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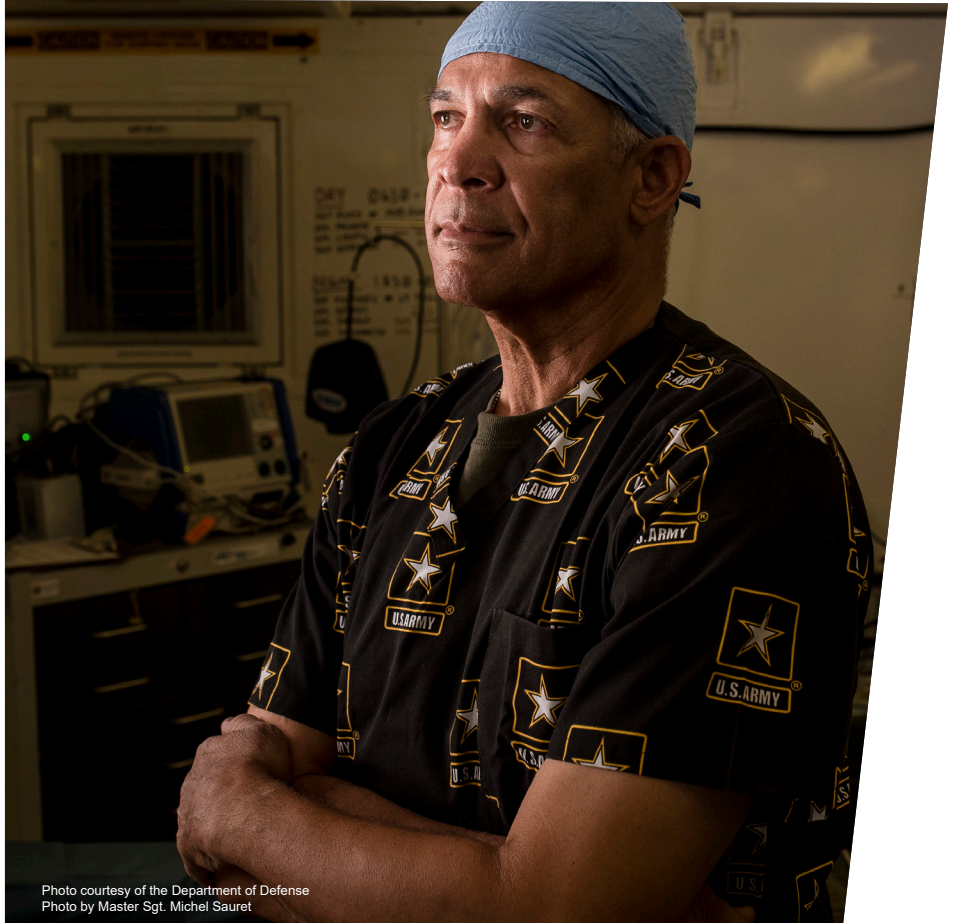


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Airborne Hazards and Open Burn Pit Registry DoD Health Care Provider **CLINICAL TOOLBOX**



Be Prepared to Treat Service Members Exposed to Airborne Hazards, Such as Open Burn Pit Smoke

The Department of Veterans Affairs (VA) developed the Airborne Hazards and Open Burn Pit Registry to better understand the potential health effects of exposure to airborne hazards during military service, support ongoing research, and inform future decisions around airborne hazards to keep service members and veterans healthy and safe. This toolbox contains background information on airborne hazards and the registry, guidance for conducting a medical evaluation associated with environmental exposure concerns, and resources for you to review and share with service members and other health care providers.

Overview of Registry

Service members who have been exposed to airborne hazards, such as open burn pit smoke, while serving may be at risk for short- and long-term health issues. After deployment to locations with open burn pits and other pollution sources, service members have returned with a range of mild to serious respiratory illnesses. At this time, there are no biomarkers specific to the environmental exposure-related health concerns of service members who deployed to eligible theaters of operations (listed below).

In June 2014, VA launched the [Airborne Hazards and Open Burn Pit Registry](#) in response to concerns that veterans were experiencing a range of respiratory illnesses possibly associated with exposure to burn pits while serving overseas. The registry automatically enrolls eligible service members and veterans who may have potentially been exposed to airborne hazards (such as smoke from burn pits, oil well fires, or pollution) during deployment to eligible regions. VA determines eligibility for the registry based on deployment information from the Department of Defense (DoD).

Inclusion in the registry does not affect access to VA health care or compensation benefits. Service members and veterans may opt out of the registry by going to <https://vethome.va.gov/BurnPitRegistryOptOut> and submitting an opt out inquiry.

