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POST-9/11 VET NEWSLETTER

INFORMATION FOR VETERANS WHO SERVED IN OPERATIONS ENDURING FREEDOM, IRAQI FREEDOM, AND NEW DAWN

MESSAGE FROM DR. LOREN ERICKSON

As the Director and Chief Consultant for VA's Post Deployment Health Services (PDHS), which includes the War Related Illness and Injury Study Center (WRIISC/ pronounced "risk"), I'd like to welcome you to this edition of the Post 9/11 Vet Newsletter. This edition covers new and important topics including chemical warfare agents, the WRIISC's Airborne Hazards Center of Excellence, tips on obtaining benefits, and more.

I also encourage you to act. Sign up for the Airborne Hazards and Open Burn Pit Registry if you served in the Southwest Asia Theater of Operations, to include Afghanistan, Djibouti, or Iraq, on or after August 2, 1990, or on or after September 11, 2001. After you complete the registry questionnaire, you should make an appointment for the optional registry health exam. This exam helps link self-reported exposures with health outcomes.

You should sign up for the registry because it will help both you and VA understand health concerns regarding military environmental exposures. As a Veteran myself, I recognize the importance of participating in a registry to give me answers personally and to help my fellow Veterans. The registry can also be used to contact you as new information becomes available.

Veterans who served prior to 2004 may not be in the Department of Defense automated database and may need additional help joining the registry. If you have any issues with signing into the registry, please contact us at 1-877-470-5947.

Thank you for serving our country and for your support of this registry. We are honored to serve you.



Loren Erickson, MD, MPH, DrPH

SURVEILLANCE PROGRAM AND REGISTRIES FOR QARMAT ALI VETERANS

Were you a member of the group of Veterans who guarded the Qarmat Ali water treatment facility during the spring and summer of 2003? Approximately 830 Servicemembers, including National Guard, Reserve, and active-duty soldiers, protected the water treatment facility in the Basra oil fields near Basra, Iraq.

Veterans who guarded the Qarmat Ali treatment facility are eligible to participate in:

- The Qarmat Ali Medical Surveillance Program, a free, special medical surveillance program on the health of Veterans. The program includes 1) a complete physical exam with an emphasis on specific areas; 2) a chest

x-ray; and 3) a pulmonary function test. Learn more about the Qarmat Ali Medical Surveillance Program at <https://www.publichealth.va.gov/exposures/qarmat-ali/index.asp>.

- Both the Gulf War Registry (<https://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.asp>) and the Airborne Hazards and Open Burn Pit Registry (<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>). VA encourages Veterans who guarded the Qarmat Ali treatment facility to join both registries.

If you have any questions about the Qarmat Ali Medical Surveillance Program, the Airborne Hazards and Open Burn Pit Registry, or the Gulf War Registry, contact an Environmental Health Coordinator (<https://www.publichealth.va.gov/exposures/coordinators.asp>) at your closest VA medical center.

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DATA COLLECTION COMPLETE FOR LARGE STUDY ON THE HEALTH AND WELL-BEING OF RECENT VETERANS

VA's Epidemiology Program completed data collection for the Comparative Health Assessment Interview (CHAI) research study. Through this large-scale study, VA aims to learn about how military service, deployment, and combat have affected the health and well-being of Veterans who served during Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND).

Pre-selected individuals from three groups were invited to participate: 1) Veterans who deployed to combat zones during OEF/OIF/OND; 2) Veterans who served during OEF/OIF/OND but did not deploy to a combat zone; and 3) a civilian comparison group. Researchers pre-selected individuals to join this study so each participant represents others with similar characteristics. Researchers received surveys from more than 15,000 Veterans and more than 4,600 civilians, and completed a neurocognitive assessment with approximately 300 Veteran participants.

"The CHAI study is an opportunity to learn from all who have served – whether deployed overseas or not, about how military service has affected their lives," said Aaron Schneiderman, Ph.D., M.P.H., R.N., principal investigator on this study and Director of Post Deployment Health Services' Epidemiology Program.

Study participants completed a questionnaire that includes questions about physical and mental health and well-being; satisfaction in work and social relationships; and suicide risk. Both the Veteran and civilian versions of the survey were designed to provide a direct comparison of experiences and health among these groups. This study includes a neurocognitive assessment for a smaller group of participants, so VA can better understand cognitive function in Veterans.

