

Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry

Beginning with the 1990–1991 Gulf War, more than 3.7 million U.S. service members have been deployed to Southwest Asia where they have been exposed to a number of airborne hazards, including oil-well fire smoke, emissions from open burn pits, airborne dust and sand, diesel exhaust, and poor-quality ambient air. Many service members, particularly those who served in Iraq and Afghanistan, have reported health problems that they attribute to their exposure to emissions from open-air burn pits on military installations.

WHAT ARE OPEN BURN PITS?

Open burn pits are large, constructed holes that are used for waste disposal via combustion, with jet fuels often used as accelerants. These pits were the waste disposal method of choice for the U.S. military in Iraq and Afghanistan due to their low cost of operation and ability to rapidly eliminate solid waste. More than 270 burn pits were known to have been in operation in Southwest Asia.

WHAT IS THE AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY?

The Airborne Hazards and Open Burn Pit (AH&OBP) Registry was created through PL 112–260 and was established and maintained by the Department of Veterans Affairs (VA) to address the growing concerns of service members and veterans regarding adverse health outcomes and exposures to open burn pits and other airborne hazards in the Southwest Asia theater. The AH&OBP Registry consists of an online questionnaire of approximately 140 questions and an optional health evaluation. As of July 1, 2022, more than 317,000 participants had completed the registry questionnaire, and approximately 30,000 of these participants have received the optional health evaluation. At present,

service members who have deployed to the Southwest Asia theater of operations, which includes Iraq, Afghanistan, Kuwait, Saudi Arabia, Bahrain, Djibouti, Oman, Qatar, United Arab Emirates, Gulf of Aden, Gulf of Oman, Persian Gulf, Arabian Sea, Red Sea, and the airspace above all of the listed countries and bodies of water as well as Egypt, Syria, and Uzbekistan, are eligible to participate in the registry. For Afghanistan, Djibouti, Syria, and Uzbekistan, eligible deployments begin September 11, 2001, to the present, whereas for all other locations eligibility begins on August 2, 1990.

INTENDED PURPOSES OF THE AH&OBP REGISTRY

PL 112–260 states that the AH&OBP Registry is intended 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” and to have a public information campaign about the registry to include information updates. VA added other purposes, so the AH&OBP Registry currently has five purposes:

- Etiologic (causal relationships) research on health effects associated with deployment exposures to airborne hazards;
- Population health surveillance to monitor the health of veterans exposed to airborne hazards while deployed;
- Improving clinical care for veterans who have health concerns related to their deployment exposures;
- Supporting VA policies and processes, including benefits claims, and VA programs to help veterans with deployment exposure concerns; and
- Communications and outreach from VA to veterans, health care providers, and other stakeholders.

COMMITTEE'S APPROACH TO ASSESS THE AH&OBP REGISTRY

PL 112–260 required an initial independent assessment of the registry and a reassessment 5 years later. This reassessment report responds to that mandate and follows the initial assessment by the National Academies of Sciences, Engineering, and Medicine in 2017. The intent of this assessment is to determine whether the registry has fulfilled or is capable of fulfilling its intended purposes. The committee also considered whether improvements to the registry could be made or if alternatives, such as the Individual Longitudinal Exposure Record (ILER) or the Millennium Cohort Study, might better address a specific purpose. The Committee reviewed evidence from several sources to inform its assessment, including extensive original analyses of AH&OBP Registry data; multiple information requests; presentations from VA, the Department of Defense, and other representatives; targeted literature searches; and examination of related exposure registries, epidemiologic cohorts, and military data sources.

COMMITTEE'S OVERALL CONCLUSIONS AND RECOMMENDATIONS

Based on its deliberations, the committee concluded that the AH&OBP Registry in its current form could not fulfill its stated purposes of supporting etiologic research or population health surveillance for those exposed to airborne hazards and that data collection to meet these purposes was not helpful. It further concluded that efforts to address these important functions could be pursued in other, more effective ways than by the registry. Therefore, the committee presented 10 recommendations to optimize the registry's use by refining its operation to concentrate on attainable goals. The overall recommendation of the report is that VA end the AH&OBP Registry in its current form and initiate a new phase for the AH&OBP Registry, which would build on key information from the first 7 years of registry operations and would be developed and implemented to optimize the registry to be a user-friendly, efficient, and effective resource to provide two-way communication between participants and VA and improve veterans access to VA health care.

COMMITTEE ON THE REASSESSMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AIRBORNE HAZARDS AND OPEN BURN PIT REGISTRY DAVID

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This Consensus Study Report Highlight was prepared by the Board on Population Health and Public Health Practice based on the Consensus Study Report *Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry* (2022).

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<https://www.nationalacademies.org/airborne-hazards-and-open-burn-pit-registry>

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