



Special Feature Webinar: Understanding and Evaluating Military Environmental Exposures

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Mr. Steve Jones, M.P.H.



Mr. Steve Jones is a retired Army Environmental Science and Engineering Officer and senior consultant with over 41 years of medical, public health, and environmental health experience at all levels of the Department of Defense (DoD).

Mr. Jones has extensive experience in deployed, humanitarian, disaster relief, and other operating environments at enduring and contingency locations, to include coordination with engineering, facilities, medical, environmental, and other base support managers.

Mr. Jones is responsible for developing policy for force health protection, deployment health, occupational and environmental health, burn pits, individual medical readiness, comprehensive health surveillance, and biosurveillance. He is also responsible for advising on health issues related to garrison and deployment occupational and environmental exposures.

Mr. Jones is currently the functional proponent for the joint DoD and Department of Veterans Affairs (VA) Individual Longitudinal Exposure Record (ILER).



Eric Shuping M.D., M.P.H.



- Dr. Eric Shuping is board certified in family practice, preventive medicine, and occupational medicine. He came to the Veterans Health Administration (VHA) after retiring from 27 years of service in the Army. His last assignment was as the Director of the Public Health Directorate, Deputy Chief of Staff (DCOS) and an Occupational Medicine Consultant.
- Dr. Shuping deployed to Iraq as a Theater Preventive Medicine Consultant from 2006 to 2007.
- Dr. Shuping earned his medical degree from the Uniformed Services University of the Health Sciences (USUHS). Since that time, he has obtained significant experience in environmental health issues within the Army and Department of Defense (DoD) in deployed and garrison settings.



Jesse Monestersky D.O.,M.S.,M.P.H.,M.S.,D.T.M.&H.



- Dr. Monestersky works as a federal civilian physician in Occupational and Environmental Medicine (OEM) for Defense Centers for Public Health – Aberdeen (DCPH-A). He completed residencies in Family Medicine, OEM, General Preventive Medicine and Public Health, and Aerospace Medicine.
- Dr. Monestersky completed fellowships in Clinical Hyperbaric Medicine, Tropical Medicine, and Respiratory Disease Health Hazard Evaluation. He has three Masters' degrees in Industrial Hygiene, Epidemiology and Environmental Toxicology.
- Prior to working for DHA/DCPH-A, Dr. Monestersky was a Navy physician, retiring from active duty in August 2015.
- Dr. Monestersky is board-certified by the American Osteopathic Board of Family Physicians (AOBFP) in Family Medicine and by the American Board of Preventive Medicine (ABPM) in OEM. He is a Fellow (and member), American College of Occupational and Environmental Medicine (ACOEM). He is a member of the American Osteopathic Association, and American College of Osteopathic Family Physicians.



Larry Vandergrift, C.S.Q.E.



- Mr. Larry Vandergrift serves as the Project Controller for the joint DoD-VA Individual Longitudinal Exposure Record (ILER) and is responsible for the day-to-day development activity and engagement with key stakeholders.
- Mr. Vandergrift has over twenty (20) years of program management and technology modernization experience in both the private and public sectors with more than half being dedicated to Defense Health Agency (DHA).
- Mr. Vandergrift has a proven track record of prioritizing users' needs and requirements and delivering value added functionality to the field quickly and efficiently.
- Mr. Larry Vandergrift provides contracted project management support for ILER through the DHA Solution Delivery Division (SDD).



Disclosures

- Mr. Steve Jones, Dr. Eric Shuping, Dr. Jesse Monestersky, and Mr. Larry Vandergrift have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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- Commercial support was not received for this activity.



Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify common examples of environmental exposures of concern.
2. Describe the purpose of the Airborne Hazards and Open Burn Pits Registry.
3. Explain the role of health care providers in conducting medical evaluations associated with service member environmental exposure concerns.
4. Summarize the features and functionality of the Individual Longitudinal Exposure Record (ILER).



Environmental Exposures: Garrison and Deployment



http://cnnphilippines.com/_imaging/mte/demo-cnn-new/750x450/dam/cnn/2016/2/7/Traffic_Edsa_CNNPH.png/jcr:content/Traffic_Edsa_CNNPH.png
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https://www.mcclatchydc.com/latest-news/wdikiid/picture238517143/alternates/FREE_1140/K2-VETCANCER-RADIATION
<https://www.texasenvironment.org/wp-content/uploads/2015/04/harvey-carousel-2.jpg>



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Congressional and Executive Requirements

- **October 1986** – **Public Law 99-576** (*Veterans' Benefits Improvement and Health Care Authorization Act, 1986*) required the Department of Veterans Affairs (VA) to establish the Ionizing Radiation Registry
- **February 1991** – **Public Law 102-4** (*Agent Orange Act*) established presumptions of service connection for certain illnesses and diseases based on exposure to dioxins and other herbicide agents
- **November 1992** – **Public Law 102-585** (*Veterans Health Care Act*) required VA to establish the Persian Gulf War Veterans Health Registry
- **November 1997** – **Public Law 105-85** (*National Defense Authorization Act [NDAA] Fiscal Year [FY]1998*) required DoD to establish a medical tracking system for deployed service members
- **August 1998** – **Presidential Review Directive 5** (*Planning for Health Preparedness for and Readjustment of the Military, Veterans, and Their Families after Future Deployments*) directed DoD and VA to create a new force health protection program for a comprehensive, life-long medical record of all illnesses and injuries, care and inoculations, and exposures to different hazards
- **January 2013** – **Public Law 112-260** (*Dignified Burial and Other Veterans' Benefits Improvement Act*) required VA to establish the Airborne Hazards and Open Burn Pit Registry



Congressional and Executive Requirements Continued

- **January 2013** – **Public Law 112-239** (*NDAA FY2013*) required DoD to issue guidance to the military departments and appropriate defense agencies regarding environmental exposures on military installations
- **December 2017** – **Public Law 115-91** (*NDAA FY2018*) required DoD to conduct a declassification review of documents related to any known incident in which at least 100 members of the Armed Forces were intentionally exposed to a toxic substance that resulted in at least one case of a disability determined to be associated with that toxic substance
- **December 2019** – **Public Law 116-92** (*NDAA FY2020*) directed DoD to develop a process to identify, record, and resolve environmental health hazards in DoD housing
- **August 2022** – **Public Law 117-168** (*Honoring Our Promise to Address Comprehensive Toxics [PACT] Act*) addressed health care, presumption of service-connections, research, resources, and exposure data and records for veterans and service members
- **December 2022** – **Public Law 117-263** (*NDAA FY2023*) required DoD to conduct extensive capability assessments of potential improvements to DoD activities to reduce the effects of environmental exposures with respect to service members and to develop an action plan to implement the identified improvements



Honoring our Promise to Address Comprehensive Toxics (PACT) Act

- The Honoring our Promise to Address Comprehensive Toxics (PACT) Act was signed into law in August 2022 as one of the most extensive military exposure health care and benefits bills to be passed by Congress. The bill enacts a comprehensive response to service-connected exposures for veterans and service members by extending eligibility for Department of Veterans Affairs (VA) health care; identifying presumptive conditions for service-connected exposures; and mandating enhanced medical screening, outreach, education, training, research, and other support resources related to service-connected exposures.
- Two sections outline authorities and requirements assigned to DoD
 - Section 706: Authority for Joint Leasing Actions of DoD and VA
 - Section 802: Biennial Briefing on ILER
- Five sections outline authorities and requirements for DoD to coordinate with or support VA
 - Section 202: Improvements to Ability of VA to Establish Presumptions of Service Connection Based on Toxic Exposure
 - Section 302: Presumptions of Toxic Exposure
 - Section 501: Interagency Working Group on Toxic Exposure Research
 - Section 503: Analysis Relating to Mortality of Veterans Who Served in Southwest Asia
 - Section 803: Correction of Exposure Records by Members of the Armed Forces and Veterans



