

# Open Burn Pit Registry

(OMB 2900-0800)

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Name: [REDACTED]  
SSN: [REDACTED]  
EDIPI: [REDACTED]  
Service Status: UNKNOWN  
Registry Status: PARTICIPANT  
Date Started: 2/27/2019  
Date Completed: 2/27/2019  
Date Generated: 2/27/2019

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## 1. Eligible Deployment History

### 1.1. Deployment Data from the VA Defense Information Repository (VADIR) and other sources

Kuwait: 6/29/2005 to 8/13/2005, A, -- BPR Eligible, Not GWVIS , Correct  
Iraq: 8/14/2005 to 1/19/2006, A, -- BPR Eligible, Not GWVIS , Correct  
Kuwait: 1/20/2006 to 2/6/2006, A, -- BPR Eligible, Not GWVIS , Correct  
Kuwait: 2/7/2006 to 2/11/2006, A, -- BPR Eligible, Not GWVIS , Correct  
Iraq: 2/12/2006 to 6/6/2006, A, -- BPR Eligible, Not GWVIS , Correct  
Kuwait: 6/7/2006 to 6/12/2006, A, -- BPR Eligible, Not GWVIS , Correct  
Afghanistan: 3/5/2010 to 9/24/2010, A, -- BPR Eligible, Not GWVIS , Correct  
Kuwait: 9/25/2010 to 11/19/2010, A, -- BPR Eligible, Not GWVIS , Correct  
Afghanistan: 11/20/2010 to 12/4/2010, A, -- BPR Eligible, Not GWVIS , Correct

### 1.2. Location Specific Deployment Exposures

Kuwait: 6/29/2005 to 8/13/2005, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Camp Buehring

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

Ali Asalim

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

Yes

E. Who ran this burn pit? (select all that apply)

U.S. forces or Contractor  
Coalition forces

Host nation

F. Did your duties during these dates include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?

No

G. On a typical day, how many hours did smoke or fumes from the burn pit enter your **work site or housing**?

4

H. On a typical day, how many hours were you outside or in an open tent or shelter? (for example a single wall tent with open seams or drafty 'B' hut)

16

I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

Iraq: 8/14/2005 to 1/19/2006, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Ar Ramadi (Al Ramadi, Junction City, Ramadi, Rifles West)

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

I was not at any other bases

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

Yes

E. Who ran this burn pit? (select all that apply)

U.S. forces or Contractor

Coalition forces

F. Did your duties during these dates include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?

No

G. On a typical day, how many hours did smoke or fumes from the burn pit enter your **work site or housing**?

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H. On a typical day, how many hours were you outside or in an open tent or shelter? (for example a single wall tent with open seams or drafty 'B' hut)

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I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

8

Kuwait: 1/20/2006 to 2/6/2006, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Ali Asalim

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

I was not at any other bases

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

Yes

E. Who ran this burn pit? (select all that apply)

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Coalition forces

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Don't know

Kuwait: 2/7/2006 to 2/11/2006, A,

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(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Ali Asalim

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

I was not at any other bases

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

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U.S. forces or Contractor  
Coalition forces  
Host nation

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I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

Iraq: 2/12/2006 to 6/6/2006, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Ar Ramadi (Al Ramadi, Junction City, Ramadi, Rifles West)

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

VBC Victory (Camp Brooklyn, South Victory, Victory MNC-1)

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

Yes

E. Who ran this burn pit? (select all that apply)

U.S. forces or Contractor  
Coalition forces  
Host nation

F. Did your duties during these dates include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?

No

G. On a typical day, how many hours did smoke or fumes from the burn pit enter your **work site or housing**?

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(Not Applicable)

B. Where did you spend **most** of your time during these dates?

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C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

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Host nation

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I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

Afghanistan: 3/5/2010 to 9/24/2010, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

COP Herrera

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

Bagram (BAF)

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

Yes

E. Who ran this burn pit? (select all that apply)

- U.S. forces or Contractor
- Coalition forces
- Host nation

F. Did your duties during these dates include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?

Yes

G. On a typical day, how many hours did smoke or fumes from the burn pit enter your **work site or housing**?

12

H. On a typical day, how many hours were you outside or in an open tent or shelter? (for example a single wall tent with open seams or drafty 'B' hut)

