13 1456/24
1462/21 1467/7 1469/4 1471/2 1473/8 1497/18 1500/22 1502/1 1510/21 1514/5
sometime [1] 1421/14
sometimes [2] 1452/13 1494/10
somewhat [1] 1446/24
somewhere [2] 1393/20 1487/17
soon [3] 1416/23 1522/15 1523/8 sorry [19] 1435/24 1451/21 1453/20 1458/1 1458/5 1464/24 1468/14 1486/1 1487/25 1488/11 1488/22 1491/22 1498/16 1503/11 1504/13 1506/3 1509/14 1515/6 1518/21
sort [8] 1445/12 1447/3 1455/10 1472/4
1472/20 1475/16 1484/7 1491/14
SOSC [1] 1383/6
sounded [1] 1485/3
sounds [2] 1464/16 1479/3
source [11] 1383/10 1390/11 1391/6
1398/4 1399/12 1400/18 1420/17
1424/8 1483/9 1483/12 1500/4
sources [1] 1450/3
South [1] 1377/23
spared [1] 1418/5
sparing [1] 1418/10
speak [2] 1480/1 1522/9
speaking [2] 1390/24 1394/17
specialists [1] 1475/15
Specialties [1] 1431/15
specialty [1] 1432/10
specific [14] 1386/12 1387/13 1388/17
1389/2 1390/1 1392/5 1393/7 1399/14 1406/15 1420/8 1424/5 1424/6 1434/5 1460/5
specifically [11] 1383/4 1389/12 1403/15
1420/23 1426/14 1433/7 1434/21
1438/19 1443/2 1468/2 1499/13
specified [1] 1400/8
spelling [2] 1381/1 1429/5
spend [1] 1392/17
spending [1] 1475/25
spent [1] 1434/11
spill [38] 1375/4 1386/2 1386/3 1386/19
1388/23 1411/20 1429/25 1430/1
1430/10 1435/7 1437/13 1438/8
1443/23 1444/18 1445/1 1446/3
1446/21 1448/13 1455/11 1464/6
1464/10 1465/15 1466/24 1472/11
1480/12 1482/2 1482/19 1487/9
1492/16 1494/7 1495/4 1496/5 1496/8
1499/17 1500/16 1501/6 1515/3
1519/15
spill: [1] 1439/14
spill: CDC [1] 1439/14
spilled [1] 1433/18
spills [1] 1481/9
spoken [1] 1477/25
spotters [1] 1412/21
spotting [1] 1412/22
spread [1] 1402/12
squadron [1] 1406/21
squadrons [3] 1406/9 1406/13 1406/14
ST [1] 1376/22
stages [1] 1409/18
stand [3] 1442/11 1495/15 1503/15
standard [3] 1455/22 1459/6 1488/9
standards [4] 1446/3 1447/1 1477/12 1512/24
standing [1] 1419/25
standpoint [1] 1406/3
stands [4] 1474/16 1485/17 1499/20 1500/1
Stanley [2] 1516/6 1516/24
start [6] 1380/15 1490/20 1505/18
1510/4 1519/24 1521/18
started [4] 1387/23 1393/13 1415/24 1425/10
starting [8] 1391/6 1400/18 1416/23
1427/22 1467/7 1473/8 1507/1 1510/6
state [47] 1376/19 1380/25 1381/7

| S | $1410 / 19$ 1411/3 1411/5 1411/6 1411/19 Subsea-wise [1] 1411/6 | symptoms [20] 1448/16 1468/25 1469/2 <br> 1469/3 1469/8 1469/11 1469/15 |
| :---: | :---: | :---: |
| state... [44] 1383/6 1389/3 1391/11 | subsequently [3] 1381/21 1408/2 | 1469/15 1469/17 1470/17 1471/5 |
| 1392/24 1394/12 1394/13 1394/14 | 1412/23 | 1490/15 1491/20 1499/14 1500/9 |
| 1395/23 1416/17 1419/10 1419/18 | subsistence [2] 1517/11 1517/16 | 1500/19 1501/10 1501/18 1501/24 |
| 1420/2 1420/15 1422/1 1428/2 1429/4 | substance [1] 1432/12 | 1502/7 |
| 1432/13 1432/16 1432/17 1433/13 | substances [5] 1434/23 1441/7 1441/7 | SYNDICATE [1] 1375/16 |
| 1433/13 1434/12 1435/7 1435/17 | 1502/2 1509/3 | synonym [1] 1442/22 |
| 1444/16 1444/25 1445/9 1445/12 | substantial [2] 1467/16 1468/3 | system [7] 1387/5 1387/6 1395/21 |
| 1445/15 1445/18 1445/19 1446/2 | subsurface [3] 1398/4 1400/2 1512/18 | 1395/21 1396/7 1396/8 1407/13 |
| 1446/9 1446/16 1447/5 1448/2 1448/21 | suburb [2] 1521/2 1521/3 | systems [2] 1386/9 1431/22 |
| $1448 / 251451 / 231478 / 16$ 1479/12 $1482 / 4$ 1515/2 1518/13 | success [1] 1495/8 | T |
| 1482/4 1515/2 1518/13 $\text { stated [9] } 1446 / 1 \quad 1466 /$ | successful [1] 1485/4 |  |
| crat | successfully [1] such [11] 1386/23 1388/17 1388/22 | 1485/23 1486/2 1486/3 1505/9 1505/14 |
| 1499/20 1504/1 | 1389/15 1401/15 1416/7 1431/22 | Table 9 [1] 1505/9 |
| statement [7] 1445/25 1446/16 1480/6 | 1433/21 1454/20 1491/20 1501/7 | tables [6] 1458/4 1458/5 1458/6 |
| 1495/6 1504/7 1515/5 1515/7 | suck [2] 1404/18 1415/4 | 1458/14 1458/15 1459/3 |
| statements [1] 1454/13 | sucked [1] 1403/24 | tagged [1] 1397/22 |
| states [25] 1375/1 1375/8 1375/19 | sufficient [2] 1481/23 1483/14 | take [18] 1381/19 1382/10 1384/20 |
| 1376/3 1383/18 1395/22 1415/12 | suggest [1] 1466/16 | 1390/20 1390/23 1396/16 1400/25 |
| 1417/5 1417/7 1420/19 1421/1 1421/6 | suggested [2] 1410/21 1467/16 | 1420/21 1425/15 1428/18 1432/15 |
| 1425/1 1425/1 1425/6 1428/8 1444/24 | suggesting [2] 1467/1 1468/2 | 1457/20 1457/25 1463/22 1471/3 |
| 1452/22 1479/11 1488/16 1495/19 | suggests [1] 1491/19 | 1471/9 1471/15 1500/12 |
| 1516/5 1519/24 1522/11 1524/12 | Suite [2] 1377/14 1377/23 | taken [4] 1397/13 1410/23 1444/11 |
| stating [2] 1429/9 1467/7 | sulfide [3] 1504/25 1505/13 1505/21 | 1470/11 |
| stationed [1] 1406/14 | summaries [2] 1511/20 1512/2 | taking [2] 1421/10 1427/13 |
