



Understanding and Assessing Military Environmental Exposures

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Presenters



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Steve Jones, MPH



- Mr. Steve Jones is a retired Army Environmental Science and Engineering Officer and senior consultant with over 44 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 public health, deployment health, occupational and environmental health, burn pits, individual medical readiness, and periodic health assessments, and nutrition. 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).



Dr. Eric Shuping MD, MPH



- Dr. Eric E. Shuping is the Director of Policy - Operations for Health Outcomes of Military Exposures at the Department of Veterans Affairs.
- Dr. Shuping is board-certified in family practice, preventive, and occupational medicine.
- He came to the VA in 2018 after 27 years of Army service. Dr. Shuping deployed to Iraq as a Theater Preventive Medicine Consultant from 2006 to 2007. He is also qualified in flight and dive medicine and earned the Expert Field Medical Badge.
- While at the VA, Dr. Shuping has worked on military environmental exposures to include projects such as the Airborne Hazards and Open Burn Pit Registry, the Individual Longitudinal Exposure Record, Agent Orange, Ionizing Radiation, and Promise to Address Comprehensive Toxics (PACT) Act efforts.
- Dr. Shuping earned his MD degree from the Uniformed Services University of the Health Sciences and his Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health.



Dr. Ted Chin, MD, MPH



- Dr. Ted H. Chin is a Board-Certified Occupational Medicine (OM) physician with extensive experience leading Occupational Medicine and other medical programs for several Federal Government agencies to include the U.S. Navy, U.S. Public Health Service, U.S. Coast Guard, Food and Drug Administration (FDA), Department of Justice (DOJ), and Defense Health Agency (DHA).
- Recognized subject matter expert in interpreting, creating, and implementing policies to promote public health for a variety of large populations in complex environments.



Disclosures



- Mr. Steve Jones, Dr. Eric Shuping, and Dr. Ted Chin have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives



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

1. Distinguish the purpose of the registry, recognize its value and examine the 2024 registry redesign.
2. Summarize the role of education and outreach regarding Congressional/Legislative updates, and the accomplishments, efficiencies and challenges over the past three years.
3. Explain the role of health care providers in conducting medical evaluations related to environmental exposure concerns - both DoD and VA perspectives.
4. Identify the updated JKO course including its features, updates, and learning objectives.
5. Define provider and service member resources.
6. Describe the purpose and functionality of the Individual Longitudinal Exposure Record (ILER).



Legislative Updates: Toxic Exposures



Mr. Steve Jones, MPH

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Environmental Exposures: Garrison and Deployment



Image Citations

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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.
- **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.



Congressional and Executive Requirements (Cont.)

- **August 2019** - [Public Law 115-232](#) (NDAA FY2019) directed DoD to develop a report on existing open burn pits and to conduct annual outreach campaigns to those eligible for the Airborne Hazards and Open Burn Pit Registry.
- **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.
- **January 2021** - [Public Law 116-283](#) (NDAA FY2021) directed DoD to include AHOBPR info in electronic health records and assessments, and to study toxic exposure at the K2 Airbase.
- **December 2021** - [Public Law 117-81](#) (NDAA FY2022) allowed SecDef limited ability to designate exceptions to the prohibition on burn pits, requires DoD to provide training on the health effects of burn pits, and expands the countries included in the AHOBPR.
- **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.



Honoring our Promise to Address Comprehensive Toxics (PACT) Act



- The 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 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 Section 317 Prohibition on Disposing of Waste in Open-air Burn Pits
 - FY14 NDAA Section 314 Clarification of Prohibition on Disposing of Waste in Open-air Burn Pits
 - FY20 NDAA Section 333 Plan to Phase Out Use of Burn Pits
 - FY22 NDAA Section 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 (cont.)



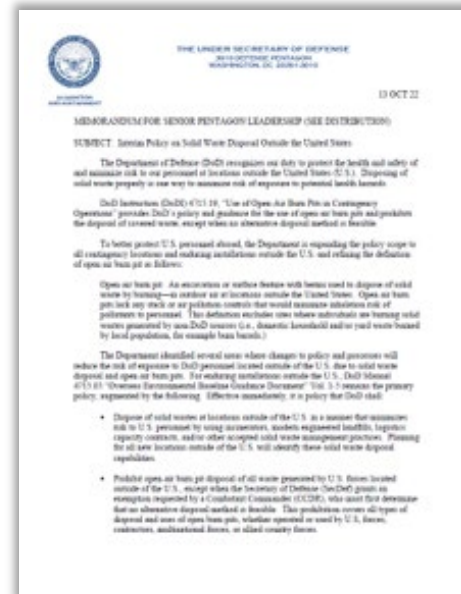
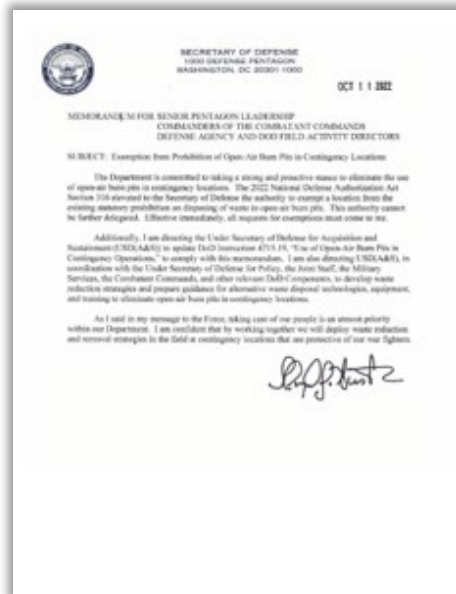
- NDAA provisions on registry outreach and education
 - FY19 NDAA Section 1050 Airborne Hazards and Open Burn Pits Registry Education Campaign
 - FY22 NDAA Section 725 Mandatory Training On Health Effects Of Burn Pits
 - FY23 NDAA Section 744 Capability Assessment and Action Plan with respect to Effects of Exposure to Open Burn Pits and Other Environmental Hazards
 - FY25 NDAA Section 5003 Report on Airborne Hazards and Open Burn Pit Registry 2.0



