VIRTUAL PUBLIC SESSION

Committee to Reassess the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry

April 14, 2021 1:20pm to 2:40pm ET

Open session livestream link: https://livestream.com/nasem/events/9590661

1:20–1:30pm **Welcome and introductions; conduct of the open session**
David Savitz, Ph.D., Committee Chair

1:30–1:45 **Additional information related to ILER**
Eric Shuping, M.D., M.P.H. Director, Environmental Health Program - Post 9-11 Post Deployment Health Services, Department of Veterans Affairs

1:45–2:05 **Committee Question and Answer Session**

Eric Shuping, M.D., M.P.H. Director, Environmental Health Program - Post 9-11 Post Deployment Health Services, Department of Veterans Affairs

Steven P. Jones, MPH, Director, Force Readiness and Health Assurance Policy Office of Deputy Assistant Secretary for Health Readiness Policy & Oversight, Department of Defense

Larry Vandergrift II, ILER Project Manager Solution Delivery Division, Defense Health Agency, Clinical Support Management Office

2:05–2:35 **Committee Directed Live Demonstration of ILER**

2:40 OPEN SESSION ENDS

A NOTE TO ATTENDEES

This meeting is being held to gather information to help the committee conduct its study. This committee will examine the information and material obtained during this, and other public meetings, in an effort to inform its work. Although opinions may be stated and lively discussion may ensue, no conclusions are being drawn at this time, and the committee will deliberate thoroughly before writing its draft report. Moreover, once the draft report is written, it must go through a rigorous review by experts who are anonymous to the committee, and the committee then must respond to this review with appropriate revisions that adequately satisfy the Academies' Report Review Committee and the NAS president before it is considered an official Academies report. Therefore, observers who draw conclusions about the committee's work based on today's discussions will be doing so prematurely.

Furthermore, individual committee members often engage in discussion and questioning for the specific purpose of probing an issue and sharpening an argument. The comments of any committee member may not necessarily reflect the position he or she may actually hold on the subject under discussion, to say nothing of that person's future position as it may evolve in the course of the project. Any inference about an individual's position regarding findings or recommendations in the final report is therefore also premature.

In preparation for this open session, the committee has reviewed a previously recorded presentation describing ILER given by Dr. Shuping, Mr. Jones, and Mr. Vandergrift on 9/24/20. The video of the presentation is available here. Accompanying slides available here

SPEAKER BIOSKETCHES

Eric Shuping, M.D., M.P.H. Director, Environmental Health Program - Post 9-11
Post Deployment Health Services, Department of Veterans Affairs

Dr. Eric Shuping is board certified in family practice, preventive medicine, and occupational medicine. He came to the Veterans Health Administration (VHA) after retiring from 27 years of service in the Army. His last assignment was as the Director of the Public Health Directorate, Deputy Chief of Staff (DCOS) and an Occupational Medicine Consultant. Dr. Shuping deployed to Iraq as a Theater Preventive Medicine Consultant from 2006 to 2007. Dr. Shuping earned his medical degree from the Uniformed Services University of the Health Sciences (USUHS). Since that time, he has obtained significant experience in environmental health issues within the Army and Department of Defense (DoD) in deployed and garrison settings.

Steven P. Jones, MPH, Director, Force Readiness and Health Assurance Policy
Office of Deputy Assistant Secretary for Health Readiness Policy & Oversight,
Department of Defense

Steve Jones is a retired Army Environmental Science and Engineering Officer and senior consultant with over 39 years of medical, public health, and environmental health experience at all levels of the DoD. He has extensive experience in deployed, humanitarian, disaster relief, and other operating environments at enduring and contingency locations, to include coordination with engineering, facilities, medical, environmental, and other base support managers. Mr. Jones is responsible for developing policy for force health protection, deployment health, occupational and environmental health, burn pits, individual medical readiness, comprehensive health surveillance, and biosurveillance. He is also responsible for advising on health issues related to garrison and deployment occupational and environmental exposures. Mr. Jones is currently the functional proponent for the joint DoD-VA Individual Longitudinal Exposure Record (ILER).

Larry Vandergrift II, ILER Project Manager
Solution Delivery Division, Defense Health Agency, Clinical Support Management Office

Larry Vandergrift serves as the project manager for ILER and is responsible for the day-to-day development activity and engagement with key stakeholders. With nearly 20 years of program management and technology modernization experience, Mr. Vandergrift prioritizes users' needs and requirements to deliver value added functionality to the field as quickly as possible.

COMMUNICATION

If you have additional information about ILER specifically, please send it and any written comments to Registry-Study@nas.edu. At any time throughout the study, you may share written comments on any aspect of the Statement of Task with the committee. Send your comments and any supporting documentation to Registry-Study@nas.edu.

To receive notifications about future committee events and the report release, sign up for the listserv here.

STATEMENT OF TASK

In February 2017, the National Academies of Sciences, Engineering, and Medicine (NASEM) published a report titled *Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*. The report was required by Public Law 112-260 (Section 201). This law also required an additional report not later than five years after completion of the initial effort. The requirements of the Public Law include:

(i) An update to the initial report described in subparagraph (A) of the Public Law.
(ii) An assessment of whether and to what degree the content of the registry established under subsection (a) of the Public Law is current and scientifically up-to-date.

To accomplish this task, VA requests that the NASEM complete a report that:

1) conducts an independent scientific assessment of the effectiveness of actions taken by the Secretaries of Veterans Affairs and Defense to collect and maintain information in the Airborne Hazards and Open Burn Pit (AH&OBP) Registry on the health effects of exposure to toxic airborne chemicals and fumes caused by open burn pits,
2) provides recommendations to improve the collection and maintenance of such information, and
3) using established and previously published epidemiologic studies, provides recommendations regarding the most effective and prudent means of using the AH&OBP Registry or another system of records to provide information that translates into learning more about the conditions that are likely to result from exposure to open burn pits. The assessment should also look at other means or methods to obtain similar or better information by VA and to achieve the goals of burn pit exposures research. Such means might include the Individual Longitudinal Exposure Record (ILER) and the Millennium Cohort Study.

The report should additionally address how VA has done in implementing the recommendations offered in the 2017 NASEM report and present recommendations on how to address gaps identified in the initial report and on burn pit and airborne hazards research, diagnosis, and treatment in general. It should review the scientific literature on other registries and self-reported databases for potential improvements and techniques that could be used by the AH&OBP Registry. The report shall include, to the extent permitted by the available data, a description of the data contained in the AH&OBP Registry, updating and augmenting the analyses presented in the 2017 initial report.

The report should make a recommendation on the best way to utilize resources for airborne hazards research. Does, for example, a more cost-effective way than the AH&OBP Registry exist to discover associations between airborne hazards and burn pit exposures and disease?

Lastly, the report should look at a potential end state to the AH&OBP Registry. At what point would it or any registry that is based on self-reported information complete its intended purpose? What alternative form of surveillance and identification of research candidates would need to be identified if the AH&OBP Registry was closed?

COMMITTEE ROSTER

David A. Savitz, Ph.D. ***(Chair)***
Professor of Epidemiology, Professor of Obstetrics and Gynecology, Associate Dean for Research
Brown University

John R. Balmes, M.D.
Professor of Medicine
University of California, San Francisco

Michelle Bell, Ph.D., M.S., M.S.E.
Mary E. Pinchot Professor of Environmental Health
Yale University

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