

**AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY (AHOBPR)**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive sets forth clinical and administrative policies for the VHA Airborne Hazards Open Burn Pit Registry (AHOBPR). The AHOBPR is established for eligible Veterans and Servicemembers who may have been exposed to airborne hazards, such as open burn pits, during qualifying military service.

**2. SUMMARY OF CONTENT:** This VHA directive establishes required processes and procedures for the AHOBPR and associated health examination. Refer to Appendix A for clinical guidance on the conduct of AHOBPR health examinations.

**3. RELATED ISSUE:** VHA Directive 1325, Gulf War Registry, dated June 1, 2017, VHA Directive 1303, Evaluation Protocol for Veterans with Potential Exposure to Depleted Uranium (DU), dated April 6, 2017, VHA Directive 1303.01, Screening and Evaluation Protocol for Veterans with Embedded Fragments who Served in Iraq and/or Afghanistan post-September 11, 2001, dated April 6, 2017.

**4. RESPONSIBLE OFFICE:** The VHA Office of Post Deployment Health Services (10P4Q) is responsible for the contents of this directive. Questions may be referred to 202-266-4695 or by email at: [vaburnpiter@va.gov](mailto:vaburnpiter@va.gov).

**5. RESCISSION:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 31, 2024. This VHA directive will continue to serve as national VHA policy until it recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.  
Deputy Under Secretary for Health  
for Policy and Services

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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## AIRBORNE HAZARDS OPEN BURN PIT REGISTRY (AHOBPR)

### 1. PURPOSE

a. This Veterans Health Administration (VHA) directive sets forth administrative and clinical policy and responsibilities for the Airborne Hazards and Open Burn Pit Registry (AHOBPR). Participation in the AHOBPR is voluntary; however, participation allows eligible Veterans and Servicemembers to document their exposures and report health concerns through an online self-assessment questionnaire. Veterans, and Servicemembers can use the Registry questionnaire to report exposure(s) to airborne hazards (such as smoke from burn pits, oil-well fires, or pollution during deployment) and open burn pits that they experienced during service defined in paragraph 2.a as well as any other in-service exposures and associated health concerns.

b. Provided they have completed the on-line self-assessment questionnaire, AHOBPR participants, may also request an in-person, no-cost registry health examination. This is entirely optional and done only at the request of the AHOBPR participant. Specifically, Veterans enrolled in the Department of Veterans Affairs (VA) health care system may request an AHOBPR health examination from their closest facility. The facility may utilize primary care provider or Patient Aligned Care Team to complete these exams. Veterans not enrolled in VA's health care system who have completed the self-assessment questionnaire may contact a VA Environmental Health Coordinator to schedule it. Active duty Servicemembers are to contact their local serving military hospital or medical treatment facility to obtain the examination.

c. AHOBPR data includes information necessary to ascertain and monitor the health effects of the exposure of members of the Armed Forces to toxic airborne chemicals and fumes caused by open burn pits. This data can be used to identify areas of needed scientific study and clinical investigation. Research findings are translated into clinical practice, if and as appropriate, to improve VA treatment programs and to address, more generally, Servicemembers' concerns about potentially harmful toxic exposures they may experience during deployment. **AUTHORITY:** Title 38 United States Code (U.S.C. 527; Public. Law (Pub. L.) 112-260 section 201; and Pub. L. 102-585 (1992).

### 2. BACKGROUND

a. Section 201 of Pub. L. 112-260 (2013) required VA to establish and maintain an open burn pit Registry for certain eligible individuals who may have been exposed to toxic airborne chemicals and fumes caused by open burn pits. Having expanded the group of eligible individuals beyond those described in the law, the AHOBPR includes individuals who may have been exposed to open burn pits, toxic airborne chemicals and fumes, and other airborne hazards such as particulate matter (PM), while serving as a member of the Armed Forces in one or more of the locations in the Southwest Asia (SWA) theater of operations on or after August 2, 1990 to present. Consistent with 38 Code of Federal Regulation (CFR) 3.317(e)(2), the SWA theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the

Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. VA further expanded participation to include individuals who served in Afghanistan or Djibouti on or after September 11, 2001.