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





Airborne Hazards and Open Burn Pit Registry (AHOBPR) Update and Redesign



Dr. Eric Shuping MD, MPH

Policy & Operations Director, Health Outcomes Military Exposures (HOME)
U.S. Department of Veterans Affairs
Washington, D.C.



Overview



- Airborne Hazards and Open Burn Pit Registry Update and Redesign
- New clinical Exam Military Environmental Exposure Assessments (MEEA)



Polling Question #1



What is your level of familiarity with the Airborne Hazards and Open Burn Pit Registry?

- A. None
- B. I am familiar with the registry itself, but not sure I understand enrollment and eligibility criteria
- C. I have some understanding of the registry, but do not feel comfortable providing guidance to my patients on it
- D. I have a good understanding of the registry and feel comfortable providing guidance to my patients on it



What is AHOBPR?



What is the AHOBPR?

- The registry is a vital tool for advancing research by integrating data from service members and veterans to improve care and benefits for those exposed to airborne hazards and burn pits during their overseas military service.
- Developed in 2014, as a tool to record exposure to hazards and related health conditions.
- Redesigned in August 2024, the registry was updated and improved to automatically enroll eligible participants and expand eligibility criteria.

What value does the AHOBPR bring?

- The registry assists the VA to better understand, research, and improve treatment for the health challenges of individuals exposed to airborne hazards, chemical toxins, Agent Orange, and burn pits during military deployment.
- As knowledge evolves, it is utilized to improve predictive medicine, guide decisions on presumptive conditions, and provide targeted, proactive, and preventative care.



Airborne Hazards and Open Burn Pit Registry Timeline



Date	Event
Oct 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.
Jan 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.
Feb 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.
2019	2019 NDAA Section 1050 mandated the DoD to annually educate active-duty service members about the AHOBPR and their eligibility to register. Outreach required electronic and physical mailing methods.



Drivers for Redesign



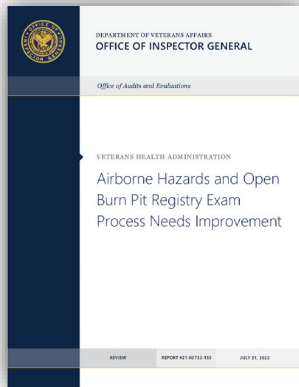
Veteran Feedback

Veteran feedback noting the current AHOBPR is **difficult to access, lengthy, time-consuming to complete, and they do not receive feedback on the data.** Specifically, the platform's DS Logon authentication credential is not Veteran-centric and the questionnaire has a minimum of 144 questions and takes a minimum of one hour to complete.



PACT Act, August 10, 2022

PACT Act sections to include Section 808: **Burn Pit Transparency**, and other legislative requirements function as both foundation and driver.



VA OIG Report, July 21, 2022

Reviewed the management of registry exams, including whether VA medical facilities conducted them within the 90-day prescribed period.



- Assessed the ability of the AHOBPR to fulfill the intended purposes that Congress and VA have specified for it.
- Main recommendation was to **"end the AH&OBP registry in its current form and initiate a new phase."**
 - Noted that the current registry is not representative of women and minority veterans
 - Self-reported data has numerous scientific biases

National Academies of Sciences, Engineering and Medicine Reports, 2017 and 2022



Major Redesign Components

Automatic Registry Inclusion

- Secure 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 August 31, 2021.
- Cross-reference against known VA and DoD exposure databases supporting the population: AHOBPR 1.0, Gulf War Registry, ILER, and Armed Forces Health Surveillance Data.

Elimination of Pain Points

- Remove Utilization of the Problematic DS Logon, a Secure Identity Credential
- Eliminate the Lengthy Entry Questionnaire – minimum of 144 questions

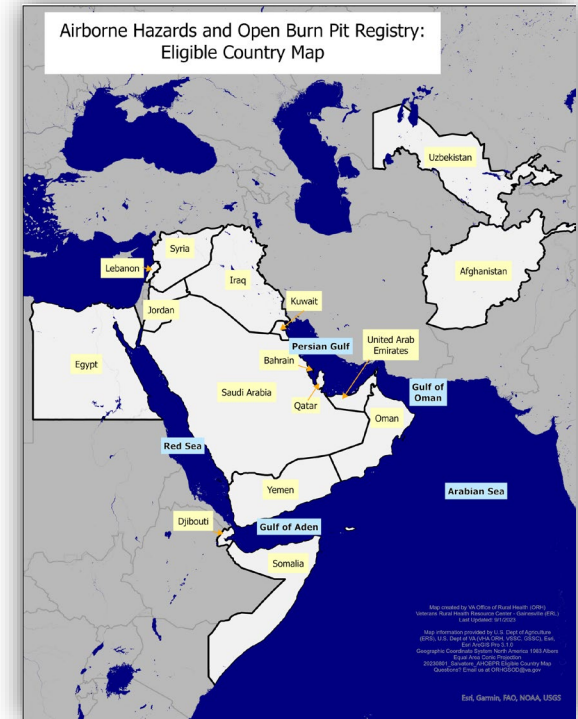
Optimal Surveillance Outcomes

- Remove self-report data biases
- Ensure results are diverse and representative of today's Armed Forces
- Maintain continuous surveillance of health outcomes in this cohort