18

I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

Kuwait: 9/25/2010 to 11/19/2010, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

Ali Asalim

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

I was not at any other bases

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

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I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

Afghanistan: 11/20/2010 to 12/4/2010, A,

A. Were you exposed to soot, ash, smoke, or fumes from the Gulf War oil fires?

(Not Applicable)

B. Where did you spend **most** of your time during these dates?

COP Herrera

C. If you were at more than one base, where did you spend the **second most** amount of time during these dates?

I was not at any other bases

D. Were you near a burn pit during these dates (on the base or close enough to the base for you to see the smoke)?

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Host nation

F. Did your duties during these dates include the burn pit (examples include trash burning, hauling trash to the burn pit, burn pit security, trash sorting at the burn pit)?

Yes

G. On a typical day, how many hours did smoke or fumes from the burn pit enter your **work site or housing**?

12

H. On a typical day, how many hours were you outside or in an open tent or shelter? (for example a single wall tent with open seams or drafty 'B' hut)

24

I. On a **typical day**, how many hours were you near (for example you could smell or see it) sewage ponds?

Don't know

### 1.3. General Military Occupational Exposures

A. Were you ever close enough to feel the blast from an IED (improvised explosive device) or other explosive device?

Yes

B. In a typical month, how many days were you near heavy smoke from weapons, signal smoke, markers or other combat items?

31

C. In a typical month, how many days were you in convoy or other vehicle operations?

31

D. In a typical month, how many days did you perform refueling operations?

1

E. In a typical month, how many days did you perform aircraft, generator, or other large engine maintenance?

Never

F. In a typical month, how many days did you perform construction duties?

Never

G. In a typical month, how many days did you perform pesticide duties for your unit?

Never

## 1.4. Environmental Exposures, Regional Air Pollution

A. Did you do anything differently during your deployment(s), when you thought or were informed air quality was bad (for example during dust storms or heavy pollution days)?

I was not informed or aware of bad air quality

B. What did you do differently (select all that apply)?

(Not Applicable)

C. In a typical month during your deployment(s), how many days did you experience dust storms?

5

D. During your deployment(s), did you experience wheezing, difficulty breathing, an itchy or irritated nose, eyes or throat that you thought was the result of poor air quality?

Yes

E. How many days in an average month did you experience wheezing, difficulty breathing, an itchy or irritated eyes, nose, or throat that you thought was the result of poor air quality?

15

F. During your deployment(s), did you seek medical care for wheezing, difficulty breathing, an itchy or irritated nose, eyes, or throat that you thought was the result of poor air quality?

Yes

## 2. Symptoms and Medical History

### 2.1. Functional Limitation and Reported Cause

A. How difficult is it to run or jog one mile on a level surface?

somewhat difficult

B. How difficult is it to walk on a level surface for one mile?

only a little difficult

C. How difficult is it to walk a 1/4 of a mile - about 3 city blocks?

only a little difficult

D. How difficult is it to walk up a hill or incline?

somewhat difficult

E. How difficult is it to walk up 10 steps or climb a flight of stairs?



only a little difficult

F. What condition or health problem causes you to have difficulty with these activities? (Check all that apply.)

Brain injury, (for example, Traumatic Brain Injury/TBI, Intellectual disability)  
Cancer

## 2.2. Health Conditions

### 1. Respiratory Conditions

1.A. Have you been told by a doctor or other health professional that you had Hay fever or allergies to pollen, dust, or animals?

No

1.B. Have you **ever** been told by a doctor or other health care professional that you had asthma?

No

1.C. Have you **ever** been told by a doctor or other health care professional that you had emphysema?

No

1.D. Have you **ever** been told by a doctor or other health care professional that you had chronic bronchitis?

No

1.E. Have you **ever** been told by a doctor or other health care professional that you had chronic obstructive pulmonary disease also called COPD?

No

1.F. Have you **ever** been told by a doctor or other health care professional that you had some lung disease or condition other than asthma, emphysema, chronic bronchitis or COPD?

