

# Fallon Leukemia Cluster and Related Issues

## Information Brief for ASN H. T. Johnson

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RADM Chris Cole, OPNAV N46  
CAPT Jeff Yund, BUMED-24  
CDR Paul Houghton, OPNAV N461A

### Outline

- Leukemia Cluster-Medical Aspects
- Leukemia Cluster-General Background
- Arsenic contamination-General Background
- Water Treatment Plant Status

### Navy Support to NAS Fallon (cont.)

- BUMED coordinating medical support
  - CDR Ann Fallon (clinical epidemiologist) reported to NAVHOSP Lemoore on 1 Sep
  - Reports TAD to NAS Fallon for about 2 months on 1 Oct

### Navy Support to NAS Fallon (cont.)

- External support – Frontline Communications
  - Specializes in Risk Communication
  - Experienced in DoD environmental/health issues
  - Experience at Fallon (Mar, Aug)
  - We think they can help:
    - Identify and engage stakeholders
    - Review public and internal communications (fact sheets, website)
    - Improve Navy credibility
    - Identify long-term issues (prepare for “we don’t know what caused the cluster”)

## Navy Support to NAS Fallon (cont.)

- External support – Frontline Communications
  - Initial planning & partnering session 9-10 Aug
  - Reviewing/revising existing risk communication plan
  - NSAWC, NAS Fallon, OPNAV and NEHC will determine follow-on work after reviewing revised RC plan
  - Frontline funding:
    - OPNAV funded P&P session
    - OPNAV has reserved \$60K (FY01) for follow-on work

## Personnel (and BUPERS) Activity

- We see reaction to the health concerns. Since Jan 01:
  - 21 (of 763) families moved out of the cluster area
  - 19 (of 133) inbounds are geographic bachelors (about twice the historic average)
  - 5 (of 119) moved families early to next duty station
  - Housing waiting list was historically 6 months, now have vacancies
- BUPERS sees reaction from constituents:
  - Personnel are familiar with the issues & question detailers
  - Some personnel decline “good jobs” (TOPGUN)
  - Health concerns are dealt with on an individual basis
  - Bottom line: Fallon remains a “hard fill” but is not getting harder