"All of the information we gathered through this study should help VA better understand the current health of recent Veterans and help VA plan for the best treatments and most appropriate benefits for them," said Schneiderman. Learn more about the CHAI research study at <https://www.publichealth.va.gov/epidemiology/studies/CHAI-study.asp>.

THE BURN PIT REGISTRY - MOVING FORWARD WITH NEW DIRECTIVES AND REPORTS

VA is finalizing a response to a new directive for the Airborne Hazards and Open Burn Pit Registry to establish clinical and administrative policies. This directive will improve the way VA staff across the country understand their role in facilitating the registry and providing the free, optional medical exam.

VA also expects the "Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry," a Congressionally-mandated report from the National Academies of Sciences, Engineering, and Medicine, to be finalized soon.

Key Facts the Airborne Hazards and Open Burn Pit Registry

The Airborne Hazards and Open Burn Pit Registry allows eligible Veterans and Servicemembers to document their exposures and report health concerns through an online questionnaire. After completing the questionnaire, participants can request a voluntary face-to-face medical evaluation.

Veterans and Servicemembers can participate in the registry at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>.

Below are key facts about eligibility for the registry and the benefits of participating:

- The registry is for Veterans and Servicemembers who may have been exposed to airborne hazards, such as open burn pits, during service in the Southwest Asia theater of operations. To be eligible, you must have been deployed to the Southwest Asia theater of operations on or after August 2, 1990, or after September 11, 2001, to include Afghanistan and Djibouti.
- You do not need to be enrolled in VA health care to participate.
- The registry will help VA monitor health conditions affecting Veterans and Servicemembers.
- Participants can obtain a copy of their questionnaire to share with non-VA providers from the secure registry web-application.
- Registry data will be used to improve VA programs for Veterans and Servicemembers with deployment-related exposure concerns.
- The registry will help researchers study long-term health issues that may be associated with burn pits.
- The registry can be used to contact you as new information becomes available.
- The registry medical evaluation does not confer Veterans Benefits Administration (VBA) benefits. You still need to file a claim with VBA for disability benefits.





THE BURN PIT REGISTRY – PARTICIPATING CONTRIBUTES TO IMPORTANT RESEARCH EFFORTS

Researchers may have found a possible link (<https://www.ncbi.nlm.nih.gov/pubmed/28975227>) between blast exposure during military service and difficulty breathing and/or decreased exercise stamina among Burn Pit Registry participants. Researchers previously had found links between smoke and particulate matter and pulmonary symptoms, but the link between explosion blast waves and cardiopulmonary symptoms several years after exposure is new.

This discovery was made possible by the Airborne Hazards and Open Burn Pit Registry. Analyzing nearly 43,000 records in the registry entered between June 2014 and July 2015, researchers sought to identify connections between current health symptoms and participants' exposure to and distance from IED blasts.

"Not only is this finding of an association between blast exposure and cardiopulmonary symptoms unique to Veterans, it's unique to the research field and something that has not previously been demonstrated," said Dr. Michael Falvo, a research physiologist at VA's War Related Illness and Injury Study Center in East Orange, NJ, and a key researcher on this study.

Despite the interesting findings, the study has several limitations. Two such limitations are the use of self-reported data, as it is possible that participants may exaggerate or misremember their experiences, and the use of self-selected participants, as those who choose to participate may have different experiences compared to all possible participants. Additional research will be needed to confirm the findings from this study.

"What this registry-related research has done is provided the foundation and rationale to explore this question further using a more objective approach," said Falvo.

"In addition to the scientific contribution of this paper, it and other analyses show Veterans and their providers that the time they spend completing the online questionnaire can result in important findings," added Dr. Drew Helmer, Director of VA's War Related Illness and Injury Study Center in New Jersey and the principal investigator on this study.

VA researchers also used Burn Pit Registry data to learn about the effects of burn pit emissions on respiratory and cardiovascular health. Looking at 4,343 registry participants who completed the questionnaire by April 30, 2015, they identified a possible link (<https://www.ncbi.nlm.nih.gov/pubmed/27218278>) between burn pit emissions exposure and self-reported respiratory symptoms.