Airborne Hazards and Open Burn Pits – Specific Congressional Requirements

- NDAA provisions on prohibition of, plans for, and exemptions for use of burn pits:
 - FY10 NDAA Sec. 317 Prohibition on Disposing of Waste in Open-air Burn Pits
 - FY14 NDAA Sec. 314 Clarification of Prohibition on Disposing of Waste in Open-air Burn Pits
 - FY20 NDAA Sec. 333 Plan to Phase Out Use of Burn Pits
 - FY22 NDAA Sec. 316 Exemption from Prohibition on Use of Open-air Burn Pits in Contingency Operations Outside the United States
- NDAA provisions on exposure monitoring, health assessments, and health records
 - FY20 NDAA Section 704 Exposure To Open Burn Pits and Toxic Airborne Chemicals or Other Airborne Contaminants as Part Of Periodic Health Assessments and Other Physical Examinations
 - FY21 NDAA Section 720 Addition of Burn Pit Registration and Other Information to Electronic Health Records of Members of the Armed Forces
 - FY21 NDAA Section 721 Inclusion of Information on Exposure to Open Burn Pits in Post-Deployment Health Reassessments
 - FY23 NDAA Section 744 Capability Assessment and Action Plan with respect to Effects of Exposure to Open Burn Pits and Other Environmental Hazards



Airborne Hazards and Open Burn Pits – Specific Congressional Requirements

14

- NDAA Provisions on registry outreach and education
 - FY19 NDAA Section 1050 Airborne Hazards and Open Burn Pits Registry Education Campaign
 - FY22 NDAA Section 725 Mandatory Training On Health Effects Of Burn Pits
 - FY23 NDAA Section 744 Capability Assessment and Action Plan with respect to Effects of Exposure to Open Burn Pits and Other Environmental Hazards

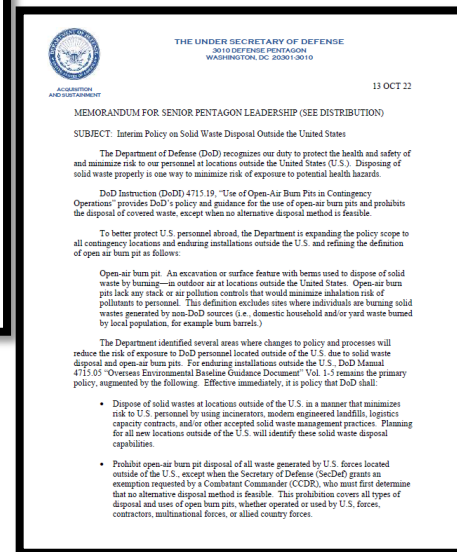
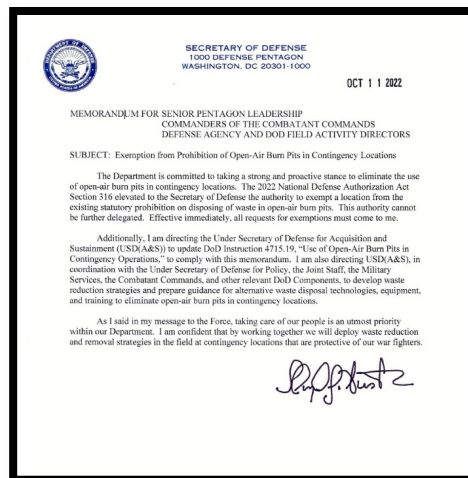


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Recent DoD Requirements Related to Open-Air Burn Pits

- **Memo: Exemption from Prohibition of Open-Air Burn Pits in Contingency Locations**
 - Without further delegation, Secretary of Defense has sole approval authority for any future use of open-air burn pits
- **Memo: Interim Policy on Solid Waste Disposal Outside the United States**
 - Expansion and Revision of DoD Instruction (DoDI) 4715.19 to further reduce risk of exposures



(DODI 4715.19, 2018)



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Questions?



Airborne Hazards and Open Burn Pit Registry (AHOBPR)

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Outline

- What is a registry?
- VA exposure registries maintained by Health Outcomes of Military Exposures (HOME)
- Airborne Hazards and Open Burn Pit Registry (AHOBPR) basics
- National Academies of Sciences, Engineering, and Medicine (NASEM) report on the AHOBPR
- VET-HOME



What is a Registry?

- A registry is defined as a system for collecting and maintaining, in a structured record, data on specific persons from a defined population, which allows for preliminary analyses and reviews.
- Two broad categories of health registries:
 - Disease-based registry
 - Exposure-based registry



Exposure Registries

Strengths:

- “Phonebook” of Veterans
- Can be a valuable tool for surveillance and epidemiology
 - Can be used for research, but must recognize the limitations
- May collect information on occupational exposure and disease in large populations
- May provide an overview of some disease trends
- A registry exam is not a disability/compensation exam, but this information goes into the veteran’s medical record

(National Academies Press, 2017)

Weaknesses:

- Significant inherent limitations in the use of registries to draw inferences regarding the presence or strength of an association between an exposure and a health outcome* (Critical research issue)
 - Issues include:
 - Self-reporting of an effect
 - Misclassification
 - Recall Bias
 - Self-selection
 - Missing data
 - Large populations: Studies may lead to statistically significant but not clinically significant results
 - Cost, maintenance of data and security issues



VA Exposure Registries

- Post-Deployment Health Services (PDHS) manages 6 registries
 - Agent Orange (AOR) 720,000 enrolled
 - Gulf War Registry (GWR) 205,000 enrolled
 - Ionizing Radiation Registry (IRR) 19,000 enrolled
 - Toxic Embedded Fragments (TEF) about 19,000 enrolled
 - Depleted Uranium (DU) about 7,200 enrolled
 - Airborne Hazards and Open Burn Pit Registry (AHOBPR)
 - ✓ All are Congressionally-mandated
 - ✓ All include a free / voluntary medical exam; Airborne Hazards is optional
 - ✓ Evaluations alert veterans to possible long-term health effects that may be related to exposure to specific environmental hazards.
 - ✓ Comp & Pen benefits is a separate process
- Registries have actual and potential limitations that must be considered



<https://i.guim.co.uk/img/static/sys-images/Guardian/Pix/pictures/2011/1/16/1295184829749/US-soldiers-in-Kuwait-007.jpg?width=300&quality=85&auto=format&fit=max&s=0ab92e85e3562ed346f95d63c9b34f7b>



Airborne Hazards and Open Burn Pit Registry: Eligibility

A veteran or service member who deployed to:

- Southwest Asia theater of operations or Egypt at any time on or after August 2, 1990
- Afghanistan, Djibouti, Syria, or Uzbekistan on or after September 11, 2001
- Uzbekistan, Syria, and Egypt added in 2022
- Includes airspace and seas in these areas



Eligibility is outlined **Public Law 112-260**, *Dignified Burial and Other Veterans' Benefits Improvement Act of 2012*.

(<https://www.publichealth.va.gov/exposures/gulfwar/military-service.asp>)



Airborne Hazards and Open Burn Pit Registry: Components



Online Portion / Questionnaire

- Deployment Information
- Exposure and Health Concerns
- Health history
- Activity limitations
- Additional risk factors that may affect a service member's health
- Hour or longer to complete



Clinical Evaluation

- Every participant is eligible for a clinical evaluation
- Objective recording of current health status
- Potential diagnostic workup for symptoms
- Not ongoing care or treatment
- Not a compensation and pension exam

<https://gifimage.net/star-trek-blue-screen-gif-6/>

<https://patientengagementhit.com/news/patient-education-scheduling-fixes-shrink-patient-no-show-rates>



Airborne Hazards and Open Burn Pit Registry: Enrollment Page

24



The screenshot displays the official U.S. Department of Veterans Affairs website for the Airborne Hazards and Open Burn Pit Registry. The header features the VA logo, the department name, and a link to the Veterans Crisis Line. A navigation bar includes links for Home, About the Registry, About Airborne Hazard Exposures, How to Get Care, Frequently Asked Questions, and Help. The main content area is titled "Airborne Hazards and Open Burn Pit Registry" and explains the registry's purpose. It is divided into three columns: "Is this for me?" (eligibility), "What does the registry involve?" (process), and "How do I get started?" (steps). Each column has a "Learn More" or "Get Started" button. A "Registry Help Desk" box on the right provides contact information. A "Please Note" at the bottom clarifies the registry's scope.

