



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

FEB 19 2014

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Department of Defense Medical Follow-up for Active Duty Service Members
Participating in the Department of Veterans Affairs Airborne Hazards and Open
Burn Pit Registry

The Department of Veterans Affairs (VA), in collaboration with the Department of Defense (DoD), is establishing an Airborne Hazards and Open Burn Pit Registry for veterans and Service members who deployed to Southwest Asia, Afghanistan, and Djibouti. Individuals eligible for the registry include those who participated in the 1991 Gulf War, or in Operations ENDURING FREEDOM, IRAQI FREEDOM, or NEW DAWN since September 11, 2001. This registry, which is Congressionally-mandated, will be accessible at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry> in the spring of 2014, with the launch date to be determined based upon the VA's progress in standing up the Registry Web site. To ensure our efforts are congruent with the VA's, DoD will provide medical assessments to those Active Duty Service members requesting one. The VA will provide the medical assessments to those Service members of the Reserve Components, including the National Guard and Reserve Forces, not presently on Active Duty, and to those who have retired or separated. The extent of these assessments should be dictated by an individual's medical and occupational health history, and the health care provider's clinical assessment and concerns.

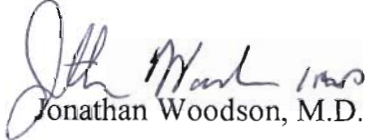
The U.S. Army Public Health Command (USAPHC) has the lead pursuant to a November 6, 2013, Health Affairs tasking to develop a DoD medical follow-up program consistent with VA's approach. Attachment 1 is a schematic guidance of the medical follow-up process, and Attachment 2 summarizes the VA's registry and its purpose. These documents are intended for use by health care providers who will manage patients with deployment-related concerns. The USAPHC and the VA have developed a draft Fact Sheet (Attachment 3) for Service members, which can be printed from the Registry Web site along with the draft joint VA/DoD Participation Letter (Attachment 4).

Please direct your medical departments to provide appropriate medical follow-up actions in response to requests by registry participants. Use procedures and communication products to inform your health care providers and Service members about the registry, its purpose, and the availability of clinical follow-up for health concerns related to deployment. The DoD is

developing a communications plan, including press releases and the use of social media to supplement the internal activities of the Services. In the near future, the USAPHC will post communication products, which may be used by the other Services, on its e-Catalog Web site, <https://usaphcapps.amedd.army.mil/HIOShoppingCart/default.aspx>. The DoD does not require a specific format for the clinical assessment, but patients with health concerns should receive appropriate clinical evaluations and, when indicated, diagnostic studies and/or specialty consultation. Guidance on the Registry Web site recommends that Service members with health concerns call for an appointment for an assessment, and state the purpose is to “address health concerns related to the Airborne Hazards and Open Burn Pit Registry exposures.”

It is important our military medical treatment facilities follow Health Affairs policy 02-007, “Policy for the Implementation of the Post-Deployment Health Clinical Practice Guideline” (April 29, 2002). This policy mandates use of the VA/DoD Post-Deployment Health Clinical Practice Guideline that requires the provider to use the deployment-related code V70.5_6, as well as a diagnosis code when a visit is a post-deployment encounter. Recording these codes in the medical record is critical to the DoD’s ability to determine outcome measurements for Service member participation in the registry. Any questions regarding this follow-up program should be addressed to Colonel (Col) Steven Niehoff, Director, Global Health Surveillance, Division of Public Health, Defense Health Agency. Col Niehoff may be reached at (703) 681-8213, or Steven.Niehoff@dha.mil.

Sincerely,



Jonathan Woodson, M.D.