Researchers will continue to evaluate data from burn pit registry, which included nearly 150,000 Veterans and Servicemembers at the end of June 2018. "We appreciate Veterans' willingness to provide this information and want to put it to good use," said Helmer.

Veterans and Servicemembers who served in the Southwest Asia theater of operations after August 2, 1990, or Afghanistan or Djibouti after September 11, 2001 are eligible to participate in the burn pit registry. Learn more about the registry at <https://www.publichealth.va.gov/exposures/burnpits/registry.asp>, check your eligibility to participate, and sign up to begin contributing to research efforts.

CONFERENCE HELPS ENVIRONMENTAL HEALTH CLINICIANS AND COORDINATORS EXCEL IN THEIR ROLES

Approximately 150 Environmental Health Clinicians and Coordinators from across the country attended the "Environmental Health Clinician and Coordinator Conference" in St Louis, MO, on July 10-12, 2018. Environmental Health Clinicians and Coordinators run the environmental health registries in

conjunction with VA's Post Deployment Health Services.

VA offers several environmental health registries(<https://www.publichealth.va.gov/exposures/benefits/registry-evaluation.asp>), including the Airborne Hazards and Open Burn Pit Registry(<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>) and the Gulf War Registry(<https://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.asp>), for Veterans of the recent conflicts. A free registry exam is available for participants in a registry. These registry exams can help Veterans understand the connection between their exposures during military service and possible health problems. The registry also allows VA to follow health trends, plan research studies, and notify Veterans of any new findings. Veterans may be eligible for more than one registry.

The "Environmental Health Clinician and Coordinator Conference" helped clinicians and coordinators have a full understanding of the issues important to environmental health and Veterans' health. Conference speakers discussed the functions of clinicians and coordinators, reviewed emerging issues regarding different types of environmental exposures, and described legislative and policy requirements. VA plans to hold this conference once a year to help ensure that registry program practices are standardized across all VA medical centers.

To learn more about participating in a VA environmental health registry, contact an Environmental Health Coordinator (<https://www.publichealth.va.gov/exposures/coordinators.asp>) near you. You can also check your eligibility and join the Airborne Hazards and Open Burn Pit Registry online.



Dr. Erickson poses for a group photo at the conference.



UNDERSTANDING DEPLETED URANIUM EXPOSURE

You may have heard about “depleted uranium,” and while you probably are aware that uranium has some radioactivity associated with it, you probably do not know what it means to have the word “depleted” in front of it.

The process of manufacturing enriched uranium used in nuclear reactors or weapons starts with natural uranium found in the earth’s crust and involves removing some of the radioactivity from the natural uranium to concentrate it for the ‘enriched’ product. What remains of the natural uranium is called “depleted” uranium (DU). DU has 60 percent of the radioactivity of natural uranium (hence, the word “depleted”), and since it is a heavy metal, it has the same chemical toxicity as natural uranium.

Because of DU’s density, easy availability, and relatively low cost, the U.S. military found it to be useful in manufacturing tank armor and some bullets to penetrate enemy armored vehicles. The large-scale use of DU for this purpose began during the Gulf War.

While DU that enters the body can become a potential health hazard because of its radiation properties, the potential for long-term risks from its chemical toxicity are also of concern. Veterans who may have been exposed to DU include those who were on, in, or near vehicles hit with “friendly fire.” When a projectile made with DU penetrates a vehicle, small pieces of DU can scatter and become embedded in muscle and soft tissue. Also, these Servicemembers may have inhaled or swallowed small

airborne DU particles. Other Veterans who may have been exposed to DU were near burning vehicles, near fires involving DU munitions, or involved in salvaging damaged vehicles. Simply riding in a vehicle with DU weapons or DU shielding will not expose a Servicemember to significant amounts of DU or external radiation. Veterans may have been exposed to DU during the first Gulf War, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND), or deployment to Bosnia.

VA has been conducting a surveillance program for Gulf War Veterans exposed to DU through “friendly fire” incidents for more than 25 years. Some Veterans enrolled in this program have ongoing DU exposure resulting from DU fragments embedded in their bodies. It is important to note that, to date, no health effects related to DU exposure have been found. Nevertheless, the potential for long-term effects remains, and this group continues to be under surveillance.