U.S. Department of Veterans Affairs

Get help from Veterans Crisis Line

DS Logon Sign in »

Home About the Registry About Airborne Hazard Exposures How to Get Care Frequently Asked Questions Help

Airborne Hazards and Open Burn Pit Registry

VA established this registry in 2014 to put data to work for Veterans and help us better understand the potential health effects of exposure to airborne hazards during military service. By joining the registry, you can provide information that will help VA provide better care to all Veterans.

To learn more about airborne hazards or how to receive care from VA, visit [VA's public health site](#).

Is this for me?

You are eligible to participate if you served in Operations Desert Storm/Desert Shield (ODS), New Dawn (OND), or Iraq Freedom/Enduring Freedom (OIF/OEF).^{*}

We encourage you to join even if:

- You don't think you were exposed to specific airborne hazards.
- You are not experiencing symptoms or illnesses you think are related to your exposures.
- You have not filed a VA claim for compensation and benefits or applied for VA health care.^{**}
- You are still an active-duty service member or have returned to active service.

^{*} Includes deployment to countries in the Southwest Asia theater of operations any time after August 2, 1990 or Afghanistan or Djibouti after September 11, 2001.
^{**} Participation in the registry cannot negatively impact your VA claim or ability to get health care from VA.

[Log in to Check Your Eligibility »](#)

What does the registry involve?

The registry includes an online questionnaire and an optional health evaluation.

Part I: Health Questionnaire

- The questionnaire can take up to an hour to complete depending on your number of deployments.
- You can save your progress and come back to complete the questionnaire later if needed.
- Questions include information about your deployments, health history, lifestyle, and other factors.

Part II: Health Evaluation

- The optional evaluation will be performed by a VA or military health provider.
- The evaluation is completely voluntary and is separate from compensation and benefits exams.
- Notes from your evaluation will be used to support research.

[Learn More »](#)

Registry Help Desk

Call: 1-877-470-5947
Hours: 8:00 am – 8:00 pm EST

How do I get started?

Follow the steps below to get started. If you need technical assistance, visit the help page. You can also refer to this handy reference sheet.

1. Use your Premium DS Logon Level 2⁺ account to log in, check your eligibility, and complete the online questionnaire.
2. Save or print your questionnaire responses for your records. You can also come back to access your responses at any time.
3. Contact your local environmental health coordinator to schedule your optional medical evaluation at your convenience.^{**}

^{*} If you need a DS Logon account, [click here](#).
^{**} If you are active-duty service member, visit the [military health website](#) for information about scheduling your registry exam.

[Get Started »](#)

Please Note: If you were deployed before 9/11, were a part of special forces, or were re-deployed within three months, you may get a notification in the registry portal that you do not have

<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>

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Steps to Join the Airborne Hazards and Open Burn Pit Registry

- Use your DS Logon (DoD Self-service Logon) Level 2 account credentials to access the registry via the [registry website](#)
 - DoD CaC-enabled, Veteran Password
- Agree to the consent form
- The system pulls available deployment history from DoD records (Defense Manpower Data Center [DMDC])
- Some do not have this step automated:
 - Pre-9/11, Special Forces, those redeployed in last 90 days
- Manual enrollment by variety of methods ILER (Individual Longitudinal Exposure Record), Veterans Benefits Management System (VBMS)
- Start with the questions after this step
- Transfer of the AHOBPR daily duties to AHOBP Center of Excellence (COE) January 2021 (full transfer 1 Oct 2022)



Status in Registry*

Category	Number
No consent	22,393
Eligible (Automatic and reviewed)	173,687
Not Eligible	38,673
Participants	352,480
Total	587,223

- No consent cannot go further in registry
- Eligible have touched the registry but have not finished
 - Some registrants need manual deployment verification
- Participants finished online questionnaire (Part 1)
- 526,167 in registry. 67% of those who enter the registry completed Part 1

*Data as of Jan 1, 2023



Life Transition Status*

Duty Status	Number
Active Duty	74,440
Guard/Reserve	80,265
Separated	104,376
Retiree	87,261
Unknown	5,556
Deceased**	995
Grand total	352,893

Dynamic registry: All active duty/reserve will be separate or retire

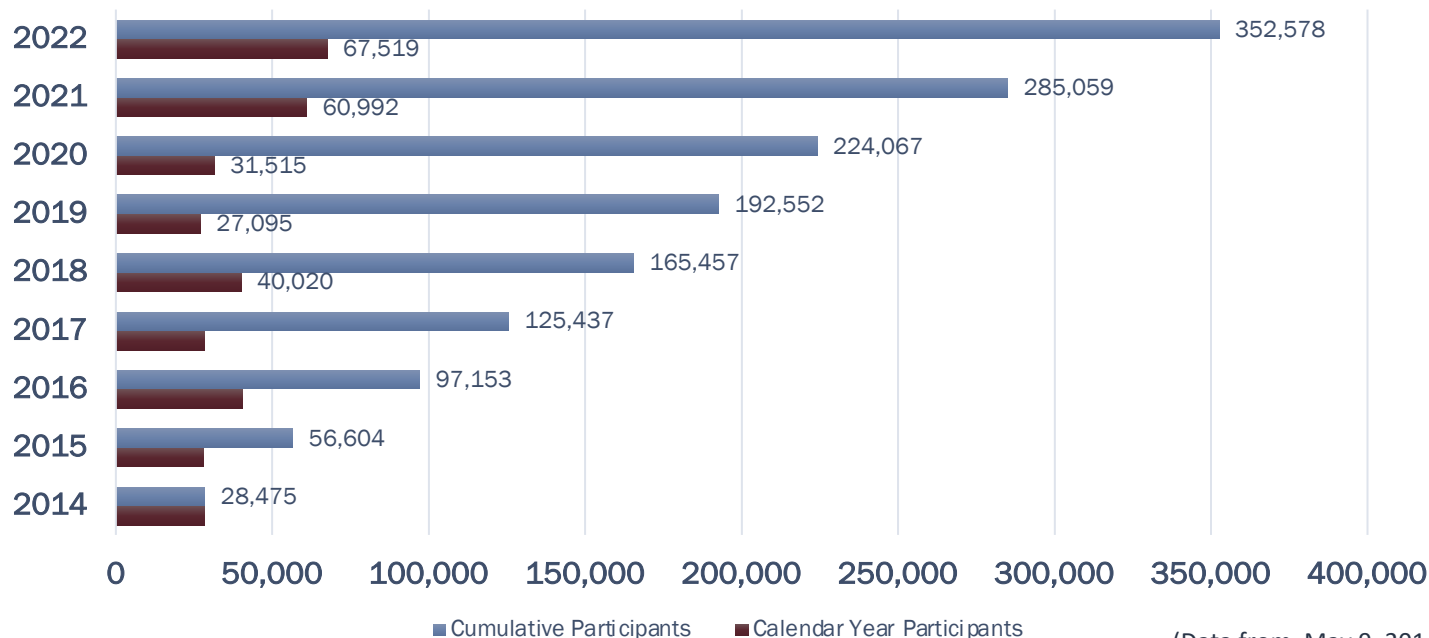
**Deceased is all cause mortality to include suicide, MVA, substance abuse and many other causes

***Data as of Jan 1, 2023**



Registry Participants on the Rise Since 2020

New participants hit a record high in Calendar Year (CY) 2022 with over 67K participants joining the registry



(Data from May 9, 2014, to January 1, 2023)



Airborne Hazards and Open Burn Pit Registry Timeline

Date	Event
October 31, 2011	Institute of Medicine released “Long-Term Consequences of Exposure to Burn Pits in Iraq and Afghanistan” noting pollutants of greatest concern may be particulate matter from regional sources.
January 10, 2013	AHOBPR mandated by Public Law 112-260 , Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012.
June 14, 2014	VA launched AHOBPR.
February 28, 2017	National Academies of Sciences, Engineering and Medicine (NASEM) published “Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan” with 9 recommendations.
July 21, 2022	VA Office of Inspector General (OIG) published “Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement.”
October 14, 2022	NASEM released, “Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry.”