| statistical [1] 1433/20 | summarizes [1] 1437/11 | talented [1] 1427 |
| statistics [2] 1485/19 1499/12 | summer [3] 1402/1 1416/8 1489/15 | talk [21] 1385/4 1398/23 1399/5 |
| status [1] 1408/3 | sunrise [1] 1401/12 | 1403/10 1404/22 1410/5 1410/17 |
| stay [2] 1393/18 14 | supplies [4] 1409/22 1417/2 1417/6 | 1413/24 1422/24 1431/11 1433/6 |
| stenography [1] 1378/5 | 1421/20 | 1442/25 1449/1 1478/7 1482/13 1486 |
| step [12] 1449/18 1453/17 1454/2 | supply [4] 1403/19 1406/11 1407/17 | 1502/13 1507/4 1508/25 1523/18 |
| 1454/11 1455/8 1455/12 1455/15 | 1417/2 | 1523/23 |
| 1457/16 1457/19 1457/22 1474/12 | supplying [1] 1410/11 | talked [18] 1404/23 1415/19 1424/3 |
| 1512/11 | support [13] 1384/2 1384/2 1389/16 | 1444/15 1448/24 1449/18 1450/25 |
| step 2 [1] 1454/2 | 1395/5 1397/7 1400/11 1406/12 | 1459/20 1466/15 1475/10 1475/13 |
| step 4 [1] 1449/18 | 1407/14 1416/5 1424/10 1424/11 | 1483/22 1483/23 1484/1 1492/4 1492/5 |
| steps [2] 1449/7 1449/21 | 1425/11 1514/17 | 1503/6 1517/7 |
| STEVEN [1] 1376/6 | supported [1] 1403/19 | talking [25] 1415/22 1433/10 1441/8 |
| still [3] 1459/17 1461/17 1523/2 | supporting [2] 1410/12 1416/14 | 1446/25 1452/12 1467/5 1486/11 |
| stockpiled [1] 1417/3 | supposed [2] 1514/7 1517/20 | 1487/15 1490/5 1494/16 1501/3 |
| stomach [2] 1498/3 1499/3 | sure [9] 1431/13 1451/12 1463/8 | 1501/12 1501/25 1502/3 1502/22 |
| stop [1] 1390/19 | 1491/23 1495/17 1495/21 1504/17 | 1503/2 1504/16 1509/23 1510/16 |
| storage [2] 1403/18 1403/24 | 1509/16 1515/8 | 1510/19 1512/13 1516/18 1516/18 |
| story [2] 1423/12 1491/19 | surely [1] 1489/15 | 1517/5 1520/10 |
| strategic [1] 1495/1 | surf [1] 1513/18 | talks [2] 1483/3 1488/1 |
| streamers [2] 1403/1 1403/3 | surface [25] 1398/22 1399/23 1400/19 | tank [2] 1411/6 1411/9 |
| Street [5] 1376/23 1377/10 1377/14 | 1401/25 1402/2 1402/5 1402/11 | tank-tested [1] 1411/6 |
| 1377/19 1378/1 | 1402/13 1402/19 1403/2 1403/4 | tanks [1] 1403/25 |
| stress [3] 1416/19 1484/1 1484/17 | 1403/21 1403/24 1410/12 1411/22 | $\operatorname{tar}$ [8] 1504/14 1504/18 1504/2 |
| stretched [1] 1396/6 | 1411/24 1412/3 1412/4 1412/11 | 1506/23 1508/11 1508/14 1508/18 |
| stringent [1] 1486/20 | 1412/15 1413/15 1414/24 1464/9 | 1508/21 |
| strokes [1] 1518/18 | 1473/11 1516/1 | tasks [1] 1432/19 |
| structure [4] 1386/13 1393/16 1396/4 | surfaced [1] 1514/13 | taught [1] 1432/5 |
| 1407/12 | surveillance [11] 1434/14 1446/23 | Taylor [4] 1480/7 1522/1 1523/3 |
| structures [1] 1386/25 | 1447/12 1447/19 1448/2 1448/12 | 1523/13 |
| studied [2] 1448/24 1448/25 | 1448/15 1448/21 1449/17 1467/3 | teach [2] 1432/4 1433/22 |
| studies [2] 1519/25 1520/4 | 1467/4 | team [7] 1390/12 1390/13 1450/13 |
| study [23] 1438/25 1450/12 1466/10 | survey [11] 1467/15 1468/1 1468/6 | 1475/14 1475/14 1475/15 1476/22 |
| 1466/13 1467/14 1468/7 1468/9 | 1468/18 1468/20 1468/21 1470/4 | technique [4] 1399/25 1403/5 1404/2 |
| 1468/15 1468/18 1468/24 1471/4 | 1470/11 1470/24 1471/14 1471/16 | 1410/20 |
| 1471/17 1475/17 1517/24 1518/1 | surveys [1] 1471/11 | techniques [8] 1387/14 1397/21 1399/24 |
| 1518/5 1518/10 1518/11 1518/18 | SUSANNAH [1] 1376/22 | 1402/4 1405/23 1415/20 1415/22 |
| 1518/19 1518/25 1519/18 1519/19 | suspected [2] 1496/23 1497/21 | 1419/22 |
| studying [1] 1519/14 | suspending [1] 1412/13 | technology [1] 1396/20 |
| stuff [1] 1492/4 | sustain [1] 1427/7 | telecon [2] 1419/25 1419/25 |
| styles [1] 1417/18 | Suttles [2] 1383/20 1392/1 | television [1] 1382/4 |
| subject [7] 1434/25 1481/24 1483/1 | sweet [1] 1473/2 | tell [27] 1381/8 1407/8 1423/4 1423/12 |
| 1483/10 1483/15 1485/13 1493/14 | swimming [4] 1475/25 1477/5 1477/6 | 1424/9 1429/21 1437/17 1439/11 |
| subjects [2] 1471/19 1482/11 | 1477/23 | 1441/3 1445/24 1450/6 1454/6 1455/9 |
| subsea [12] 1398/6 1400/18 1402/7 |  | 1456/8 1460/5 1463/6 1463/8 1465/2 |
| 1402/8 1410/8 1410/10 1410/17 | symptom [2] 1500/25 1502/1 | 1471/6 1479/7 1483/9 1486/2 1490/24 |

tell... [4] 1494/22 1519/25 1522/3 1522/4
telling [2] 1447/22 1457/11
tells [1] 1462/22
temperatures [1] 1416/7
temporal [1] 1481/3
ten [1] 1414/14
tender [4] 1434/5 1434/20 1435/23 1495/13
term [12] 1400/14 1438/4 1444/1
1466/17 1477/10 1490/2 1490/4
1490/16 1492/1 1493/4 1517/23 1519/21
terms [14] 1388/9 1389/20 1400/23 1401/19 1406/17 1408/10 1416/5 1421/21 1423/6 1423/10 1424/11 1427/23 1430/10 1459/18
test [6] 1472/8 1479/19 1490/24 1508/19 1508/20 1508/23
tested [4] 1411/1 1411/6 1411/10 1479/15