Eligibility

Veterans and service members – both living and deceased – who deployed to the Southwest Asia theater of operations, Egypt, or Somalia, from August 2, 1990, to August 31, 2021, or Afghanistan, Djibouti, Jordan, Lebanon, Syria, Uzbekistan, and Yemen, from September 11, 2001 to August 31, 2021, are automatically included in the Airborne Hazards and Open Burn Pit Registry. Also included are those deployed to the following bodies of water: Gulf of Aden, Gulf of Oman, and waters of the Persian Gulf, Arabian Sea, and Red Sea. The airspace above these geographic locations and bodies of water are also included.

As outlined in 38 Code of Federal Regulations §3.317 (e)(2), the Southwest Asia 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.

Background of Airborne Hazards and Open Burn Pits

The use of open burn pits was a common practice to dispose of solid waste at military sites outside of the U.S. such as in Iraq and Afghanistan. Material burned may have included hazardous waste, medical waste, tires, petroleum products, and plastics, as well as substances known to generate carcinogens and other harmful substances through the combustion process. In addition, elevated levels of particulate matter, including dust from the desert and from industrial activities and other man-made sources, contributed to poor air quality in many locations.

In September 2020, the National Academies of Science, Engineering, and Medicine (NASEM) published a [report](#) evaluating scientific evidence on 27 different respiratory health outcomes. NASEM found there was limited or suggestive evidence of an association between airborne hazard exposure and respiratory symptoms (chronic cough, shortness of breath, and wheezing). The report noted there was inadequate evidence of an association between airborne hazard exposure and the remaining 26 health outcomes. DoD and VA continue to support and fund research studies to determine the short- and long-term health effects of airborne hazards.

Conducting the Medical Evaluation

Active duty service members, including activated Reserve and Guard, are encouraged to contact their local military hospital or clinic to schedule an appointment. Army National Guard, Air National Guard, and Reserve members, whether discharged or still serving, can schedule an appointment if they have health concerns related to military environmental exposures through VA. Veterans and inactive/separated National Guard members and Reservists with health concerns about their military environmental exposures may also contact their local VA Environmental Health Coordinator to schedule an exam.

A list of Environmental Health Coordinators can be located at: <https://www.publichealth.va.gov/exposures/coordinators.asp>.

Providers should start by discussing the service member's medical history with an emphasis on occupational/environmental exposures. Providers should assess the intensity and specific focus of concern of the individual, bearing in mind that patients seeking medical attention may have a variety of symptoms and exposure concerns.

The provider should discuss and document the service member's exposures in as much detail as possible.

Questions to ask include, but are not limited to:

- What type of pollution were you exposed to during deployment (for example, off-base pollution such as factories, cars, burning trash, or dust; or on-base pollution such as burning fuel or burn pits)?
- How many hours per day were you exposed?
- How many days, months, or years were you exposed?
- What airborne pollutants have you been exposed to outside of deployment?

Providers should rely on their own evidence-based knowledge, expertise, and skills to guide a patient-centered evaluation and treat their symptoms according to clinical best practices. If clinically indicated, providers may:

- Perform a physical exam, with focus and extent determined by symptoms and/or health concerns
- Order a chest radiograph and spirometry as baseline studies and further diagnostics based on clinical symptoms
- Refer the service member with chronic symptoms to specialists (such as internal medicine, pulmonology, and/or occupational medicine) for further evaluation
- Consider referral for enrollment in ongoing research studies at Brooke Army Medical Center Pulmonary

Upon completing the exam, providers should document the encounter in the electronic health record; no additional forms are required. Providers should record the following diagnostic codes:

- Use the following International Classification of Disease (ICD) 10 codes:
 - Z65.5: Exposure to combat
 - Z57.39: Occupational exposure to air contaminants
 - Z57.5: Occupational exposure to toxic agents in other industries
 - Z77.1: Contact with and (suspected) exposure to environmental pollution and hazards in the physical environment
 - Z77.098: Contact with and (suspected) exposure to other hazardous chemicals
 - Z77.110: Contact with and (suspected) exposure to air pollution
 - Z77.112: Contact with and (suspected) exposure to soil pollution
 - Z77.118: Contact with and (suspected) exposure to other environmental pollution
 - Z77.128: Exposure to environmental contaminants
 - Z91.82: Personal history of military deployment
 - X08.8: Exposure to other specified smoke, fire, and flames (Smoke from contents within buildings as bed, sofa, furniture, etc.)
- In Military Health System (MHS) GENESIS, use both of the following Systemized Nomenclature of Medicine- Clinical Terms (SNOMED-CT) codes:
 - SCTID 3042585015: History of military deployment
 - SCTID 102421000: Exposure to environmental pollution
 - SCTID 102413006: Polluted air / Air pollution (event)
 - SCTID 102411008: Environmental pollution
 - SCTID 102422007: Exposure to environmental pollution, occupational
 - SCTID 102423002: Exposure to environmental pollution, non-occupational
- Any additional applicable diagnostic or symptom codes



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Clinical Considerations

While there is no single approach to evaluating patients with dyspnea and normal spirometry, Appendix C of the Borden Institute book on [Airborne Hazards Related to Deployment](#) proposes the following evaluation framework. Considerations should be given to establishing the presence or absence of airway hyperactivity and upper airway disorders as well as ruling out parenchymal lung disease.