NASEM 2022 Report on AHOBPR BLUF*

- The committee recommends that the Airborne Hazards and Open Burn Pit Registry be ended in its current form as its stated purposes have largely been to support research and population health surveillance, neither of which it can do.
- The committee recommends that VA initiate a new phase for the Airborne Hazards and Open Burn Pit Registry. This new phase would build on key information from the first 7 years of registry operations and would be developed and implemented to optimize the registry to be a user-friendly, efficient, and effective resource to provide two-way communication between participants and VA.
- Implementing this new phase will require thoughtful and deliberate efforts and careful alignment of the narrowed functions with the data collection process.
- Additionally, VA should ensure that this new phase provides information to enhance health care access and quality.

*BLUF – Bottom line up front



Concept of Operations (CONOPS) of Redesigned AHOBPR

- The purpose of the redesigned registry is to conduct surveillance of the entire cohort and to update the cohort on any new findings. Newsletters and articles will be sent out at least twice a year.
- The entire Defense Manpower Data Center (DMDC) roster of deployed Veterans and service members to the Southwest Asia theater of operations from August 2, 1990, to present will be migrated into the Veterans Integrated Registries Platform (VIRP). This database will include demographic and deployment information.
 - This is the heart of the registry. All within the roster are enrolled. May check ILER to see if enrolled.
- Registry eligibility will be available for those who deployed to Afghanistan before 1 Sep 21.
 - End of combat operations, Burn pits have been effectively phased out.
 - Those who deploy can join current AHOBPR up until closure date.



Concept of Operations (CONOPS) of Redesigned AHOBPR

- Elimination of the questionnaire as enrollment in the redesigned registry is based on the DMDC roster.
- The AHOBPR exam and existing registry will end in 2023 in line with the AHOBPR starting in 2014. The current AHOBPR will be active for almost 10 years.
- Those within the eligible population can request an exposure assessment from their PCM if enrolled in VA health care.
- Those not in VA health care can get an exposure assessment from VET-HOME.



VET-HOME

VET-HOME is VA's new national hub for veterans with military environmental exposures. It is composed of two interconnected parts:

- A centralized intake center in eastern CO to serve as the national hub for information and services on military environmental exposures. The intake center will schedule telehealth registry exams and respond to exposure-related questions from veterans and clinicians.
- A geographically distributed network of 40 clinicians specially trained in military environmental exposures to perform telehealth registry exams and consultations. Veterans needing in-person examination and additional diagnostic studies (such as labs, imaging, breathing tests, and specialty consultations) will be offered these services at the VA facility closest to their location.



<https://imgflip.com/meme/25417224/Soldier>



Questions?



Medical Environmental Exposure Exams

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Setting the Stage

- This section of today's Environmental Exposure panel discussion covers:
 - An approach to performing the AHOBP exposure history and physical (H&P), diagnostic coding, and when appropriate, the hand-off to appropriate medical specialists
 - Training resources and reference material
- Note. The AHOBPR does not cover all military environmental exposures and their possible health effects
 - Other VA health registries that predate the PACT (Promise to Address Comprehensive Toxics) Act include the Depleted Uranium Follow-up Program, Gulf War Registry, Toxic Embedded Fragments Surveillance Exam, Ionizing Radiation Registry, and the Agent Orange Registry
- Today's goal is to equip you in your primary care encounter with how to most easily do a specific type of medical exam that is focused on AHOBP environmental exposures
 - For completion, waste disposed of using burn pits is not the only material burned on deployment as there may also be feces burn barrels, host nation incinerators near our bases, fires, etc.



VA and DoD Partnership

- VA and DoD cooperation is not new, but ongoing on multiple fronts, besides today's joint webinar on the AHOBPR
- Other examples of VA and DoD interagency engagements:
 - Multiple working groups (e.g., Deployment Health Working Group, Environmental Exposures Coordination Committee), VA/DoD Collaboration Office, VA/DoD Health Affairs, VA/DoD Clinical Practice Guidelines
- Pertinent to today's webinar is availability of additional training through the VA War Related Illness and Injury Study Center (WRIISC) and DHA Joint Knowledge Online (JKO)
- The Military Health System (MHS) goal is to deliver a seamless continuum of care for service members who ultimately transition to becoming veterans and for the two systems to be in synch to the extent possible



The Role of Health Care Providers

- Today's talk is focused on AHOBP-related exposures and the medical examination
 - Two parts of AHOBPR that affect health care providers (HCPs): (1) Web-based self-assessment questionnaire, and (2) Medical evaluation
 - Note: the AHOBP exposure medical evaluation is separate from: (1) DoD (mandatory) Separation and Retirement Physical Examination (SHPE), and (2) VA compensation and pension (VA C&P) disability exam to determine service-connected disabilities
- BLUF: The value of this targeted primary care encounter is for active-duty service members to:
 - Get their health concerns related to burn pit exposures addressed and also have it documented in their military medical record
 - Even though service members will still have to get an additional exposure-related exam for the VA disability compensation determination purposes, your documentation can be very helpful to the disability claim process when the examiner does a records review



The Role of Health Care Providers

- HCP should direct service members and veterans to educational and informational resources
- Use health-risk communication principles of building trust through active listening and empathy
- Recognize relevance of patient perceptions of possible harm and misinformation
- There may be uncertainties related to the extent of exposure (dose concentration, duration, time), possible health effects, diagnostic confidence, health management options, and prognosis
- Ensure that all questions from patients and their family members about exposures, diagnoses, exam findings, and ancillary test findings (including negative results) are addressed and documented
- Listen to the patient's concerns to establish trust and credibility and to assess gaps in knowledge and differences of opinion, which can be critical for making decisions about health management
- Focus on optimization of health and function to provide a constructive way forward:
 - The AHOBP exposure encounter may end with you (with your evaluation, work-up, and reassurance); OR
 - (When appropriate) Your specialty referral(s) for further evaluation and treatment



Legal Context of Burn Pits

- Public Law 112-260: *Dignified Burial and Other Veterans' Benefits Improvement Act of 2012* (1/2013), Section 201, established Open Burn Pit Registry requiring VA to monitor health of veterans who may have been exposed to airborne hazards, inform veterans about the registry and periodically notify veterans of significant findings arising out of the registry. Aug2013, VA and DOD extended registry participation to A/D service members. (Registry came online May 2014)
- PACT Act: *Promise to Address Comprehensive Toxics Act of 2022* (8/10/2022) requires screening veterans for military exposures and expands health care benefits to veterans exposed to toxic substances during military service. (1) Toxic exposure screening program (with initial screening and at least once every 5yr f/u screening) that covers exposures from open burn pits, Agent Orange, radiation, contaminated water and other exposures. (2) Provides more benefits and health care to veterans who have been exposed to toxins during their military service



General Guidance for DHA Providers in Evaluating Military Environmental Exposures

41

- Military service includes potential to be exposed to hazardous materials either from work and/or the environment, in garrison and/or on deployment; today's talk will focus on the deployed setting
- While the military occupational specialty (MOS) code may be a proxy of job-related exposures, not all service members with a given MOS designator work within that occupational code and/or are exposed
- Many service members (and veterans) have military exposure concerns
- Rely on your science-based and evidence-based medical knowledge, expertise, experience and skills to form your decisions
- Approach is a patient-centered evaluation and management plan that builds upon patient and family engagement, that is respectful, educational, transparent and emotionally supportive
- Premises: (1) Non-occupational medicine HCPs may have insufficient knowledge to effectively address exposure concerns and how to perform exposure-informed encounters including a AHOBP exposure exam such as the one provisioned by the AHOBPR; and (2) Service members (and veterans) expect providers to know about military environmental exposures and to be able to respond to their exposure concerns