testified [9] 1380/24 1429/3 1452/20 1466/8 1467/14 1493/12 1496/2 1506/7 1523/22
testify [4] 1381/14 1426/23 1435/13 1454/23
testifying [3] 1380/10 1426/22 1435/11
testimony [7] 1380/5 1425/13 1427/6
1452/22 1462/24 1468/4 1483/21
testing [11] 1411/4 1411/7 1411/9
1411/15 1412/25 1413/2 1413/3 1413/4
1478/22 1478/24 1479/22
tests [2] 1472/11 1479/13
Texas [1] 1519/19
than [32] 1392/17 1395/13 1395/17
1395/22 1409/13 1409/16 1422/18
1427/1 1440/21 1445/17 1460/14
1461/16 1463/12 1463/20 1464/10
1465/14 1465/22 1473/23 1474/3
1475/8 1479/16 1479/23 1481/8 1487/2
1487/3 1502/11 1503/23 1515/4
1516/24 1517/1 1518/6 1520/11
thank [21] 1380/9 1389/17 1399/14
1428/6 1428/10 1428/11 1428/20
1435/21 1441/20 1441/22 1442/4
1453/21 1455/6 1485/18 1486/11
1488/24 1498/7 1511/12 1520/23 1521/4 1522/20
that [793]
that's [73] 1388/18 1392/11 1403/11
1414/24 1417/24 1430/22 1432/10 1433/22 1434/3 1435/19 1436/14 1440/5 1442/13 1451/2 1451/8 1452/6 1453/7 1453/8 1453/10 1454/8 1457/5 1460/21 1462/3 1463/21 1465/13 1467/3 1468/16 1470/22 1470/25 1471/16 1473/1 1473/3 1477/1 1477/3 1477/15 1479/6 1479/17 1483/2 1484/1 1485/16 1487/25 1488/19 1491/8 1493/2 1496/6 1500/13 1502/20 1502/25 1503/8 1503/25 1504/6 1504/23 1506/6 1506/25 1507/7 1507/20 1507/23 1508/13 1508/19 1508/23 1509/2 1509/23 1510/21 1512/5 1513/20 1513/24 1514/15 1516/9 1518/1 1518/12 1519/25 1522/13 1523/7
their [71] 1386/24 1390/5 1391/15 1393/6 1393/7 1394/25 1395/3 1395/5 1397/7 1397/24 1397/25 1412/10 1417/15 1419/12 1421/2 1423/2 1423/3

1423/3 1423/12 1427/24 1427/24 1427/24 1428/7 1433/16 1434/13 1439/15 1440/14 1440/15 1440/17 1440/18 1440/23 1442/16 1443/10 1444/16 1444/24 1445/3 1445/15 1448/2 1448/11 1448/15 1448/15 1451/23 1452/12 1453/5 1453/6 1461/15 1475/25 1476/7 1476/7 1476/14 1477/6 1479/3 1479/9 1481/11 1481/12 1481/22 1484/17 1486/4 1490/12 1492/19 1492/19 1504/20 1506/4 1506/22 1507/17 1508/6 1514/1 1517/3 1517/4 1519/11 1523/21 theirs [1] 1457/1
them [40] 1392/4 1394/22 1397/7 1403/3 1407/1 1413/16 1418/25 1419/12 1419/16 1419/20 1421/13 1421/15 1421/17 1422/21 1427/19 1433/15 1434/13 1439/2 1439/3 1440/4 1440/5 1443/1 1445/7 1448/18 1450/5 1456/2 1456/24 1457/7 1460/16 1461/2 1469/15 1474/15 1475/7 1491/25 1494/11 1506/14 1522/4 1523/13 1523/16 1523/17
themselves [5] 1394/3 1400/19 1419/15 1425/25 1490/9
then [59] 1380/11 1383/12 1384/6 1384/13 1386/13 1388/6 1391/8 1391/15 1393/16 1393/18 1396/3 1397/17 1402/24 1405/8 1410/23 1411/1 1411/10 1412/23 1412/25 1415/2 1415/15 1415/16 1415/16 1416/15 1420/7 1422/12 1430/2 1434/10 1436/24 1439/15 1449/13 1449/16 1450/11 1450/11 1454/15 1455/15 1457/22 1458/22 1458/23 1460/12 1461/18 1473/9 1473/15 1474/13 1474/13 1475/19 1479/10 1480/25 1499/2 1503/3 1510/4 1512/9 1512/11 1514/21 1515/10 1515/18 1522/8 1522/25 1523/4
there [110] 1382/8 1383/12 1385/22 1391/22 1392/9 1392/11 1400/4 1400/10 1401/20 1402/3 1404/1 1404/8 1407/4 1407/7 1411/15 1414/10 1414/11 1414/12 1417/12 1419/8 1419/11 1419/22 1420/21 1420/21 1421/14 1423/5 1423/8 1424/23 1424/25 1425/14 1433/12 1439/22 1441/6 1441/15 1443/16 1444/6 1444/10 1445/19 1446/9 1446/19 1448/19 1450/11 1451/12 1452/15 1452/15 1454/15 1459/3 1459/8 1459/9 1459/16 1462/22 1466/16 1469/6 1469/20 1469/24 1470/12 1470/19 1470/21 1472/7 1472/11 1475/11 1475/20 1475/21 1478/23 1479/6 1481/10 1482/5 1482/23 1482/24 1483/14 1483/16 1485/1 1486/11 1486/11 1486/14 1487/1 1487/17 1487/19 1488/1 1489/12 1489/15 1489/17 1489/18 1489/19 1491/23 1492/22 1493/2 1493/19 1494/7 1494/12 1496/7 1496/10 1497/15 1497/16 1497/25 1500/14 1501/17 1502/16 1502/18 1505/12 1505/15 1506/11 1506/21 1510/17 1511/8 1512/23 1514/6 1520/15 1520/16 1523/19
there's [13] 1386/1 1404/15 1414/9 1443/18 1450/8 1452/15 1461/20 1461/20 1469/19 1471/1 1479/4 1497/12 1519/23
therefore [1] 1412/11 these [70] 1390/13 1390/23 1392/25 1393/2 1400/20 1405/24 1406/9 1412/17 1413/14 1415/13 1417/20 1420/14 1423/14 1425/4 1425/22 1426/3 1430/6 1430/25 1438/3 1438/22 1439/12 1439/17 1440/20 1441/6 1441/7 1441/7 1444/15 1445/19 1448/10 1450/4 1451/2 1451/8 1452/4 1456/9 1456/21 1457/4 1458/11 1458/14 1458/14 1458/18 1458/25 1459/19 1459/19 1460/13 1461/4 1461/6 1461/24 1462/10 1465/2 1465/10 1465/11 1468/21 1468/25 1469/2 1469/3 1469/11 1469/12 1471/3 1476/2 1477/8 1479/13 1480/10 1484/23 1485/19 1486/22 1493/1 1508/4 1515/2 1518/24 1519/1 they [188]
they're [8] 1443/5 1462/13 1463/12 1465/11 1465/12 1477/6 1504/7 1513/13
they've [2] 1491/11 1523/12