Potential Evaluation of Patients with Chronic Symptoms

Proposed Test	Considerations
Spirometry Post-BD	Review spirometry for reduction in forced expiratory volume in one second (FEV1); 12% increase in post-bronchodilator (post-BD) diagnostic of airway hyperactivity (AHR)
Spirometry w/symptoms	Intermittent nature of asthma may require repeat spirometry when patients are symptomatic
Chest Radiograph	Will be normal in most patients; helpful to eliminate pulmonary infiltrates, effusions, or mediastinal disease
Complete Blood Count	Rule out anemia, especially in females
Inspiratory FVL	Review the inspiratory flow volume loop (FVL) on all spirometry exams for truncation or flattening
Exercise Laryngoscopy	Presence of abnormal FVL or history of inspiratory wheezing or noisy breathing; diagnostic for vocal cord dysfunction
Bronchoprovocation Testing	With normal spirometry, important to rule out underlying airway reactivity such as exercise-induced bronchospasm (EIB)
Methacholine	Most common test used for AHR with good negative predictive value; diagnostic for EIB with associated exercise symptoms
Eucapnic Hyperventilation	Equivalent to methacholine for diagnosing AHR, but requires 15% decrease in FEV1
Exercise Spirometry	Poor predictability compared to other methods and may not reproduce symptoms in laboratory setting
Impulse Oscillometry	Newer modality that measures airway resistance and may identify AHR based on reduction in post-BD values
High Resolution CT	May identify subclinical lung disease, airway trapping or bronchiectasis; low diagnostic yield in this population
Cardiopulmonary Exercise Testing	Primarily used to assess patient's ability to exercise and measure VO2 max; given limited reference values and low suspicion for cardiac disease, may not identify specific cause
Allergy Evaluation	Consideration for allergy testing in patient with other atopic symptoms such as atopic dermatitis, allergic rhinitis
Cardiology Evaluation	Very low likelihood of cardiac disease in a younger population; referral should be based on physical exam findings
Electrocardiogram	Numerous nonspecific changes found in younger population and rarely diagnostic
Echocardiogram	Numerous nonspecific changes found in younger population and rarely diagnostic



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An active duty service member, including an activated Reserve and Guard member, becomes aware of the registry through their health care provider or via outreach efforts such as direct mail communications, social media content, events/briefings, or [Health.mil/AHBurnPitRegistry](https://health.mil/AHBurnPitRegistry).

The service member accesses the Airborne Hazards and Open Burn Pit Registry at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry> and confirms they have been automatically enrolled in the registry.

The service member requests a medical exam at their local military hospital or clinic to specifically address health concerns related to the military environmental exposures.*

During the service member's medical exam, the health care provider:

- Determines the patient's concern or chief complaint
- Documents pertinent positives in the medical record
- Takes a medical history with an emphasis on occupational/environmental exposures, especially airborne hazards and smoking history

If clinically indicated, the health care provider may:

- Perform a physical exam, with focus and extent determined by symptoms and/or health concerns
- Order a chest radiograph, spirometry, and/or further diagnostics based on clinical symptoms
- Refer the service member to a pulmonary specialist for further evaluation

Upon completion of the medical exam, the health care provider:

- Fully documents the encounter and any referrals in the service member's medical record
- Uses the following diagnostic codes and any other applicable diagnostic or symptom codes related to the visit:
 - ❖ Use the following ICD-10 codes:
 - Z65.5: Exposure to combat
 - Z57.39: Occupational exposure to air contaminants
 - Z57.5: Occupational exposure to toxic agents in other industries
 - Z77.1: Contact with and (suspected) exposure to environmental pollution and hazards in the physical environment
 - Z77.098: Contact with and (suspected) exposure to other hazardous chemicals
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 - ❖ In MHS GENESIS, use the following SNOMED-CT categories:
 - SCTID 3042585015: History of military deployment
 - SCTID 102421000: Exposure to environmental pollution
 - SCTID 102413006: Polluted air / Air pollution (event)
 - SCTID 102411008: Environmental pollution
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Provider Resources

This section contains resources DoD providers can review to learn more about the Airborne Hazards and Open Burn Pit Registry and pass along to colleagues or patients. Click links to download materials or to view more information and visit [Health.mil/AHBurnPitRegistry](https://www.health.mil/AHBurnPitRegistry) for DoD's latest outreach and education materials.

