

Comments of D. Gray Heppner, MD, COL, USA (RET) on  
DEPARTMENT OF VETERANS AFFAIRS [OMB Control No. 2900–NEW] Proposed Information Collection  
(Open Burn Pit Registry Airborne Hazard Self-Assessment Questionnaire) Activity: Comment Request

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SUBJECT: OMB Control No. 2900–NEW: Proposed Information Collection (Open Burn Pit Registry Airborne Hazard Self-Assessment Questionnaire) Activity: Comment Request

Dear Ms. Harvey-Pryor,

I write in my private capacity as a retired US Army infectious disease physician with over 100 publications in the National Library of Medicine detailing my basic and clinical research. After being asked by the Sergeant Thomas Joseph Sullivan Center to review the draft questionnaire, I urge careful revision before deployment.

In brief, the draft questionnaire is fraught with ambiguities and unfocussed data collection. As written, it fails to accurately capture exposure intensities or health outcomes, and thus the resulting registry cannot realize its potential to serve to establish or confirm correlations for prospective management of Veterans. I respectfully urge you to revise this to include more precise questions, and ask that you roll out of a beta-edition for validation, and that you employ a staffed help desk to make this a living, updatable registry that could have practical uses in identifying problems as they develop among the registrants.

My commentary is attached as enclosure #A. I would be delighted to serve or advise in any pro bono capacity to help the Veterans Health Administration focus, refine and implement this important effort.

Sincerely,

*D. Gray Heppner*

D. Gray Heppner, MD  
Colonel, US Army (RET)

Enclosure #A

**Enclosure #A.**

**1) A Registry that is Sensitive but Not Specific May Fail to Identify Veterans at Highest Risk of Disease Due to Burn Pit Exposures.**

The Registry questionnaire is sensitive but not specific for identifying severe versus mild exposures to burn pits and other inhalational hazards. This means it is strong in identifying if an exposure was recognized, but deficient in quantifying the burden of exposures (the total burden of exposure is a function of episodes and intensity).

Why is this important? Simply because for most toxic exposures, the total burden of exposure is causally linked to the resultant disease.

Thus any analysis of disease in Registry veterans that was not stratified by total burden of exposure to the specified risks (that it is to say a non-stratified analysis is one that combined Veterans with largely insignificant exposures together with those who had had significant exposures) could result in the true but misleading conclusion that statistically the group as a whole had equivalent or marginally increased disease rates as compared to suitable control group.

Recommendation #1. The questionnaire should redesigned to be more specific in order to better the capture duration and intensity of exposures. This would include capturing the distance to burn pits for work or for sleeping quarters.

**2) Initial Deployment of the Questionnaire Should be Supported**

The questionnaire is not precisely worded, thus allowing for misinterpretation and errors in its completion, especially by non-medical Veterans. And, even if further revised, there will be lessons to learn from the first 250 veterans who register on how they understood the question.

Recommendation #2: Test the pre-release Registry version on 250 Veterans and ascertain if any misunderstanding arise due to format or unclear wording. Analyze the results and if necessary, modify the form.

**3) Help Line Staffing.**

Recommendation #3. A full time person should operate a question and answer telephone support line to address questions from Veterans completing this registry form.

**4) Alternative Data Collection.**

Recommendation #4: Not all Veterans can be assumed to have web-based access. Some contingency must be in place for telephone-assisted entry or for paper-based entry.

**5) Geographic Location in 1 Month Increments.**

The degree of precision in establishing deployment location and exposure to burn pits is not clear.

Recommendation #5: It is essential that the final Registry capture where the Veteran worked and slept for any period of a month or longer during deployments and seek info on extent of exposure to ambient particulate matter/dust, as well as burn pits and other hazards in work and sleeping environments.

**6) Specific Recommendation**

Section 1.1: Deployment Periods //Location:

Recommendation that "location" entry fields should be standardized.

If this is by country, then so state.

**7) Specific Recommendation**

Section 1.1 Military/Combat Pay Details//Location

Recommendation that “location” entry field should be standardized.  
If this is by country, then so state.

**8) Specific Recommendation**

Section 1.1: DoD Retirement Pay//

If pending claim or determination, so state.  
If disability determination unresolved, this should be updatable later.

**9) Specific Recommendation**

Section 2.1 Location Specific Exposures// Note

The number “3.1” is an error.

“Note: Section 3.1 questions are asked...”

This should be corrected to:

“Note: Section 2.1 questions are asked....”

**10) Specific Recommendation**

Section 2.1 Location Specific Exposures

It is important to capture where the Veteran was stationed (worked and slept) on a monthly basis.