thing [24] 1380/15 1403/12 1436/20
1436/23 1439/19 1440/10 1449/10 1449/15 1453/8 1453/11 1457/8 1463/15 1466/23 1468/11 1469/8 1469/19 1472/4 1472/19 1472/24 1485/3 1509/15 1512/6 1517/2 1518/9 things [26] 1388/14 1425/16 1430/25 1433/15 1433/21 1437/24 1452/11 1454/14 1454/16 1467/5 1468/25 1469/20 1470/19 1471/3 1482/24 1484/8 1490/14 1491/10 1502/2 1502/9 1504/16 1510/17 1511/24 1512/24 1513/13 1516/19
think [48] 1395/6 1403/9 1418/9 1422/21 1426/25 1433/24 1437/24 1441/20 1450/2 1453/4 1454/6 1457/5 1461/17 1461/20 1464/13 1466/9 1470/25 1471/14 1476/25 1482/8 1483/25 1484/18 1485/9 1486/25 1487/16 1489/7 1490/19 1492/3 1492/25 1494/5 1495/12 1499/9 1499/11 1504/16 1506/21 1508/4 1510/19 1512/5 1513/11 1514/3 1514/4 1514/8 1517/14 1518/12 1518/16 1520/22 1521/14 1523/18
thinking [1] 1401/19
third [7] 1398/2 1402/24 1402/25 1419/14 1436/10 1440/13 1449/15 Thirdly [1] 1390/8
this [262]
THOMAS [1] 1377/19
thorough [1] 1449/10
those [122] 1380/11 1385/2 1386/16 1386/24 1390/21 1390/21 1390/25 1396/19 1403/24 1405/18 1406/12 1406/23 1411/12 1416/3 1416/5 1416/10 1416/11 1417/15 1418/10 1419/3 1421/2 1422/3 1425/12 1425/19 1428/1 1429/16 1430/3 1430/8 1430/12 1430/17 1434/3 1436/15 1438/16 1438/19 1438/25 1439/5 1440/1 1440/6 1440/8 1440/11 1443/4 1443/11 1445/5 1445/9 1445/12 1448/3 1448/5 1451/12 1453/14 1454/18 1455/3 1455/16 1455/20 1458/6 1458/18 1460/8 1460/23 1461/10 1462/5 1465/18 1467/10 1467/25 1470/24 1473/12 1473/20 1474/23 1482/6 1482/22 1483/13 1483/25 1484/14 1484/19 1484/20 1486/17 1486/18 1486/25

| T | $\begin{aligned} & 1524 / 18 \\ & \text { tonight [1] } 1521 / 10 \end{aligned}$ | $\begin{aligned} & \text { TREX-232479 [1] } 1515 / 17 \\ & \text { TREX-240164 [1] } 1514 / 21 \end{aligned}$ |
| :---: | :---: | :---: |
| those... [46] 1487/1 1487/24 1490/16 | too [3] 1402/20 1459/11 1460/17 | trial [5] 1375/18 1404/23 1426/11 |
| 1491/10 1491/13 1491/23 1493/10 | took [6] 1383/16 1384/17 1421/7 | 1426/11 1522/15 |
| 1496/22 1496/24 1496/25 1497/1 | 1438/14 1473/15 1484/17 | tried [2] 1497/10 1510/22 |
| 1497/3 1498/2 1498/5 1499/12 1499/13 | tool [6] 1398/16 1402/9 1402/13 1406/5 | trip [1] 1384/22 |
| 1500/10 1501/24 1502/7 1502/9 | 1413/10 1447/2 | TRITON [1] 1375/13 |
| 1502/21 1502/25 1505/4 1505/16 | toolbox [1] 1402/10 | true [13] 1450/16 1450/18 1450/20 |
| 1506/12 1507/1 1507/1 1507/21 1508/1 | tools [9] 1399/19 1400/21 1401/19 | 1463/19 1496/22 1497/25 1501/21 |
| 1508/8 1508/10 1509/3 1511/24 1512/2 | 1401/21 1413/12 1413/22 1419/22 | 1502/5 1507/8 1518/4 1520/17 1520/19 |
| 1512/15 1516/16 1516/24 1517/1 | 1425/24 1427/3 | 1524/13 |
| 1517/3 1519/21 1520/9 1520/9 1520/14 | top [8] 1397/20 1404/4 1460/7 1503/3 | truly [2] 1384/25 1395/5 |
| 1523/15 1523/16 1523/25 | 1506/11 1514/21 1515/18 1518/21 | try [3] 1390/20 1519/7 1523/2 |
| though [1] 1468/12 | topic [2] 1418/15 1494/16 | trying [10] 1414/8 1415/3 1419/9 |
| thought [6] 1401/10 1412/6 1421/22 | tornadoes [1] 1386/17 | 1420/15 1422/7 1489/7 1506/20 |
| 1443/17 1453/1 1464/12 | Torts [1] 1376/15 | 1510/20 1516/21 1521/23 |
| thousand [5] 1461/18 1462/2 1462/5 | total [7] 1424/24 1488/8 1504/25 | Tunnell [3] 1521/22 1521/25 1522/24 |
| 1479/20 1488/12 | 1504/25 1505/1 1505/21 1505/21 | Tunnell's [1] 1522/2 |
| thousands [4] 1401/4 1401/4 1463/14 | totality [1] 1383/17 | turn [8] 1389/17 1392/5 1392/7 1399/14 |
| 1503/5 | touch [1] 1442/1 | 1408/11 1410/8 1411/22 1418/15 |
| three [24] 1381/22 1383/5 1384/25 | Towers [1] 1467/9 | turns [2] 1464/6 1465/21 |
| 1417/13 1417/16 1419/8 1422/10 | town [5] 1422/5 1422/8 1422/16 | Tusa [4] 1378/1 1524/11 1524/18 |
| 1430/6 1430/17 1430/25 1436/7 1436/9 | 1422/20 1423/7 | 1524/18 |
| 1436/15 1448/19 1449/21 1456/9 | toxic [6] 1430/13 1454/10 1454/14 | twice [1] 1453/13 |
| 1456/21 1457/7 1457/9 1458/24 1460/7 | 1454/18 1512/8 1516/14 | Twin [1] 1467/8 |
| 1461/24 1462/3 1479/25 | toxicity [15] 1411/15 1460/10 1472/23 | two [32] 1385/20 1389/10 1390/15 |
| threshold [1] 1479/23 | 1473/2 1473/9 1474/5 1474/13 1480/25 | 1394/7 1395/12 1399/24 1404/18 |
| thresholds [1] 1479/16 | 1481/17 1512/6 1516/18 1516/19 | 1405/10 1405/12 1414/10 1419/3 |
| through [44] 1383/6 1385/17 1386/7 | 1516/21 1517/5 1517/5 | 1422/10 1432/2 1456/11 1456/21 |
| 1392/16 1392/19 1393/18 1393/19 | toxicological [11] 1449/14 1454/3 | 1457/24 1461/24 1467/10 1475/22 |
| 1393/19 1393/21 1393/24 1396/17 | 1454/7 1454/24 1455/3 1455/22 1459/6 | 1479/25 1489/4 1494/11 1504/2 1506/9 |