b. High levels of ambient particulate matter (PM) were identified as a potential threat to respiratory health early in Operation Iraqi Freedom (OIF). Sampling conducted by preventive medicine personnel deployed to the United States Central Command (USCENTCOM) area of operation typically demonstrated levels of PM (sometimes referred to as particle pollution in public communications) above those considered healthy by the U.S. Environmental Protection Agency's National Ambient Air Quality Standards. Generally, the major contributor to PM in the SWA theater of operations was re-suspension of dust and soil from the desert floor. Open-air burn pits were used frequently during Operation Enduring Freedom (OEF), OIF, and Operation New Dawn (OND) before incinerators became the norm.

c. A 2011 Institute of Medicine (IOM) Report on Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan determined that there is limited/suggestive evidence of an association between exposures to combustion products and reduced pulmonary function in these populations. The evidence for the association between the development of specific respiratory diseases and exposure to combustion products was found to be inadequate or insufficient. Currently, it is unknown if reduced pulmonary function is a consequence of exposure to PM, or if combustion products are a risk factor for the development of clinical disease later in life.

d. To clarify this uncertainty, studies are either in progress or planned to determine the prevalence and risk factors which may contribute to respiratory disease after exposure during service to airborne hazards and open burn pits. VA and Department of Defense (DoD) are supporting additional research to further understand potential long-term health effects of airborne hazards. This research is focused not only on possible associations between these exposures and respiratory disease but also with other diseases such as cancer, gastrointestinal disease, etc. Studies also focus on any potential effects that may result from combined exposure to both open burn pits and the general environment of the SWA theater of operations, to determine if such combined exposure may put one at risk of disease. As the Departments' respective AHOBPR-related research is using current AHOBPR data aligned with the registry's current design parameters, participation will not be further expanded to other regions or theaters of operations; it is necessarily limited to those who served in the currently listed locations during the qualifying time-period(s).

### 3. DEFINITIONS

a. **Open Burn Pits.** For purposes of this directive, an 'open burn pit' is an area of land located in any of the places listed in paragraph 2.a of this directive to which a person eligible for inclusion in the AHOBPR must have deployed that is designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air; and does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

b. **Operation Enduring Freedom (OEF)**. For the purposes of the AHOBPR, OEF is defined as service in Afghanistan after September 11, 2001.

c. **Operation Iraqi Freedom (OIF)**. For the purposes of the AHOBPR, OIF began in March of 2003, when the U.S. and coalition forces moved into Iraq from Kuwait. OIF continued until August 2010.

d. **Operation New Dawn (OND)**. For the purposes of the AHOBPR, OND began in August of 2010, in Iraq and ended in December 2011.

e. **Particulate Matter (PM)**. Particulate Matter are airborne particles with a fine particle mass and a diameter of less than 2.5 µm-micrometers (PM2.5).

f. **Servicemember**. For the purposes of the AHOBPR, a Servicemember is a person who is serving on active duty in one of the following branches of the U.S. Armed Forces: Army, Marine Corps, Navy, Air Force, National Guard, or the Coast Guard.

g. **User Validated Data (Deployment)**. User validated data is deployment and demographic data, provided from DoD sources, that the user confirms as accurate, revises, or augments.

#### 4. POLICY

It is VHA policy that all eligible Veterans have an opportunity to participate in the AHOBPR and, if requested after completion of the AHOBPR's on-line self-assessment questionnaire, receive an in-person, no-cost AHOBPR health examination.

***NOTE:*** *AHOBPR laboratory studies/tests and the optional in-person health examinations, to include diagnoses, are for registry purposes only (i.e., they do not constitute examinations for purposes of treatment). Nor do they qualify as compensation and pension examinations or fitness for duty examinations. Referrals for further diagnoses will be made as necessary.*

***NOTE:*** *If the need for follow-up medical care is identified or recommended as a result of the Veteran's participation in the AHOBPR, then, the Veteran, if enrolled, will be referred to their treating VA primary care provider or specialist for recommended medical follow-up. If not enrolled, the participant will be advised to seek appropriate medical follow-up (at non-VA expense) with their own health care provider in the community.*

#### 5. RESPONSIBILITIES

a. **Under Secretary of Health**. The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary of Health for Operations and Management**. The Deputy Under Secretary of Health for Operations and Management is responsible for overseeing the development and maintenance of VHA programs and policies concerning the AHOBPR.

c. **Chief Consultant, Post Deployment Health Services (PDHS).** The Chief Consultant, PDHS has the responsibility to develop, coordinate, and monitor VHA activities relating to the AHOBPR. These activities are used to answer congressional and Veteran Service Organization requests and to improve the health of Veterans. This data is used to better understand the potential health effects of airborne hazards and open burn pit exposure. The analysis of the collected data will be used to update policy as needed.

d. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Designating one VISN Lead Environmental Health (EH) Clinician and one VISN Lead EH Coordinator.