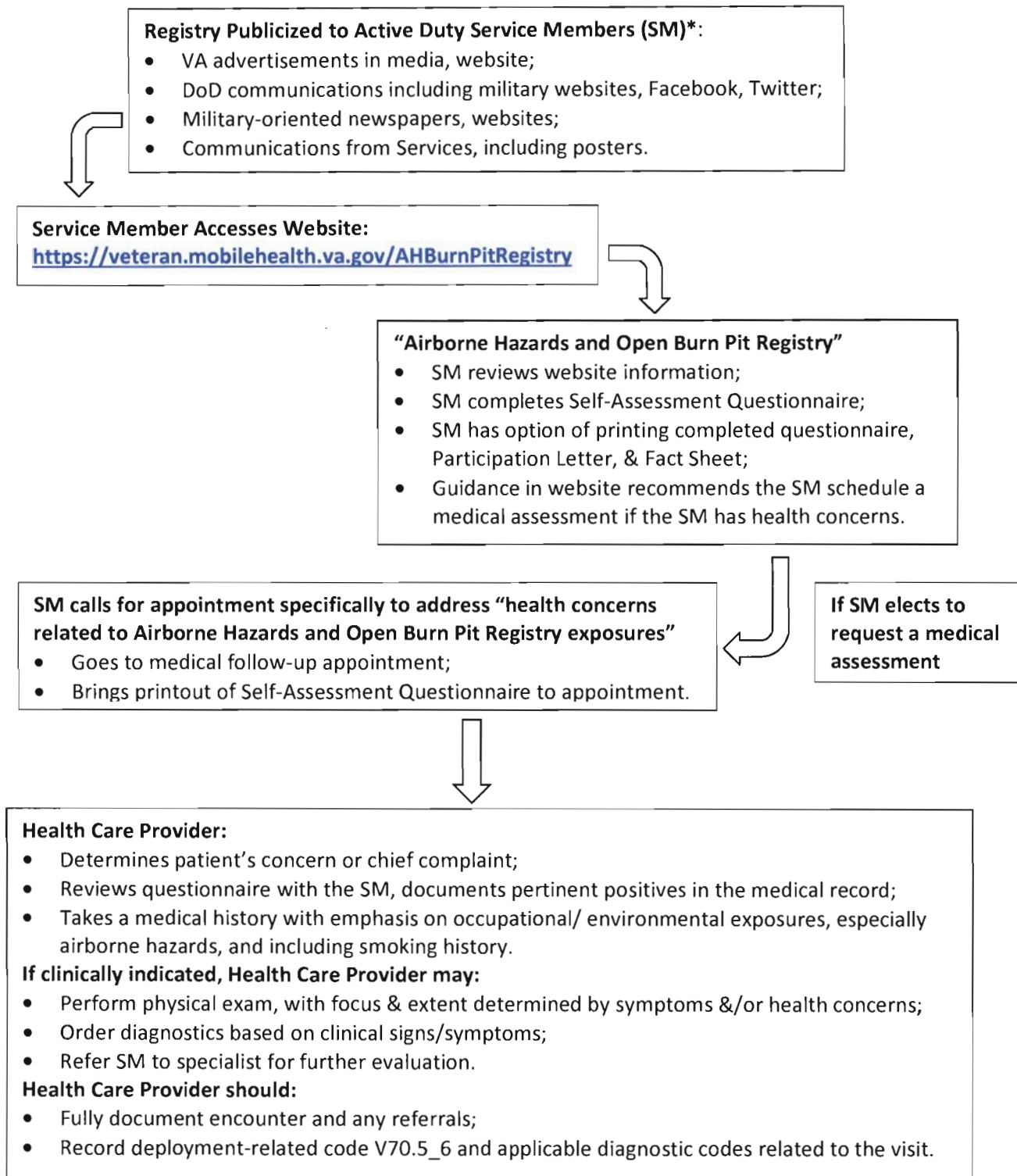
Attachments:

As stated

cc:

Assistant Secretary of Defense (Reserve Affairs)
Under Secretary for Health, Department of Veterans Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
U.S. Army Public Health Command
Director, Health, Safety and Work-Life, U.S. Coast Guard
Medical Officer of the Marine Corps

Schematic of DoD Medical Follow-up Program for VA Airborne Hazards and Open Burn Pit Registry



*Retirees and Reserve Component personnel who are not activated will be managed by VA

Information for Military Health Care Providers on the Department of Veterans Affairs (VA)
Airborne Hazards and Open Burn Pit Registry

The Congressional Mandate for a Burn Pit Registry: Section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012, Public Law No. 112-260, signed in January 2013, requires the Department of Veterans Affairs (VA) to establish an "Open Burn Pit Registry" of individuals who, while in the Armed Forces, deployed after September 11, 2001 to locations with open burn pits. The VA subsequently renamed the registry the "Airborne Hazards and Open Burn Pit Registry," and expanded its scope to include all deployment-related airborne hazards, including those associated with deployment during the Gulf War of 1991. The registrant must be a Veteran or Service member who deployed to a contingency operation in Southwest Asia at any time on or after August 2, 1990, or to Afghanistan or Djibouti on or after September 11, 2001. The Southwest Asia theater of operation includes Iraq, Kuwait, Saudi Arabia, Bahrain, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, waters of the Persian Gulf, Arabian Sea, and the Red Sea.