| 1400/19 1401/11 1401/24 1401/25 | 1472/3 1472/15 1474/7 1491/24 | 1506/15 1510/3 1510/10 1510/16 |
| 1403/10 1408/14 1410/24 1414/2 | toxicologist [5] 1431/1 1432/17 1433/14 | 1513/13 1513/13 1520/14 1521/24 |
| 1419/9 1421/13 1425/2 1425/6 1427/10 | 1478/25 1479/1 | type [9] 1403/11 1414/12 1446/25 |
| 1427/10 1431/11 1431/14 1431/17 | toxicology [19] 1431/15 1431/16 | 1450/25 1455/24 1468/7 1471/4 |
| 1434/9 1436/22 1449/8 1449/12 1450/5 | 1431/17 1431/19 1431/20 1432/5 | 1487/12 1519/18 |
| 1457/2 1457/17 1458/12 1486/6 1499/7 | 1432/9 1433/16 1434/21 1436/24 | types [11] 1400/11 1405/11 1414/10 |
| 1505/17 1506/13 1510/2 1512/5 | 1446/25 1448/1 1454/13 1467/12 | 1416/11 1423/4 1433/1 1441/8 1447/6 |
| 1523/20 1523/21 | 1469/2 1473/18 1475/17 1504/3 1504/7 | 1469/11 1469/24 1499/14 |
| throughout [10] 1386/15 1413/7 1427/25 | toxicology-type [1] 1446/25 | typical [2] 1465/20 1486/25 |
| 1437/5 1442/17 1474/17 1495/1 | trace [2] 1432/22 1501/2 | typically [11] 1386/11 1389/10 1393/13 |
| 1496/20 1514/13 1520/5 | track [1] 1440/4 | 1393/18 1404/5 1404/14 1415/13 |
| time [44] 1382/2 1382/23 1385/20 | train [2] 1387/13 1416/1 | 1420/3 1420/5 1421/11 1421/14 |
| 1389/1 1389/17 1392/2 1392/17 | trained [6] 1386/8 1387/6 1399/7 | U |
| 1398/10 1398/13 1399/19 1404/10 | training [14] 1386/2 1386/3 1386/11 | U-shaped [5] 1403/20 1403/23 1404/12 |
| 1410/19 1411/3 1417/12 1418/22 | 1386/12 1386/14 1386/18 1387/11 | 1404/13 1405/18 |
| 1419/21 1425/5 1432/25 1433/12 | 1387/12 1396/3 1416/4 1416/11 1432/5 | U.S [7] 1376/4 1376/14 1394/16 |
| 1434/11 1434/19 1438/14 1446/20 | 1433/23 1483/24 | 1394/23 1416/3 1421/11 1427/22 |
| 1453/22 1453/23 1463/14 1467/2 | transcript [3] 1375/18 1507/13 1524/14 | U.S. [1] 1417/5 |
| 1473/22 1474/15 1475/1 1481/5 1481/5 | transcription [1] 1378/6 | U.S. Coast Guard [1] 1417/5 |
| 1486/19 1487/5 1494/9 1497/22 1514/1 | transfers [1] 1432/16 | ultimate [4] 1480/1 1480/14 1480/19 |
| 1516/22 1516/23 1522/13 | transit [2] 1397/25 1409/15 | 1481/20 |
| times [13] 1453/13 1461/16 1461/18 | TRANSOCEAN [3] 1375/13 1375/14 | ultimately [2] 1395/17 1409/24 |
| 1461/19 1462/2 1462/6 1463/23 1464/3 | 1375/15 | unclear [1] 1496/25 |
| 1479/16 1479/20 1479/22 1503/5 | traveled [1] 1514/12 | under [7] 1393/3 1394/13 1394/15 |
| 1520/11 | treat [2] 1434/2 1494/8 | 1399/22 1402/1 1406/10 1512/6 |
| title [1] 1478/12 | treating [1] 1474/2 | understand [16] 1382/17 1389/14 |
| tobacco [3] 1470/15 1470/21 1471/6 | treatment [5] 1434/21 1486/18 1487/3 | 1396/3 1397/5 1397/17 1397/24 1398/3 |
| today [13] 1380/10 1380/12 1380/16 | 1487/5 1487/15 | 1418/25 1423/13 1457/1 1458/11 |
| 1381/14 1384/23 1426/10 1427/13 | tremendous [3] 1437/4 1503/15 1506/21 | 1471/23 1485/13 1490/6 1491/2 1521/8 |
| 1435/11 1435/13 1436/16 1442/23 | trends [1] 1448/12 | understanding [8] 1388/10 1398/5 |
| 1492/14 1493/12 | TREX [12] 1408/4 1409/6 1436/12 | 1401/23 1411/16 1423/6 1423/18 |
| together [12] 1382/19 1385/3 1392/25 | 1476/19 1485/5 1498/16 1498/17 | 1489/22 1524/14 |
| 1396/13 1397/5 1397/16 1399/11 | 1505/7 1511/4 1514/21 1515/17 | understood [1] 1423/20 |
| 1401/5 1423/10 1450/23 1457/23 | 1518/21 | undertaken [2] 1483/23 1495/9 |
| 1475/15 | TREX-12020 [1] 1485/5 | undertaking [1] 1489/14 |
| told [1] 1418/24 | TREX-13043.1.1 [1] 1408/4 | undertook [1] 1482/19 |
| toluene [6] 1461/14 1462/1 1464/7 | TREX-13043.1.2 [1] 1409/6 | underwent [1] 1473/21 |
| 1499/21 1501/22 1502/6 | TREX-13085.034 [1] 1505/7 | UNDERWRITING [1] 1375/15 |
| tomorrow [8] 1380/15 1521/12 1521/17 | TREX-13110 [1] 1511/4 | unfold [1] 1427/19 |
| 1521/24 1522/1 1523/3 1523/7 1524/5 | TREX-230479NR [1] 1498/17 | unfolded [1] 1396/25 |
| Toni [4] 1378/1 1524/11 1524/18 | TREX-231743 [1] 1518/21 | unfortunately [1] 1518/15 |


| U | $1521 / 10$ | 1406/10 1406/20 1409/14 1412/25 |
| :---: | :---: | :---: |
| unhealthy [1] 1518/13 | 1401/13 1402/8 1402/10 1402/15 | viable [1] 1412/6 |
| unified [41] 1381/20 1381/22 1383/4 | 1408/18 1408/18 1410/6 1410/10 | vice [1] 1385/23 |
| 1383/13 1383/17 1383/23 1386/10 | 1411/3 1411/18 1413/19 1414/10 | victims [2] 1433/5 1434/2 |
| 1389/23 1390/2 1391/1 1392/2 1392/23 | 1414/18 1415/13 1415/17 1416/13 | video [13] 1403/9 1403/13 1403/14 |
| 1393/12 1393/24 1394/6 1395/18 | 1417/11 1422/5 1422/21 1433/3 | 1403/19 1404/9 1404/13 1405/10 |
| 1396/24 1398/8 1400/15 1402/3 | 1440/18 1442/23 1447/1 1455/18 | 1405/15 1412/1 1414/22 1426/9 |
| 1407/21 1407/22 1408/14 1413/11 | 1459/9 1459/10 1470/21 1471/16 | 1426/13 1427/3 |