No

1.G. Have you **ever** been told by a doctor or other health care professional that you had constrictive bronchiolitis (CB)?

(Not Applicable)

1.H. Have you **ever** been told by a doctor or other health care professional that you had idiopathic pulmonary fibrosis (IPF)?

(Not Applicable)

1.I. When you were told you had asthma, emphysema, chronic bronchitis, COPD or some other lung disease by a doctor or other health care professional, were you told before, during, or after deployment? (check all that apply)

(Not Applicable)

1.J. Did this lung disease get better, worse, or about the same during deployment?

(Not Applicable)

1.K. Do you currently have any of the following symptoms? (Check all that apply)

Cough for more than 3 weeks  
Sputum or phlegm production for more than 3 weeks  
Shortness of breath; breathlessness

Decreased ability to exercise  
Sore throat, hoarseness, change in voice

1.L. In the past 12 months did you have any of the following symptoms (Check all that apply)

Cough for more than 3 weeks  
Sputum or phlegm production for more than 3 weeks  
Shortness of breath; breathlessness  
Decreased ability to exercise  
Sore throat, hoarseness, change in voice

1.M. How would you rate your shortness of breath or breathlessness? (check the description/ grade that applies to you.) I'm:

Short of breath when hurrying on the level or walking up a slight hill

## 2. Cardiovascular Conditions

2.A. Have you **ever** been told by a doctor or other health care professional that you had hypertension, also called high blood pressure?

No

2.B. Have you **ever** been told by a doctor or other health care professional that you had coronary artery disease?

No

2.C. Have you **ever** been told by a doctor or other health care professional that you had angina pectoris?

No

2.D. Have you **ever** been told by a doctor or other health care professional that you had a heart attack, also called myocardial infarction?

No

2.E. Have you **ever** been told by a doctor or other health care professional that you had a heart condition other than coronary artery disease or angina or myocardial infarction?

No

2.F. When you were told you had hypertension, coronary artery disease, angina pectoris, a heart attack, or some other heart condition by a doctor or health care professional, were you told before, during, or after deployment? (check all that apply)

(Not Applicable)

## 3. Other Conditions

3.A. During the **past 12 months**, have you regularly had insomnia or trouble sleeping?

Yes

3.B. During the **past 12 months**, have you had Neurological problems? (Some examples of neurological problems may include numbness, tingling, or weakness in your arms or legs or difficulties with thinking or memory.)?

Yes

3.C. During the **past 12 months**, have you had problems of the immune system?

Yes

3.D. During the **past 12 months**, have you been told by a doctor or other health professional that you had any kind of liver condition?

Yes

3.E. During the **past 12 months**, have you been told by a doctor or other health professional that you had any chronic multi-symptom illness (examples include irritable bowel syndrome, chronic fatigue syndrome, and fibromyalgia)?

Yes

3.F. Did your, neurological or immune problems, chronic multi-symptom illness, or liver condition **first** occur before, during, or after deployment? (check all that apply)

After deployment

3.G. On average, how many hours of sleep do you get in a 24-hour period (round up 30 minutes or more to the next whole hour)?

6

3.H. Questions H and I are about snoring and breathing during sleep. To answer these questions, please consider both what others have told you **and** what you know about yourself.  
How often do you snore?

Frequently - 3 to 5 nights a week

3.I. How often do you have times when you stop breathing during your sleep?

Don't know

## 2.3. Height and Weight

A. How tall are you without shoes?

5 feet 8 inches

B. How much do you weigh without shoes?

220

## 2.4. Cancer History

A. Have you **ever** been told by a doctor or other health professional that you had Cancer or a malignancy (tumor) of any kind?

Yes

B. What kind of cancer was it?

Colon

C. How old were you when this cancer was first diagnosed?

31

D. If you were diagnosed with a second cancer, what kind of cancer was it?

Liver

E. How old were you when this cancer was first diagnosed?

31

F. If you were diagnosed with a third cancer, what kind of cancer was it?

None

G. How old were you when this cancer was first diagnosed?

(Not Applicable)

## 2.5. Tobacco Exposure

A. Have you smoked at least 100 cigarettes in your entire life?

Yes

B. How old were you when you first started to smoke fairly regularly?

19

C. Do you now smoke cigarettes every day, some days or not at all?

Not at all

D. How long has it been since you quit smoking?

10

E. On the average, how many cigarettes do you now smoke a day?

(Not Applicable)

F. Have you ever smoked tobacco products other than cigarettes even one time? (Such as cigars, pipes, water pipes or hookahs, small cigars that look like cigarettes, bidis, cigarillos, marijuana)?