General Guidance for DHA Providers in Evaluating Military Environmental Exposures - Continued

42

- Document exposure concerns and medical evaluation outcomes in the patient's medical record
- Identify and consider other risk factors that may be present such as health history, past or current cigarette smoking, civilian occupational exposures, hobbies, lifestyle and other inhalation exposures that can complicate causal attribution
 - In brief, complex issues with many uncertainties can complicate causal attribution
- Consider whether symptoms are active or inactive and whether active symptoms are acute or chronic
- Refer patient for consultation to specialty providers if a patient has complex, difficult-to-diagnose, or medically unexplained health concerns associated with deployment-related exposures that could not be diagnosed by you or the members of your team



Background (Toxicology)

- BLUF:
 - (1) Exposure \neq dose
 - (2) Exposure \neq harm
 - (3) Exposure is a risk factor but doesn't mean a disease will develop (Dose \neq disease)
 - (4) Presence or detection of chemical \neq adverse health outcome
 - (5) We treat the patient not the exposure
 - (6) Utilize good communication principles being mindful to use appropriate terminology in framing the conversation



Background: Toxicology Basics

- Perception of harm and uncertainties \neq Harm
- There may be divergence of perception and reality (i.e., perception can become a person's reality)
- A hazard will not cause harm in the absence of exposure
- Exposure means possible contact
- Exposure does not necessarily equate to harm
- Biological effect occurs only with absorption (via inhalation, ingestion, skin) and a completed exposure pathway
- The dose makes the *poison* [Paracelsus (1493-1534)] dose-response relationship
- Exposures may involve complex mixtures of chemicals (e.g., smoke) OR single agents one at a time
- Exposures may be acute (short-term) or chronic (repeated or continuous, over long period of time)
- Exposures may lead to time-limited harm (e.g., caustic burn) or may result in long-term sequelae (e.g., cancer)
- Factors influencing toxicity to the person exposed are multi-factorial, including genetics, immune status, nutrition, gender, age, health status, preexisting diseases



Toxicology Basics – Continued

- Hazards and Risks:
 - Hazard vs. Risk: A hazard is a potential source of harm (e.g., toxic chemical), while risk is the likelihood of harm taking place (low, medium, high)
 - Risk is a combination of hazard and exposure ($\text{Risk} = \text{Hazard} \times \text{Exposure}$)
- Factors affecting exposure:
 - Proximity, duration of time, frequency of exposure, wind direction and other weather-related factors (e.g., ambient temperature, relative humidity)
- Variable composition of toxicants:
 - Type of waste burned (chemicals, paint, medical waste, animal and human waste; metal and aluminum cans, munitions and unexploded ordnance, petroleum and lubricant products, plastics, rubber, wood, food waste); sand, dust and particulate matter; the country's general air pollution; fuel and aircraft exhaust; smoke from oil well fires
- IH hierarchy of controls are protective or control measures to lower or eliminate exposures:
 - Elimination (removes the hazard), substitution (replace the hazard), engineering controls (isolate people from the hazard), administrative controls (change the way people work as through training), personal protective equipment (protect through use of PPE)



Toxicology Basics – Continued

- Terminology:
 - PACT Act uses terms of *toxic*, *toxic substances*, toxic exposures, *toxic exposure risk activity*, *toxic exposed Veteran*; no mention of toxicant, poison, pollutant, carcinogen
 - Keeping it simple:
 - ✓ Toxic substances are substances that can be poisonous, cause harm or adverse health effects
 - ✓ Toxicity is the relative ability of a substance to cause adverse effects (ranging from toxic, non-toxic to beneficial)
- Toxicology and OEM utilize risk communication and patient-clinician communication principles:
 - Create trust and credibility, educate (inform do not alarm), provide the right information, involve your patients in your decision-making to meet their needs



Medical Evaluations Associated with the Registry

- Patient's completion of an online 144-question 1-hour questionnaire:
 - Service member: prior to the encounter with the provider, the service member can go to the Health.mil AHOBPR website: <https://www.health.mil/Military-Health-Topics/Health-Readiness/Environmental-Exposures/VA-Airborne-Hazards-and-Open-Burn-Pit-Registry> to review web page content, obtain a Premium DS Logon Level 2 account, complete and submit the questionnaire
 - Veterans, go to: <https://Veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home> to obtain an account and complete questionnaire
- After completing AHOBPR questionnaire, service members and veterans may schedule an appointment with their local military treatment facility (MTF)/ VA medical center (VAMC) or clinic, stating that the appointment is specifically to address health concerns related to Airborne Hazards and Open Burn Pit Registry exposures with a primary care provider
- Patient is directed to bring completed printed AHOBPR questionnaire with them to their appointment, to guide discussion about potential exposures and concerns. If you do not have access to their questionnaire, discuss and document their deployments, exposures, and health in the electronic health record (EHR)



Medical Evaluations Associated with the Registry

- HCPs can access the patient's completed questionnaire through the Defense Occupational and Environmental Health Readiness System (DOEHRS) and through the Individual Longitudinal Exposure (ILER)
- ILER access:
 - HCP should complete the 2-hr ILER JKO Training Course (DHA-US1086):
<https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf>
 - Complete required HIPAA and Privacy Act Training + Annual Cyber Security Training
 - Request an account:
<https://iler.csd.disa.mil/iler/app/hipaa?execution=e2s1>
 - See ILER Fact Sheet:
<https://health.mil/Reference-Center/Fact-Sheets/2020/06/23/ILER>



Presumptive Conditions

- Knowledge of presumptive conditions by DHA providers is important to help frame the H&P, ancillary tests, possible specialty referrals
- Presumptive conditions (cancers and illnesses):
 - Cancer: head, neck, brain; GI; kidney; pancreatic; lymphatic; lymphoma; melanoma; reproductive; respiratory; lung and airways
 - Miscellaneous: asthma (diagnosed after service); chronic bronchitis; emphysema; chronic rhinitis; chronic sinusitis; constrictive bronchiolitis or obliterative bronchiolitis; granulomatous disease; interstitial lung disease; pleuritis; pulmonary fibrosis; sarcoidosis
- Importance of having a *presumptive condition for a toxic exposure*; key points:
 - To get a VA disability rating (along with compensation payments) a veteran's disability must be connected to their military service. For many health conditions, the veteran needs to prove that their military service caused their condition
 - For *presumptive conditions*, the VA automatically assumes that their service caused their condition
 - A condition is *presumptive* when it is established by law or regulation (e.g., PACT Act) and the veteran does not need to prove that their service caused the condition; only the service (eligibility) requirements must be met for the presumption to be granted



Presumptive Conditions

- General information:
 - BLUF: Deployment is a proxy for exposure, and when applicable, it is used for service connection of specific presumptive conditions
 - DHA providers DON'T decide eligibility for later VA care or VA disabilities, not even in the context of the DoD separation physical. Instead, the VA has their own clinical exams for veterans (e.g., toxic exposure screenings)
 - Service members are all on the continuum of eventually becoming a veteran. What you write in the EHR of the service member matters for the VSOs (Voluntary Service Organizations) and VA
 - 2-step presumption framework: (1) If you were there you were exposed; (2) If you were exposed and develop one of the conditions, it is related to the exposure
 - This is not screening for all presumptive conditions just paying attention to them