Eligibility



- Southwest Asia theater of operations, Egypt, or Somalia, from August 2, 1990, to August 31, 2021, or in Afghanistan, Djibouti, Jordan, Lebanon, Syria, Uzbekistan, or Yemen, from September 11, 2001, to August 31, 2021.
- Following bodies of water: Gulf of Aden, Gulf of Oman, and waters of the Persian Gulf, Arabian Sea, and Red Sea.
- Eligibility is outlined [Public Law 112-260](#), *Dignified Burial and Other Veterans' Benefits Improvement Act of 2012*.
- Four new countries added (Somalia, Jordan, Lebanon and Yemen) to align with the PACT Act.



(U.S. Department of Veteran Affairs, n.d.)



Redesign of the Airborne Hazards and Open Burn Pit Registry



Redesign of the AHOBPR

In August 2024, VA reintroduced the Airborne Hazards and Open Burn Pit Registry with several key updates:

- **Automatic enrollment** of 4.7 million eligible service members and veterans, simplifying the previous process.
- Removal of the 144-question online questionnaire that was previously required.
- **Expanded eligibility** to include deployments to Somalia (since August 2, 1990, until August 31, 2021), and Jordan, Lebanon, and Yemen (from September 11, 2001, to August 31, 2021).
- Calls to action for veterans enrolled in VA health care to inquire about toxic exposure screening at their next VA appointment.
- Enhanced resources and guidance for providers conducting toxic exposure screenings and managing exposure-related clinical encounters.
- **Simplified opt-out process** for the registry.

These updates aim to improve the registry's accessibility and effectiveness in monitoring and addressing health issues related to toxic exposures.



AHOBPR Closure Date: August 31, 2021 (No new people after this date)



- No implication to future benefits (Registry and Benefits are two independent processes)
- Reduction of open burn pits due to congressional legislation
 - Need high level approval to implement
- Impact on research: Dilution effect
- Today's military is very different than Desert Shield and Storm
- Alternative is in place Individual Longitudinal Exposure Record (ILER)

DoD

- Active duty, guard and reserve receive a separation health examination which are designed to discuss and document all exposures to include AHOBPR
- PHAs and post deployment health assessments are doing the same thing
- Clinical visit for exposure concerns to DHA or unit medical team

VA

- Completion reduction of over 140,000 Veterans who were not contacted to zero
- Transitioning to MEEAs as the appointment with Veterans and the health care team
- Other registry exams if appropriate

SEPARATION HEALTH ASSESSMENT		OMB No. TBD OMB expires 3/06/2006XXX
<p>The public reporting burden for this collection of information is estimated to average 48 hours/response per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), Paperwork Project, Washington, DC 20540-0188. Respondents should be aware that notwithstanding any other provision that may state otherwise, no person shall be penalized for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>		
PRIVACY ACT STATEMENT		
AUTHORITY: PURPOSE: ROUTINE USES: DISCLOSURE:		
SECTION 1 - IDENTIFICATION		
To this Service member: Please complete the following subsections.		
IDENTIFIER		
#	Question	Response
1	Name	
2	DOB (Social Security Number)	
3	DDO ID Number (Optional for VA form)	
4	Today's Date (self-assessment date) (YYYYMMDD)	
1. CONTACT INFORMATION		
#	Question	Response
1	Current Address	
2	Telephone Number	
3	Other Phone Number	
4	Email	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email
5	Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email
2. PERSONAL INFORMATION		
#	Question	Response
1	Date of Birth (DD) (YYYYMMDD)	
2	Age	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
3	Race	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
4	Ethnicity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
5	Birth Gender (biological sex)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
6	Preferred Gender	<input type="checkbox"/> Transgender male (Female to Male) <input type="checkbox"/> Transgender female (Male to Female) <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer
7	Administrative Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

Separation Health Assessment (SHA) and
Separation History and Physical Examination (SHPE)

Provides an examination closer to the time of exposure and can be monitored for changes in health over time.



Type of Clinical Encounters for Environmental in VA

Toxic Exposure Screening

- Quick screening designed to get Veteran to a service

Compensation and Pension Exam

- Receives an opinion that a condition is more likely than not related to service
- Entry point is VA disability system

Registry Exam

- Congressionally mandated to geographical locations based on operations
 - AHOBPR, Agent Orange, Gulf War, Ionizing Radiation
- Or Exposure
 - Depleted uranium, Toxic embedded fragments
- Focused on obtaining data to assist research need system of record notification