Purpose of the Registry: The purpose of this voluntary registry is to allow Service members and Veterans to document their exposures and report health concerns through the use of a web-based questionnaire, and to receive any new information related to health risks associated with airborne hazards encountered during deployment. They will also have the opportunity to request a medical assessment for deployment-related health concerns. The registry is not intended for benefits and compensation purposes, and participation will not affect access to health care or benefits. The VA will use deployment data provided by the Department of Defense (DoD) to determine eligibility to participate in the registry. Requested medical follow-up will be provided to authorized Veterans through the VA. Members of the Reserve Components, including the National Guard and Reserve forces, not presently on an Active Duty tour, should contact the VA for requested follow-up. Active Duty Service members, to include the Reserve Components on Active Duty orders for greater than 30 days, will obtain needed follow-up through the DoD either at their designated military Medical Treatment Facility, or through their DoD primary care manager.

The VA, working with the US Army Public Health Command (USAPHC) and the VA/DoD Deployment Health Working Group, will launch the "Airborne Hazards and Open Burn Pit Registry" website in the Spring, 2014. The registry website will be accessible at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry>, and will contain a self-assessment questionnaire in which each participant will document perceived deployment exposures, medical history and health concerns. The website will generate an individualized Fact Sheet and Letter of Participation, and will inform the Veteran or Service member of the availability of a follow-up evaluation for health concerns related to deployment. Upon completion of the questionnaire, the participant may print the questionnaire containing the individual's responses, and hand-carry it to the health care provider if a medical follow-up visit is desired. When requesting a medical appointment, the Service member should indicate that the appointment is for "health concerns related to the Airborne Hazards and Open Burn Pit Registry exposures."

Health Risks Related to Airborne Hazards: The VA asked the Institute of Medicine (IOM) to determine the long-term health effects of exposure to burn pits in Iraq and Afghanistan. The IOM published a report in 2011 entitled, “Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan.” Examining the available scientific literature on burn pits, incinerators and other fires, the IOM concluded there was limited but suggestive evidence of an association between exposure to combustion products and reduced pulmonary function. However, the IOM found insufficient evidence to associate any diseases with these exposures. The IOM’s review of the literature and data from measurements taken at Joint Base Balad suggested deployment to Iraq and Afghanistan, in a region characterized by high levels of urban pollutants and particulates, rather than exposure only to burn pit emissions, might be associated with long-term health effects, particularly in susceptible or highly exposed individuals. This report can be viewed and downloaded at http://www.nap.edu/catalog.php?record_id=13209.

Clinical Follow-up for Participants in the Registry: No active clinical follow-up or case management will be required by either the VA or DoD as a result of responses on this survey. The scope of a voluntary follow-up assessment will depend on the individual’s history and clinical findings, and will have no prescribed format. While some Service members may have health concerns that can be addressed through a minimal assessment consisting of a brief history and review of pertinent positives on the questionnaire, others having significant respiratory symptoms (such as dyspnea, cough, increased sputum production, chest tightness or discomfort, wheezing, or decreased exercise tolerance) may require a more comprehensive approach, including diagnostic testing and specialty consultation in some circumstances. In the latter case, a thorough occupational and environmental exposure history, especially to airborne hazards and tobacco smoke, and a physical examination focusing on the cardiopulmonary exam, may be indicated. The provider may also consider requesting pulse oximetry, spirometry, radiography, and/or a complete blood count. Specialty consultation may be indicated for further evaluation. (See Attachment 1).

If providers have questions regarding an individual’s responses on the questionnaire, including reported exposures, which cannot be resolved locally, they may consider consultation with their respective Service’s center for occupational and environmental medicine, or consultant in occupational medicine, including the Navy and Marine Corps Public Health Center, at (757) 953-0700; the USAPHC Consult Service at (410) 436-2714, usarmy.apg.medcom-phc.mbx.emp@mail.mil; and the U.S. Air Force managers in Public Health, at DSN: 761-6992, (703) 681-6992 (commercial); or in Bioenvironmental Engineering, at DSN: 761-7688, (703) 681-7688 (commercial).

FACT SHEET
Guide to the Airborne Hazards and Open Burn Pit Registry (AH&OBPR)
Information for Service members

About the Registry: The AH&OBPR was established by the Department of Veterans Affairs (VA) as part of the “Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012.” The AH&OBPR is available to Veterans, Reservists, National Guard members, Coast Guard members, and Active Duty Service members who served in the Southwest Asia theater of operations on or after August 2, 1990, or in Afghanistan or Djibouti on or after September 11, 2001. The AH&OBPR will help the VA, the Department of Defense (DoD), and the U.S. Coast Guard (USCG) track the health of Veterans and Service members, and it may contribute to future research studies. By participating in the AH&OBPR, Veterans and Service members can receive formal acknowledgment from the VA, DoD and the USCG of their reported exposures and receive important health and wellness information.