If this level of detail is captured in the VADIR data, fine.

If not captured at the level of monthly duty location in the VADIR data, then the Veteran should be able to enter this information easily and without confusion on a friendly web interface.

**11) Specific Recommendation**

Section 2.1 A.

“Were you exposed to Gulf War oil well fires” is an ambiguous question.

Please refine to say, “did you breathe smoke from Gulf War oil well fires.”

Consider asking for the number of months of exposure.

**12) Specific Recommendation**

Sections 2.1 B,C,D,E, &F

These sections are deficient in capturing distance to the burn pit.

Suggest adding question-”in a straight line, how far was your duty station from burn pit?”

and “in a straight line, how far were you quarters from the burn pit?”

**13) Specific Recommendation**

Section 2.2 General Occupational Exposures.

“B. Were you near heavy smoke.....?”

Perhaps this would be more clear if the question were

“B. Were you in heavy smoke.....?”

**14) Specific Recommendation**

Section 2.3. Environmental Exposures, Regional Air Pollution.

“C. During your deployment(s) how often did you experience dust storms?”

This is ambiguous.

How is a Veteran to answer who had multiple deployments; say one to Iraq with dust storms, and two elsewhere with no dust storms supposed to answer this question?

What is meant here?

Is a Veteran being asked to give the average for the deployment, which is total number of dust storms divided by months of deployment, or is the question what was the maximum frequency during any deployment?

Recommendation to capture answers on a deployment by deployment basis at monthly intervals.

**15) Specific Recommendation**

Section 2.2 Overall Deployment and Re-Integration Stress.

The question “ During your pre-deployment, deployment, or post-deployment integration period, did you experience an emotional event that you would consider very stressful? Yes, No, Don't know.”

This question is absurd.

As written, would not any human say that leaving family and friends, going to war, and returning and reintegration was not at least one very stressful emotional event?

I strongly advise that mental health professionals re-evaluate how well this single mental health question addresses whatever their intent was and see if a re-formulated question or questions might not better fulfill their purpose.

**16) Specific Recommendation**

Section 3. Residential History

B. “Where have you lived the longest. Please give the city, state, zipcode, and country”

Since this question precedes “Where did you live the longest before age 13,” perhaps this question should be qualified to say, “Counting from your 13<sup>th</sup> birthday forward, where have you lived the longest?”

**17) Specific Recommendation**

Section 5.1/A.

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

Perhaps this means “livestock and poultry”. I don't know what a “traditional farm animal” is or the intention here (looking for animal disease exposures?), but perhaps this could be better defined.

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**18) Specific Recommendation**

Section 6 Symptoms, Health History // 09 Lung/breathing problem for example asthma and emphysema.

The Veteran may not know anything more specific than “short of breath.”

Also, the insertion of the words, “asthma and emphysema” could be misinterpreted to mean answer yes only if asthma and emphysema are present.

Suggest reword to,

“09 Lung/breathing problem (short of breath), due to unknown or known cause.”

**19) Specific Recommendation**

Section 6.2 //G and H.

These two questions are unacceptable.

--the term deployment is used to describe one of one or more deployments.

Which deployment should the Veteran refer to when answering, the deployment next to the burn bit, or the subsequent deployment to a non-burn pit environment.

--the question asks if deployment made the disease better, worse or the same. It is not fair to ask the Veteran to attribute causality. The Veteran should be asked if the problem was better, worse or the same after the deployment (and answer the questions for each deployment).

**20) Specific Recommendation**

Section 6.3 Cancer History

Some additional guidance would be helpful to the Veteran to describe each primary cancer, and not to be confused with a cancer that spread (metastasized).

**21) Specific Recommendation**

Section 6.3 Cancer History

The registry needs the additional ability to capture the specific type of cancer in an organ;

For every positive answer, there should be an open field for the entry to be made of the type of cancer.

THIS IS VERY IMPORTANT, SINCE IT IS POSSIBLE THERE COULD BE A CAUSAL RELATIONSHIP BETWEEN EXPOSURE AND THE TYPE OF CANCER.

THIS RELATIONSHIP COULD GO UNDETECTED IF THE DATA ENTRY WAS LIMITED TO ORGAN SPECIFIC CANCER, AND FAILED TO CAPTURE THE TYPE OF CANCER (lung cancer versus mesothelioma or adenocarcinoma).

**22) Specific Recommendation**

Section 6.6 Deployment Smoking History

“Did you start smoking for the first time while being deployed?”

Suggest confirming which deployment.

**END OF COMMENTARY**