

December 9, 2002

**CLINICAL EVALUATION OF VETERANS INVOLVED IN PROJECT 112 AND
RELATED PROJECT SHAD TESTS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive clarifies the Department of Veterans Affairs' (VA) policy that Project 112 veterans who come to VA medical facilities are offered a thorough clinical evaluation and VHA's procedures to ensure that VA health care providers are properly informed about the possible medical situation of veterans who participated in Project 112 tests.

2. BACKGROUND

a. Project 112 is the name of the overall program for both shipboard and land-based biological and chemical testing that was conducted by the United States (U.S.) military between 1962 and 1973. Project SHAD (Shipboard Hazard and Defense) was the shipboard portion of these tests, which were conducted to determine:

- (1) The effectiveness of shipboard detection of chemical and biological warfare agents;
- (2) The effectiveness of protective measures against these agents, and
- (3) The potential risk to American forces posed by these weapons.

b. Department of Defense (DOD) estimates that about 6,000 veterans were involved in Project-112/SHAD. To date, DOD has provided VA with over 5,600 veterans' names. Currently, it is known that these tests involved low levels of a variety of biological and chemical warfare agents, simulants (thought to be less hazardous substitutes), and decontamination chemical substances.

c. Veterans, Members of Congress, Veterans Service Organizations, and the broadcast news media have been interested in Project 112 and any potential long-term health effects to veterans who participated in these tests.

d. DOD is still collecting, reviewing, and declassifying relevant documentation. As tests are declassified, DOD provides VA with:

- (1) Test name, date and location and, if a SHAD test, the names of ships involved in these tests.
- (2) Names and service numbers of individual veterans involved, and
- (3) What materials the participants may have been exposed to.

e. Information about the specific ships involved and the known health effects from exposures to agents that were used in Project 112 tests is available along with other relevant background information (including a VHA information letter) at www.va.gov/shad/. Another good source of information about Project 112 tests is DOD's website: www.deploymenthealthlink.osd.mil/current_issues/shad/shad_intro.shtml.

3. POLICY: It is VHA policy that all enrolled Project 112 veterans who come to VA medical facilities are offered a thorough clinical evaluation by a knowledgeable VA primary care

THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2007

VHA DIRECTIVE 2002-079

December 9, 2002

provider and are provided with pertinent information about Project 112 exposures and possible adverse health effects. NOTE: VHA has no special or independent treatment authority for Project 112 veterans.

4. ACTIONS

a. Facility Directors are responsible for:

(1) Ensuring that all enrolled Project 112 veterans are offered a complete "Primary Care New Patient History and Physical Examination," whether or not they have previously received health care from the VA, using the standardized template for this examination.

(2) Identifying someone who will be available to provide information about Project 112 exposures and possible adverse health effects, like the "Environmental Agents Clinicians and Coordinators," who routinely deal with military deployment exposure questions.

b. The name of the specific Project 112 test or tests that the veteran was involved in while in military service and possible exposures will be recorded in the patient's medical record. These data will be obtained from the patient himself and from the notification letter they may bring with them from the Veterans Benefits Administration (VBA), which provides information from DOD about the veteran's participation in Project 112.

c. Each VA site should identify one clinical application coordinator to import the template using the Text Integrated Utility template editor in Computerized Patient Record System Graphic User Interface. The template should be imported into the test account prior to placing into production.

5. REFERENCES

a. The New Patient Primary Care documentation template is one of several templates developed by a national task group to address the need to have medical record documentation that is appropriate, accurate, and supports coding for third party billing, workload capture, research, and other clinical and administrative needs. It can be located at the following web address: <http://vaww.va.gov/health/him/VHACC/vaphyspage.htm>

b. Posted on the website, along with the various templates, is a Frequently Asked Questions (FAQ) section containing background information relative to the development process of the national templates and several frequently asked questions. Import instructions with names of individuals who can be reached via Outlook for questions and issues are also posted.

6. FOLLOW-UP RESPONSIBILITY: The Chief, Public Health and Environmental Hazards Office (13), is responsible for the contents of this directive. Questions about this service are to be addressed to the Environmental Agents Service (131) at (202) 273-8579.

7. RESCISSIONS: VHA Directive 2002-047 is rescinded. This VHA Directive expires December 31, 2007.

Robert H. Roswell, M.D.
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