(2) Notifying the Chief Consultant, PDHS of changes in either the VISN EH Clinician or the VISN Lead EH Coordinator at [VHA10P4QPostDeploymentAction@va.gov](mailto:VHA10P4QPostDeploymentAction@va.gov). The notification must be made within 10-business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code.

e. **VISN Lead Environmental Health (EH) Clinician.** The VISN EH Clinician is responsible for:

(1) Disseminating clinical program information forwarded from the Chief Consultant, PDHS to appropriate VA medical facility staff.

(2) Providing quality assurance of environmental health clinical work (interviews, physical exams, records review) as directed by the Chief Consultant, PDHS.

(3) Responding to inquiries from VA medical facility EH Clinicians within 5-business days or forwarding them to PDHS for response.

(4) Notifying the Chief Consultant, PDHS of changes in the EH Clinician at any VA medical facility in the VISN within 10-business days and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing [VHA10P4QPostDeploymentAction@va.gov](mailto:VHA10P4QPostDeploymentAction@va.gov).

f. **VISN Lead Environmental Health Coordinator.** The VISN Lead EH Coordinator is responsible for:

(1) Disseminating administrative information from the Chief Consultant, PDHS to appropriate staff.

(2) Responding to inquiries from VA medical facility EH Coordinators within 5-business days or forwarding them to PDHS for response.

(3) Notifying the Chief Consultant, PDHS of changes in the Lead EH Coordinator at any VA medical facility in the VISN within 10-business days of the change to include the

new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing [VHA10P4QPostDeploymentAction@va.gov](mailto:VHA10P4QPostDeploymentAction@va.gov).

(4) In addition to disseminating information described in the law, ensuring the distribution of up-to-date information to Veterans, VA medical facility staff (e.g., at staff conferences or grand rounds), Veterans organizations, community groups and other interested parties.

(5) Providing oversight of all AHOBPR programs in the VISN and improving them through coordination with facilities' lead environmental health coordinators.

g. **VA Medical Facility Director**. The VA medical facility Director is responsible for:

(1) Designating one or more VA medical facility EH Clinician(s) and one VA medical facility EH Coordinator and alternate and ensuring proper training consistent with assigned duties.

(2) Notifying the VISN EH Coordinator of changes in medical facility EH Coordinators and notifying the VISN EH Clinician of changes in medical facility EH Clinicians at their respective facilities and/or satellite clinics. The notification must be made within 10-business days of the change and include the new name, title, mail routing symbol, and commercial telephone and fax numbers with area code. This information must be submitted to PDHS by emailing [VHA10P4QPostDeploymentAction@va.gov](mailto:VHA10P4QPostDeploymentAction@va.gov).

(3) Ensuring that AHOBPR health examinations are conducted within 90-calendar days from the date the Veteran-participant requests. If the VA medical facility fails to meet this appointment scheduling time standard, the VA medical facility Director must explore all alternatives (e.g., referrals to other VA medical facilities or additional staff hours to perform these examinations) to bring the VA medical facility into compliance with this standard. If these alternative measures have been explored but their use would still not meet the standard, then an exemption must be requested by emailing PDHS at [VHA10P4QPostDeploymentAction@va.gov](mailto:VHA10P4QPostDeploymentAction@va.gov).

(4) Ensuring that EH Clinicians possess appropriate clinical training in possible and known health effects associated with military occupational and environmental exposures. This can be met by a combination of formal professional training, certifications, and continuing education, such as Veterans Health Initiative (VHI) modules.

(5) Ensuring requested AHOBPR health examinations are completed in accordance with requirements. These examinations are a VHA core service meaning that they are not available in the community. Moreover, non-VA health care providers are unable to access the Veterans AHOBPR questionnaire and examination template (Patch 39). Registry exams are unable to be completed and documented to the record if sent to community care. **NOTE:** See references, section c, for more information on core services.