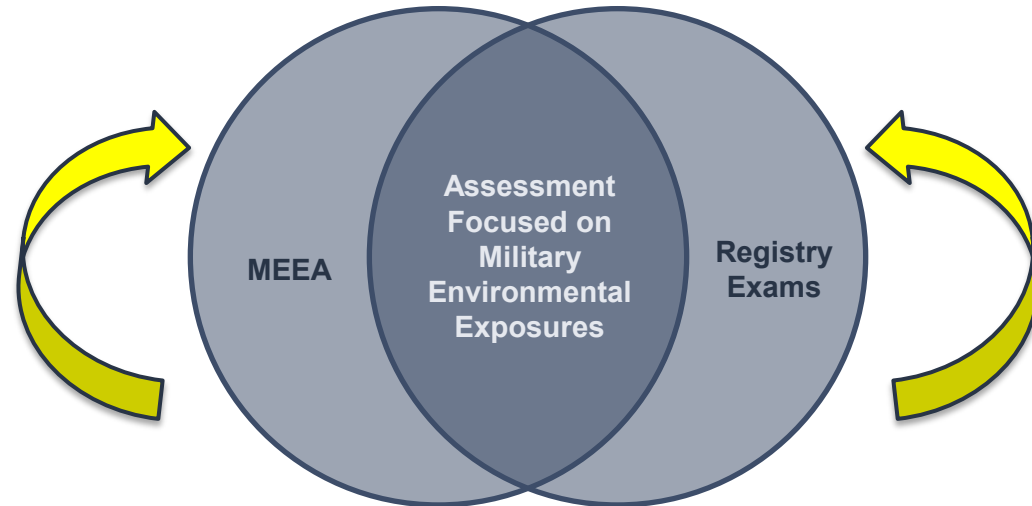
MEEA



Military Environmental Exposure Assessment (MEEA)



- Replacing environmental health registry exams with the MEEA
 - Addresses exposure-related questions and concerns
 - Documents Veteran's military environmental exposures
 - ✓ Includes self-reported, non-quantifiable exposures
 - ✓ Enables longitudinal surveillance of Veteran concerns
 - Provides general exposure-related guidance



MEEA:

The purposes of a MEEA are to support the provision of exposure-informed care and enable the longitudinal surveillance of Veteran concerns. MEEAs can focus on any military environmental exposure of concern, including those associated with deployments, garrison locations, or occupational duties.

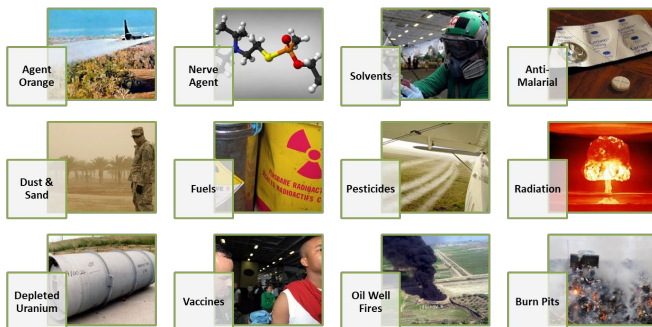
Registry Exams:

The primary purpose of an environmental health registry exam is to support research. Registry exams focus on military environmental exposures associated with deployments to specific locations.

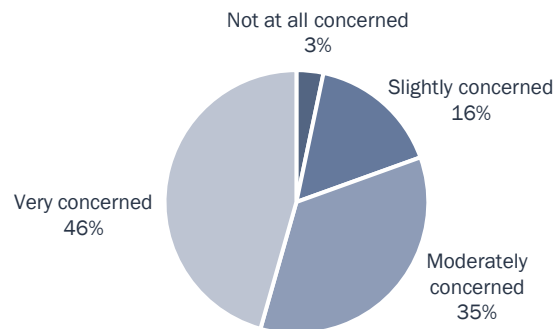


Who Would Benefit from a MEEA?

Any Veteran with exposure-related questions or concerns that the referring provider is unable to address.



Of the 45% of Veterans with exposure concerns on TES, more than 80% report being moderately or very concerned.



Veterans want clinicians to incorporate knowledge of the Veteran's exposures into ongoing care beyond claims.

"I've just been told over and over again. You should file a claim, you should file a claim. I filed a claim but yet I don't feel like I know exactly why people are encouraging... women to go out and file a claim, I feel like I'm missing a key part of information. I don't know exactly why I'm doing this except that I was in certain locations that I think that there could possibly have been something related."

All data obtained on 10/7/2024

Note: All Veterans surveyed had outpatient visits with military environmental exposure concerns health factors noted in their record.



Who Wouldn't Benefit from a MEEA?

Veterans requesting nexus opinions for disability claims

Nexus opinions for disability claims are outside the scope of a MEEA. Veterans requesting nexus opinions should be encouraged to contact VBA.

AND

Veterans needing specific treatment recommendations

Because treatment for most exposure-related conditions follows standard guidelines for evidence-based care, treatment questions should be directed to the appropriate provider.

[VA Disability Compensation](#)
1-800-827-1000



Asthma caused by exposure to burn pits is treated with standard inhalers.





Help with Military Environmental Exposures



If your Veteran needs help with a seizure disorder, you consult neurology.

If your Veteran needs help with adrenal insufficiency, you consult endocrine.

If your Veteran needs help with military environmental exposures, you consult....

Environmental Health Program at Your Local VA Facility

- In-person and telehealth appointments
- Availability contingent on local resources
- Supports Veterans in the local catchment area

OR

Veterans Exposure Team – Health Outcomes Military Exposures (VET-HOME)

- Telehealth appointments only
- Intake center open Monday-Friday 9AM-7:30PM ET
- Supports Veterans anywhere in the U.S. or U.S. territories



Environmental Health Staff at Facility and Veteran Integrated Service Network (VISN) Levels



Facility Advantages

- Offer in-person exams
- Collaborative relationship with Veteran's care team
- Familiar with lab testing, referral patterns, facility details, etc.