History and Physical: HISTORY

- No additional forms to fill-out, instead providers should document their encounter in EHR
- History (determine member's exposures in as much detail as possible)
 - Review patient's AHOBPR questionnaire (if available)
 - Review of systems (ROS) by organ system, include as appropriate:
 - ✓ General (e.g., chronic pain, fatigue, sleep difficulty, weight changes, weakness), head, ears, eyes, nose, and throat (HEENT) (e.g., hoarseness, rhinorrhea, nasal congestion), cardiovascular (CV) (e.g., chest pain, elevated BP, edema), Respiratory (e.g., chronic cough, shortness of breath, dyspnea on exertion, wheezing, hemoptysis), Gastrointestinal (GI) (e.g., dysphagia, gastritis, gastroesophageal reflux disorder, change in bowel habits), Genitourinary (GU) (e.g., dysuria, hematuria), Gynecological (GU) (e.g., DUB, breast masses), Musculoskeletal (MSK) (e.g., fibromyalgia, myalgia, arthralgia), Skin (e.g., rashes, lesions, changes in moles), Neuro (e.g., TBI, HA, seizures, balance, gait), Psych (e.g., depression, cognitive decline, PTSD, anxiety, sleep disturbance), Endocrine (e.g., DM, thyroid dx, unintentional weight gain/loss)



History and Physical: HISTORY

- Deployment and exposure questions to ask, include (but not limited to):
 - ✓ Deployment history: Did you deploy? Where? When? For how long?
 - ✓ Exposures: Did you have any exposures to any toxic substances you are aware of? What were they?
 - What type of pollution were you exposed to during deployment (e.g., off-base pollution such as factories, cars, burning trash, or dust; or on-base pollution such as burning fuel or burn pits)?
 - What do you recall for the extent of your exposure in terms of hours/day, and number of weeks or months?
 - What airborne pollutants have you been exposed to outside of deployment [e.g., garrison specific exposures (chemical exposures associated with military duties and environmental exposures (air/water/soil))]?



History and Physical: PHYSICAL

- Physical Exam:
 - Focused on exposure-related patient health concerns / complaints / symptoms with attention to HEENT, Heart, Lungs, Abdomen, Neurologic (+/- MSE, Musculoskeletal and Dermatologic)
- Ancillary tests:
 - No specific ancillary tests required, unless clinically indicated
 - Some basic tests, e.g., Complete blood count (CBC), urine analysis (UA), chest x-ray (CXR), and electrocardiogram (EKG) can be ordered and evaluated by the primary care team; more specialized tests might be ordered by consultants
 - At this time, there are no biomarkers (markers of exposure) specific to the military environmental exposure-related health concerns of service members or veterans deployed to eligible regions



Diagnostic Codes to be Used

- In AHLTA (Armed Forces Health Longitudinal Technology Application), ICD-10 codes:
 - Z91.82: personal history of military deployment; and,
 - Z65.5: exposure to combat
 - Z57.39: occupational exposure to air contaminants
 - Z57.5: occupational exposure to toxic agents in other industries
 - Z77.098: contact with and (suspected) exposure to other hazardous chemicals
 - Z77.110: contact with and (suspected) exposure to air pollution
 - Z77.118: contact with and (suspected) exposure to other environmental pollution
 - Z77.128: exposure to environmental contaminants
 - X08.8: exposure to other specified smoke, fire, and flames



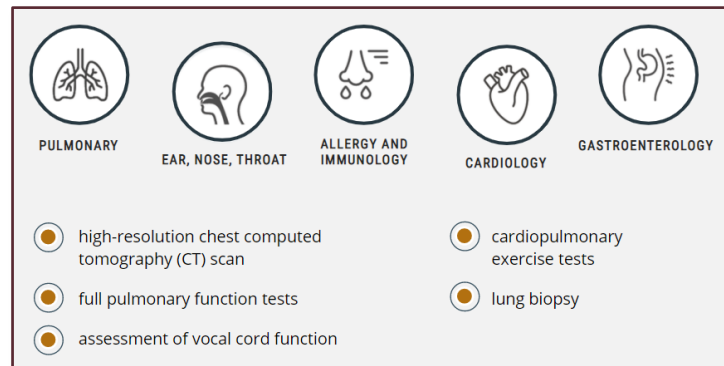
Diagnostic Codes to be Used

- In MHS GENESIS, use both of the following SNOMED-CT (Systemized Nomenclature of Medicine - Clinical Terms):
 - Code 3042585015: history of military deployment; and,
 - Code 165638013: exposure to environmental pollution, occupational)
- Any additional applicable diagnostic or symptom codes
- Besides selecting the appropriate diagnostic codes for the Registry encounter, be sure to also add these exposure codes to the Master Problem List in AHLTA and GENESIS



Specialty Evaluations

- **Specialty evaluations should be ordered** in the context of the patient's concerns, symptoms, your initial evaluation findings, and the professional judgment and comfort level of the primary care team
- **Specialty referrals ordered only when indicated** based on professional judgment of HCP, most relevant might be pulmonary; ENT; allergy and immunology; cardiology; GI; OEM
- **Triggers for specialty involvement** are when primary care teams finds case to be complex, etiology difficult to diagnose, and when there are persistent medically unexplained symptoms (MUS)
- **Consultations might result in additional assessments**, e.g., HRCT, full PFT, vocal cord function assessment, cardiopulmonary exercise tests, lung biopsy
- Note: WRIISC referrals through the VA can be made for service members close to retirement or separation (See: <https://www.warrelatedillness.va.gov/referral/index.asp>)



(Image courtesy of DoD)



Proposed Registry Exam Changes (Stay Tuned)

- BLUF: DHA providers will do DHA AHOBP Registry exams as currently instructed, until otherwise directed
- FOR YOUR INFORMATION: notable changes “may be” coming in the next 1-2 years
- VA intends by 2024 (10-year mark) [Contingent on Congressional approval, the outcome of which is unpredictable]
 - Take down and end current AHOBPR (2024) and redesign the AHOBPR { Not final
 - Removal of current Registry and replacement with Redesigned Registry, in response to:
 - ✓ NASEM 293-page report of 10/14/2022 (*Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*):
(<https://nap.nationalacademies.org/catalog/26729/reassessment-of-the-department-of-veterans-affairs-airborne-hazards-and-open-burn-pit-registry>) + 1-hour public forum on 10/14/2022 (*Reassessment of the VA's AHOBP Registry Public Briefing*, webinar recording: <https://www.youtube.com/watch?v=VTwxWyc6Hwo>)
 - ✓ VA OIG findings of 7/21/2022 (*Airborne Hazards and Open Burn Pit Registry Exam Process Needs Improvement*): <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-21-02732-153.pdf>)



Proposed Registry Exam Changes (Stay Tuned)

- VA intends by 2024 (10-year mark) [Contingent on Congressional approval, the outcome of which is unpredictable]
 - 144-question, 1-hour, self-administered online AHOBPR questionnaire will be removed and no longer be part of the AHOBPR process
 - AHOBPR focused clinical exam will stop
 - ✓ Those within the eligible population can request an *exposure assessment* from their PCM if enrolled in VA healthcare
 - ✓ Those not enrolled in VA healthcare can request an *exposure assessment* from VET-HOME

What may be coming



Proposed Registry Exam Changes (Stay Tuned)

- VA intends by 2024 (10-year mark) [Contingent on Congressional approval, the outcome of which is unpredictable] (continued)
 - VA plans to use its Separation Health Exam (*disability exam*) as a final exposure assessment as the service member leaves DoD
 - ✓ Basis is that as one leaves the DoD, this is as close to the exposures that DoD sees
 - ✓ With the winding down of combat operations and restriction on use of open burn pits in contingency operations (SECDEF Memo, 10/11/2022) open air burn pits have largely been removed
- DoD may follow the VA lead
 - Possible approaches, like the VA instead of separate Registry exam have exposure-related concerns addressed in:
 - ✓ Primary care encounters
 - ✓ AND/OR strengthen other exams with additional screening questions - Periodic Health Assessment/*PHA* (DD form 3024), Post-Deployment Health Assessment/*PDHA* (DOD form 2796), Post-Deployment Health Reassessment/*PDHRA* (DD form 2900)], Separation and Retirement Physical/*SPHE*