VA also maintains a registry for Veterans who are concerned about possible DU exposure during their service. If you think you were exposed to DU and would like to enroll in this registry, talk to your local Environmental Health Coordinator (<https://www.publichealth.va.gov/exposures/coordinators.asp>). You will be asked to submit a urine sample and to fill out an exposure questionnaire to screen for DU exposure. Learn more about DU at https://www.publichealth.va.gov/exposures/depleted_uranium/index.asp and VA’s DU Follow-up Program at https://www.publichealth.va.gov/exposures/depleted_uranium/followup_program.asp.

CHEMICAL WEAPONS – HISTORY AND FUTURE PLANS FOR EXPOSED VETERANS



VA and the Department of Defense (DoD) are currently engaged in a joint effort to develop long-term plans for addressing chemical warfare agents (CWA) and weaponized toxic industrial chemical exposure, including plans for medical follow-up, surveillance, risk communication, benefits, and outreach.

DoD tested CWAs on thousands of Servicemember volunteers between 1922 and 1975. They recruited Servicemembers on a volunteer basis, but the details of the associated risks were not fully understood at the time.

DoD sent a letter to approximately 3,859 identified Veterans involved in testing, stating that medical care is available from the Army. This is in addition to any VA medical care that Veterans are already receiving or are entitled to receive. The Army will facilitate care at a VA facility if a Veteran wishes to continue using VA facilities.

For those who may have been exposed to CWA during current operations, including Operation Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND), DoD has investigated any possible CWA contacts and identified 411 Servicemembers who may have been exposed.



M101 spotting round showing depleted uranium in black.

Photo By: Sgt. Angela Gilmore, U.S. Army, Pacific Public Affairs Office

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Possible chemical warfare agents

Chemical weapons that OEF/OIF/OND Veterans may have been exposed to fall into four main categories: harassing, incapacitating, lethal, and blister agents. These vary in terms of onset and severity of symptoms and long-term health implications. Exposure to industrial chemicals that can be toxic if/when weaponized should also be considered for long-term follow up. The chemical and industrial agents most commonly encountered are:

- Nerve agents (e.g., Sarin, Tabun, VX)
- Blister agents (e.g., mustard, Lewisite)
- Respiratory agents (e.g., chlorine, phosgene, ammonia)
- Cyanides and blood agents (e.g., hydrogen cyanide)
- Harassing agents (e.g., tear gas)

THE AIRBORNE HAZARDS CENTER OF EXCELLENCE – OFFERING SPECIALTY HEALTH EXAMS AND CONDUCTING RESEARCH

The Airborne Hazards Center of Excellence (AHCE) provides comprehensive, multi-disciplinary, specialty medical evaluations for Veterans who have health concerns about airborne hazards exposures and are seeking expertise that may not be available at their local VA medical center. In addition to clinical evaluations, the AHCE also conducts research studies to evaluate novel assessments of cardiopulmonary function, along with tests on non-pulmonary systems, to learn about vascular and cellular function in deployed Veterans. The AHCE is located at the War Related

Illness and Injury Study Center (WRIISC) in East Orange, New Jersey.

To get a specialty medical evaluation at the AHCE, Veterans need to ask their VA provider for a referral. As a part of this evaluation, Veterans receive an extensive environmental exposure assessment and a thorough examination from a pulmonologist who specializes in airborne hazards. The evaluation may also include state-of-the-art assessments of lung function and exercise capacity. All of the findings, along with a Veteran's past medical history, are used to develop recommendations focused on improving quality of life and symptom management. Any recommendations are shared with a Veteran and their referring provider for follow-up care.

Researchers at the AHCE also look at findings from these specialty medical evaluations to help them develop research questions to investigate. For example, AHCE researchers are currently evaluating new, non-invasive ways to assess small airway mechanics and gas-exchange at rest and during exercise. They hope that these research findings will ultimately be used to improve clinical practice.

Learn more about the AHCE enhanced evaluation for airborne hazard concerns (<https://www.warrelatedillness.va.gov/warrelatedillness/clinical/airborne-hazards-evaluation.asp>), including how to get a referral, and about WRIISC research and education efforts at www.warrelatedillness.va.gov.