(6) Ensuring these examinations are conducted only within VA medical facilities (and not performed by outside providers as these providers are unable to access the Veteran's Registry Questionnaire or the examination template). **NOTE:** *Standard release of information requests can be submitted to obtain the results of these examinations.*

(7) Overseeing that the Post Examination letter is sent to the Veteran within two weeks of the initial appointment. This process is facilitated by the VA medical facility Lead EH Coordinator. **NOTE:** *See Appendix C for additional information.*

h. **VA Medical Facility Lead Environmental Health (EH) Clinician.** The VA medical facility Lead EH Clinician is responsible for:

(1) Serving in an advisory capacity for the AHOBPR's clinical management.

(2) Engaging primary care services at the VA medical facility level to ensure primary care teams are aware of the AHOBPR and EH Clinician subject matter expertise.

(3) Referring a Veteran who is enrolled in VA's health care system to their treating VA primary care provider, if follow up treatment is recommended or needed. Recommending Veterans not enrolled to seek (at non-VA expense) appropriate follow up with their personal medical providers in the community.

**NOTE:** *The cost of all laboratory studies/tests conducted as part of the AHOBPR health examination are covered by the AHOBPR. The scope of the AHOBPR health examination may include testing and examinations beyond the initial examination. For instance, a participant who wheezes on AHOBPR examination may be sent for Pulmonary Function Tests and given a consult to pulmonary as part of the AHOBPR laboratory studies/tests and health examination. Because the examination is not conducted for purposes of treatment, any conditions suspected or identified on testing or, if applicable, examination, are to be followed up as discussed above in paragraph 4.*

(4) Advising the Veteran or primary care provider of all aspects of the AHOBPR health examination, including its purpose and limitations.

(5) Performing the AHOBPR health examination for all Veterans who request it. The examination needs to be done only once, with future care and exams provided from their primary care provider.

(6) Completing or assisting other primary care providers to complete requirements to include recording the encounter using the Airborne Hazards and Open Burn Pit Registry Clinical Template as covered in the Initial Basic Health Examination section below.

(7) Signing the Post Examination follow up letter to the Veteran. This letter explains the results of AHOBPR laboratory studies/tests and the AHOBPR health examination.

(8) Ensuring that VA medical facility staff members are familiar with clinical applications of the AHOBPR.

i. **VA Medical Facility Lead Environmental Health (EH) Coordinator.** The VA medical facility Lead EH Coordinator is responsible for:

(1) Completing initial and ongoing training concerning the AHOBPR.

(2) Providing assistance to Veterans, as needed, to access the online AHOBPR questionnaire and, if requested, to schedule the optional health-examination with the facility's EH clinician or a primary care provider, as applicable.

(3) Engaging primary care services and VA medical facility staff, as needed to ensure awareness of the AHOBPR.

(4) Assisting enrolled Veterans with scheduling appointments with appropriate VA providers for medical follow-up of any abnormalities found on testing or examination.

**NOTE:** *It remains, however, the Veteran's (or surrogate's) decision whether to pursue recommended medical follow-up.* Preparing and obtaining the VA medical facility lead EH Clinician's signature on the Post Examination letter and mailing the letter to the Veteran.

## 6. REPORTING REQUIREMENTS

a. **Registry National Clinical Template.** Completion of the AHOBPR Clinical Template satisfies the central Registry reporting requirements.

b. **Clinical Reminders Patch 39 Airborne Hazards Open/Burn Pit.** If the template patch is not currently accessible through CPRS, users can contact the VA medical facility site clinical applications coordinator (CAC) for assistance and installation.

## 7. TRAINING

a. The following training is required for all clinicians performing AHOBPR health examinations. The two modules will take about 1.5 hours to complete.

(1) Employee Education System VHA Train, <https://www.train.org/vha/welcome>.

**NOTE:** *This Web site is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

(a) Course ID: 1070234, WRIISC Mod 1 - Assessing Deployment Related Environmental Exposures; and

(b) Course ID: 1070422, WRIISC Mod 2 -Airborne Hazards.

**NOTE:** *These courses are available to outside agencies.*

(2) VA Talent Management System 2.0, <https://www.tms.va.gov/SecureAuth35/>.

**NOTE:** *This is an internal VA web site that is not available to the public.*

(a) Course ID: 33195, Module 1: Assessing Deployment Related Environmental Exposures; and

(b) Course ID: 33405, WRIISC MOD 2: Airborne Hazards.

b. In addition, training is available for technicians through annual conference, and monthly meetings. Training is also available upon request through skype to learn about using the AHOBPR.

c. Additional training is being developed by post deployment health services (10P4Q) to educate primary care providers on completion of AHOBPR examinations.

