



Community Engagement Sessions with the National Academies Committee on Clinical Follow-Up and Care for Those Affected by the Red Hill JP-5 Releases

WEDNESDAY, JUNE 25

Oahu Veterans Center, 1298 Kukila Street, Honolulu, HI 96818

Afternoon Community Engagement Session

12:00 PM Check In Begins, lunch available for the community members and the committee

12:30 Welcome, Protocols, and Purpose

- Opening pule, *Marcus Iwane, Committee Member*
- Welcome, *Grace Lee, Committee Chair*
- Overview of discussion format, *Liz Boyle, Study Director*

1:00 Small Group Discussions, participants self-identify and join facilitated circles, such as:

- Exposed residents – military-affiliated (active duty, family member)
- Exposed residents – Civilian Military employee non-base resident
- Civilian employee on or near Joint Base Pearl Harbor–Hickam during the fuel release
- Health care providers who treated affected individuals
- Public health response (e.g., Hawai'i Department of Health, EPA, ATSDR)
- Other government agency representative (not involved in direct public health or military response)
- Community advocate, organizer, or nonprofit representative

Note: Groups may be combined or split based on attendance at the event. Each group will have a committee member to facilitate the discussion and another to serve as the rapporteur. Staff will record the discussion on their cell phones and will take notes on their computer to help the rapporteur with the report back. Sample discussion prompts are below.

2:30 Large group harvest and reflections

- Each rapporteur will share a few highlights from the discussion (about five minutes each)
- Closing pule, *Keawe Kaholokula, Committee Member*

3:30 **Adjourn the afternoon group**

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Evening Community Engagement Session

- 5:00 PM** Check In Begins, dinner is available for committee and community members
- 5:30** Welcome, Protocols, and Purpose
- Opening pule, *Marcus Iwane, Committee Member*
 - Welcome, *Grace Lee, Committee Chair*
 - Overview of discussion format, *Liz Boyle, Study Director*
- 6:00** Small Group Discussions, participants self-identify and join facilitated circles, such as:
- Exposed residents – military-affiliated (active duty, family member)
 - Exposed resident – Civilian Military employee non-base resident
 - Civilian employee on or near Joint Base Pearl Harbor–Hickam during the fuel release
 - Health care provider who treated affected individuals
 - Public health response (e.g., Hawai'i Department of Health, EPA, ATSDR)
 - Other government agency representative (not involved in direct public health or military response)
 - Community advocate, organizer, or nonprofit representative
- Note: Groups may be combined or split based on attendance at the event. Each group will have a committee member to facilitate the discussion and another to serve as the rapporteur. Staff will record the discussion on their cell phones and will take notes on their computer to help the rapporteur with the report back. Discussion prompts can be found here: [LINK](#)*
- 7:30** Large group harvest and reflections
- Each rapporteur will share a few highlights from the discussion (about five minutes each)
 - Closing pule, *Keawe Kaholokula, Committee Member*
- 8:30** Adjourn the afternoon group

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Sample Discussion Prompts

Health Care Providers – Discussion Prompts

1. What kinds of symptoms or concerns did patients bring to you after the Red Hill fuel release, and how did you respond?
2. How did the uncertainty around exposure and lack of clinical guidance affect your ability to provide care?
3. Were there moments when you felt professionally or morally challenged in supporting your patients? What would have helped?
4. How did this situation affect your trust in or perception of public health agencies or the military system?
5. What do you believe are the most urgent needs for future clinical care, communication, or system change?

Public Health Responders – Discussion Prompts

1. What was your agency's role in responding to the Red Hill incident, and what went well or poorly?
2. What were the biggest barriers to coordination, decision-making, or public trust?
3. How did data gaps, uncertain science, or conflicting messaging shape your actions or communication?
4. What do you wish had been in place—logistically, institutionally, or culturally—to improve the response?
5. What lasting lessons should be carried forward in public health guidance or interagency planning?

All other groups – Discussion Prompts

1. What was your experience in the aftermath of the Red Hill fuel release, and how did it impact your health, trust, or daily life?
2. What kinds of care, resources, or information were available to you—and what was missing or harmful?
3. What have been the hardest parts to explain or get others to believe about what you went through?
4. What would meaningful healing or justice look like for you, your family, or your community?
5. What should this committee not overlook when making recommendations about clinical care and public health?