SUCCESSFULLY FILING A VA CLAIM

By Donna Stratford, APR, Strategic Communications, Veterans Benefits Administration

Many Veterans filing a disability claim with VA simply fill in the [21-526EZ, Application for Disability Compensation and Related Compensation Benefits](#), list the disabilities they are filing a claim for, cross their fingers and hope for the best. Unless you are just leaving the military, with well-documented and easily accessible service treatment records, this isn't the best approach.

Having recently completed training as a rater, I'd like to offer some suggestions to help you be successful with your claim the first time it's submitted.

Intent to file. It may take some time for you to gather the information to support your fully developed claim, such as private treatment records and written statements. You can hold your effective date by filing a [VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC](#). The date this form is received by VA is used as your potential effective date for payment purposes. You have a year after it's received by VA to file your completed claim application.

To receive VA disability compensation, you must meet three criteria: 1) an event in service that caused or aggravated a disability or illness; 2) a current diagnosed medical disability or illness; and 3) a medical opinion connecting the two.

Without all three items, a claim can't be granted. It's like a three legged stool – without any one of these legs, the stool will fall over. If you provide evidence of the first two items, the VA exam will provide the doctor's opinion for the third. Be aware that just because a doctor's opinion is requested on service connection, doesn't mean that the opinion will be favorable to you.

There are some things you need to know about the people rating your claims. First, most are Veterans, or family

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members of Veterans. They should always give the benefit of the doubt to the Veteran. This is by regulation, by training, and frankly, that's what they want to do. But, you have to give them something to work with. The rater's motto is, "Approve if you can, deny if you must."

Write a Statement in Support of Claim.

When filing your claim, include a [VA Form 21-4138, Statement in Support of Claim](#). Do a separate paragraph for each disability you are claiming, and explain the event in service (be specific) and your current disability or symptoms related to your injury or illness. Provide any evidence available on the event, such as personnel records, award narrative, and medical records. If you don't think this event is in your service personnel or medical records, see if you can find someone you served with to fill out a form to provide their witness statement for the event. While a witness statement alone usually is not enough to grant a claim, it can be combined with other evidence to strengthen a claim for service connection.

Your statement is considered evidence, just like your military or treatment records, and the rater will use it to make the decision. It also tells the rating team where to look, and the timeframe for information to validate your claim.

Include medical records. VA can access treatment records from other VA and military medical facilities. Just make sure you include where you've been treated on your application (name of treatment facility) so the records can be found and added to your electronic record. It may take some time to retrieve service personnel and treatment records from the military archives, and records from private physicians. If you can include copies of your service records showing treatment or an event in service, and private physician records, including lab results, showing your current diagnosis, it may eliminate weeks or even months of processing time. Providing all of this information with your claim will help the rating team process your claim more quickly.

Compensation and Pension (C&P) Exam.

Even if you submit all of your medical records, you may be scheduled for a

C&P exam. This is not a typical doctor's exam, and in some cases, the doctor may just review your records – including any statements in your file – and ask you a few questions. While this may seem unusual for an exam, the doctor is actually filling in a Disability Benefits Questionnaire (DBQ), which the rater will use to determine if your claim can be granted, and at what percentage. Some information for the form will come from your medical records, and additional information is gathered from you.

Part of the DBQ is a statement from the doctor that your disability is either more or less likely than not connected to your service. That's the third leg of the stool. Be honest and specific with your answers. For example, if the doctor asks about an injury, instead of saying, "I hurt my back in the service," be specific and say, "I was getting something off of a shelf in the warehouse and fell off a ladder. There is an accident report. My back has given me problems ever since." This allows the doctor to connect an incident in service to the current disability.

To check on the status of your claim, sign on to [eBenefits](#) and review your messages. When your status is updated, or if additional information is needed, a message will be posted.

By providing a more complete picture of your situation to the rating team when you file your application, you not only make it easier for the raters to find your information and process your claim, you increase your chances of having your claim granted. Although it will take a little more effort on your part, it can pay off with faster VA processing and will increase your chances of a successful claim the first time.

Remember, the rating team is on your side, but you can help them by including everything they need to approve your claim.

VA



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