

# U.S. DEPARTMENT OF VETERANS AFFAIRS CLINICIAN'S GUIDE TO AIRBORNE HAZARDS



## EXPOSURE CONCERNS

Many Veterans and Servicemembers are concerned their health was adversely affected by environmental exposures. After deployment to locations with open burn pits and other pollution sources in Iraq and Afghanistan, some Veterans have returned with a range of mild to serious respiratory illnesses. The use of burn pits was a common waste disposal practice at military sites overseas, exposing thousands of Servicemembers to potentially harmful substances, including elevated levels of particulate matter (PM). Poor air quality (pollution) was measured at many overseas locations.

## ENCOURAGE VETERANS TO PARTICIPATE IN THE REGISTRY

The Airborne Hazards and Open Burn Pit Registry (AHOBPR) is a tool to help Veterans and Servicemembers become more aware of their own health issues and to help the Department of Veterans Affairs (VA) identify health conditions possibly related to burn pit exposure during military service. Participation in the registry is voluntary. Veterans and Servicemembers can participate in the registry by completing a web-based health questionnaire about their exposures and health. Information reported by participants is maintained in a secure database, and may be used in future research studies. Participants may schedule an optional in-person clinical evaluation by a VA provider. Visit the registry at: <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry>.

## THE ROLE OF THE MEDICAL SUPPORT STAFF

Medical Support Assistants (MSAs) and Environmental Health Coordinators (EHCs) have a very important role in VA's support to Veterans with military-related health concerns. Unlike other registries, the AHOBPR does not require a Veteran or Servicemember to have an exam at a VA medical center. However, an optional registry-related in-person examination is available and valuable for those who have health care concerns. Here are some guidelines you should know related to the in-person examination:

- Any eligible Veteran or Servicemember who wishes to participate in the registry may receive an optional, no cost in-person evaluation.
- Veterans and inactive reserve and Guard members may be seen for the in-person evaluation at their nearby VA medical center. Servicemembers and active Reserve and Guard members should make an appointment with their DoD healthcare provider to discuss any exposure related concerns.
- The eligible participant is not required to enroll in Veterans Health Administration (VHA) health care to receive their examination. Veterans not enrolled who wish to receive an examination may request one through their local VA medical center's EHC.
- In-person examinations scheduled specifically under the AHOBPR program are not to be billed.
- Prior to a Veteran arriving for an examination, MSAs should first verify that the self-assessment questionnaire was completed by using the Provider Portal (<https://vaww.ahobpr.registries.aac.va.gov/RegistrantSearch.aspx>). The access credentials are identical to your VistA log in credentials.



## THE ROLE OF THE CLINICIAN

### CONDUCT AN INITIAL EVALUATION

First, assess the intensity and specific focus of concern of the individual. Patients seeking medical attention may have a variety of symptoms and exposure concerns. There are no biomarkers specific to the environmental exposure-related health concerns of Veterans who deployed to Southwest Asia, Afghanistan, or Djibouti at this time. Clinicians must rely on their own evidence based knowledge, expertise, and skills to guide a patient centered evaluation and management. For example, for an individual with chronic lower respiratory symptoms, such as wheezing, chronic cough, or dyspnea with exertion, the following may be appropriate:

- A complete blood count—to rule out anemia.
- Posteroanterior and lateral chest radiographs—to rule out significant structural abnormalities
- pulse oximetry—to assess for hypoxia.
- Spirometry with bronchodilator—to assess pulmonary function and reversibility of bronchoconstriction. Other symptoms should be evaluated according to best clinical practices, as well.

### DECIDE IF A SPECIALTY CONSULTATION IS WARRANTED

The decision to conduct specialty evaluations should be made in the context of the individual patient's concerns and symptoms, findings on initial evaluation, and the comfort level of the primary care team. The indicated specialty evaluations are considered part of the exposure evaluation and should be made available to the individual by VHA at no cost to the Veteran. Appropriate specialties may include:

- pulmonary
- ear, nose and throat
- allergy/immunology

Consultations may result in additional assessments, such as high-resolution chest computerized tomography (CT) scan, full pulmonary function tests, assessment of vocal cord function, cardiopulmonary exercise tests, or lung biopsy.

After local evaluation is completed, some patients may still have complex, difficult-to-diagnose or medically unexplained health concerns related to airborne hazards or other deployment-related exposures. For these patients, consultation with the War Related Illness and Injury Study Center (WRIISC) might be appropriate. WRIISC information can be found at [www.warrelatedillness.va.gov](http://www.warrelatedillness.va.gov).

## TALKING TO VETERANS

### » ABOUT EXPOSURE CONCERNS

#### LISTEN TO AND RESPECT VETERANS' HEALTH CONCERNS.

Airborne hazards exposure and possibly associated health risks are complex issues with many uncertainties.

#### TAKE TIME TO ESTABLISH TRUST AND RAPPORT.

Help Veterans make informed decisions about possible next steps and management of health concerns. Identifying areas of agreement and focusing on risk reduction and optimization of health and function may provide a constructive way forward.

#### REFER VETERANS WITH SERVICE-CONNECTED DISABILITY BENEFITS QUESTIONS TO VETERANS BENEFITS ADMINISTRATION.

Visit [www.benefits.va.gov](http://www.benefits.va.gov) for more information. Claims related to burn pit exposures are handled on a case-by-case basis by the Veterans Benefits Administration.

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#### VETERAN'S SELF-ASSESSMENT

View a Veteran's self-assessment at <https://vaww.ahobpr.registries.aac.va.gov/RegistrantSearch.aspx>. Document an evaluation using the National Note Airborne Hazards and Burn Pit Initial Evaluation Clinical Template.



## RESEARCH ON THE HEALTH EFFECTS OF BURN PIT EXPOSURES IS LIMITED

At this time, there is conflicting and insufficient research to show that long-term health problems have resulted from burn pit exposure. Some research show higher rates of self-reported pulmonary symptoms, asthma, and unexpected conditions (e.g., eosinophilic pneumonia and constrictive bronchiolitis) among Servicemembers who deployed to Southwest Asia. Other research reports no elevation in disease or symptom reporting. It is unclear what problems deployed individuals may develop and how widespread these problems are.

In 2011, the Institute of Medicine (IOM) reviewed the scientific literature related to the possibility of adverse long-term health effects of open burn pits. The report noted U.S. Department of Defense air quality monitoring data measured levels of PM higher than generally considered safe by U.S. regulatory agencies. It also cited research linking high PM levels to cardiopulmonary effects, particularly in individuals at increased risk due to pre-existing conditions such as asthma and emphysema. The IOM concluded there is only limited evidence suggestive "of an association between exposure to combustion products and reduced pulmonary function in these populations," suggesting that the high level of fine dust and pollution common in Iraq and Afghanistan may pose a greater danger for respiratory illnesses than exposure to burn pits.



VHA has a designated EHC and Clinician at each VA medical center. Some of these clinicians may be able to provide additional information about exposure concerns or deployment-related health issues. See a listing of EHCs by facility at [www.publichealth.va.gov/exposures/coordinators.asp](http://www.publichealth.va.gov/exposures/coordinators.asp).

## LITERATURE SUMMARY

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