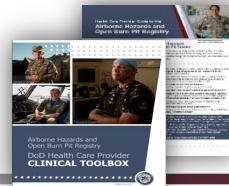


Available Training and Resources

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Occupational and Environmental Medicine Branch Physician
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Additional Training and Resources for Health Care Providers (DoD resources)



61

- DoD and VA have worked together to inform HCPs about AHOBPR and help them support service members and veterans about airborne hazard exposure concerns
- DoD resources on airborne hazards (Tools for reference and self-study):
 - Mandatory training for DoD providers: DHA-US035 online training course titled “Airborne Hazards and Open Burn Pit Registry Overview” (accessible via [Joint Knowledge Online](#)), 1-hour, with 4-modules
 - Up to date guidance: Health.mil (MHS website): Airborne Hazards and Open Burn Pit Registry: <https://www.health.mil/Military-Health-Topics/Health-Readiness/Environmental-Exposures/VA-Airborne-Hazards-and-Open-Burn-Pit-Registry>
 - ✓ Health Care Provider Guide: <https://www.health.mil/Reference-Center/Publications/2022/07/21/AHOBPR-Health-Care-Provider-Guide>
 - ✓ AHOBPR DoD HCP Clinical Toolbox: <https://www.health.mil/Reference-Center/Publications/2022/07/21/AHOBPR-DOD-Health-Care-Provider-Clinical-Toolbox>
 - ✓ DHA Director Memo to Patient-Facing Staff and HCPs (7/1/2020): <https://www.health.mil/Reference-Center/Policies/2021/07/01/AHOBPR-Information-for-Patient-Facing-Staff-and-Health-Care-Providers>
 - ✓ AHOBPR Fact Sheet: <https://www.health.mil/Reference-Center/Fact-Sheets/2023/01/06/Airborne-Hazards-and-Open-Burn-Pit-Registry-Fact-Sheet>
 - ✓ AHOBPR Frequently Asked Questions: <https://www.health.mil/Reference-Center/Publications/2022/07/21/Airborne-Hazards-and-Open-Burn-Pit-Registry-Frequently-Asked-Questions>



Additional Training and Resources for Health Care Providers (VA Resources)

62

- VA resources for health care providers include:
 - WRIISC (War Related Illness and Injury Study Center): <https://www.warrelatedillness.va.gov/>
 - WRIISC Education Services: <https://www.warrelatedillness.va.gov/education/>
 - WRIISC Provider Training: <https://avhe.health.mil/Citrix/AVHEWeb/>
 - VA Exposure Ed App (VA Mobile App for HC Professionals): <https://mobile.va.gov/app/exposure-ed>
 - VA AHOBP Quick Reference Sheet: https://www.publichealth.va.gov/docs/exposures/AHOBPR_QuickReferenceSheet_Final_508.pdf
 - VHA TRAIN (Learning Network): <https://www.train.org/vha/welcome> (create account) and course catalog: <https://www.train.org/vha/search?type=course>
- To support community clinicians and family physicians in understanding exposure-related concerns, VA has developed post-deployment health resources for VA/DoD providers with live and recorded webinars (See: <https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/provider-training/index.asp>)
- VA WRIISC: Providers can receive a *Level 1 Military Environmental Exposures Certification* upon successful completion of WRIISC's 5 E-learning modules (5.75 CME) and passing an ACPM comprehensive exam (25-questions). (An advanced level certification, Level II, is in development. See: <https://www.acpm.org/education-events/military-environmental-exposures-certification/>)
- Search War Related Illness and Injury Study Center (WRIISC): <https://www.warrelatedillness.va.gov/> for specific topic areas AND for their factsheets see: <https://www.warrelatedillness.va.gov/education/factsheets.asp>
- PACT Act VA Health Care Eligibility: <https://www.va.gov/files/2022-11/PACT%20Act%20VA%20Health%20Care%20Eligibility%20V9.27.22%201200hrs.pdf>

Keep in mind:
Invaluable VA
and WRIISC
Resources



Questions?



Individual Longitudinal Exposure Record (ILER)

Mr. Larry Vandergrift, C.S.Q.E.

Project Manager, Individual Longitudinal Exposure Record
Solution Deliver Division, Defense Health Agency
Clinical Support Management Office
Falls Church, Va.



Congressional Requirements for ILER

- **January 2021 – Public Law 116-283 (NDAA FY2021)** directed VA to provide veterans read-only access to their documents in ILER in a printable format through an online portal of an internal VA website
- **December 2021 – Public Law 117-81 (NDAA FY2022)** required biennial studies by GAO on the implementation and effectiveness of ILER and briefings to Congress on the findings; required DoD to coordinate with VA to determine how the Federal Electronic Health Record Modernization Office has supported ILER implementation
- **August 2022 – Public Law 117-168 (Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT)) Act** required DoD to support VA working group assessments of ILER to ensure the accuracy of data collected; to brief Congress on the quality of the DoD databases that provide the information presented in ILER, including an analysis of the quality and accuracy of the location data used by DoD to determine exposure; to coordinate with VA to provide veterans a method to update their ILER records to reflect exposures
- **December 2022 – Public Law 117-263 (NDAA FY2023)** required DoD to conduct a capability assessment of potential improvements to DoD activities to reduce the effects of environmental exposures on service members, including on the feasibility and advisability of recording individual clinical diagnoses and treatment information in ILER; of integration of ILER data with DoD and VA electronic health records; an evaluation of the progress toward making ILER operationally capable, and accessible to service members and veterans; and feasibility and advisability of making ILER data accessible to surviving family members

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Individual Longitudinal Exposure Record (ILER) Functionality

ILER delivers users the capability to:

- Create a longitudinal (historic) **record of service-related exposures** per individual
- Support **epidemiological research** to determine whether deployment-related exposures are associated with post-deployment health outcomes
- Support **clinical care** and public health activities by searching for individual and associating them to known exposure events
- Conduct appropriate **medical surveillance** to detect emerging (latent) health conditions on personnel returning from deployment
- Assist individual service members and veterans with VA **disability claims**
- Create **exposure cohorts** based on location, date, time, and agents
- Interface with the Electronic Health Records

ILER will compile the most clinically relevant data available, link individuals' current symptoms/disabilities to the relevant data available, and present the relevant data and information (i.e., handling, diagnosis, context) about those exposures to non-Occupational Medicine personnel (especially when they exceed action level thresholds) in an actionable way.



Ways to Access Individual Exposure Data

ILER Directly (<https://iler.csd.disa.mil/iler>)

- Provides direct access to all supporting data sources
- Full Capability:
 - **Search by Individual** – View Individual Exposure Summary within the user interface
 - **Search by Exposure** – View all documented exposure events develop cohorts based on exposure route and or type (e.g., Asbestos, Burn Pit Inhalation, Bacteriological, Chemical, Radiological, etc.)
 - **Search by Location** – View all documented exposure events in a location and develop cohorts based on key personnel attributes (e.g., by unit, by age, by gender, length of deployment, etc.)
 - **Search by Health Effects** – View and develop exposure related cohorts based on health outcomes and conditions.