**NOTE:** *It is the responsibility of the national program office to own, develop, and make available all training products and this responsibility cannot be delegated down to the VISN or facilities.*

## 8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## 9. REFERENCES

a. Pub. L. 112-260, Section 201 (2013).

b. Pub. L. 102-585, Sections 702 and 703 (1992).

c. 38 U.S.C. 527.

d. 38 CFR 3.317(e)(2).

e. Department of Veterans Affairs Notice: Initial Research on the Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan, Federal Register, Vol 78. No 23, Monday February 4, 2013.

f. Department of Veterans Affairs Memorandum dated August 18, 2017, Subject: Foundational Services, [https://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=7981](https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=7981). **NOTE:** *This is an internal VA web site that is not available to the public.*

g. Abraham JH, Baird CP. A Case-Crossover Study of Ambient Particulate Matter and Cardiovascular and Respiratory Medical Encounters Among US Military Personnel Deployed to Southwest Asia. J Occup Environ Med 54:733-739, 2012.

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m. Office of Management and Budget (OMB) approved version of the Airborne Hazards and Open Burn Pit Registry self-assessment questionnaire.

n. Rose C, Abraham J, Harkins D, Miller R, Morris M, et al. Overview and Recommendations for Medical Screening and Diagnostic Evaluation for Post Deployment Lung Disease in Returning US Warfighters. *J Occup Environ Med* 54:746-751, 2012.

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q. Szema AM, Peters MC, Weissinger KM, Gagliano CA, Chen JJ. New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan. *Allergy Asthma Proceedings* 31:e67-e71, 2010.

## CLINICAL GUIDANCE FOR PROVIDERS DURING EXAMINATION RELATED TO AIRBORNE HAZARDS AND OPEN BURN PIT EXPOSURES

### 1. PURPOSE

a. The following outline represents a focused, thorough examination of a Veteran who requests an examination after completing the Airborne Hazards and Open Burn Pit Registry (AHOBPR) Self-Assessment. This guidance may also be useful for encounters where deployment health concerns are expressed, regardless of whether the Veteran is participating in the Registry.

b. Before the encounter, review the clinically relevant summary for the patient through the provider portal-

<https://vaww.virp.registries.aac.va.gov/>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

### 2. HISTORY

a. Explore the primary health concerns of the Veteran in the context of exposure to deployment-related airborne hazards and open burn pits. Health concerns that are not central to airborne hazards and open burn pits can be addressed in the past medical history (comorbid diagnoses or conditions) or review of systems (symptoms).

(1) Chief complaint;

(2) History of present illness;

(3) Relevant deployment history, including environmental and occupational exposure concerns;

(4) Past medical history;

(5) Social history;

(6) Tobacco use history;

(7) Other illicit or recreational substance use;

(8) Family history, including birth defects in children;

(9) Medication reconciliation, as per your facility standards; and

(10) Review of systems.

b. Physical Examination: Document pertinent positive and negative findings in each of the following body systems. A more extensive physical examination may be performed if clinically indicated:

- (1) Vital signs (respiratory rate, O2 Sat, pulse, blood pressure, height, weight, temperature);
- (2) Ear, nose and throat (e.g., conjunctivitis, nasal mucosa/septum, oropharynx);
- (3) Lymphadenopathy (e.g., cervical, axillary, submandibular, posterior auricular occipital);
- (4) Chest/Pulmonary (e.g., lung sounds, cyanosis, clubbing, habitus);
- (5) Cardiovascular (e.g., heart sounds/borders/position, pulses, edema);
- (6) Abdomen (e.g., organomegaly, tenderness); and
- (7) Other findings on physical examination.

c. Diagnostic examination to date: Review and summarize pertinent positive and negative results from these and other relevant diagnostic tests and examinations (ordered as necessary).

- (1) Chest radiograph – posterior/anterior and lateral;
- (2) Computed tomography (CT) chest;
- (3) Arterial blood gas;
- (4) Complete blood count with differential;
- (5) Spirometry/pulmonary function tests;
- (6) Echocardiogram;
- (7) Pulmonary consult;
- (8) Ear, nose and throat consult; and
- (9) Biopsy or other tissue obtained.

d. Overall assessment and recommendations based on available information: Synthesize findings and formulate a concise assessment. Consider an appropriate differential diagnosis to explain patient-reported symptoms and dysfunction. Use objective findings from examination to prioritize the list of possible diagnoses according to likelihood of presence and urgency. Develop a plan for additional work up and follow up, as appropriate.