Yes

G. Do you now smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?

Not at all

H. Have you ever used smokeless tobacco products even one time? (Such as chewing tobacco, snuff, dip, snus, or dissolvable tobacco)?

Yes

I. Do you **now** use smokeless tobacco products every day, some days, rarely, or not at all?

Not at all

J. Are you exposed to second-hand smoke or environmental tobacco smoke every day, some days, rarely, or not at all?

Not at all

## 2.6. Deployment Smoking History

A. Did you start smoking for the first time while being deployed?

Yes

B. How did deployment(s) change how much you smoked?

(Not Applicable)

## 2.7. 12 Month Alcohol Use

A. In the PAST YEAR, how often did you drink any type of alcoholic beverage. (Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage)? On average, how many days per week did you drink? By a drink we mean half an ounce of absolute alcohol (e.g. a 12 ounce can or glass of beer or cooler, a 5 ounce glass of wine, or a drink containing 1 shot of liquor). Choose only one.

Less than one day per week

### 3. Health Concerns

#### 3.1. Health Concerns

A. Compared to pre-deployment, would you say your overall health is better, worse, or about the same?

Worse

B. During your deployment(s), do you believe you were sick because of something you breathed?

Yes

C. Do you **currently** have a sickness or condition you think began or got worse because of something you breathed during deployment(s)?

Yes

D. When did the problem start?

More than 6 months later after deployment

E. Please rate your concern that something you breathed during deployment **has already affected** your health?

Very concerned

F. Please identify your biggest health concern that something you breathed during deployment **has already affected** your health:

Cancer

G. Have you discussed this concern with your health care provider, medical professional or team?

Yes

H. Are you concerned that **in the future** that your health will be affected by something you breathed during deployment(s)?

Yes

I. Please rate your concern that something you breathed during deployment will affect your **future health**.

Very concerned

J. Please identify your biggest health concern that something you breathed during deployment will affect your **future health**.

Lung/Respiratory/Breathing

K. Which exposure do you think has the **biggest** overall effect on your health?

On base air pollution during deployment (burning fuel, burn pits)

### 4. Places You've Lived

#### 4.1. Places You've Lived

Is the address above your current address?

Yes

A. What is your current address? Please include the city, state, zip code, and country.

A.1. Country

(Not Applicable)

A.2. City Name

(Not Applicable)

A.3. State

(Not Applicable)

A.4. Zip code (if known - 5 digit number)

(Not Applicable)

A.5. How many years have you lived at your current address (listed above)?

2

A.6. Do you live nine or more months of the year at the address listed above?

Yes

A.7. If not, indicate the other residence.

A.7.a. Other Country

(Not Applicable)

A.7.b. Other City Name

(Not Applicable)

A.7.c. Other state

(Not Applicable)

A.7.d. Other zip code (if known - 5 digit number)

(Not Applicable)

B. Where have you lived the longest? Please include the city, state, zip code, and country.

B.1. The address where I lived the longest is the same as my current address

No

B.2. Country

United States

B.3. City Name

Springfield

B.4. State

VT

B.5. Zip code (if known - 5 digit number)

05156

B.6. Indicate the approximate year you moved to this address.

2006

B.7. Indicate the approximate year you moved out of this address.

2016

C. Please provide the address where you lived the longest before age 13. Please include the city, state, zip code, and country.

C.1. Country

United States

C.2. City Name

Lexington

C.3. State

MA

C.4. Zip code (if known - 5 digit number)

02420

C.5. Indicate the approximate age you moved to this address. (Enter 0 if you lived there before age 1)

5

C.6. Indicate the approximate age you moved out of this address.

