

## United States Senate

December 14, 2022

Honorable Gilbert R. Cisneros, Jr.  
Under Secretary of Defense for Personnel & Readiness  
4000 Defense Pentagon  
Washington, DC 20301

Dear Mr. Cisneros:

As we recently marked one year since the Red Hill fuel leak, I write to you with concern about the ongoing public health impacts of this crisis. Protecting the health and safety of service members and their families is the sacred obligation of the Department of Defense, and the water contamination of the community water system at Joint Base Pearl Harbor-Hickam was a breach of trust. DoD must use all tools at its disposal to ensure that all people who were exposed have access to the medical assessments and treatments they need today and in the future, including service members, military family members, DoD civilian employees, DoD contractors, and civilians who are not DoD-affiliated.

I appreciate the Defense Health Agency's (DHA) efforts to-date, including an incident report that tracks DoD-affiliated personnel who were exposed, and the health care benefits and services the agency routinely provides to service members, military retirees, and family members. While I am encouraged by additional health care actions described at recent community meetings, I urge you to make the health and wellbeing of individuals whose health was impacted a central focus of your response to the Red Hill fuel leak moving forward.

The Agency for Toxic Substances and Disease Registry (ATSDR) recently released a 10-month follow-up investigation on the health effects of the November 2021 leak that echoed the experiences that families have consistently shared over the past year. Alarming, ATSDR reports acute impacts on vulnerable groups, including children and people who were pregnant at the time of the leak. The findings illustrate the significance and ubiquity of mental and physical health symptoms:

- 80% reported symptoms in the past 30 days
- 55% reported worse physical health compared to before the leak
- 50% reported worse mental health compared to before the leak
- 46% reported being very concerned about tap water safety
- 41% reported worsening of an existing condition
- 31% reported a new diagnosis from a health care provider since the leak

As the Department determines its priorities to respond to these findings, I urge you to take the following actions to support the health and safety of people affected:

- 1. Release the chemical breakdown of JP-5 and additives, so that exposed individuals and their health providers can tailor screenings and treatments appropriately.** Absent this critical information, providers are treating clusters of symptoms without a full understanding of the root cause. If DoD cannot release the chemical breakdown in the interest of national security, then DHA experts should evaluate classified information and publish multiple screening and treatment protocols for subpopulations with a range of risk profiles and age

groups. When DoD provides this information, it must be sure to publicize to primary care, occupational, and environmental health specialists across the MHS, throughout the TRICARE network, and among community providers in Hawaii to ensure that all people who were exposed—including those with a permanent change of station—can receive necessary services.

2. **Ensure all people who were exposed have access to the care they need—emphasizing vulnerable populations and the wellbeing of children.** Numerous strategies could accomplish this goal to ensure access to necessary care. I am pleased that DHA recently announced plans to launch a Red Hill coordinated care clinic at Makalapa Branch Health Clinic that will offer a team-based approach to primary care with access to specialty providers, care managers, and other support services specifically to respond to impacted Military Health System beneficiaries. Subject to space availability and compelling need, DoD could also use its statutory authority through the Secretarial Designee Program to provide medical assessments and treatment to non-Military Health System beneficiaries. Contingent on the terms of each beneficiary's chosen TRICARE plan option, DHA should ensure that there are no bureaucratic entanglements unnecessarily delaying care.
3. **Adopt a third-party registry to track comprehensive information about all individuals who were exposed, and the resulting health impacts.** This registry should include a community advisory board and provide a centralized communications platform to notify individuals about resources, services, and emerging findings. I appreciate that DoD immediately noted the need to account for individuals exposed through its Defense Occupational and Environmental Health Readiness System incident report. As DHA has acknowledged, this report has limitations, including its failure to include non-DoD affiliated personnel, data are not individualized, and health data are not included. DoD has publicly stated it is considering taking up ATSDR's recommendation to adopt a registry managed by a third party. I urge DoD to do so as expeditiously as possible. Swift action will help ensure that more exposed individuals are included. The longer DoD waits, the less comprehensive this registry will be.
4. **Assess long-term health outcomes through epidemiological studies.** Using the platform of the third-party registry, DoD must commission studies to evaluate long-term health impacts. As ATSDR has indicated, there is limited research about the longitudinal effects of JP-5 exposure, particularly among vulnerable groups like babies exposed in utero and young children. DoD must partner with ATSDR, State of Hawaii officials, and independent research entities on these studies to ensure people's long-term health needs are addressed today and in the future.

I urge the Department to take up these and other priority actions to address the public health impacts among all people exposed to the contaminated water system at Joint Base Pearl Harbor-Hickam. Thank you for your attention to this critical matter.

Sincerely,



BRIAN SCHATZ

U.S. Senator