(Ryan, 2018)

Environmental Health Staff

- Facility staff: [Environmental Health Coordinators - Public Health](#)
- VISN Leads: Designated Lead Environmental Health Clinician and Coordinator for every VISN



VET - HOME: Who We Are



VET-HOME is VA's new national hub serving Veterans with military environmental exposures and supporting VA care teams in the provision of exposure-informed care.

VET-HOME includes:

- An intake center staffed by coordinators and nurses who assist Veterans and schedule appointments with our clinicians
- A team of 40 clinicians who perform military environmental exposure assessments and environmental health registry evaluations via telehealth.

VET-HOME
Tollfree: 833-633-8846

Live chat available

<https://www.publichealth.va.gov/VET-HOME/index.asp>

*Monday-Friday
9AM-7:30PM ET*

All VET-HOME staff have achieved level 1 and level 2 certification in military environmental exposures from the American College of Preventive Medicine.





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.



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



- 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>



Pathway Forward in Clinical Considerations



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Overview



HEALTH CARE PROVIDERS will understand the requirements and clinical tools associated with the Airborne Hazards and Open Burn Pit Registry and be able to apply knowledge from the DHA-US035 JKO training and Clinical Toolbox effectively.



COMPREHEND THE DISTINCTIONS between the Airborne Hazards and Open Burn Pit Registry (AHOBPR) and the PACT Act.



UNDERSTAND THE ROLE of “presumptive conditions” as it relates to the AHOBPR, PACT Act and service connection.



POINT OF EMPHASIS in documentation of toxic exposure related medical encounters in MHS GENESIS for the DHA.



FUTURE CONSIDERATIONS



New 2025 DHA Memo



(US Department of Defense, 2019)

- + In July 2025, the Defense Health Agency (DHA) issued new memorandum guidance on the Airborne Hazards and Open Burn Pit Training for Health Care Providers (HCPs) in accordance with Section 725 of the NDAA FY22.
- + The memo mandates that providers complete the Joint Knowledge Online (JKO) training course DHA-US035, [Airborne Hazards and Open Burn Pit Registry Overview](#), if they have not already done so, and review the [AHOBPR DoD Health Care Provider Clinical Toolbox](#).
- + Continuing Education (CE)/Continuing Medical Education (CME) is accredited and equips providers with the knowledge to evaluate service members and veterans potentially affected by airborne hazards and burn pit exposure.



AHOBPR (2014)



(U.S. Department of Veteran Affairs, n.d.)

- ⊕ Enables the VA to identify and research health challenges of Veterans and service members who were exposed to airborne hazards and burn pits during their military service.
- ⊕ Veterans and service members (living or deceased) who, per DoD records, served in eligible military campaigns or theater of operations during various periods of time.
- ⊕ The registry does not impact an individual's care or benefits.



PACT Act



Impacts an individual's care and benefits.



Expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances.



Veterans of the Vietnam, Gulf War, and post-9/11 eras with toxic exposures.



Added 20+ more presumptive conditions for burn pits, Agent Orange, and other toxic exposures.



DHA MHS Toxic Exposure Medical Encounter Overview



- ⊕ Likely DHA patient population - Gulf War and post-9/11 era.
- ⊕ Likely to initially be seen by a Primary Care Provider.
- ⊕ Active-duty service members may seek medical examinations for the AHOBR, PACT Act, or both.
- ⊕ Approach to the examination is the same as most other ambulatory medical encounters.
- ⊕ Subjective, Objective, Assessment, Plan.
- ⊕ Documenting toxic exposure concerns as part of the medical record.
- ⊕ Don't forget to treat the patient.



Subjective – Documenting Toxic Exposures

- **Self Reported Active-Duty Toxic Exposure History:**

- What was the exposure?
- When did it occur?
- Duration and frequency?
- Where did it occur?
- What was the amount of the exposure?
- Exposure route (airborne, dermal, ingestion, etc.)?
- What was military job at the time of exposure?
- **Other exposures unrelated to Active Duty but related to civilian occupations, hobbies, and non-active-duty travel.**



Individual Longitudinal Exposure Record (ILER)

- <https://iler.csd.disa.mil>
- Request Access
- Account locks after 30 days of inactivity



MHS GEN (recommended)

- Individual Exposure Summary Report
- Not stored in MHS GEN, must be manually documented.
- Provider cannot update ILER
- MHS GEN Tip Sheet



Subjective – Medical History/Presumptive Conditions (1 of 3)



Review Medical History for potential presumptive conditions.



Airborne Hazards and Open Burn Pits – Glioblastoma, Head cancer of any type, Kidney cancer, Lymphatic cancer of any type, Lymphoma of any type, Melanoma, Multiple myelomas, Myelodysplastic syndromes, Myelofibrosis, Neck cancer, Pancreatic cancer, Reproductive cancer of any type, Urinary bladder, ureter, and related genitourinary cancers, Squamous cell carcinoma of the larynx, Squamous cell carcinoma of the trachea, Adenocarcinoma of the trachea, Salivary gland-type tumors of the trachea, Adenosquamous carcinoma of the lung, Large cell carcinoma of the lung, Salivary gland-type tumors of the lung, Sarcomatoid carcinoma of the lung, Typical and atypical carcinoid of the lung, Respiratory (breathing-related) cancer of any type.

Presumptive Condition:

A disease or illness that the VA automatically assumes is related to a veteran's military service, specifically due to toxic exposure, without requiring the veteran to prove a direct service connection.