What the AH&OBPR is: The registry is a way for eligible Veterans and Service members to self-report potential exposure to airborne hazards such as smoke and fumes from open burn pits; increased levels of particulate matter (PM) from exhaust, dust, and sand; and urban air pollution, by completing and submitting an on-line self-assessment questionnaire.

The VA/DoD/USCG will use information from the registry along with information from other sources and studies to ensure Veterans and Service members with exposures receive the following:

- Standardized exposure questionnaire
- Enhanced outreach and health communication materials
- Optional initial in-person no-cost medical evaluations

What the AH&OBPR is not: The registry is not a means to apply for other benefits, such as disability compensation payments from VA. The disability compensation process is separate from the AH&OBPR. The registry is not an official medical record. Information entered in the website will not automatically be entered into your medical record.

What we know from independent scientific studies: The VA asked the Institute of Medicine (IOM) to determine the long-term health effects of exposure to burn pits in Iraq and Afghanistan. IOM published a report entitled, “Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan” in 2011. Looking at the available scientific literature for burn pits, incinerators, and other fires, the IOM concluded there was limited but suggestive evidence of an association between exposure to combustion products and reduced pulmonary function. They found insufficient evidence to associate any disease with these exposures. This report can be viewed and downloaded at no cost at http://www.nap.edu/catalog.php?record_id=13209. Information specific to Veteran’s exposure is still expanding.

Department of Veterans Affairs (VA) and Department of Defense (DoD) partnership: The VA and DoD have developed an Airborne Hazards Joint Action Plan, and are now working on many initiatives involving long-term studies, clinical issues, and outreach and education associated with health issues related to airborne hazards. The VA will notify registry participants of significant future developments on these issues.

FACT SHEET
Guide to the Airborne Hazards & Open Burn Pit Registry (AH&OBPR)
Resources for Service members

The Southwest Asia theater of operation includes the following locations after August 2, 1990: Iraq, Kuwait, Saudi Arabia, Bahrain, Gulf of Aden, Gulf of Oman, Oman, Qatar, United Arab Emirates, Waters of the Persian Gulf, Arabian Sea, and the Red Sea. Although not in the Southwest Asia theater of operations, Afghanistan and Djibouti are included within the scope of the registry for individuals who deployed there on or after September 11, 2001.

Active Duty (Active Duty Service members, including activated Reserve and Guard personnel): If you are experiencing any **urgent symptoms**, such as difficulty breathing or chest pains, you should go to the nearest emergency room, call 911, or contact your primary care manager for instructions. If you have any health or exposure concerns, you may contact your local military hospital or clinic to schedule an appointment for a voluntary medical evaluation. You should state that you are calling for an appointment specifically to address “health concerns related to the Airborne Hazards and Open Burn Pit Registry exposures.” DoD will provide you with a voluntary medical evaluation upon request. Please note a medical evaluation is NOT required to be in the registry.

Reserve Component members (Army and Air National Guard, and Reserve): Whether discharged or still serving, these individuals will be managed by the VA in the same manner as other Veterans. The VA will provide a voluntary medical evaluation upon request.

If you are a Veteran or inactive/separated National Guard or Reservist, and you **are enrolled in the VA healthcare** system, you should contact your primary care physician or Patient Aligned Care Team (PACT) to schedule an appointment for a medical evaluation.

If you are a Veteran or inactive/separated National Guard or Reservist, **are not enrolled in the VA healthcare system** and would like to schedule an initial no-cost medical evaluation, please contact a VA Environmental Health Coordinator (EHC) in your area by visiting this link:

<http://www.publichealth.va.gov/exposures/coordinators.asp>

Additional Resources

[TBD - insert DoD weblink to information about registry]

AH&OBPR website:

<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry>

AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY
PARTICIPATION LETTER

Dear [name of Veteran or Service member]:

We greatly appreciate your willingness to participate in the Department of Veterans Affairs (VA) Airborne Hazards and Open Burn Pit Registry (AH&OBPR). Your participation assists VA, the Department of Defense (DoD), and the U.S. Coast Guard (USCG) in addressing important health concerns related to your deployment.

If you have any health concerns and would like to schedule a medical evaluation, please contact the appropriate health care provider according to the guidance in the attached fact sheet. The attached fact sheet also includes information about other resources for which you may be eligible.

The VA, DoD and the USCG will use the information you have provided to build upon the current understanding of potential short and long-term health effects associated with exposure to airborne hazards and open burn pits during your deployment.

We want you to know the VA, DoD and the USCG are continuing to study these exposures and will provide you with periodic updates on new information in understanding the health consequences of these exposures.

Thank you for your service.