| 1413/21 1414/2 1415/6 1415/24 | 1480/24 1506/12 | videos [3] 1426/3 1426/10 1427/10 |
| 1418/18 1419/8 1420/12 1420/14 | used [50] 1387/14 1395/22 1395/23 | view [7] 1394/18 1395/3 1401/6 1423/14 |
| 1421/4 1421/5 1421/5 1421/8 1422/10 | 1399/8 1402/24 1403/1 1403/3 1403/20 | 1453/2 1488/19 1494/6 |
| 1422/20 1423/14 1424/2 1424/17 | 1405/12 1405/21 1406/15 1406/21 | visit [2] 1392/24 1393/1 |
| uniformly [4] 1390/20 1442/19 1443/11 | 1407/1 1410/18 1410/20 1411/5 | visited [1] 1498/2 |
| 1459/21 | 1411/12 1412/21 1413/22 1414/6 | visiting [1] 1475/23 |
| UNITED [15] 1375/1 1375/8 1375/19 | 1414/11 1415/9 1415/10 1415/14 | visits [3] 1496/19 1496/22 1497/21 |
| 1376/3 1395/22 1417/5 1417/7 1428/8 | 1415/20 1416/4 1419/22 1423/1 1424/8 | visual [2] 1406/18 1422/19 |
| 1452/22 1488/16 1495/19 1516/5 | 1425/24 1427/4 1434/18 1447/21 | VOCs [2] 1432/23 1443/24 |
| 1519/24 1522/11 1524/12 | 1451/22 1452/2 1455/25 1468/18 | VOIR [1] 1429/7 |
| United States [10] 1395/22 1417/5 | 1472/8 1472/11 1474/17 1475/3 1482/2 | volatile [2] 1460/8 1473/10 |
| 1417/7 1428/8 1452/22 1488/16 | 1485/9 1502/16 1509/12 1509/19 | volatiles [8] 1504/15 1504/19 1504/21 |
| 1495/19 1516/5 1519/24 1522/11 | 1510/11 1514/4 1514/7 1514/9 | 1506/23 1508/12 1508/15 1508/18 |
| universities [1] 1519/6 | useful [5] 1434/15 1434/17 1439/2 | 1508/22 |
| University [5] 1385/10 1385/11 1429/12 | 1443/9 1446/9 | volume [4] 1399/22 1402/25 1403/6 |
| 1431/25 1519/19 | uses [1] 1520/17 | 1403/9 |
| unlike [1] 1426/9 | using [19] 1378/5 1400/17 1410/24 | W |
| unlikely [2] 1437/22 1480/22 | 1411/10 1411/18 1419/14 1419/15 |  |
| unrelated [2] 1434/6 1434/8 | 1423/11 1426/1 1435/15 1435/16 | walk [5] 1396/16 1431/11 1449/8 |
| until [7] 1388/4 1400/3 1404/11 1506/1 | 1458/22 1461/9 1471/12 1474/22 | 1457/17 1469/6 |
| 1507/5 1523/2 1524/5 | 1509/4 1514/7 1516/17 1520/2 | walked [1] 1490/20 |
| up [99] 1380/6 1389/20 1402/6 1403/24 | utilization [1] 1411/14 | wall [1] 1398/11 |
| 1404/5 1406/3 1410/16 1414/16 | utilize [2] 1402/21 1423/10 | want [17] 1387/22 1415/18 1418/25 |
| 1414/25 1415/4 1417/15 1418/3 | utilized [2] 1400/5 1424/1 | 1425/16 1433/6 1440/24 1446/11 |
| 1418/16 1422/11 1422/13 1426/7 | Utsler [8] 1379/2 1380/11 1380/20 | 1455/20 1460/25 1461/2 1461/2 |
| 1427/12 1429/19 1431/6 1433/16 | 1380/23 1381/2 1381/9 1427/12 1428/6 | 1471/19 1472/24 1479/7 1485/2 |
| 1434/13 1435/5 1435/25 1437/15 | V | 1486/21 1492/23 |
| 1438/15 1439/3 1439/8 1439/22 1441/1 | $V$ | wanted [2] |
| 1442/7 1443/8 1443/19 1444/22 | vacuum [1] 1403/22 | wanting [1] 1420/15 |
| 1445/22 1446/13 1448/3 1448/7 1449/5 | validate [3] 1410/25 1412/22 1412/25 | wants [1] 1440/3 |
| 1449/24 1451/11 1453/24 1455/1 | validated [1] 1410/25 | was [346] |
| 1455/5 1456/6 1458/9 1460/1 1463/3 | value [5] 1457/21 1458/22 1462/2 | washing [1] 1451/10 |
| 1463/7 1464/9 1464/25 1467/7 1467/23 | 1463/19 1508/6 | Washington [4] 1376/13 1376/17 |
| 1468/9 1468/13 1469/12 1470/8 1471/1 | values [4] 1459/15 1459/17 1459/19 | 1377/11 1377/20 |
| 1471/25 1472/18 1473/20 1475/24 | 1461/12 | wasn't [11] 1400/2 1440/11 1452/16 |
| 1476/16 1477/6 1478/7 1480/5 1480/17 | vapors [3] 1460/10 1502/3 1502/10 | 1453/11 1462/22 1464/13 1482/23 |
| 1481/24 1482/16 1483/6 1485/5 | variety [4] 1424/15 1425/24 1430/12 | 1482/23 1497/10 1513/8 1514/7 |
| 1486/24 1487/1 1487/20 1488/21 | 1475/16 | waste [2] 1451/10 1452/18 |
| 1488/24 1491/4 1492/3 1492/11 | various [13] 1387/11 1399/8 1412/18 | water [36] 1383/9 1397/3 1397/14 |
| 1493/22 1494/20 1495/15 1496/20 | 1418/3 1436/25 1438/20 1440/8 | 1397/19 1397/23 1398/1 1398/8 |
| 1498/14 1498/15 1500/23 1505/6 | 1450/21 1455/25 1492/15 1493/9 | 1398/25 1400/6 1401/9 1401/25 1402/2 |
| 1509/6 1510/1 1511/3 1511/9 1511/11 | 1496/20 1519/25 | 1402/5 1402/20 1403/4 1403/17 |
| 1514/20 1515/10 1515/17 1518/20 | verbatim [1] 1485/23 | 1403/21 1403/23 1405/11 1405/17 |
| 1520/7 1522/1 1522/14 1524/6 | versus [3] 1397/18 1469/23 1470/1 | 1406/18 1412/6 1412/9 1412/11 |
| update [3] 1408/3 1521/10 1521/14 | very [57] 1387/15 1396/22 1398/17 | 1412/13 1413/3 1413/3 1413/5 1413/6 |
| updated [2] 1401/6 1421/9 | 1400/15 1401/22 1405/25 1407/16 | 1415/4 1416/3 1416/8 1416/9 1423/2 |
| upon [3] 1401/4 1476/9 1493/6 | 1409/22 1414/20 1417/1 1418/2 | 1454/17 1464/8 |
| upper [4] 1397/14 1448/16 1468/25 | 1422/17 1432/21 1434/4 1436/20 | watering [1] 1490/20 |
| 1470/15 | 1436/20 1438/22 1440/14 1443/13 | waters [3] 1404/3 1405/25 1414/25 |