Through Joint Longitudinal Viewer (JLV)

- Limited capability
- Provides “read-only” Individual Exposure Summary to JLV User

Within the Electronic Health Record (Future – FY23)

- ILER derived data/individual exposure data presented within the EHR
- Currently in early planning and design discussions
- We know the ‘What,’ need to define the ‘How’



ILER - Individual Exposure Summary

Individual Exposure Summary Information

[Back](#)

Individual Exposure Summary Information: Dooin, Andrea (9618411133)

EDIP/DoD ID	Last Name	First Name	Middle Name	Last 4 SSN	Date of Birth	Gender	Service	Service MOS Description
9618411133	Dooin	Andrea	Marty	5444	07/08/1979	Female	Army	Pioneer

Health Effects Search: [Search](#) [Clear](#)

Individual Deployment History [Count: 21] Information from DMDC, VA Registry Questionnaire and Other Sources

Periodic Occupational and Environmental Monitoring Summary (POEMS) [Count: 3] Information from DOEHS-IH and DMDC

Exposure Pathways [Count: 19] Information from DOEHS-IH

****This information is based on population level assessments and does not represent an individual exposure****

Potential Health Hazard / Exposure Route T1	Threat Source T1	Environmental Media T1	Priority T1	Exposure Pathway Start / End Date T1	Personnel Assigned To Exposure Pathway	Location	Samples / Attachments / Assessments
unknown	Lake Habbaniyah	Water	Extremely High	07/29/2015	No	TAQADDUM	Environmental Health Samples: 2 Attachments: 2
BIOLOGICAL/CHEMICAL/RADIOLOGICAL	well	Water	High	06/21/2016	No	TAQADDUM	Environmental Health Samples: 1 Attachments: 1
Emissions	Burn pit	Air	Moderate	06/01/2015	No	TAQADDUM	Environmental Health Samples: 7

Exposure Pathway Details:

Duration: 12 hour Frequency: 1 day
 Number of Affected Personnel: 350
 Description of Affected Personnel: SVS WHO PULL GUARD AT GUARD TOWER AS WELL AS THOSE ON CAMP.
 Existing Controls and Protective Measures: BURN PIT IS LOCATED NW OF PREDOMINANT WINDS, HOWEVER WINDS DO OCCASIONALLY CHANGE.
 Supporting Background Information: THE BURN-PIT IS LOCATED NW OF THE CAMP TRAVELING WITH THE PREDOMINANT WINDS, HOWEVER, THE WIND DIRECTION OCCASIONALLY CHANGES. CURRENTLY TRYING TO OBTAIN INCINERATORS FROM AAAB, BUT THEY ARE MISSING PARTS. TEAM ALSO DOES NOT HAVE EQUIPMENT ON TQ TO MOVE INCINERATORS.
 Comments:
 Exposure Pathway Name: TQ AIR

Noise	Generators	Other	Moderate	06/01/2015	No	TAQADDUM	Attachments: 1
Noise	Tactical generator	Air	Moderate	08/01/2016	No	TAQADDUM	

- > 11K queries per day
- Currently approximately there are >5.2M Individual Exposure Summaries available
- Includes Deployment Locations, Incident Reports, Health Assessments, and Relevant Medical Encounters
- Includes a copy of the Airborne Hazard and Open Burn Pit Registry Questionnaire

Note: The data in this graphic is not real data and is being used to show a sample Individual Exposure Summary



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ILER v2.1.0.0 Overview

Search by Health Effects Module, Gulf War Registry Data, Use of Self Reported Location Data, Ad Hoc Reporting (Backend)

Development Start: 15 AUG 2022

Development End: 25 NOV 2022

Release Date: 20 JAN 2023

- **Sprint 26 (08/15/2022 – 09/14/2022)**
 - Backend design work
 - Add Assessment Counts to Individual Exposure Summary PDFs (Portable Document Format)
- **Sprint 27 (09/12/2022 – 10/14/2022)**
 - Standard 'Threat Source' between ILER and DOEHRs-IH
 - Gulf War Registry backend work (data tables, mapping, etc.)
 - Self Reported Location Data Mapping
- **Sprint 28 (10/10/2022 – 10/28/2022)**
 - Build out query logic for health effects [e.g., symptoms, diagnosis, impacted organs, ICD (International Classification of Diseases) or CPT (Current Procedural Terminology) codes, etc.]
 - Use of Deployment Related Health Assessment Locations
 - Ability to view Gulf War Registry Data in the ILER User Interface
- **Sprint 29 (11/07/2022 – 11/25/2022)**
 - Ability to create cohorts by Health Effects



http://upload.wikimedia.org/wikipedia/commons/thumb/e/e0/DesertStormMap_v2.svg/120px-DesertStormMap_v2.svg.png
<https://a57.foxnews.com/static.foxnews.com/foxnews.com/content/uploads/2018/09/640/320/burnpit2.jpg?ve=1&tl=1>
https://adobe.prfl.hn/click/camref:1011Irebr/creativeref:1101I89509/pubref:183748985/ar:similar/destination:https%3A%2F%2Fstock.adobe.com%2F183748985%3Fas_campaign%3DTinEye%26as_content%3Dsimilar

ILER v2.2.0.0 Overview (Next Release)

70

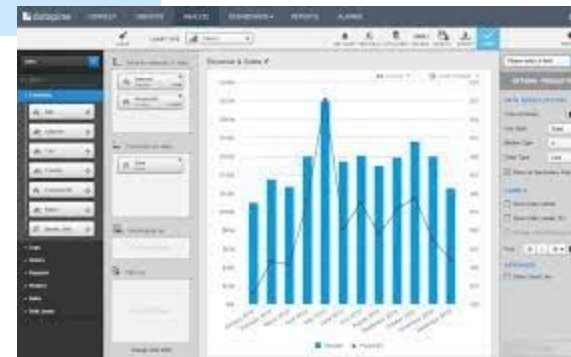
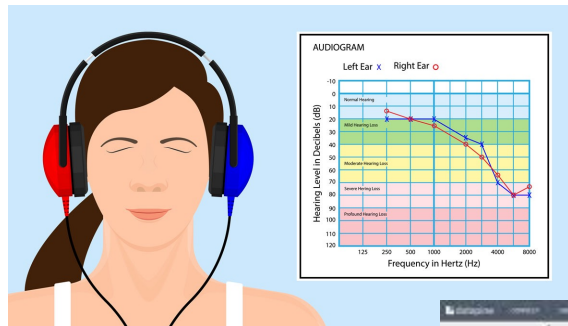
Defense Occupational and Environmental Health Readiness System – Hearing Conservation Interface , Veterans Benefits Management System, Ad Hoc Reporting (Pilot)

Development Start: 05 DEC 2022

Development End: 17 MAR 2022

Release Date: 21 APR 2023

- **Sprint 30 (12/05/2022 – 12/23/2022)**
 - Advanced Print Options for PDFs
 - Blast and Overpressure 'Live'
 - Use of Self Reported Data for Cohorts
 - Enable Ad Hoc Reporting Report Construction Tools
 - Presentation of hearing assessment data
- **Sprint 31 (01/03/2023 – 01/20/2023)**
 - Use of health outcomes data for Cohorts
 - Critical Results Filter for Individual Exposure Summary
 - Ad Hoc Reporting Basic Reports (i.e., POEMS, Hazards, etc.)
- **Sprint 32 (01/30/2023 – 02/17/2023)**
 - VBMS Data Mapping
 - Ad Hoc Reporting Advance Reporting
 - PIV Credential Logging
 - Use of Time Weighted Average (TWA) for SEGs
- **Sprint 33 (11/07/2022 – 11/25/2022)**
 - Ad Hoc Reporting Advance Reporting
 - VBMS User Interface Updates



<https://www.hearingtracker.com/hearing-loss/how-do-i-read-a-hearing-test>

Improving Health and Building Readiness. Anytime, Anywhere — Always



ILER Live Demonstration



Improving Health and Building Readiness. Anytime, Anywhere — Always



Questions?



Key Takeaways of Special Features Webinar: Environmental Exposures

- Environmental exposure is contact with a chemical, biological, or physical hazard in the ambient environment.
- The Airborne Hazards and Open Burn Pit Registry is a secure database of deployment, exposure, and health information voluntarily provided by service members and veterans that helps VA collect, analyze, and report on health conditions that may be related to environmental exposures experienced during deployment.
- Providers should rely on their own evidence-based knowledge, expertise, and skills to guide a patient-centered evaluation and treat symptoms according to clinical best practices.
- ILER is a tool that enables clinicians, epidemiologists, researchers, and claims adjudicators to obtain exposure documentation.
- These collaborative efforts and tools enable DoD and VA to work together to support service members and veterans with military exposure concerns through research, health care, benefits, transition support, outreach, and education.



Panel Question and Answer Session



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