- (1) Assessment plan may include:
  - (a) Vocal cord dysfunction assessment;

- (b) Respiratory muscle strength;
- (c) Other related specialty consult results; and
- (d) Other testing.

e. Overall Registry assessment and recommendations: Overall assessment and recommendations must be based on available information. Synthesize findings and formulate a concise assessment. Consider appropriate differential diagnoses to explain patient-reported symptoms and dysfunction. Use objective findings from examination to prioritize the list of possible diagnoses according to the likelihood of presence and urgency.

## ADMINISTRATIVE GUIDANCE FOR OPTIONAL IN-PERSON HEALTH EXAMINATION

1. Veterans do not need to be enrolled in VA's health care system to be eligible to participate in the Airborne Hazards and Open Burn Pits Registry or to obtain the optional in-person Registry-related health examination. Veterans and Servicemembers can participate by accessing the following link:  
<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/>.
2. If enrolled in VA's health care system, the Veteran may request a Registry health examination from the Patient Aligned Care Team (PACT), primary care provides, or Environmental Health (EH) Clinician.
3. If not enrolled in VA's health care system, the Veteran may request a Registry health examination from their local VA medical facility. If a Veteran receives this examination but has no VA medical record, then the VA medical facility must ensure an individual record is established for the Veteran in VA's current electronic health record.
4. EH appointments are facilitated through the EH Coordinator that serves each VA medical facility. Follow the link at: <http://www.publichealth.va.gov/exposures/index.asp> for a list of EH Coordinators and contact information. **NOTE:** Completion of the on-line questionnaire is required to be considered a participant in the Registry and to request the voluntary face-to-face Registry health examination.
5. Participation in the on-line Registry is required to obtain the in-person clinical examination. After completing the Registry self-assessment questionnaire, Veterans and Servicemembers may request an in-person and no-cost medical examination for health concerns and conditions that may be related to environmental airborne hazards and open burn pits.
  - a. Active-duty Servicemembers may also participate in the Registry through completing the on-line questionnaire. They may also request a voluntary medical examination from their local military treatment facility (MTF), after they have completed the Registry self-assessment questionnaire. When contacting the MTF, active-duty Servicemembers should state they are calling for an appointment specifically to address health concerns related to the Registry exposures. Active duty Servicemembers are encouraged to complete the Registry as well as not to delay seeking medical care for medical concerns.
  - b. The clinical examination includes a health care provider's review and discussion of the self-assessment results with the Veteran-participant. The goal of the face-to-face medical examination is to address any concerns, questions, or symptoms Veterans may have regarding airborne hazards and open burn pits. The medical encounter includes a basic initial examination. Depending on those results, further consultation or specialty examination may be justified and the provision of such will be considered part of the

Registry medical examination. Any consults or specialty examination results will be forwarded to the Veteran's primary care provider, whether VA or civilian in the Post Examination follow-up letter.

c. Providers can access the clinically relevant summary results at the Airborne Hazards and Open Burn Pit Registry Clinical Portal: <https://vaww.virp.registries.aac.va.gov/>. **NOTE:** *This is an internal VA web site that is not available to the public.*

6. Veterans may receive this evaluation via tele-medicine especially if the Veteran or servicemember cannot travel to the site of the examining physician. The Veteran will need to travel to a VA site with telemedicine capability and consent to a telemedicine encounter.

**NOTE:** *Participants can return to the secure Registry web-application to obtain a copy of their questionnaire to share with non-VA providers.*

**d. Basic Medical Examination**

(1) As part of the Registry program, Veteran participants are eligible for an in-person Registry medical examination at no cost to discuss concerns and be evaluated for symptoms possibly related to airborne hazards and open burn pit exposures, during deployments. To facilitate Registry discussions, providers may refer to Appendix A, Guidance for Providers during Initial Encounter Related to Airborne Hazards and Open Burn Pit Exposures. Appendix A highlights ways to interpret a Veteran's responses. The standardized clinical template is available in the CPRS. Clinicians can access this template to record the Registry medical encounter via Clinical Reminders Patch 39 "Airborne Hazards Open/Burn Pit" template. If the template patch is not available currently within your access to CPRS, please contact your site's clinical applications coordinator (CAC) for assistance and installation.

