

April 15, 2004

**PROVISION OF HEALTH CARE SERVICES TO VETERANS INVOLVED IN  
PROJECT 112/SHIPBOARD HAZARD AND DEFENSE (SHAD) TESTING**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the Department of Veterans Affairs' (VA) policy for providing Project 112/SHAD (Shipboard Hazard and Defense) veterans a thorough clinical evaluation and enhanced access to enrollment in the VA Health Care System. It sets out the type of care for which they are eligible from VA at no cost, notwithstanding that there is insufficient medical evidence to conclude their conditions are attributable to such testing.

**2. BACKGROUND**

a. Public Law 108-170, the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003, enacted December 6, 2003, provides for veterans who participated in Project 112/SHAD to be enrolled in priority enrollment category 6 and as such, to be eligible for VA health care at no cost for any illness possibly related to their participation in that project.

b. 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 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.

c. Department of Defense (DOD) estimates that about 6,000 veterans may have been involved in Project 112/SHAD. To date, DOD has provided VA with the names of approximately 5,000 veterans who participated in the tests. 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.

d. Veterans, members of Congress, Veterans Service Organizations, and the public have been interested in Project 112/SHAD and any potential long-term health effects to veterans who participated in these tests.

e. DOD has collected, reviewed, and declassified relevant documentation regarding the testing. As the tests were declassified, DOD provided 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) To what materials the participants may have been exposed.

**THIS VHA DIRECTIVE EXPIRES APRIL 30, 2009**

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**NOTE:** Information about the specific ships involved and the known health effects from exposures to agents that were used in Project 112/SHAD tests is available along with other relevant background information at <http://www.va.gov/shad/>. Another source of information regarding Project 112 tests is DOD's website at: [www.deploymentlink.osd.mil/current\\_issues/shad/shad\\_intro.shtml](http://www.deploymentlink.osd.mil/current_issues/shad/shad_intro.shtml).

f. Veterans Benefits Administration (VBA) sent letters to the veterans identified by DOD as having participated in Project 112/SHAD.

**3. POLICY:** It is VHA policy that Project 112/SHAD veterans be offered a thorough clinical evaluation by a knowledgeable VA primary care provider and be provided with pertinent information about Project 112/SHAD exposures and possible related adverse health effects.

**4. ACTIONS:** Facility Directors are responsible for:

a. Ensuring that these veterans are enrolled in priority group 6, if they are not eligible for a higher enrollment priority based upon other eligibility factors. Accordingly, they are to receive needed hospital care, medical services, and nursing home care at no cost for any illness possibly related to their participation in these tests. However these veterans may be charged a co-payment for care of conditions found to have resulted from a cause(s) other than their participation in Project 112 tests.

(1) In making the determination if the illness or disability is possibly related to a veteran's participation in Project 112/SHAD, the VA physician must consider that the following types of conditions are not ordinarily considered to be due to occupational or military activities:

(a) Congenital or developmental conditions, e.g., scoliosis.

(b) Conditions which are known to have existed before military service.

(c) Conditions having a specific and well-established etiology and that began after military service ceased, e.g., bone fractures occurring after separation from military service, a common cold, etc.

(2) Although the preceding types of conditions are not ordinarily considered to be due to military service, if the staff physician finds that a veteran requires care under this provision for one or more of those conditions, the physician is to seek guidance from the facility Chief of Staff (COS) and the Registry Physician (RP) regarding the authorization for such treatment. The decision and its basis must be clearly documented in the medical record and chart by the RP.

b. Ensuring that Project 112/SHAD veterans who request either an examination or enrollment in the VA health care system, whether or not they have previously received health care from VA, are offered a complete "Primary Care New Patient History and Physical Examination," using the standardized template for this examination, and that the results of the examination are documented in the patient's health record.

(1) The Primary Care New Patient 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://vaww1.va.gov/health/him/VHACC/vaphyspage.htm>.

(2) 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.

b. Designating appropriate knowledgeable staff (like the "Environmental Agents Clinicians and Coordinators," who routinely deal with military deployment exposure questions) to provide information about Project 112/SHAD exposures and possible adverse affects on affected veterans' health. This staff must document provision of such information in the patient's health record.

c. Implementing manual procedures to ensure that these veterans are exempt from co-payments for health care possibly related to their participation in Project 112/SHAD. Manual tracking of enrollment priority is required, until such time as the Veterans Health Information Systems and Technology Architecture (VistA) and national enrollment information systems can be enhanced to accommodate this new benefit. Sites must maintain a manual roster of Project 112/SHAD veterans so that the veterans' records can be updated once the necessary software enhancements are available. **NOTE:** *It is suggested that sites use procedures similar to those implemented in support of services for combat veterans prior to availability of necessary automated systems support.*

d. Ensuring that the name of the specific Project 112/SHAD test or tests in which the veteran participated while in military service and possible exposures are recorded in the patient's health record. This data must be obtained from the patient or from the notification letter the veteran received from VBA (see subpar. 2f).

e. Identifying one clinical application coordinator at the VA facility to import the template using the Text Integrated Utility template editor in Computerized Patient Record System Graphic User Interface. The template is to be imported into the test account prior to placing into production.

**5. REFERENCES:** Title 38 U.S.C. § 1710(e)(1)(E).

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Office (16) is responsible for the contents of this Directive. Questions about patient care and possible adverse health effects related to Project 112/SHAD should be addressed to the Environmental Agents Service (131) at (202) 273-8579. Questions concerning enrollment and eligibility should be referred to the Chief Business Office at (202) 254-0406.

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**7. RESCISSIONS:** VHA Directive 2002-079 is rescinded. This VHA Directive expires April 30, 2009.

S/ Art Hamerschlag for  
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Acting Under Secretary for Health

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