18

## 5. Work History

### 5.1. Current Occupational Status

A. Which of the following were you doing last week?

Working for pay at a job or business

B. What is the main reason you did not work last week/have a job or business last week?

(Not Applicable)

### 5.2. Main Occupation

A. Select the occupational category that best describes your main occupation (the civilian job you've held the longest). **Do not include your occupation during military service.** If your occupation is not included, select "other occupation":

Firefighters

B. Total years in this non-military job {0...99} years (enter 0 if less than one year).

5

### 5.3. Dust Exposures

A. Have you ever worked for a year or more in any dusty job **outside the military**?

Yes

B. For the job with the biggest dust exposure:

B.1. Select the occupation category that best describes the job with the longest dust exposure. If your occupation is not included, select other occupation:

Construction trade workers, helpers and other construction related workers

B.2. In this job, what were the most common kinds of dust to which you were exposed?

Cement

Sand or silica

Granite or other rock  
Soil or dirt

B.3. Total years in this job {0...99} years (enter 0 if less than one year).

6

B.4. Are you working in this dusty job now?

No

## 5.4. Gas, Smoke, Vapors or Fumes Exposure?

A. Have you ever been exposed to gas, smoke, chemical vapors or fumes in your work **outside the military**?

Yes

B. For the job with the biggest gas, smoke, vapor or fume exposure:

B.1. Select the occupational category that best describes the job with the longest gas, smoke, chemical vapor, or fume exposures. If your occupation is not included, select other occupation:

Firefighters

B.2. In this job, what were the most common kinds of gas, smoke, or chemical vapors or fumes to which you were exposed?

Exhaust: both diesel and gasoline engine

Fumes from chemicals

Smoke from burning buildings, fuel oil, refuse, or wood

B.3. Total years in this job {0...99} years (enter 0 if less than one year).

5

B.4. Are you working in this job with gas, smoke, chemical vapors, or fumes now?

Yes

## 5.5. Asbestos Exposure

A. Have you ever worked in a job with asbestos exposure, including military service?

Don't know

B. Select the type(s) of asbestos exposure that describe(s) how you were exposed

(Not Applicable)

C. How many years did you work in a job with asbestos exposure? (enter 0 if less than one year)

(Not Applicable)

D. Are you working in a job with asbestos exposure now?

(Not Applicable)

## 6. Home Environment and Hobbies

### 6.1. Home Environment, Community, and Hobbies (Environmental Exposures)

A. Are there any traditional farm animals that live on your land or that you visit on a regular basis?



No

B. Have you ever removed mold in your home because of its effect on your health?

No

C. Have you ever lived in a home that had elevated radon levels?

No

D. Please select from the list below any hobbies you participate in.

None

E. How many total hours a week, on average, do you participate in all the above hobbies combined?

(Not Applicable)

## 7. Health Care Utilization

### 7.1. Health Care Utilization

A. About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

6 months or less

B. Do you wish to see a DoD or VA health care provider to discuss your health concerns related to airborne hazards during deployment?

Yes

## 8. Contact Preferences

### 8.1. Contact Preferences

A. How do you prefer to receive updated information on burn pits and other airborne exposures?

Letter/U.S. Mail

B. Do you use the internet?

Yes

C. Do you send or receive emails?

Yes

**VA**



U.S. Department  
of Veterans Affairs

## **Airborne Hazards and Open Burn Pit Registry**

**February 27, 2019**

**Dear WESLEY BLACK:**

We greatly appreciate your participation in the Airborne Hazards and Open Burn Pit Registry. Your participation will help make a difference in your own health and the health of your fellow Servicemembers and Veterans.

The Department of Veterans Affairs (VA), the Department of Defense (DoD), and the US Coast Guard (USCG) will use the information you provided to address your deployment related concerns and to help improve the health of Veterans and Servicemembers overall.

If you would like to schedule an optional, no-cost medical evaluation please visit <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry> (<https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/>). The points of contact for scheduling an evaluation are listed within the frequently asked questions.

We continue to study these exposures and will provide you with periodic updates on associated health effects. For more information on the registry, or our joint initiatives to address airborne hazards and burn pit exposures, please visit [www.publichealth.va.gov](http://www.publichealth.va.gov) (<http://www.publichealth.va.gov/>).

**Thank you for your service.**

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