(2) The basic examination includes:

(a) Medical, occupational, and environmental history with an emphasis on exposures to airborne hazards and burn pits and PM (e.g., pollution, blowing sand, and dust);

(b) History of personal habits including smoking; and

(c) Physical examination focusing on the respiratory system with pulse oximetry.

(3) The following additional tests may be appropriate for those with respiratory symptoms, this list is not all inclusive, other tests may be ordered as the clinician deems appropriate:

(a) Spirometry testing;

(b) Posterior-anterior PA and lateral chest radiograph; and

(c) Complete blood count, especially in menstruating women.

**e. Required Use of Relevant DoD medical data.**

VA providers may want to review medical information about active duty deployment. This information may be available using the Joint Legacy Viewer. Encounters for the post deployment health assessment and post deployment health reassessment may be helpful. These assessments should be done within 30 days of return from deployment and again at 90-180 days. These data points will have information about environmental exposures.

**f. Health Risk Communication.**

Health risk communication is an approach to communication which emphasizes the importance of trust, perception of possible harm, and uncertainty, and is a useful paradigm for conversations about possible health effects from deployment-related exposures. Guidance and educational products on these issues are available through the Office of Public Health Web site at: <http://www.publichealth.va.gov>.

**g. Medical Enrollment & Claims.**

The Registry medical examination does not constitute medical treatment or, on that basis, make participants eligible for VA treatment of any conditions identified as a result of the Registry examination. Participants who are not enrolled in VA's health care system should be encouraged to enroll in order to receive any needed follow-up treatment of conditions identified based on the questionnaire and/or optional medical examination. Veterans who wish to enroll may be directed to the eligibility staff at local VA medical facilities, or the VA Health Resource Centers at 1-877-222-8387, or online at: <http://www.va.gov/healthbenefits>. Veterans who prefer to receive their health care outside of the VA health care system should likewise be encouraged to follow-up, as needed, with their private provider.

**h. Copayments Not Applicable to Registry Health Examinations**

(a) Consistent with law, regulations, and policies, Copayments will not be assessed Veteran participation in the Registry, which includes any related Registry-authorized examination(s).

(b) If follow up care is desired with the VA related to the results of the Registry examination, Veterans may incur copayments related to those services.

(c) The Veteran may consider applying for care within the VA following proper enrollment procedures.

(d) Use the Stop Code below to avoid copayment.

**i. Stop Code**

**August 19, 2019**

**VHA DIRECTIVE 1307  
APPENDIX B**

The Stop Code for the environmental health/Registry exams must be used for the Registry Exam. The current code is 499.

### POST-EXAMINATION PROCEDURES FOR LETTERS

1. Letters are to be mailed to the Veteran within two weeks of the initial examination appointment. If the Veteran is referred to a specialty clinic, the letter can be sent after a diagnosis is made. Since specialty referrals may take time, efforts should be made to keep the Veteran informed and to not be lost to closing out the burn pit process. It is a requirement that the Veteran receives a letter closing out the registry exam. **NOTE:** *This is facilitated by the VA medical facility lead Environmental Health Coordinator.*

2. A copy of this dated and signed letter must be filed and/or scanned into the Veteran's health record.

3. It is essential that this letter be written in language that can be easily understood by the Veteran and includes the following:

(a) If the Veteran who was examined has no detectable medical problems, the follow-up letter needs to indicate and suggest that the Veteran contact the nearest VA medical facility if health problems appear later.

(b) If it is determined upon examination that the Veteran does have medical problems, it is not necessary to specify the problems in the letter; however, the Veteran must be advised if the recent examination indicated a health condition or problem which may require further examination and/or treatment.

(c) If the Veteran is eligible for VA medical treatment, the letter needs to so advise and recommend that the Veteran seek follow-up medical care at a VA medical facility.

(d) If the Veteran is not eligible for treatment, the letter needs to recommend that the Veteran seek appropriate medical care elsewhere.

4. The medical examination does not automatically initiate a claim for VA benefits. For information relating to claims, refer the Veteran to the nearest VA medical facility or regional office (RO).

5. Sample letters are available in the Airborne Hazards Open Burn Pit Toolbox: <https://vaww.publichealth.va.gov/exposures/airborne-hazards-burn-pit-registry.asp>.