Subjective – Medical History/Presumptive Conditions (2 of 3)



Airborne Hazards and Open Burn Pits cont'd - Asthma that was diagnosed after service, Chronic bronchitis, Chronic obstructive pulmonary disease (COPD), Chronic rhinitis, Chronic sinusitis, Constrictive bronchiolitis or obliterative bronchiolitis, Emphysema, Granulomatous disease, Interstitial lung disease (ILD), Pleuritis, Pulmonary fibrosis, and Sarcoidosis.



Scan the QR code to continue reading:



Subjective – Medical History/Presumptive Conditions (3 of 3)



Brain cancer, gastrointestinal cancer of any type, glioblastoma, head cancer of any type, kidney cancer, lymphatic cancer of any type, lymphoma of any type, melanoma, neck cancer of any type, pancreatic cancer, reproductive cancer of any type, respiratory (breathing related) cancer of any type, asthma that was diagnosed after service, chronic bronchitis, chronic obstructive pulmonary disease (COPD), chronic rhinitis, chronic sinusitis, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease (ILD), pleuritis, pulmonary fibrosis, and sarcoidosis.

PACT Act 2024 added 20+ more presumptive conditions for burn pits, Agent Orange, and other toxic exposures.



Objective



- ⊕ A focused physical examination should be performed based on symptoms, medical history, and the characteristics of possible toxic exposure(s).
- ⊕ If there are no specific areas of concern, a general examination should be done covering the major organ systems (i.e. cardiovascular, pulmonary, neurologic, dermatologic).
- ⊕ Review prior results of labs, imaging, and other studies as per routine.



Assessment



Health Conditions:

- Ensure that potential toxic exposure related conditions are clearly identified as such in the body of the note.
- Identify potential presumptive conditions.
- Include dates and locations of associated exposures if known.



Service Connection:

- Determinations made by the VA.
- No requirements or guidance for DHA MHS providers to opine on service connection.
- DHA MHS providers are recommended to refrain from opining about service connection.



Plan



Treat the patient:

- Develop or continue treatment plans as indicated for current medical conditions.
- Work up potential newly identified toxic exposure related conditions as clinically indicated.



Ancillary tests or imaging:

- No specific testing or imaging is required.
- Testing and imaging should be clinically indicated.



Referrals:

- Referral should be made as per routine based on clinical indications and need for specialist evaluation.
- For those patients with complex health concerns associated with recent toxic exposures, consider referral to Occupational and Environmental Medicine for further evaluation and treatment recommendations.



Coding



Currently no specific required coding for AHOBPR or PACT Act related medical encounters.

THE FOLLOWING CODING SCHEME IS HIGHLY RECOMMENDED.

- ICD-10: Z77.128 - Exposure to environmental contaminants.
- E&M codes as applicable:
 - 99385 Initial Comp Preventive Med 18 to 39 years New
 - 99386 Initial Comp Preventive Med 40 to 64 years New
 - 99387 Initial Comp Preventive Med 65+ years New
 - 99395 Periodic Comp Preventive Med 18 to 39 years Est
 - 99396 Periodic Comp Preventive Med 40 to 64 years Est
 - 99397 Periodic Comp Preventive Med 65+ years Est
- Additional applicable diagnostic or symptoms codes.





Future Considerations



MEDICAL SURVEILLANCE

- No visibility on the number of AHOBPR or PACT Act related medical encounters currently being done.
- Start surveillance with continued refinement of encounter coding.
- Consider creation of a PACT Act specific MENBA (Mission Essential Non-Benefit Activities) code.
- Safety Signals.



DHA MHS-VA TRANSITION OF CARE

- Coordination with VA adjudicators and providers to include relevant actionable information.
- Seamless transition of care at VA through joint use of MHS GEN.



Continued updates to JKO Training, Clinical Toolbox, and Quick Tips to reflect expansion of airborne hazards to all toxic exposures.



Available Training and Resources



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Additional Training and Resources for Health Care Providers (DoD resources)



- 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://Health.mil/AHBurnPitRegistry>
 - ✓ AHOBPR DoD Clinical Toolbox for Providers
 - ✓ AHOBPR Quick Tips for Providers
 - ✓ AHOBPR Fact Sheet
 - ✓ AHOBPR Frequently Asked Questions
- Providers can access patient information in the Individual Longitudinal Exposure Record (ILER) at <https://iler.csd.disa.mil/iler>.
 - There is also a link within MHS GENESIS that will generate a summary ILER sheet for the member. Access ILER training at <https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf> and you can also access an ILER fact sheet at (<https://health.mil/Reference-Center/Fact-Sheets/2023/07/24/ILER>).



Individual Longitudinal Exposure Record (ILER)



Mr. Steve Jones, MPH

Director, Comprehensive Health and Exposure Monitoring Policy
ODASD for Health Readiness Policy & Oversight (HRPO)
OASD Health Affairs (HA)



Congressional Requirements for ILER



- **January 2021** – [Public Law 116-283](#) (NDAA FY2021) Section 9105 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) Sections 741 and 743 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](#) (*Honoring Our Promise to Address Comprehensive Toxics [PACT] Act*) Sections 802 and 803 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) Section 744 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.



Polling Question #2



How often do you currently use the ILER via a direct ILER account and/or via the electronic health record (EHR)?

- A. Never
- B. Rarely
- C. Once or Twice a month
- D. Weekly or sometimes even daily



ILER Benefits and Capabilities



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 and registries** 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.