| urine [1] 1472/11 | 1443/25 1449/10 1452/13 1452/16 | wave [2] 1404/5 1416/6 |
| us [61] 1389/25 1396/3 1396/12 | 1452/16 1452/19 1452/19 1453/4 | way [15] 1393/23 1402/12 1405/19 |
| 1397/17 1397/23 1398/11 1398/13 | 1453/9 1457/6 1457/6 1466/6 1467/9 | 1415/4 1418/4 1420/13 1422/5 1423/6 |
| 1399/3 1402/8 1402/14 1405/25 | 1467/9 1470/3 1470/11 1470/21 | 1423/12 1425/11 1459/16 1463/7 |
| 1411/23 1413/13 1413/15 1417/25 | 1472/12 1472/13 1481/8 1481/22 | 1511/8 1516/21 1517/21 |
| 1418/1 1418/1 1419/4 1421/15 1422/18 | 1484/14 1485/3 1487/20 1489/13 | ways [6] 1387/13 1390/15 1396/13 |
| 1423/19 1424/9 1428/1 1429/16 | 1490/17 1495/14 1501/25 1502/2 | 1405/12 1425/11 1437/24 |
| 1429/21 1431/11 1431/18 1436/8 | 1502/19 1502/19 1502/21 1505/15 | we [330] |
| 1437/17 1439/11 1441/3 1443/1 1444/6 | 1508/5 1508/5 1509/2 1512/10 1518/12 | we're [8] 1426/8 1442/23 1442/25 |
| 1444/20 1445/24 1446/11 1447/22 | vessel [12] 1397/22 1403/13 1403/15 | 1450/10 1456/8 1510/16 1513/11 |
| 1449/8 1449/22 1450/7 1454/6 1455/9 | 1403/20 1403/22 1404/8 1404/16 | 1520/10 |
| 1455/21 1456/8 1457/11 1457/17 | 1405/8 1406/11 1406/11 1406/12 | we've [2] 1449/18 1523/17 |
| 1460/5 1461/13 1463/6 1465/2 1465/24 | 1416/14 | weather [4] 1398/20 1398/20 1398/20 |
| 1467/25 1469/4 1471/23 1472/16 | vessels [15] 1397/1 1397/3 1403/18 | 1398/21 |
| 1475/3 1483/9 1488/5 1494/22 1518/17 | 1404/18 1405/12 1405/21 1405/24 | weathered [15] 1402/20 1473/7 1474/3 |

weathered... [12] 1474/13 1474/25
1475/8 1481/1 1481/18 1510/25 1511/6 1511/16 1511/22 1512/3 1512/7 1516/14
weathering [5] 1473/9 1473/21 1514/11 1514/17 1515/23
website [4] 1426/2 1426/18 1511/21 1512/3
websites [1] 1426/1
Wednesday [2] 1521/23 1523/2
week [14] 1394/4 1402/9 1417/14
1417/16 1421/3 1443/7 1452/20
1456/19 1462/24 1466/8 1468/1 1485/9 1487/19 1487/19
weeks [3] 1395/12 1462/15 1473/15 well [85] 1383/4 1384/1 1384/8 1384/11 1384/15 1384/24 1385/9 1386/7 1386/10 1387/10 1390/5 1391/9 1391/15 1393/12 1396/18 1396/23 1398/24 1410/19 1411/11 1414/2 1415/8 1415/25 1416/16 1420/2 1421/20 1422/1 1422/3 1422/23 1428/1 1430/14 1431/2 1432/15 1433/2 1433/9 1433/17 1434/1 1434/23 1438/15 1438/17 1442/20 1443/3 1443/11 1444/24 1445/18 1447/5 1448/10 1451/25 1453/10 1454/13 1456/11 1456/21 1462/12 1465/4 1467/4 1468/7 1468/7 1468/20 1470/20 1470/25 1471/11 1472/7 1473/24 1474/18 1477/6 1477/15 1478/1 1478/6 1478/20 1479/8 1483/12 1483/21 1484/4 1486/17 1488/13 1489/10 1490/19 1491/2 1494/25 1495/14 1499/8 1500/21 1507/2 1516/13 1519/6 1522/24
well-being [3] 1391/15 1415/25 1416/16 well-beings [1] 1390/5
well-designed [1] 1468/7
wellhead [1] 1401/24
went [10] 1385/9 1424/7 1449/9 1464/8
1472/2 1482/24 1512/5 1516/16 1517/4 1523/14
were [248]
weren't [8] 1443/14 1469/15 1483/19
1490/1 1493/3 1503/4 1508/20 1517/20
wetlands [4] 1391/17 1400/12 1406/2 1415/16
what [187]
what's [19] 1403/20 1408/22 1414/23 1430/19 1431/19 1436/23 1453/17 1455/2 1455/9 1460/6 1460/8 1460/21 1466/12 1467/6 1468/19 1470/23 1473/7 1502/3 1502/10
whatever [3] 1457/3 1458/19 1490/10 whatsoever [2] 1448/20 1454/15 when [38] 1382/19 1382/22 1387/23 1388/1 1391/21 1392/2 1393/24 1399/18 1400/2 1405/23 1407/5 1410/17 1416/8 1419/17 1434/8 1443/2 1448/2 1449/9 1456/25 1462/21
1463/21 1464/8 1466/8 1469/9 1472/12 1472/21 1473/23 1477/13 1478/22 1479/20 1487/1 1500/10 1515/25 1517/19 1521/6 1521/25 1522/3 1523/21
whenever [3] 1469/4 1471/4 1523/15 where [48] 1381/8 1381/25 1382/3 1383/15 1390/19 1391/1 1392/13 1392/21 1397/6 1397/17 1397/19 1397/23 1401/10 1401/12 1401/25

1404/7 1407/2 1407/18 1412/9 1413/14 1422/8 1422/11 1422/22 1429/9 1440/5 1440/12 1446/25 1447/4 1451/2 1452/14 1464/12 1467/3 1471/7 1473/16 1475/17 1481/9 1498/1 1498/20 1505/4 1513/2 1514/6 1514/12 1514/12 1515/6 1515/7 1518/13 1520/24 1522/12
Whereas [1] 1414/14
whether [11] 1435/10 1439/22 1444/11 1459/19 1475/20 1494/6 1494/23 1499/11 1504/18 1517/11 1523/23 which [27] 1387/24 1388/15 1390/10 1395/2 1396/13 1401/20 1402/15 1405/13 1405/14 1406/13 1409/16 1411/13 1411/17 1416/6 1419/8 1421/23 1422/16 1424/7 1424/14 1457/19 1458/18 1460/11 1461/7 1462/10 1463/16 1502/10 1512/12 while [4] 1389/6 1410/5 1425/5 1477/23 white [1] 1405/15
Whiteley [1] 1376/20
who [46] 1382/7 1382/8 1383/8 1383/19 1388/2 1388/2 1396/3 1399/7 1412/14 1416/3 1416/9 1416/10 1418/24 1420/6 1420/15 1422/23 1423/11 1425/15 1426/10 1427/2 1428/1 1428/2 1428/12 1432/11 1433/4 1440/3 1445/15 1450/10 1450/23 1452/21 1468/8 1469/12 1469/14 1469/22 1469/23 1475/23 1483/22 1484/5 1484/11 1491/19 1491/23 1492/15 1518/7