Materials for Providers:

- [Clinician's Guide to Airborne Hazards](#) (VA)
- [Airborne Hazards Registry Initial In-Person Evaluation: A Guide for Veterans and Providers](#) (VA)
- [Airborne Hazards Fact Sheet for Providers](#) (VA)

Websites:

- [Airborne Hazards and Open Burn Pit Registry](#) (VA)
- [MHS: Airborne Hazards and Open Burn Pit Registry](#) (MHS)
- [WRIISC: Introduction to Airborne Hazards for Providers](#) (VA)
- [Directory of Environmental Health Coordinators](#) (VA)

Reports and General Information:

- [Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry](#) (NASEM, 2022)
- [Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations](#) (NASEM, 2020)
- [Open Burn Pit Report to Congress](#) (DoD, April 2019)
- [Self-Reported Health Information from the Airborne Hazards and Open Burn Pit Registry](#) (VA, December 2018)
- [DoD Instruction 4715.19, Use of Open-Air Burn Pits in Contingency Operations](#) (DoD, November 2018)
- [DoD Needs to Fully Assess the Health Risks of Burn Pits](#) (Government Accountability Office, June 2018)
- [Assessment of VA Airborne Hazards and Open Burn Pit Registry](#) (NASEM, 2017)
- [Airborne Hazards Related to Deployment](#) (Office of Surgeon General, Borden Institute, 2015)
- [Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan](#) (Institute of Medicine [now NASEM], 2011)

Clinical Reports and Further Reading

Download or explore the following resources to learn more about open burn pits, exposures, and airborne hazards, as well as the Airborne Hazards and Open Burn Pit Registry.

Reports on Clinical Concerns Related to Airborne Hazard Exposures:

- [Clinical Evaluation of Deployed Military Personnel with Chronic Respiratory Symptoms: Study of Active Duty Military for Pulmonary Disease Related to Environmental Deployment Exposures \(STAMPEDE III\)](#) (Chest, June 2020)
- [Study of Active Duty Military Personnel for Environmental Deployment Exposures: Pre- and Post- Deployment Spirometry \(STAMPEDE II\)](#) (Respiratory Care, May 2019)
- [Histological Diagnoses of Military Personnel Undergoing Lung Biopsy After Deployment to Southwest Asia](#) (Lung, August 2017)
- [The Impact of Combat Deployment on Asthma Diagnosis and Severity](#) (Journal of Asthma, May 2015)
- [Study of Active Duty Military for Pulmonary Disease Related to Environmental Deployment Exposures \(STAMPEDE\)](#) (American Journal of Respiratory and Critical Care Medicine, July 2014)
- [Evaluation of Deployment Related Respiratory Symptoms](#) (Federal Practitioner, March 2014)
- [Diagnosis and Management of Chronic Lung Disease in Deployed Military Personnel](#) (Therapeutic Advances in Respiratory Disease, August 2013)
- [Occupational Causes of Constrictive Bronchiolitis](#) (Current Opinion in Allergy and Clinical Immunology, April 2013)
- [Risk Communication in Deployment-Related Exposure Concerns](#) (Journal of Occupational and Environmental Medicine, August 2012)
- [Overview and Recommendations for Medical Screening and Diagnostic Evaluation for Post Deployment Lung Disease in Returning U.S. Warfighters](#) (Journal of Occupational and Environmental Medicine, June 2012)
- [Constrictive Bronchiolitis in Soldiers Returning from Iraq and Afghanistan](#) (New England Journal of Medicine, July 2011)
- [New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan](#) (Allergy & Asthma Proceedings, September 2010)
- [Newly Reported Respiratory Symptoms and Conditions Among Military Personnel Deployed to Iraq and Afghanistan: A Prospective Population-Based Study](#) (American Journal of Epidemiology, December 2009)
- [Acute Eosinophilic Pneumonia Among US Military Personnel Deployed in or near Iraq](#) (Journal of the American Medical Association, December 2004)



Screening for Exposures Through Health Assessments

DoD has added questions related to airborne hazards and open burn pit exposures to the periodic, separation, and deployment related health assessment forms.

If you conduct these assessments, please encourage eligible service members to maintain their enrollment in the registry at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry> or to visit <http://health.mil/AHBurnPitRegistry> for more information. Their participation supports ongoing VA research and informs future decisions around airborne hazards to keep service members and veterans healthy and safe.