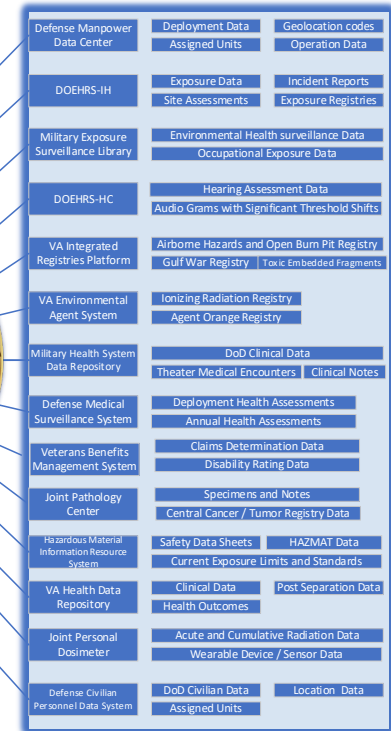
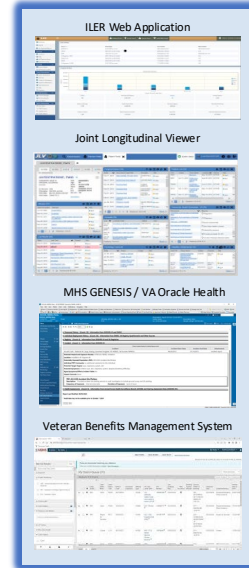


ILER Functionality



Key Functionality

- **Search by Individual** – View Individual Exposure Summary on the User Interface to support
- **Search by Location** – View all documented exposure events in a location and develop cohorts based on key personnel attributes (i.e. by unit, by age, by gender, length of deployment, etc.)
- **Search by Exposure** – View all documented exposure events develop cohorts based on exposure route and or type (i.e., Asbestos, Burn Pit Inhalation, Bacteriological, Chemical, Radiological, etc.)
- **Search by Health Effects** – View and develop exposure related cohorts based on health outcomes and conditions.
- **Ad Hoc Reporting** – Provides researcher access to backend supporting data to create custom reports and queries using an enterprise analytical tool (Business Objects)





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 (UI)
 - **Search by Exposure** – View all documented exposure events develop cohorts based on exposure route and or type (i.e., 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 (i.e., 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

- Alerts for ‘critical’ exposures and ability to view Individual Exposure Summary in the EHR
- Go Live with MHS GENESIS in NOV 2023
- VA Oracle Health Go Live is expected by end of 2025



ILER - Individual Exposure Summary



EDIP/DoD ID	Last Name	First Name	Middle Name	Date of Birth	Date of Death	Sex	Service	Service MOS Description
2114679030	Doolin	Andrea	Marty	07/08/1979		Female	Army	Pioneer

Report Last Modified : 07/25/2025

Minimum 3 Characters

- Personnel History [Count: 19] Information from DMDC
- Individual Deployment History [Count: 26] Information from DMDC, VA Registry Questionnaire and Other Sources
- Periodic Occupational and Environmental Monitoring Summary (POEMS) [Count: 1] Information from DOEHS-IH and DMDC
- Potential Hazards [Count: 2] Information from DOEHS-IH
- Registry [Count: 5] Information from DOEHS-IH and VA Registries
- Incident [Count: 1] Information from DOEHS-IH

Incident Details:

Incident: Aircraft Crash - National Air Cargo, Boeing Converted Freighter 747-400BCF, Tail Number N949CA

Incident Start Date: 04/29/2013

Incident End Date: 07/14/2013

Attachments:

- Incident Report
- Report National Air Cargo part 1 (pg 1-40).pdf
- Report National Air Cargo part 2 (pg 41-70).pdf
- Report National Air Cargo part 3 (pg 71-89).pdf
- Report National Air Cargo part 4 (pg 90-115).pdf
- Report National Air Cargo part 5 (pg 116-139).pdf

Potential Hazard and Exposure Routes: VITREOUS FIBERS Inhalation

Frequency of Hazard:

Location: [AF, Bagram AB](#)

Potential Target Organs: eyes, respiratory system, skin

Potential Symptoms: irritation eyes, skin, respiratory system; dyspnea (breathing difficulty)

Potential Conditions:

Exposure/Health Risk Estimate:

Potentially Exposed Population (PEP): [455 ECES Accident Site Plotters](#)

Individual PEP Comments: no additional comments for this individual

Signs/Symptoms/Effects Incident Table: NO

Hazard Controls: None

- Industrial Hygiene [Count: 8] Information from DOEHS-IH
- Health Assessments [Count: 13] Information from Armed Forces Health Surveillance Branch (AFHSB) and Hearing Assessment Data (DOEHS-HC)

- > **140K Individual Exposure Summaries** are viewed per day
- Currently approximately there are **>11.5M Individual Exposure Summaries** available
- Includes Duty Locations, Incident Reports, Health Assessments, and Relevant Medical Encounters
- Includes the Airborne Hazard and Open Burn Pit Registry Questionnaire and other reported information

Note: The data in this graphic is an actual exposure summary – all Personally Identifiable Information has been sanitized.