1519/21 1521/19 1522/18
who's [2] 1384/18 1432/5
whole [7] 1393/16 1394/5 1481/24 1485/2 1491/18 1492/3 1509/15 whose [1] 1439/13
why [17] 1384/23 1405/21 1418/21
1420/11 1441/3 1446/7 1454/11 1457/5 1463/21 1465/13 1468/16 1470/25 1478/18 1484/3 1509/2 1523/8 1524/1 wide [2] 1425/9 1430/12
widest [1] 1413/14
wild life [3] 1390/9 1397/10 1423/2 will [35] 1381/7 1385/4 1387/9 1394/24 1396/16 1398/23 1399/5 1399/18 1404/13 1405/4 1437/22 1439/21 1442/2 1449/12 1458/7 1466/11 1467/25 1478/11 1479/12 1488/23 1490/14 1495/13 1497/19 1498/10 1498/24 1500/20 1502/9 1521/18 1521/19 1521/24 1522/3 1522/20
1523/11 1523/16 1524/5
wind [1] 1416/7
winter [1] 1416/8
wise [2] 1384/16 1411/6
within [15] 1382/14 1386/13 1395/12
1400/8 1401/14 1409/14 1414/9 1417/6 1424/22 1424/23 1425/25 1430/13 1444/25 1467/10 1522/4
without [2] 1454/20 1459/15
witness [17] 1380/13 1380/20 1426/10
1426/12 1428/12 1428/14 1428/24
1499/7 1499/9 1521/10 1521/18 1521/19 1522/10 1522/18 1523/4 1523/25 1524/6
witnesses [2] 1452/20 1521/11 women [4] 1394/23 1395/10 1428/1 1519/16
won't [1] 1459/10
wonder [1] 1418/25
wonderful [1] 1452/8
Woodside [3] 1381/10 1384/18 1385/14
word [5] 1427/2 1442/23 1447/21 1468/18 1518/10 words [7] 1422/18 1452/13 1458/19 1464/12 1469/14 1474/21 1499/1 wore [3] 1513/22 1514/1 1514/2 work [62] 1381/8 1381/10 1383/23 1388/9 1391/21 1392/5 1393/6 1393/7 1394/17 1394/18 1394/21 1395/18 1396/2 1399/14 1405/25 1413/8 1416/8 1416/15 1416/20 1420/24 1427/15 1432/2 1434/17 1435/6 1436/18 1438/10 1438/13 1439/2 1439/13 1439/16 1440/15 1440/17 1440/21 1445/3 1445/15 1449/3 1449/9 1455/10 1455/24 1456/14 1459/18 1468/9 1469/12 1469/16 1469/23 1470/16 1480/20 1486/19 1486/19 1487/4 1487/4 1487/12 1497/1 1497/1 1497/3 1497/9 1497/15 1497/18 1497/23 1518/7 1523/16 1524/2
worked [28] 1381/21 1382/3 1382/8 1385/13 1385/17 1387/17 1389/6 1394/3 1394/6 1394/20 1396/12 1404/5 1415/25 1416/3 1416/9 1416/10 1416/16 1416/17 1417/5 1418/2 1419/9 1420/22 1427/20 1428/2 1428/4 1434/12 1469/23 1484/25
worker [6] 1474/6 1485/12 1487/17 1487/18 1489/13 1514/1
workers [59] 1395/13 1429/24 1433/4
1437/21 1442/17 1443/3 1443/4
1443/14 1444/7 1451/3 1451/4 1456/10
1456/15 1459/1 1465/4 1466/10
1467/17 1470/22 1471/8 1471/9
1473/16 1474/9 1474/21 1475/10
1475/14 1476/5 1480/22 1483/24
1483/25 1484/11 1485/4 1487/19
1488/11 1488/12 1488/16 1488/18 1489/12 1493/1 1494/1 1494/2 1494/5 1495/9 1496/4 1509/11 1509/18 1509/23 1510/9 1510/18 1512/9 1512/22 1513/9 1513/10 1513/12 1513/22 1515/3 1518/1 1518/5 1520/10 1520/13
workers' [1] 1484/5
workforce [5] 1395/12 1415/22 1416/2 1416/16 1416/21
working [31] 1383/4 1385/16 1387/23
1390/12 1394/4 1395/8 1395/10
1395/15 1399/8 1399/10 1407/20
1412/15 1416/7 1416/11 1417/16
1419/11 1422/23 1423/11 1434/23 1435/17 1441/5 1443/8 1453/20 1456/19 1456/24 1462/17 1469/25
1470/1 1470/1 1471/11 1489/14
world [5] 1387/1 1417/9 1417/10 1418/2
1427/21
world's [1] 1417/24
worry [1] 1462/22
would [113] 1380/14 1380/18 1382/9
1386/6 1386/11 1387/12 1389/4
1389/10 1390/18 1390/19 1390/23
1391/3 1391/5 1391/8 1392/24 1392/25
1393/18 1400/16 1400/20 1400/24
1400/25 1401/4 1401/6 1401/7 1401/10
1401/11 1401/14 1401/24 1401/25
1402/18 1402/20 1406/22 1406/23
1407/13 1412/2 1412/6 1412/7 1412/7
1412/8 1412/9 1412/10 1412/23
1412/25 1413/6 1414/13 1414/13
1418/1 1418/4 1419/24 1420/3 1420/5
1420/5 1420/7 1420/21 1421/8 1421/12
1421/13 1421/17 1422/9 1422/10

| W |
| :---: |
|  |
| X |
| xylene [1] 1499/21 |
| Y |
| ```yeah [4] 1403/13 1457/4 1486/11 1511/10 year [7] 1433/12 1436/9 1462/17 1462/19 1467/5 1488/11 1488/12 years [22] 1381/23 1384/25 1385/15 1385/20 1385/20 1386/8 1386/15 1387/20 1395/22 1432/3 1432/6 1443/8 1448/19 1456/20 1466/24 1467/10 1502/25 1518/2 1519/3 1520/8 1520/14 1520/16 yellow [1] 1392/11 yes [247] yet [1] 1400/1 you [557] you'll [2] 1404/12 1405/15 you're [8] 1431/24 1435/16 1472/13 1510/19 1519/2 1519/13 1520/23 1523/8 you've [3] 1453/11 1460/18 1462/7 young [1] 1432/4 your [184] Your Honor [28] 1380/21 1385/9 1396/23 1401/2 1412/4 1414/22 1418/7 1427/5 1428/8 1428/20 1428/25 1434/19 1434/25 1435/9 1435/21 1435/23 1441/20 1491/9 1493/24 1495/12 1495/15 1495/18 1499/6 1518/15 1520/20 1520/22 1523/18 1524/3 yours [3] 1394/2 1490/21 1521/4 yourself [1] 1452/4``` |
| Z |
| zero [1] 1509/1 <br> ZEVENBERGEN [1] 1376/11 <br> zone [5] 1509/10 1509/17 1510/8 <br> 1510/15 1513/18 <br> zoom [3] 1486/9 1487/21 1488/4 |