ILER v2.4.9.0 Overview – Current Version

Release Summary

- Development Start: 19 FEB 2025
- Development End: 04 JUL 2025
- Release Date: 11 JUL 2025

Key Updates and New Functionality

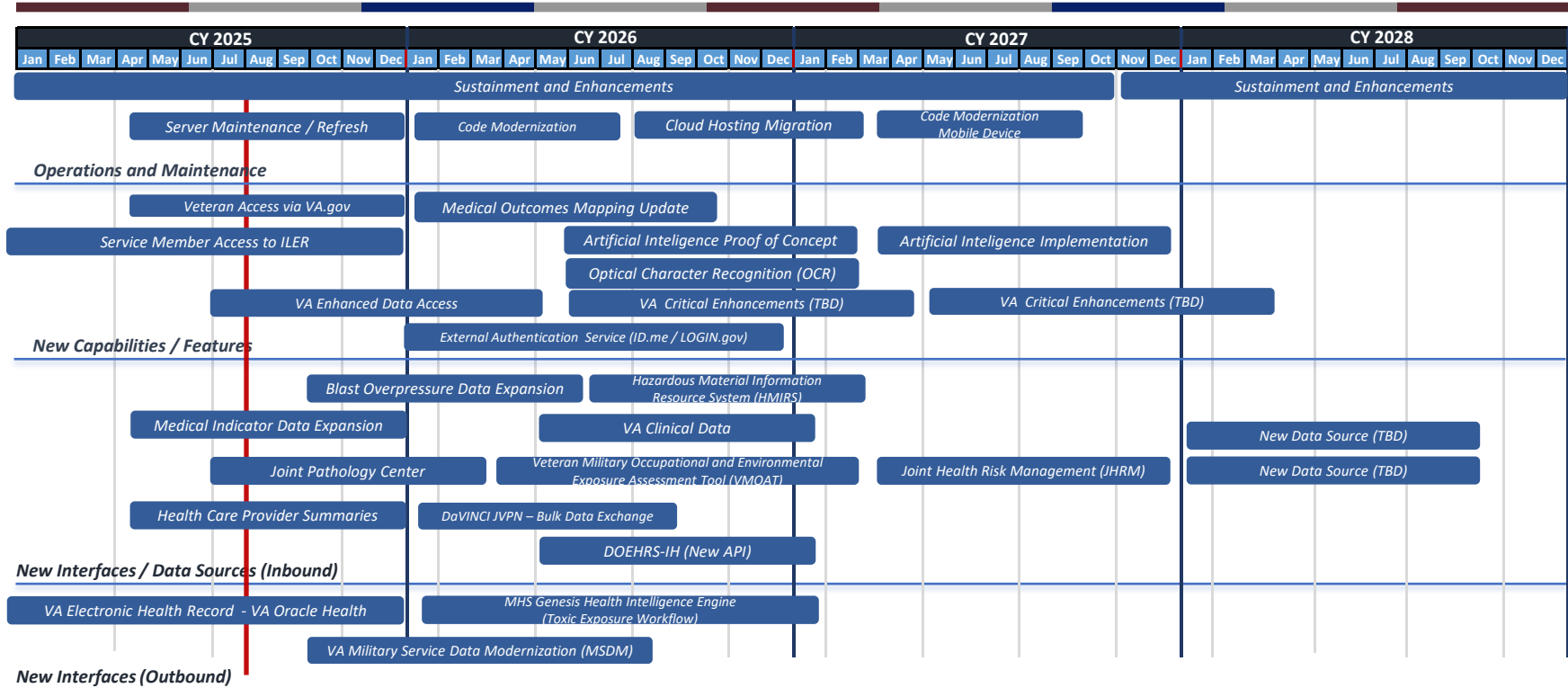
- **Exposure Pathway Updates:**
 - Changed tiles to “Potential Hazards” and added Exposure Pathway Assessment information when available
- **New Data:**
 - Indexed / Added Potential Hazards and Reference Documents related to garrison/duty station assignments
 - Ability to create Cohorts and data exports from Potential Hazards
- **Improved Location Searching:**
 - Ability to view all available Location Exposure data for COCOMs, Countries, or States
 - Added hyperlinks in the Individual Exposure Summary to view related Location Exposure Summaries
- **Personal ILER:**
 - New “Add to My ILER” functionality to self-report Garrison, Deployment, Registry, or Exposure data in ILER (*in limited release for testing only; full release 12/2025*).



(Fox News, 2018)



ILER Development Roadmap as of 31 JUL 2025





Key Takeaways



- **Registry Purpose and Redesign:** Understand the foundational role of the environmental exposure registry, its benefits in tracking health trends, and key improvements introduced in the 2024 redesign to enhance usability and data accuracy.
- **Legislative Awareness:** Recognize the importance of education and outreach related to Congressional updates, including key achievements and challenges over the past three years.
- **Clinical Evaluation Perspectives:** Learn how health care providers from both DoD and VA approach medical assessments for environmental exposures, using evidence-based, patient-centered care.
- **Training Advancements:** Explore enhancements in the updated Joint Knowledge Online (JKO) course—its new features, objectives, and relevance to military health education.
- **Supportive Tools & Resources:** Discover available resources for providers and service members, including the functionality of ILER for exposure documentation and clinical support.



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2. Once logged in and registered, on the event page, select “Get Started” (located in the menu below the event title on desktop and at the bottom of the page on mobile devices). Note: This tab will not appear unless you are registered and logged in to your account.
3. Under the “Get Started” tab, scroll down to a session you attended and select “Claim credit.”
4. Proceed to take the evaluation and posttest to obtain your certificate after the session has ended.

Once you have been awarded credit, you can download your certificate anytime through [your account](#). Any activity you register for but have yet to complete will be available under your [pending activities](#) until the evaluation period ends.

Questions? Email the DHA J-7 Continuing Education Program Office at dha.ncr.j7.mbx.cepo-cms-support@health.mil.



Questions?